### 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

\$394.00 filing fee per case. If more than one child being adopted with the same biological parents, each extra petition is \$40.00.

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 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 <u>https://pfr-pub.jfs.ohio.gov/WebForms/Search.aspx</u>

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 ADOP	TION OF	
CASE NO		(Name after adoption)
	N FOR ADOPTION ( [R.C. 3107.05]	OF MINOR
The undersigned petitions to adopt		,
a minor, and to change the name of the minor	r 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 Mar	riage:
Relationship of Minor to Petitioner:		
The petitioner has facilities and resource suit petitioner to establish the relationship of parel	able to provide for the nurture and child with the minor.	and care of the minor and it is the desire of the
	MINOR TO BE ADOPTE	
Birth Name:		e of Birth:
Place of Birth:		perty and Value:
L The minor is living in the home of the day of, 20 by _		erein for adoption on the
The minor is not living in the home o	f the petitioner, and resides at $\_$	
A certified copy of the birth certificate of the m	ninor is filed with this petition or	is not available due to the following:
A Preliminary Estimate Accounting (Form 18.		etition.
whose address is		

FORM 18.0 - PETITION FOR ADOPTION OF MINOR

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:\_\_\_\_\_\_ Age, if minor \_\_\_\_\_ Address: □ Consent filed Name:\_\_\_\_\_\_ Age, if minor \_\_\_\_\_ Address:\_\_\_\_\_ □ Consent filed \_\_\_\_\_, the agency has permanent Custody of the minor filed under, \_\_\_\_\_ Consent filed 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. Attached is Ohio Department of Jobs and Family Services Form 1697. А The consent of \_ Name Address Relationship В The consent of \_ Address Name Relationship is/are not required because:

A

В

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).

### CASE NO. \_\_\_\_\_

Attorney for Petitioner Typed or Printed Name		Petitioner Typed or Printed Name				
City	State	Zip Code	Typed or Printed	d Name		
Telephone Number (include area code)		Street Address				
Email Address			City	State	Zip Code	
Attorney Registr	ation No		Telephone Num	ber (include area code	)	
			Email Address			

IN THE MATTER OF THE ADOPTION OF	
CASE NO	(Name after adoption)
CONSENT TO ADO	
[R.C. 3107.06, 3107.08 8	3107.081]
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	nder R.C. 3107.062
Agency having permanent custody	
<ul> <li>Minor, who is more than twelve years the presence of the Court)</li> </ul>	of age (this consent must be executed in
Other	
hereby waives notice of the hearing on the Petition Fe consents to the adoption of	·
as proposed in the petition.	
The undersigned further states that this consent is vo disclosure of the name or other identification of the pr	
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
	Title

FORM 18.3 - CONSENT TO ADOPTION

IN THE MATTER OF THE ADOPTION OF	
CASE NO	(Name after adoption)
CASE NO	
CONSENT TO AD	
[R.C. 3107.06, 3107.08 &	\$ 3107.081]
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	nder R.C. 3107.062
Agency having permanent custody	
<ul> <li>Minor, who is more than twelve years the presence of the Court)</li> </ul>	s of age (this consent must be executed in
Other	
consents to the adoption of(Name before a	
as proposed in the petition.	
The undersigned further states that this consent is vo	luntarily executed irrespective of
disclosure of the name or other identification of the pr	
	ospective adopting parents.
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
	Title

FORM 18.3 - CONSENT TO ADOPTION

IN RE: ADOPTION OF\_\_\_\_\_

CASE NO. \_\_\_\_\_

### PERSONAL AND MEDICAL INFORMATION FORM

(To be completed by Petitioner and Petitioner's Spouse, if applicable)

Name:							
Date of Birth:	Date of Birth: Place of Birth:						
Have you ever had treatme	ent for a serious or chronic illness?	🗆 Y	′es □ No				
Have you been hospitalize	ed in the last 5 years?	D Y	∕es □No				
Have you ever received, o	r been advised to seek, mental healtl	h services? $\Box$ N	Yes 🗆 No				
Have you ever received, o	r been advised to seek, treatment for	alcohol or substance abuse? $\Box$ )	Yes 🗆 No				
If any are checked, please	explain:						
	grandparents, or siblings had any of □Asthma	•					
	Diabetes						
	OHypertension						
	□Tuberculosis						
If any are checked, please	explain:						
	nereditary disease?						
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	y ability, and that the information pr	ovided is true				
Print Name							

Signature \_\_\_\_\_

IN RE: ADOPTION OF\_\_\_\_\_

CASE NO. \_\_\_\_\_

### PERSONAL AND MEDICAL INFORMATION FORM

(To be completed by Petitioner and Petitioner's Spouse, if applicable)

Name:							
Date of Birth:	Date of Birth: Place of Birth:						
Have you ever had treatme	ent for a serious or chronic illness?	🗆 Y	′es □ No				
Have you been hospitalize	ed in the last 5 years?	D Y	∕es □No				
Have you ever received, o	r been advised to seek, mental healtl	h services? $\Box$ N	Yes 🗆 No				
Have you ever received, o	r been advised to seek, treatment for	alcohol or substance abuse? $\Box$ )	Yes 🗆 No				
If any are checked, please	explain:						
	grandparents, or siblings had any of □Asthma	•					
	Diabetes						
	OHypertension						
	□Tuberculosis						
If any are checked, please	explain:						
	nereditary disease?						
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	y ability, and that the information pr	ovided is true				
Print Name							

Signature \_\_\_\_\_

IN RE: ADOPTION OF
CASE NO
<b>FINANCIAL STATEMENT FORM</b> (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 true and correct.
Print Name
Signature

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 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 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

ADOPTION OF	
CASE NUMBER	
AFFIDAVIT OF U	INKNOWN RESIDENCE
(petitioner(s)/natural parent)	, being first duly sworn
according to law, deposes and says that the	residence of, (natural parent/parents)
	is unknown and cannot be
ascertained with reasonable diligence, even	though I have exercised same.
(petitioner/natural parent)	(petitioner/natural parent)
Sworn to before me and subscribed in my pl	resence 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	

Amenueu 311	v
Envelope #	
AFS #	

		CHILD'S PER	SONAL D	ΑΤΑ			
1 Name of Child <b>BEFORE</b> Adoption		2 Date of Birth (Month, D	ay, Year)	3 Sex	4 Place of Birt	th (City, County, State or F	Foreign Country)
<b>2</b> 2		Child's Name		loption			
First Name		Middle Na	ime			Last Name	
	AD	OPTIVE PARENT(S	5)' PERSC	ONAL DAT	A		
The following information prov			new birth				
Choose One Mother Father Parent	Adoptiv	ation to Child /e Natural	Mot	Choose O ner Father		Relation to Adoptive	Natural
Current First Name			Current Fi	rst Name			
Current Middle Name			Current N	liddle Name			
Current Last Name			Current La	ast Name			
Last Name Prior to First Marriage			Last Name	e Prior to First	Marriage		
Date of Birth (Month, Day, Year)	Birth Place (Sta	ate or Foreign Country)	Date of Bi	rth (Month, D	ay, Year)	Birth Place (State or Fo	oreign Country)
Parent(s) Residence at Time of Child's	Birth (Number ar	nd Street)					
City Coun	ty	State		Zip Code	2	Inside City Li	imits (Yes or No)
Time of BIrth	Foreign Ac	doptions Only (Inform	nation from	n Original	Birth Record)		
Hospital/Birthing Facility							
Registrar's Name & Date Filed by Regi	strar (Month, Da	y, Year)					
Attendant's Name (M.D, D.O, C.N.M, C	Other Midwife) &	Date Signed					
		Certi	fication				
Drabata Court	LAKE			County	Ohio		
Probate Court,				County,	Unio		
I hereby certify that the child n	amed above	was adopted on				(Date)	
by						(Name(s) of Pet	itioner(s))
							/ /
as set forth in the final decree	ot adoption, (	Case No.,					
Date				Probat	e Judge		
				Denuty	/ Clerk		
				Deput			
HEA 2757 (10/2020)							5335.06