ADOPTION

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 procedurally appropriate and applicable for filing.

Costs

\$416.00 filing fee per case. If more than one child being adopted with the same biological parents, each extra petition is \$20.00.

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

Additional cost for each restricted mail notice, if applicable.

Each petitioner must get a BCI&I background check (paid to Educational Service Center of the Western Reserve)

\$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 and the attorney or the petitioner(s) is responsible to have it published.

Required Documents for Initial Filing for Adoption

Form 18.0 Petition for Adoption of Minor Financial Statement
Certificate of Adoption
Certified copy of Birth Certificate
Affidavit of Custody of Minors (answer gu)

Affidavit of Custody of Minors (answer question #1 /circle answers #2 through #4)

Form 18.3 Consent to Adoption
Personal Medical Info Form
Affidavit of Unknown Residence, if applicable
5 Letters of Recommendation

All forms can be mailed to:

Lake County Probate Court P.O. Box 490 Painesville, Ohio 44077

Birth Certificate

Ohio Dept. of Health Vital Statistics Certificate of Adoption Form (HEA 2757)

-This for should be used when the adoptee was born in Ohio

If the adoptee was born in a different state, it is the Petitioner's responsibility to contact the state in which the adult adoptee was born, and determine whether Vital Statistics in that state will accept this form. If not, it is the Petitioner's responsibility to obtain the necessary forms and complete them. The correct forms must be filed with the initial filing.

Procedure after Filing for Adoption

Once the above required documents are filed, the petitioner(s) will receive a packet in the mail containing the Hearing Notice, information about the court appointed assessor, and how to obtain the background check. It is required that the child being adopted is present for the hearing. Family and Friends are welcome at the hearing as well!

Court Appointed Assessor

You will receive the Court appointed assessor's name and phone number in the mail. Please contact the assessor as soon as possible to schedule your assessment.

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
 - o if you have questions about this, please discuss it with the assessor prior to your appointment

THESE 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 Educational Service Center of the Western Reserve to have your background check done. There is a fee for this service. You will receive all information and instructions on how to obtain your background check via regular mail. **DO NOT** complete the prints prior to filing for the adoption.

5 Letters of Recommendation

These letters of recommendation must be addressed to *Judge Mark J. Bartolotta*. In addition, the letters must 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". If the letter will be sent to the Court by regular mail, *Judge Mark J. Bartolotta, Personal and Confidential, PO Box 490, Painesville, Ohio 44077.*

Notice

IF a **last known** address of the natural parent(s) is available, even if it is an old address, the 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 there is not a biological father listed on the birth certificate and there has been no DNA testing, you must complete the Ohio Putative Father Registry. The Probate Court needs the response from the Registry of the search prior to the filing of the adoption petition.

o 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.

IN THE MATTER OF THE A	DOPTION OF	
CASE NO		(Name after adoption)
	TITION FOR ADOPTION [R.C. 3107.05]	I 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	larriage:
Relationship of Minor to Petitioner:		
The petitioner has facilities and resoupetitioner to establish the relationship	arce suitable to provide for the nurture 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:	Pr	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	ıt
A certified copy of the birth certificate	of the minor is filed with this petition of	or is not available due to the following:
A Preliminary Estimate Accounting (Fo		s petition.
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 whose address is PERSONS OR AGENCIES WHOSE CONSENT TO REQUIRED Name: Relationship: Address: Relationship: Address:	THE ADOPTION IS Age, if minor
□ The attorney representing the minor during the permanent custody proceedings whose address is	THE ADOPTION IS Age, if minor
PERSONS OR AGENCIES WHOSE CONSENT TO REQUIRED Name: Relationship: Address: Relationship:	THE ADOPTION IS Age, if minor
PERSONS OR AGENCIES WHOSE CONSENT TO REQUIRED Name: Relationship: Address: Relationship:	THE ADOPTION IS Age, if minor
REQUIRED Name:	Age, if minor
Address:	
□ Name:Relationship:	□ Consent filed
Address:	Age, if minor
7 taa 1000	Consent filed
	, the agency has permanent
Custody of the minor filed under,,,	□ Consent filed
Department of Jobs and Family Services Form 1697. The consent of	
Name Address	Relationship
The consent of	Relationship
. 144.100	. to all one
s/are not required because:	
is/are not required because: A B D The parent has failed without justifiable cause to provide more than period of at least one year immediately preceding the filing of the adoption petition of the petitioner.	
A B The parent has failed without justifiable cause to provide more than period of at least one year immediately preceding the filing of the adoption petition.	or the placement of the minor in a single or the minor in a support of the single of t

Attorney for Petitioner			Petitioner				
Typed or Printed Name			Typed or Printed Name				
Street Address			Petitioner				
City	State	Zip Code	Typed or Printed	l Name			
Felephone Number (include area code)		Street Address					
Email Address			City	State	Zip Code		
Attorney Registration No		Telephone Number (include area code)					
			Email Address				

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

IN RE: ADOPTION O	F		_
CASE NO			
	ERSONAL AND MEDICAL IN the completed by Petitioner and Petition		
Name:			
Date of Birth:	Place	of Birth:	
Have you ever had treatme	ent for a serious or chronic illness?	□ Yes	□ No
Have you been hospitalize	d in the last 5 years?	□ Yes	□ No
Have you ever received, o	r been advised to seek, mental healt	h services? ☐ Yes	□ No
Have you ever received, o	r been advised to seek, treatment fo	r alcohol or substance abuse?□ Yes	□ No
If any are checked, please	explain:		
		the following? (check all that apply and indi	
		Epilepsy	
		□Kidney Disease	
☐Stroke	□Tuberculosis	Stroke	
If any are checked, please	explain:		
Is there a history of other h	nereditary disease?	□ Yes	□ No
If yes, please explain:			
ADDITIONAL COMMENT	S, IF ANY:		
I hereby affirm that I have and correct.	completed this form to the best of m	ny ability, and that the information provide	ed is true
Print Name			

IN RE: ADOPTION O	F		_
CASE NO			
	ERSONAL AND MEDICAL IN the completed by Petitioner and Petition		
Name:			
Date of Birth:	Place	of Birth:	
Have you ever had treatme	ent for a serious or chronic illness?	□ Yes	□ No
Have you been hospitalize	d in the last 5 years?	□ Yes	□ No
Have you ever received, o	r been advised to seek, mental healt	h services? ☐ Yes	□ No
Have you ever received, o	r been advised to seek, treatment fo	r alcohol or substance abuse?□ Yes	□ No
If any are checked, please	explain:		
		the following? (check all that apply and indi	
		Epilepsy	
		□Kidney Disease	
☐Stroke	□Tuberculosis	Stroke	
If any are checked, please	explain:		
Is there a history of other h	nereditary disease?	□ Yes	□ No
If yes, please explain:			
ADDITIONAL COMMENT	S, IF ANY:		
I hereby affirm that I have and correct.	completed this form to the best of m	ny ability, and that the information provide	ed is true
Print Name			

IN RE: ADOPTION OF
CASE NO
FINANCIAL STATEMENT FORM (To be completed by Petitioner and Petitioner's Spouse, if applicable)
OCCUPATION:
INCOME:
Gross Annual Income:
Other Income Sources:
HOME:
Own: Present Value: Balance Owed
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:
ADDITIONAL COMMENTS, IF ANY:
I hereby affirm that I have completed this form to the best of my ability, and that the information provided is trand correct.
Print Name
Signature

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
(politioner(s)/material percent)	
according to law, deposes and says that the resider	nce of
accounting to tann, aspectos and cape and another account	(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	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, I	Day, Year)	3 Sex	4 Place of Birth	n (City, County, State or Foreign Country)
Child's Name First Name Middle N				doption		Last Name
That Name		Wildule IV	anne			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 O	_	Relation to Child
Mother Father Parent	Adoptive	Natural	Mot	her Father	r Parent	Adoptive Natural
Current First Name			Current F	irst Name		
Current Middle Name			Current	Middle Name		
Current Last Name			Current L	ast Name		
Carrent Last Name						
Last Name Prior to First Marriage			Last Nam	ne Prior to First	Marriage	
Date of Birth (Month, Day, Year)	Birth Place (State	e or Foreign Country)	Date of E	Birth (Month, D	Day, Year)	Birth Place (State or Foreign Country)
Parent(s) Residence at Time of Child's Bir	th (Number and	Street)				
City County		State		Zip Cod	Δ	Inside City Limits (Yes or No)
city		State		Zip cou	L	made city Emilia (163 of No)
	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	
				Schar	, 5.5	

HEA 2757 (10/2020) 5335.06