

INSTRUCTIONS FOR AN ADULT ADOPTION

ALL FORMS MUST BE TYPEWRITTEN

These instructions are being provided as a public service of the Butler County Probate Court, and are intended as a guideline only. Depending on the circumstances of each case, additional steps may be required that are not listed below.

Please review the Adult Adoption packet, the clerks are not attorneys and therefore cannot answer legal questions or assist you in completing the forms or deciding which forms apply to your situation.

The documents that you file *must* be typewritten, legible AND completed in their entirety. (Forms on our web site may be filled in prior to printing). Illegible or incomplete documents may be refused for filing, or if filed could result in your application being denied, delayed or dismissed.

A deposit of \$118.00 is required at the time of filing. Additional may be required at the final hearing. Please confirm the amount with a clerk since filing fees may have changed subsequent to the publication of this instruction sheet. This fee must be paid in cash, check or money order. After the Petition is filed, your filing fees ***may not*** be refunded.

In order to petition the court for an adult adoption, you must meet one of the following conditions:

1. If the adult is totally or permanently disabled;
2. If the adult is determined to be a person with an intellectual disability;
3. If the adult has established a child-foster caregiver, kinship caregiver, or a child-stepparent relationship with the petitioners as a minor, and the adult consent to the adoption;
4. If the adult was, at the time of the adult's eighteenth (18) birthday, in the permanent custody of or in a planned permanent living arrangement with a public children services agency or a private child placing agency, and the adult consent to the adoption; or
5. If the adult is the child of the spouse of the petitioner, and the adult consents to the adoption.

PLEASE NOTE THERE IS ONLY ONE COPY OF EACH FORM IN THE PACKET, IF ADDITIONAL FORMS ARE NEEDED PLEASE REFER TO THE INDIVIDUAL LIST OF FORMS ON THIS WEBSITE.

AT THE TIME OF INITIAL FILING

1. Petition for Adoption of Adult - Form 19.0
2. Consent to Adoption - Form 18.3
3. Certified Copy of Proposed Adoptee's Birth Certificate
4. \$118.00 cash, check, or money order only (no credit cards)

AT THE TIME OF THE HEARING

1. Final Order of Adoption - Form 19.1
2. Ohio Department of Health Certificate of Adoption - Form HEA 2757
3. Application for Certified Copies of New Birth Certificate - Form HEA 2709

Forms necessary for an Adult Adoption, may be obtained by, downloading the forms from our web site at www.butlercountyprobatecourt.org.

LEGAL PRACTICE IN THE PROBATE COURT IS RESTRICTED BY LAW TO ATTORNEYS WHO ARE LICENSED BY THE SUPREME COURT OF OHIO. IF AN INDIVIDUAL WISHES TO HANDLE HIS OR HER OWN CASE, THAT PERSON MAY ATTEMPT TO DO SO, HOWEVER DUE TO THE COMPLEXITY OF THE LAW AND DESIRE TO AVOID COSTLY ERRORS, MOST INDIVIDUALS WHO HAVE MATTERS BEFORE THE COURT ARE REPRESENTED BY AN ATTORNEY.

IF YOU CHOOSE TO REPRESENT YOURSELF AND USE THE COURT'S FORMS, PLEASE BE ADVISED THAT STATE LAW PROHIBITS THE JUDGE, MAGISTRATE AND EMPLOYEES OF BUTLER COUNTY PROBATE COURT FROM PROVIDING YOU WITH LEGAL ADVICE OR ASSISTING YOU IN THE SELECTION OR PREPARATION OF LEGAL FORMS. IF YOU NEED ADDITIONAL ASSISTANCE YOU WILL NEED TO CONTACT AN ATTORNEY OF YOUR CHOOSING.

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF _____
(Name after adoption)

CASE NO. _____

PETITION FOR ADOPTION OF ADULT [R.C. 3107.02]

The undersigned respectfully petitions the Court to adopt _____
an adult and to have the adult's name changed to _____.

The petitioner may adopt because the adult:

is totally and permanently disabled.

is determined to be a person with an intellectual disability.

had established a child-foster caregiver, kinship caregiver, or child-stepparent relationship with the petitioner as a minor.

was, at the time of the adult's eighteenth birthday, in the permanent custody of or in a planned permanent living arrangement with a public children services agency or a private child placing agency.

is the child of the spouse of the petitioner.

Attorney for Petitioner

Petitioner

Typed or Printed Name

Typed or Printed Name

Address

Address

City State Zip Code

City State Zip Code

Telephone Number (include area code)

Telephone Number (include area code)

Attorney Registration No.

ENTRY

This cause is set for hearing on the _____ day of _____, _____ at _____ o'clock

Probate Judge

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF _____
(Name after adoption)

CASE NO. _____

CONSENT TO ADOPTION [R.C. 3107.06, 3107.08 & 3107.081]

The undersigned _____

[check one of the following seven capacities by which your consent is given]

Mother

Father

Parent

Putative father who has registered under R.C. 3107.062

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 _____
(Name before adoption)

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 of _____, _____

Person authorized pursuant to R.C.
Chapter 3107 to take this
acknowledgment

Title

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF _____

(Name after adoption)

CASE NO. _____

FINAL ORDER OF ADOPTION OF ADULT

This day this cause came on to be heard on the petition of _____

_____ to adopt _____

_____, an adult, and on the evidence.

On consideration thereof the Court finds (R.C. 3107.02(B)):

and that the adoption should be granted.

It is ordered that the name of the adopted adult be changed to _____

_____.

It is therefore further ordered that a final decree of adoption be, and the same hereby is entered herein.

It is further ordered that at that time a Certificate of Adoption, certified by the Court, be forwarded to

the State Department of Health, Division of Vital Statistics at _____

_____. Further, that a copy of this decree be forwarded to the

Ohio State Department of Human Services for Statistical purposes.

Date

Probate Judge

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, _____ 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 _____

Ohio Department of Health • Vital Statistics

Application For Certified Copies

CERTIFICATE REQUESTED

<input type="checkbox"/> Birth Certificate \$21.50 per certified copy	<input type="checkbox"/> Paternity Affidavit \$7.00 per certified copy
<input type="checkbox"/> Death Certificate \$21.50 per certified copy	<input type="checkbox"/> Stillbirth Abstract (No Cause of Death) Free to birth parents <input type="checkbox"/> Fetal Death Certificate (Cause of Death shown) \$21.50 per certified copy

Mailing Address

Send completed application with required fee to:

Ohio Department of Health
 Vital Statistics
 P.O. Box 15098
 Columbus, Ohio 43215-0098
 (614) 466-2531

RECORD INFORMATION (Information about the person on the requested record)

Full Name <i>(for birth, indicate child's full name as shown on the original birth record)</i> :		If Name was Changed Since Birth, Indicate New Name:	
Date of Birth:	Date of Death:	City and County Where Event Occurred:	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Name Before First Marriage:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Name Before First Marriage:

CHARGES Please include check or money order (do not send cash) made payable to "TREASURER, STATE OF OHIO"

Birth:	Please indicate if you are requesting the certificate for any of the following purposes: <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> International Legal Business	Number of birth record copies: _____ x \$21.50 = \$ _____
Death:	<input type="checkbox"/> No , I do not need the Social Security Number included. <input type="checkbox"/> Yes , I request a copy with the SSN included. You must attach a copy of your identification showing you are an authorized requestor (see instructions page for complete listing of authorized requestors).	Number of death record copies: _____ x \$21.50 = \$ _____
Acknowledgment of Paternity (AOP):	Central Paternity Registry 6-digit Number <i>(please call the Central Paternity Registry at (888) 810-6446 if you do not have this number):</i>	Number of AOP copies: _____ x \$7.00 = \$ _____
Fetal Death or Stillbirth:	Did the stillbirth event occur at 20 weeks or less gestation? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(This information will help us determine how the record has been filed)</i>	Number of stillbirth abstract certificates: _____ <i>(Free to birth parents)</i> Number of fetal death record copies: _____ x \$21.50 = \$ _____
Total Amount Due: Refunds will be issued only for orders where a certified document cannot be issued. Overpayment of \$2.00 or less will not be refunded.		\$ _____

APPLICANT INFORMATION (Information about the person requesting the record)

Please print clearly as this will be used for your receipt, mailing address, and/or for future contact to complete your record request.

Applicant Name:	Email:
Street Address:	Phone Number:
City, State, & ZIP:	Signature of Applicant: