

# 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.

**\$11.54\*** 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](http://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.

### Court appointed assessor

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!!!**



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)

**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]

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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 \_\_\_\_\_ Epilepsy \_\_\_\_\_ Convulsions \_\_\_\_\_

Asthma \_\_\_\_\_ Kidney Trouble \_\_\_\_\_ Rheumatism \_\_\_\_\_ Pleurisy \_\_\_\_\_

Syphillis/Gonorrhoea \_\_\_\_\_ 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 \_\_\_\_\_ Epilepsy \_\_\_\_\_ Convulsions \_\_\_\_\_

Asthma \_\_\_\_\_ Kidney Trouble \_\_\_\_\_ Rheumatism \_\_\_\_\_ Pleurisy \_\_\_\_\_

Syphillis/Gonorrhoea \_\_\_\_\_ 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? \_\_\_\_\_

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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)
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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.

Choose One: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Gender: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Choose One: <input type="checkbox"/> Mother <input checked="" type="checkbox"/> Father <input type="checkbox"/> Parent	Gender: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male
Current First Name	Current First Name	Current Middle Name	Current Middle Name
Current Middle Name	Current Middle Name	Current Last Name	Current Last 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 \_\_\_\_\_