ADOPTIONS

If you have any questions about the procedure or paperwork please call TJ at #440-350-2229

Legal practice in all courts is restricted by law to attorneys who are licensed by the supreme court of Ohio. Deputy clerks are prevented from practicing law and therefore are not permitted to give advice. They are only authorized to give you information from your case file, provide you with court forms, and determine if forms and other legal documents are appropriate and applicable for filing.

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.

\$12.40* for each certified mail notice, if needed

\$35.00** 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.

- -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 Ohio Department Of Job and Family Services Website 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 \$35.00 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 **lastknown** 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 **underoath** 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 free 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. Forms can be found at http://www.odjfs.state.oh.us/forms/file.asp?id=544&type=application/pdf or an online search can be done at https://pfr-pub.jfs.ohio.gov/WebForms/Search.aspx

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!

 ${\tt NOTE: All the forms in the packet are for a purpose do not disregard them!!!}$

IN THE MATTER OF THE A	DOPTION OF	
CASE NO		(Name after adoption)
	TITION FOR ADOPTION [R.C. 3107.05]	N OF MINOR
The undersigned petitions to adopt		,
a minor, and to change the name of the	ne minor to	
The petitioner states the following:	PETITIONER	
Full Name:		Age
Full Name:		Age
Place of Residence:	Street Address	
Post Office State	Zip Code	Duration of residence
Marital Status:	Date and Place of M	//arriage:
Relationship of Minor to Petitioner:		
The petitioner has facilities and resoupetitioner to establish the relationship	rce suitable to provide for the nurtul of parent and child with the minor.	re and care of the minor and it is the desire of the
	MINOR TO BE ADOPT	
Birth Name:		ate of Birth:
Place of Birth:	P	roperty and Value:
The minor is living in the hor day of, 20		therein for adoption on the
☐ The minor is not living in the	home of the petitioner, and resides a	at
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 (Fo		s petition.
whose address is		

			CASE NO
	The guardian ad litem de	uring the permanent custody proceedings wa	s
vhose	e address is		
] ті		e minor during the permanent custody procee	
vhose			
	PERSONS (OR AGENCIES WHOSE CONSENT	TO THE ADOPTION IS
	Name:	Relationship:	Age, if minor
	Address:		Consent filed
	Name:	Relationship:	Age, if minor
]			the agency has nermanen
_	0	d under,,	
I	PERSONS W	PHOSE CONSENT TO THE ADOPTION OF THE ADOPTION	
	PERSONS W No person has timely re Department of Jobs and The consent of	HOSE CONSENT TO THE ADOPTION PROPERTY OF THE A	outative father of the minor. Attach
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N 3 s/are	PERSONS W No person has timely repeartment of Jobs and The consent of Name The consent of Name not required because:	egistered pursuant to R.C. 3107.062 as a pramily Services Form 1697. Address	outative father of the minor. Attach
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Attorney for Petition	er		Petitioner		
Typed or Printed Na	me		Typed or Printed	d Name	
Street Address			Petitioner		
City	State	Zip Code	Typed or Printed	I Name	
Telephone Number	(include area cod	de)	Street Address		
Attorney Registratio	n No		City	State	Zip Code
			Telephone Num	ber (include area code)

CASE NO. _____

CASE NO	(Name after adoption)
CONSENT TO ADO [R.C. 3107.06, 3107.08 &	
The undersigned	
[check one of the following seven capacities b	y which your consent is given]
 □ Mother □ Father □ Parent □ Putative father who has registered ur □ Agency having permanent custody □ Minor, who is more than twelve years the presence of the Court) □ Other 	s of age (this consent must be executed in
hereby waives notice of the hearing on the Petition F	or Adoption to be filed in the court, and
consents to the adoption of	
(Name before a	adoption)
as proposed in the petition.	
The undersigned further states that this consent is vo	•
Sworn to before me and signed in my presence this _	day of, 20
	Person authorized pursuant to R.C. Chapter 3107 to take this acknowledgement

FORM 18.3 - CONSENT TO ADOPTION

CASE NO	(Name after adoption)
CONSENT TO ADO [R.C. 3107.06, 3107.08 &	
The undersigned	
[check one of the following seven capacities b	y which your consent is given]
 □ Mother □ Father □ Parent □ Putative father who has registered ur □ Agency having permanent custody □ Minor, who is more than twelve years the presence of the Court) □ Other 	s of age (this consent must be executed in
hereby waives notice of the hearing on the Petition F	or Adoption to be filed in the court, and
consents to the adoption of	
(Name before a	adoption)
as proposed in the petition.	
The undersigned further states that this consent is vo	•
Sworn to before me and signed in my presence this _	day of, 20
	Person authorized pursuant to R.C. Chapter 3107 to take this acknowledgement

FORM 18.3 - CONSENT TO ADOPTION

CASE NUMBER			
OAGE HOMBEN			
	FINANCIA	AL STATEMENT	
INCOME Wages: Annual	Monthly	Other Sources	
		gedBalance due	_
-	·	lly mortgage payment	
Rent: Rental fee			
ASSETS Indicate present valu Additional real e			
Stocks and/or bo	onds		
Other			
LIFE INSURANCE Amount and name o	f beneficiary		
MEDICAL COVERA	GE		
OUTSTANDING LIA	BILITIES		
COMMENTS, if any			
The abo	ve information is tru	e to the best of my knowledge and belie	f.
name		Print Name	

ADOPTION OF _	 	 	
CASE NUMBER			

PERSONAL AND MEDICAL INFORMATION FORM

Name:	
	:Place of Birth:
	Work number:
	er had: Tuberculosis EpilepseyConvulsions
	ma Kidney Trouble Rheumatism Pleurisy Syphillis/Gonorrhea Nervous Breakdown
Have you un	dergone any operation?
-	For what:
	er used narcotics except when prescribed by a physician?
Have you ev	er used, or do you use, alcoholic stimulants to excess?
Has any mer	mber of your family or household had Tuberculosis or Insanity?
What disease	es or injuries have you had in the last 10 years other than above mentioned?
Mother:	Age if livingState of Health
	Age at deathCause
Father:	Age if livingState of Health
	Age at deathCause
Remarks (us	e another sheet if necessary):
 Date	Signature of petitioner/natural parent

ADOPTION OF		
CASE NUMBER		

PERSONAL AND MEDICAL INFORMATION FORM

Nama:	
	th:Place of Birth:
	n:Work number:
	ever had: Tuberculosis EpilepseyConvulsions
	hma Kidney Trouble Rheumatism Pleurisy
	Syphillis/Gonorrhea Nervous Breakdown
Have you ι	undergone any operation?
	For what:
	ever used narcotics except when prescribed by a physician?
•	ever used, or do you use, alcoholic stimulants to excess?
•	ember of your family or household had Tuberculosis or Insanity?
What disea	ses or injuries have you had in the last 10 years other than above mentioned?
Mother:	Age if livingState of Health
	Age at deathCause
Father:	Age if livingState of Health
	Age at deathCause
Remarks (use another sheet if necessary):
Dat	te Signature of petitioner/natural parent

ADOPTION OF
CASE NUMBER
AFFIDAVIT OF CUSTODY FOR MINORS
State of Ohio, County ofss.
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 fiveyears, 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 thathe 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

ADOPTION OF	
CASE NUMBER	
AFFIDAVIT OF UNKNO	WN RESIDENCE
(petitioner(s)/natural parent)	, being first duly sworn
(politionor(o)material perone)	
according to law, deposes and says that the resider	nce of
	(natural parent/parents)
the natural parent of (name of minor before adopti	is unknown and cannot be on)
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	e 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 PER	SONAL I	DATA			
1 Name of Child BEFORE Adoption 2 Date of Birth (Month)		Day, Year)	3 Sex	4 Place of Birth	n (City, County, State or Foreign Country)		
				<u> </u>			
Child's Name First Name Middle N				doption		Last Name	
That Name		anne	ne e		Last Name		
	ADC	PTIVE PARENT(S)' PFRS	ONAL DA	 ΤΔ		
The following information provide		•	-			it existed on child's date of birth.	
Choose One		tion to Child	Choose One			Relation to Child	
Mother Father Parent	Adoptive	Natural	Mother Father Parent			Adoptive Natural	
Current First Name			Current F	irst Name			
Current Middle Name			Current Middle Name				
Current Last Name			Current L	ast Name			
Current Last Name							
Last Name Prior to First Marriage			Last Nam	Last Name Prior to First Marriage			
Date of Birth (Month, Day, Year)	e 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 Bir	th (Number and	Street)					
City County State		State		Zip Cod	Δ	Inside City Limits (Yes or No)	
City County S		State	Zip Code			made city times (163 of 140)	
	Foreign Add	ptions Only (Inforn	nation fro	m Original	Birth Record)		
Time of BIrth							
Hospital/Birthing Facility							
Registrar's Name & Date Filed by Registr	ar (Month, Day,	Year)					
Attendant's Name (M.D, D.O, C.N.M, Oth	er Midwife) & D	ate Signed					
			.				
		Certi	fication				
Probate Court,	LAKE			County,	Ohio		
I haraby cartify that the child have	mad ahaya w	as adopted on				(Data)	
I hereby certify that the child nar	neu above w	as adopted on				(Date)	
by						(Name(s) of Petitioner(s))	
as set forth in the final decree of	adoption, Ca	se No.,					
Date				Proba	te Judge		
				Denut	v Clerk		
				Jopac	, 5.5		

HEA 2757 (10/2020) 5335.06