ADOPTIONS

If you have any questions about the procedure or paperwork please call #440-350-2229 (Christine).
We are deputy clerks, not attorneys, so please do not ask for legal advice.

COSTS:

$291.00 filing fee per case. If there is more than one child being adopted and they have the same biological parents, each extra petition is **$20.00**.

If there is more than one child being adopted and they have *different biological parents*, separate cases need to be filed.

$13.07* for each certified mail notice, if needed

$30.00** for each petitioner for a **BCI&I** check (paid to Lake County Educational Service Center)

$600.00**** (approximately) for publication, if needed.
The publication fee is paid directly to the News-Herald. This notice is published in the classifieds once a week for three consecutive weeks. Probate Court will prepare the publication notice but the attorney or the petitioner(s) are responsible to have it published.

$21.50 for each new birth certificate needed (this is for Ohio only; please contact the court for other state's fees). This must be paid the day of the hearing otherwise you will not receive your Final Order of Adoption until it is.

-A certified copy of the child's current birth certificate is required at the time of filing for the adoption. The court will keep this birth certificate, if you would like a copy for your records, make sure you make one for yourself prior to filing the petition.

-If the child was born in another state, it is the responsibility of the attorney or petitioner(s) to provide current documents (to include information of cost, new certificate, address and any additional documents) required for a new birth certificate. This fee must be paid at the time of filing or the day of the hearing, otherwise you will not receive your Final Order of Adoption.

-If there is not a biological father listed on the birth certificate and no DNA testing, go to the website WWW.ODJFS.STATE.OH.US/FORMS/INTER.ASP to complete a putative father search. The state will send you a response, which must be filed at the time you file the petition.

<u>Court appointed assessor</u>
When you receive your hearing notice in the mail, you will also receive a form that has your Court appointed assessor's name and phone number. Please contact the assessor as soon as possible. **THIS RESPONSIBILITY IS YOURS!**

INFORMATION REGARDING YOUR ASSESSMENT:
--Ohio law requires you to be placed under oath before the assessment begins
--each person in the household must be interviewed privately
--the child/children will be asked if they want to be adopted (if you have questions about this, please discuss it with the assessor prior to your appointment).

THESE THINGS ARE REQUIRED FOR YOUR ASSESSMENT:
--a photo ID for the Petitioner(s) and spouse, if any
--a certified copy of Petitioner's marriage license, if applicable
--certified copies of any and all divorce papers
--certified copies of support orders for children from previous marriage(s)

BCI&I – Bureau of Criminal Identification & Investigation

Each petitioner is required to have a criminal background check completed in order to adopt. You must go to the Lake County Educational Service Center to have these prints taken. There is a $30.00 fee for this service. Information regarding the prints will be sent along with your hearing notice. DO NOT complete the prints prior to filing for the adoption.

Other documents required at the time of filing: 5 letters of recommendation.

These letters of recommendation must be addressed to ***Judge Mark J. Bartolotta*** and contain an original signature and the address of the person writing the letter.

The letters may not be dated more than 60 days from the date of filing. Two can be from relatives on either side of the family. Enclose them in a sealed envelope marked "Judge Mark J Bartolotta, Personal and Confidential".

Notice

IF a last known address of the natural parent(s) is available, even if it is an old address, Probate Court must serve them at that address.

If no address is known, then an Affidavit of Unknown Residence must be filed with the Court.

When the petitioner uses the Affidavit of Unknown Residence, the petitioner and natural parent are stating under oath that the residence of the natural, nonresidential parent is not known and could not be ascertained with "reasonable diligence." Reasonable diligence includes providing the Court with that parent's last known address, even if that address is several years old. It also includes, but is not limited to checking with Child Support Enforcement Agency, if involved, and contacting the nonresidential parent's family. The court must be satisfied that the petitioner exercised reasonable diligence in ascertaining the nonresidential parent's whereabouts and will inquire at the hearing regarding these efforts.

If the child was born after January 1, 1997 and there is no father's name on the birth certificate or paternity was never established, a search of the Ohio Putative Father Registry is required and Probate Court needs the response from the Registry of the search prior to the filing of the adoption petition. This search is free and forms can be obtained from Probate Court.

If a publication is needed, the notice will be sent to you so it can be taken to the News-Herald. The cost will need to be paid by you at the time you take the notice to the newspaper. Contacting the assessor, getting the BC&I checks and publishing is done by the petitioner; these requirements are your responsibility.

It is required that the child being adopted is present for the hearing.

The petitioner(s) will receive the notice of hearing, information on the court appointed assessor and the BC&I check (to be done after the petition is filed).

FRIENDS & FAMILY ARE WELCOME TO ATTEND THE HEARING!

NOTE: All the forms in the packet are for a purpose do not disregard them!!!

PRINT

CLEAR

PROBATE COURT OF LAKE COUNTY, OHIO
MARK J. BARTOLOTTA, 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

_____
Typed or Printed Name

_____
Street Address

_____
City State Zip Code

_____
Phone Number (include area code)

Attorney Registration No. _____

_____
Petitioner

_____
Typed or Printed Name

_____
Petitioner

_____
Typed or Printed Name

_____
Street Address

_____
City State Zip Code

_____
Phone Number (include area code)

MARK J. BARTOLOTTA, JUDGE
PROBATE COURT OF LAKE COUNTY, OHIO

ADOPTION OF _____

CASE NUMBER _____

CONSENT TO ADOPTION

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 _____

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 _____, 20 _____.

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

_____
Title

MARK J. BARTOLOTTA, JUDGE
PROBATE COURT OF LAKE COUNTY, OHIO

ADOPTION OF _____

CASE NUMBER _____

CONSENT TO ADOPTION

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 _____

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 _____, 20 _____.

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

_____
Title

Probate Court of Lake County, Ohio
MARK J. BARTOLOTTA, JUDGE

ADOPTION OF _____

CASE NUMBER _____

FINANCIAL STATEMENT

INCOME
Wages: Annual _____ Monthly _____ Other Sources _____

HOME
Own: Present Value _____ Mortgaged _____ Balance due _____

# of years owned ____ Monthly mortgage payment _____

Rent: Rental fee _____

ASSETS
Indicate present value and describe

Additional real estate _____

Automobile(s) _____

Stocks and/or bonds _____

Bank accounts _____

Other _____

LIFE INSURANCE
Amount and name of beneficiary _____

_____

MEDICAL COVERAGE _____

OUTSTANDING LIABILITIES _____

_____

COMMENTS, if any _____

_____

The above information is true to the best of my knowledge and belief.

(Mr.) _____ (Mrs.) _____

Probate Court of Lake County, Ohio
MARK J. BARTOLOTTA, JUDGE

ADOPTION OF _____

CASE NUMBER _____

PERSONAL AND MEDICAL INFORMATION FORM

Name: _____

Address: _____

Date of Birth: _____Place of Birth: _____

Occupation: _____Work number: _____

Have you ever had: Tuberculosis _____ Epilepsey _____ Convulsions _____

Asthma _____ Kidney Trouble _____ Rheumatism _____ Pleurisy _____

Syphillis/Gonorrhea _____ Nervous Breakdown _____

Have you undergone any operation? _____

When: _____For what: _____

Results: _____

Have you ever used narcotics except when prescribed by a physician? _____

Have you ever used, or do you use, alcoholic stimulants to excess? _____

Has any member of your family or household had Tuberculosis or Insanity? _____

What diseases or injuries have you had in the last 10 years other than above mentioned? _____

_____

Mother: Age if living _____ State of Health _____

Age at death _____ Cause _____

Father: Age if living _____ State of Health _____

Age at death _____ Cause _____

Remarks (use another sheet if necessary): _____

_____

_____ _____

Date Signature of petitioner/natural parent

Probate Court of Lake County, Ohio
MARK J. BARTOLOTTA, JUDGE

ADOPTION OF _____

CASE NUMBER _____

PERSONAL AND MEDICAL INFORMATION FORM

Name: _____

Address: _____

Date of Birth: _____Place of Birth: _____

Occupation: _____Work number: _____

Have you ever had: Tuberculosis _____ Epilepsey _____ Convulsions _____

Asthma _____ Kidney Trouble _____ Rheumatism _____ Pleurisy _____

Syphillis/Gonorrhea _____ Nervous Breakdown _____

Have you undergone any operation? _____

When: _____For what: _____

Results: _____

Have you ever used narcotics except when prescribed by a physician? _____

Have you ever used, or do you use, alcoholic stimulants to excess? _____

Has any member of your family or household had Tuberculosis or Insanity? _____

What diseases or injuries have you had in the last 10 years other than above mentioned? _____

_____

Mother: Age if living _____ State of Health _____

Age at death _____ Cause _____

Father: Age if living _____ State of Health _____

Age at death _____ Cause _____

Remarks (use another sheet if necessary): _____

_____

_____ _____

Date Signature of petitioner/natural parent

Probate Court of Lake County, Ohio
MARK J. BARTOLOTTA, JUDGE

ADOPTION OF

CASE NUMBER _____ _____

AFFIDAVIT OF CUSTODY FOR MINORS

State of Ohio, County of _____ ss.

Affiant being first duly sworn, deposes and says:

1. That the child(ren)'s present address, the places where the child(ren) has lived within the last five years, and the names and present addresses of the person with whom the child has lived during that period are:

2. That affiant has (not) participated as a party, witness, or in any other capacity in any litigation concerning the custody of the child(ren) in this or any other state.

3. That affiant has (no) information of any custody proceeding concerning the child(ren) pending in a court of this or any other state.

4. That affiant has (no) knowledge of any person not a party to the proceedings who has physical custody of the child(ren) or claims to have custody or visitation rights with respect to the child(ren).

If 2, 3, 4 is answered in the affirmative, and the space afforded is insufficient for full explanation, please attach and incorporate herein any necessary information.

Affiant realizes that ___he has a continuing duty to inform the Court of any custody proceedings concerning the child(ren) in this or any other state of which affiant obtains information during the pendency of this proceeding.

_____ _____

Petitioner/natural parent Petitioner/natural parent

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

20 _____.

_____

Notary Public/Deputy Clerk

Probate Court of Lake County,Ohio
MARK J. BARTOLOTTA, JUDGE

ADOPTION OF _____

CASE NUMBER _____

AFFIDAVIT OF UNKNOWN RESIDENCE

_____, being first duly sworn
(petitioner(s)/natural parent)

according to law, deposes and says that the residence of _____,
(natural parent/parents)

the natural parent of _____ is unknown and cannot be
(name of minor before adoption)

ascertained with reasonable diligence, even though I have exercised same.

_____ _____
(petitioner/natural parent) (petitioner/natural parent)

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

20 _____.

_____
Notary Public/Deputy Clerk

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)

Child's Name After Adoption

First Name	Middle Name	Last Name

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.

Choose One: ☐ Mother ☐ Father ☐ Parent	Gender ☐ Female ☐ Male	Choose One ☐ Mother ☐ Father ☐ Parent	Gender: ☐ Female ☐ Male
Current First Name		Current First Name	
Current Middle Name		Current Middle Name	
Current Last Name		Current Last Name	
Last Name Prior to First Marriage		Last Name Prior to First Marriage	
Date of Birth (Month, Day, Year)	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 (from the Original Birth Certificate)**
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

Attorney's Name and Address | Street | City or Village | State | Zip Code

CERTIFICATION

Probate Court, LAKE 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 _____