

Thomas A. Swift, Judge
TRUMBULL COUNTY PROBATE COURT
161 High Street
Warren, Ohio 44481
(330) 675-2521
fax: 675-2524
www.trumbullprobate.org

STEP-PARENT ADOPTION FILING REQUIREMENTS
Deposit \$151.00 per application - Balance of court costs due day of hearing.

<u>When to File</u>	<u>Ohio Revised Code</u>	<u>Form No.</u>	<u>Form</u>
Initial Filing	R.C. 3107.05(A)	SPF 18.0	Petition for Minor
Initial Filing	R.C. 3107.05(A)	SPF 19.0	Petition for Adult
Initial Filing			Supplemental Adoption Form
Initial Filing			Statement of Adopted Person
Initial Filing	HEA 2757		Ohio Department of Health Certificate of Adoption (Completed down to certification)
Initial Filing	R.C. 3107.05(B)	SPF 18.3	Consent to Adopt (Birth parents and minor if over 12)
Initial Filing	R.C. 3107.05(B)		Certified Copy of Birth Certificate
Initial Filing	R.C. 3107.10(B)	SPF 18.9	Preliminary Accounting
Initial Filing			If needed, Affidavit of due diligence, motion and order for publication
Within 5 days from filing of petition	R.C. 3107.032		Petitioner and any person 18 years old or older living in the home submits to WEBCHECK criminal background check at Trumbull County Sheriff's Department. R.C. 2151.86 (C)(1)
Prior to Hrg.	R.C. 3107.12	ODHS 1699	Prefinalization Assessment (Filed by agency at least 20 days prior to hearing)
Prior to Hrg.	R.C. 3107.10(B)	SPF 18.9	Final Accounting (Filed by petitioners at least 10 days prior to hearing)
Prior to Hrg.	R.C. 3107.031		Home Study by Assessor (Filed by agency at least 10 days prior to hearing)
Prior to Hrg.	R.C. 3107.064	ODHS 1697	In putative father situation: Certified copy of putative father search results dated at least 31 days after birth

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AGENCY ADOPTION FILING REQUIREMENTS

Deposit \$151.00 per application - Balance of court costs due day of hearing.

<u>When to File</u>	<u>Ohio Revised Code</u>	<u>Form No.</u>	<u>Form</u>
Initial Filing	R.C. 3107.05(A)	SPF 18.0	Petition for Minor
Initial Filing		SPF 19.0	Petition for Adult
Initial Filing			Statement of Adopted Person
Initial Filing			Supplemental Adoption Form
Initial Filing		HEA 2757	Ohio Department of Health Certificate of Adoption (Completed except for "other required information" and certification)
Initial Filing	R.C. 3107.05(B)	SPF 18.3	Consent to Adopt (If minor is over age 12, otherwise this is filed by Agency later)
Initial Filing	R.C. 3107.10(B)	SPF 18.9	Preliminary Accounting (Including statements signed by petitioner that s/he reviewed accounting and attests to its accuracy). If Agency is charging a fee, an itemization of Agency fees is required.
Within 5 days from filing of petition	R.C. 3107.032		Petitioner and any person 18 years old or older living in the home submits to WEBCHECK criminal background check at Trumbull County Sheriff's Department. R.C. 2151.86 (C)(1)
Prior to Hrg.			Certified Copy of Birth Certificate (filed by Agency)
Prior to Hrg.			Judgment Entry terminating parental rights and granting Permanent custody to Agency
Prior to Hrg.			Consent Form(s) (Filed by Agency)
Prior to Hrg.	R.C. 3107.12	ODHS 1699	Prefinalization Assessment (Filed by Agency at least 20 days prior to hearing)
Prior to Hrg.	R.C. 3107.10(B)	SPF 18.9	Final Accounting (Filed by petitioners at least 10 days prior to hearing and including statement signed by petitioner that s/he reviewed accounting and attests to its accuracy). If Agency is charging a fee, an itemization of Agency fees is required.
Prior to Hrg.	R.C. 3107.031	OHDS 1698	Home Study by Assessor (Filed by Agency at least 10 days prior to hearing)
Prior to Hrg.	R.C. 3107.09(E)	ODHS 1616	Social and Medical Histories of Parent(s) (Filed by Agency)
Prior to Hrg.		OHDS 1693	Ohio Law and Adoption Materials (If applies, Filed by Agency)

**PROBATE COURT OF TRUMBULL COUNTY, OHIO
THOMAS A. SWIFT, JUDGE**

ADOPTION OF _____
(Name after adoption)

CASE NO. _____

PETITION FOR ADOPTION OF MINOR
[R.C. 3107.05]

The undersigned petitions to adopt _____,
a minor, and to change the name of the minor to _____.

The petitioner states the following: **PETITIONER**

Full Name: _____ Age _____

Full Name: _____ Age _____

Place of Residence: _____
Street Address

City or Village or Township if unincorporated area _____ County _____

Post Office _____ State _____ Zip Code _____ Duration of residence _____

Marital Status: _____ Date and Place of Marriage: _____

Relationship of Minor to Petitioner: _____

The petitioner has facilities and resources suitable to provide for the nurture and care of the minor and it is the desire of the petitioner to establish the relationship of parent and child with the minor.

MINOR TO BE ADOPTED

Birth Name: _____ Date of Birth: _____

Place of Birth: _____ Property and Value: _____

☐ The minor is living in the home of the petitioner, and was placed therein for adoption on the _____ day of _____, 20____ by _____.

☐ The minor is not living in the home of the petitioner, and resides at _____
_____.

☐ The minor will be an adopted person as defined in R.C. 3107.39;

☐ The minor will be an adopted person as defined in R.C. 3107.45;

A certified copy of the birth certificate of the minor is filed with this petition or is not available due to the following:

_____.

A Preliminary Estimate Accounting (Form 18.9), if required, is filed with this petition.

CASE NO. _____

☐ The minor is in the permanent custody of _____
whose address is _____.

☐ The guardian ad litem during the permanent custody proceedings was _____
whose address is _____.

☐ The attorney representing the minor during the permanent custody proceedings was _____
whose address is _____.

**PERSONS OR AGENCIES WHOSE CONSENT TO THE ADOPTION IS
REQUIRED**

☐ Name: _____ Relationship: _____ Age, if minor _____
Address: _____ ☐ Consent filed

☐ Name: _____ Relationship: _____ Age, if minor _____
Address : _____ ☐ Consent filed

☐ _____, the agency has permanent
custody of the minor filed under, _____ ☐ Consent filed
Court - County Case No.

PERSONS WHOSE CONSENT TO THE ADOPTION IS NOT REQUIRED

☐ No person has timely registered pursuant to R.C. 3107.062 as a putative father of the minor born on or after January 1, 1997. Attached is Ohio Department of Human Services Form 1697.

A The consent of _____
Name Address Relationship

B The consent of _____
Name Address Relationship

is/are not required because:

A B

☐ ☐ The parent has failed without justifiable cause to provide more than de minimis contact with the minor for a period of at least one year immediately preceding the filing of the adoption petition or the placement of the minor in the home of the petitioner.

☐ ☐ The parent has failed without justifiable cause to provide for the maintenance and support of the minor as required by law or judicial decree for a period of at least one year immediately preceding the filing of the adoption petition or the placement of the minor in the home of the petitioner..

☐ ☐ State other grounds under R.C. 3107.07 (includes putative father of the minor born before January 1, 1997.)

CASE NO. _____

Attorney for Petitioner

Petitioner

Typed or Printed Name

Typed or Printed Name

Street Address

Petitioner

City State Zip Code

Typed or Printed Name

Phone Number (include area code)

Street Address

Attorney Registration No. _____

City State Zip Code

Phone Number (include area code)

INFORMATION PROVIDED ON THIS FORM IS TO
BE USED TO ESTABLISH A NEW CERTIFICATE OF
BIRTH FOR THE ADOPTED CHILD.

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF ADOPTION

State Use Only
Original SFN _____
Amended SFN _____
Envelope # _____
AFS # _____

CHILD'S PERSONAL DATA

1 Name of Child BEFORE Adoption	2 Date of Birth (Month, Day, Year)	3 Sex	4 Place of Birth (City, County, State or Foreign Country)
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Child's Name After Adoption

First Name	Middle Name	Last Name
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ADOPTIVE PARENT(S)' PERSONAL DATA

The following information provided below will be used to create the new birth record. List information as it existed on child's date of birth.

Father - Check One <input type="checkbox"/> Natural <input type="checkbox"/> Adoptive	Mother - Check One <input type="checkbox"/> Natural <input type="checkbox"/> Adoptive			
Father's First Name	Mother's Current First Name			
Father's Middle Name	Mother's Current Middle Name			
Father's Last Name	Mother's Current Last Name			
Date of Birth (Month, Day, Year)	Mother's Maiden Name (Last Name Prior to First Marriage)			
Birth Place (State or Foreign Country)	Date of Birth (Month, Day, Year)	Birth Place (State or Foreign Country)		
Parent(s) Residence at Time of Child's Birth (Number and Street)				
City	County	State	Zip Code	Inside City Limits (Yes or No)

Other Required Information (From the Original Birth Certificate)	Foreign Adoptions Only (Information from Original Birth Record)
Attendant's Name (M.D, D.O, C.N.M, Other Midwife)	Time of Birth
Mailing Address (Number, Street, City, County, State, Zip Code)	Hospital/Birthing Facility
Registrar's Name	Registrar's Name & Date Filed by Registrar (Month, Day, Year)
Date Filed by Registrar (Month, Day, Year)	Attendant's Name (M.D, D.O, C.N.M, Other Midwife) & Date Signed

Parent(s) Current Mailing Address	Street	City or Village	State	Zip Code
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Attorney's Name and Address	Street	City or Village	State	Zip Code
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Certification

Probate Court, Trumbull County, Ohio

I hereby certify that the child named above was adopted on _____ (Date)

by _____ (Name(s) of Petitioner(s))

as set forth in the final decree of adoption, Case No., _____

Date _____

Probate Judge _____

Deputy Clerk _____

STATEMENT OF ADOPTED PERSON

CASE NO. _____

CHILD'S NAME AFTER ADOPTION _____

THE CHILD NAMED IN THIS ADOPTION IS:

- ☐ A minor who became available or potentially available for adoption on or before September 18, 1996 and at least one of the biological parents consented to the adoption or a probate court entered a finding that the biological parent (s) signature was not needed (O. R. C. 3107.39).
- ☐ A minor who became available for adoption after September 18, 1996 (O.R.C. 3107.45).

EXCLUSIONS FOR ODHS 1693 DISCLOSURE

- ☐ Foreign adoption finalized in another country and re-finalized in Ohio.
- ☐ Foreign adoption finalized in Ohio only.
- ☐ Step-parent adoption.
- ☐ Involuntary surrender/ court commitment
- ☐ Other (please specify) _____

PROBATE COURT OF _____ COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF _____
 (Name after adoption)
 CASE NO. _____

CONSENT TO ADOPTION
 [R.C. 3107.06, 3107.08 & 3107.081]

The undersigned _____

[check one of the following seven capacities by which your consent is given]

- ☐ Mother
- ☐ Father
- ☐ Putative father who has registered under R.C. 3107.062 (for a minor born on or after January 1, 1997)
- ☐ Putative father (for a minor born before January 1, 1997)
- ☐ Agency having permanent custody
- ☐ Minor, who is more than twelve years of age (this consent must be executed in the presence of the Court)
- ☐ Other _____

hereby waives notice of the hearing on the Petition For Adoption to be filed in the court, and consents to the adoption of _____
 (Name before adoption)
 as proposed in the petition.

The undersigned further states that this consent is voluntarily executed irrespective of disclosure of the name or other identification of the prospective adopting parents.

Sworn to before me and signed in my presence this _____ day of _____, _____

 Person authorized pursuant to R.C. Chapter 3107
 to take this acknowledgement

 Title

PROBATE COURT OF TRUMBULL COUNTY, OHIO

IN THE MATTER OF _____) CASE NO. _____
THE ADOPTION OF _____)
_____) SUPPLEMENTAL ADOPTION FORM
(NAME AFTER ADOPTION)

This form shall be filed with the Petition for Adoption and shall indicate if any of the following apply:

- 1. Either birth parent is deceased,**
- 2. A support order has been issued by any court or agency,**
- 3. Any other court action has ever been filed regarding this child, or**
- 4. Either birth parent has been previously married.**

☐ None of the above apply.

☐ Birth parent is deceased.

Name of deceased parent:	Date of Death:
Name of deceased parent's mother:	
Address of deceased parent's mother or date of death:	
Name of deceased parent's father:	
Address of deceased parent's father or date of death:	

☐ A support order has been issued regarding this child.

Court/Agency:	Case Number:
Case Name:	

☐ Other court action regarding this child (guardianship, juvenile, domestic relations):

Court:	Case Number:
Case Name:	Pending or closed?
Nature of Action:	Name of Attorney or Guardian ad Litem for Child:

☐ Birth mother was previously married.
_____Number of previous marriages.

☐ Birth father was previously married.
_____Number of previous marriages.

If more than one marriage, list the marriages chronologically. Duplicate as necessary.

Name of birth mother:	Name of birth father
Address:	Address:
Name of former spouse #1:	Name of former spouse #1:
Date of termination of marriage:	Date of termination of marriage:
County of termination proceedings:	County of termination proceedings:
Case Name:	Case Name:
Case Number:	Case Number:

Name of former spouse #2:	Name of former spouse #2:
Date of termination of marriage:	Date of termination of marriage:
County of termination proceedings:	County of termination proceedings:
Case Name:	Case Name:
Case Number:	Case Number:

Attorney for Petitioner

Petitioner

Address

Address

Telephone Number

Telephone Number

Facsimile Number

Ohio Supreme Court Registration Number

PROBATE COURT OF TRUMBULL COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF _____
(Name after adoption)

CASE NO. _____

PETITIONER'S ACCOUNT (R.C. 3107.10)

☐ **PRELIMINARY ESTIMATE ACCOUNTING**
(To be filed not later than date petition filed)

☐ **FINAL ACCOUNTING**
(To be filed not later than 10 days
prior to date of final hearing)

This accounting specifies all disbursements of anything of value the petitioner, a person on the petitioner's behalf, and the a gency or attorney made and has agreed to make in connection with the minor's permanent surrender under division (B) of Section 5103.15 of the Revised Code, placement under Section 5103.16 of the Revised Code, and adoption under Chapter 3107. (Attach extra sheets if necessary)

DATE	NAME AND ADDRESS	DISBURSEMENTS MADE OR AGREED TO BE MADE	ACTUAL COSTS
	PHYSICIAN		
	HOSPITAL/MEDICAL FACILITY		
	ATTORNEY		
	ACTUAL COST TO THE ATTORNEY		
	AGENCY		
	ACTUAL COST TO THE AGENCY		
	MAINTENANCE AND MEDICAL CARE REQUIRED UNDER R.C. 5103.15		
	FOSTER CARE		
	GUARDIAN AD LITEM		
	COURT COSTS		
	ALL OTHER DISBURSEMENTS		
TOTAL			

Case No: _____

CERTIFICATION OF PETITIONER'S ACCOUNT

The undersigned certifies this _____ day of _____, 20____, that this accounting is true and accurate.

Attorney or Agency

Typed or Printed Name

Address

City State Zip

Telephone Number (include area code)

The petitioner has reviewed this accounting and attests to its accuracy this _____ day of _____, 20____.

Petitioner

Petitioner

ORDER APPROVING PETITIONER'S ACCOUNT

The Petitioner's Account filed in accordance with R.C. 3107.10 is hereby approved.

Thomas A. Swift, Probate Judge

WEBCHECK INSTRUCTIONS

1. The Trumbull County Sheriff's Department shall run a criminal background check, using the WEBCHECK system, on all prospective adoptive parents and on applicants for guardianships, estates, name changes or trusts as determined by the Court.
2. Upon completion of the attached WEBCHECK form, the applicant shall take it to the Trumbull County Sheriff's Department, located at 150 High Street, 330-675-2540. WEBCHECKS are conducted on Tuesday's from 7:30 am to 11:30 am and from 1:00 pm to 2:30 pm.
3. The fee to conduct a WEBCHECK is \$25.00 for BCI checks (the entire state of Ohio), the fee shall be paid by the applicant to the Sheriff's Department at the time of the check. The fee is payable in **cash or money order only. If the applicant has not lived in the state of Ohio for the past five years, a federal check shall be administered. The cost to conduct a federal check is an additional \$30.00 for a combined fee of \$55.00.**
4. In addition to the money and WEBCHECK form, the applicant must also bring their driver's license.
5. As the applicant, it is very important to have the WEBCHECK administered, since a hearing will not be held until the results of the WEBCHECK have been received by the Probate Court.

**IN THE COURT OF COMMON PLEAS
PROBATE DIVISION
TRUMBULL COUNTY, OHIO**

IN THE MATTER OF:)	CASE NO.
THE ADOPTION OF)	
)	

**CONSENT TO WEBCHECK CRIMINAL BACKGROUND CHECK
(ADOPTION)**

I, the undersigned, hereby authorize the Trumbull County Sheriff's Department to perform a criminal background check using the WEBCHECK system, to have the results sent directly to the Trumbull County Probate Court to become a permanent part of the Court's file, and to have the results sent by the Trumbull County Probate Court to the adoption assessor appointed by the Court.

Signature

Date

Printed Name

Address

Telephone Number

Date of Birth

**IN THE COURT OF COMMON PLEAS
PROBATE DIVISION
TRUMBULL COUNTY, OHIO**

IN THE MATTER OF:)	CASE NO.
THE ADOPTION OF)	
)	

**CONSENT TO WEBCHECK CRIMINAL BACKGROUND CHECK
(ADOPTION)**

I, the undersigned, hereby authorize the Trumbull County Sheriff's Department to perform a criminal background check using the WEBCHECK system, to have the results sent directly to the Trumbull County Probate Court to become a permanent part of the Court's file, and to have the results sent by the Trumbull County Probate Court to the adoption assessor appointed by the Court.

Signature

Date

Printed Name

Address

Telephone Number

Date of Birth