

James A. Fredericka, Judge
TRUMBULL COUNTY PROBATE COURT
 161 High Street
 Warren, Ohio 44481
 (330) 675-2521
 fax: (330) 675-3024
 www.trumbullprobate.org

FOREIGN ADOPTION FILING REQUIREMENTS

Deposit \$151.00 per application - Balance of court costs due day of hearing.

**The Probate Court accepts payment by cash, check, and money order only.

The Court does not accept payment by debit or credit cards.**

<u>When to File</u>	<u>Ohio Revised Code</u>	<u>Form No.</u>	<u>Form</u>
Initial Filing	R.C. 3107.05(A)	SPF 18.0	Petition for Minor
Initial Filing	R.C. 3107.05(B)		Certified Copy of Birth Certificate w/English translation
Initial Filing	HEA 2757		Ohio Department of Health Certificate of Adoption (Completed down to certification)
Initial Filing			Statement of Adopted Person
Initial Filing			Supplemental Adoption Form
Initial Filing	R.C. 3107.05(B)		Consent to Adopt (Foreign Authority, Orphanage, Birth Parents, Minor if over 12)
Initial Filing	R.C. 3107.10(B)	SPF 18.9	Preliminary Accounting
Initial Filing			Foreign Final Documents w/English translation (Final Decree, Birth Certificate, Adoption Certificate, Letter of Abandonment)
Within 5 days from filing of petition	R.C. 3107.032		Petitioner and any person 18 years old or older living in the home submits to WEBCHECK criminal background check at Trumbull County Sheriff's Department. R.C. 2151.86 (C)(1)
Prior to Hrg.	R.C. 3107.10(B)	SPF 18.9	Final Accounting (Filed by petitioners at least 10 days prior to hearing)
Prior to Hrg.	R.C. 3107.12		Prefinalization Assessment (Filed by agency at least 20 days prior to hearing)
Prior to Hrg.			Post Placement Report/Post Placement Supervisory Visit Summary (Filed by agency at least 20 days prior to hearing)
Prior to Hrg.	R.C. 3107.031		Home Study by Assessor (Filed by agency at least 10 days prior to hearing)

PROBATE COURT OF TRUMBULL COUNTY, OHIO

JAMES A. FREDERICKA, JUDGE

ADOPTION OF _____
(Name after adoption)

CASE NO. _____

PETITION TO RECOGNIZE FOREIGN ADOPTION

[R.C. 3107.18]

[Check applicable boxes, complete blanks, strike inapplicable language, and attach supporting documentation]

The Petitioner(s) is/are the adoptive parent(s) of a minor child pursuant to a Foreign Decree or Certificate of Adoption and state that:

PETITIONER(S)

Petitioner's Full Name: _____

Petitioner's Full Name: _____

Residence: _____

Duration of Residence: _____

Marital Status: _____

Date and Place of Marriage: _____

ADOPTED CHILD

Name of Child before Adoption: _____

Name of Child after Adoption: _____

Date and Place of Birth: _____

Attached is a certified copy of the child's Birth Certificate, and if not in English, also attached is a translation certified as to its accuracy by the translator.

A Foreign Decree or Certificate of Adoption in compliance with the laws of the Country of _____ was issued by (Name of Court) _____ in Case Number _____ on the _____ day of _____, 20____.

CASE NO. _____

Attached is a certified copy of the Foreign Decree or Certificate of Adoption which has been verified and approved by the Immigration and Naturalization Service of the United States, and if not in English, also attached is a translation certified as to its accuracy by the translator.

Attached is a fully completed Ohio Department of Health, Division of Vital Statistics, Certificate of Adoption.

The Petitioner(s) state that giving effect to the Foreign Decree or Certificate of Adoption would not violate the public policy of the State of Ohio and respectfully pray for the following Order(s):

☐ An Order that the child's name shall be changed to:

☐ An order to the Ohio Department of Health to issue a new birth record for the adopted person under R.C. 3705.12(A)(1)

☐ Other _____

Attorney for Petitioner

Typed or Printed Name

Street Address

City State Zip Code

Telephone Number (include area code)

Attorney Registration No.

Petitioner

Typed or Printed Name

Petitioner

Typed or Printed Name

Street Address

City State Zip Code

Telephone Number (include area code)

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)

Attendant's Name (M.D., D.O., C.N.M., Other Midwife)

Foreign Adoptions Only (from the Original Birth Certificate)

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 _____

PROBATE COURT OF VTWO DWN COUNTY, OHIO
JAMES A. FREDERICKA, JUDGE

STATEMENT OF ADOPTED PERSON

CASE NO. _____

CHILD'S NAME AFTER ADOPTION _____

THE CHILD NAMED IN THIS ADOPTION IS:

A minor who became available or potentially available for adoption on or before September 18, 1996 and at least one of the biological parents consented to the adoption or a probate court entered a finding that the biological parent(s) signature was not needed (O.R.C. 3107.39).

A minor who became available for adoption after September 18, 1996 (O.R.C. 3107.45).

EXCLUSIONS FOR ODHS 1693 DISCLOSURE

Foreign adoption finalized in another country and re-finalized in Ohio.

Foreign adoption finalized in Ohio only.

Step-parent adoption.

Involuntary surrender/ court commitment.

Other (please specify) _____

PROBATE COURT OF VTWO DWN COUNTY, OHIO
JAMES A. FREDERICKA, JUDGE

IN THE MATTER OF _____) CASE NO. _____
THE ADOPTION OF _____)
_____) SUPPLEMENTAL ADOPTION FORM
(NAME AFTER ADOPTION)

This form shall be filed with the Petition for Adoption and shall indicate if any of the following apply:

- 1. Either birth parent is deceased,**
- 2. A support order has been issued by any court or agency,**
- 3. Any other court action has ever been filed regarding this child, or**
- 4. Either birth parent has been previously married.**

G None of the above apply.

G Birth parent is deceased.

Name of deceased parent:	Date of Death:
Name of deceased parent's mother:	
Address of deceased parent's mother or date of death:	
Name of deceased parent's father:	
Address of deceased parent's father or date of death:	

G A support order has been issued regarding this child.

Court/Agency:	Case Number:
Case Name:	

G Other court action regarding this child (guardianship, juvenile, domestic relations):

Court:	Case Number:
Case Name:	Pending or closed?
Nature of Action:	Name of Attorney or Guardian ad Litem for Child:

☐ Birth mother was previously married.
_____Number of previous marriages.

☐ Birth father was previously married.
_____Number of previous marriages.

If more than one marriage, list the marriages chronologically. Duplicate as necessary.

Name of birth mother:	Name of birth father::
Address:	Address:
Name of former spouse #1:	Name of former spouse #1:
Date of termination of marriage:	Date of termination of marriage:
County of termination proceedings:	County of termination proceedings:
Case Name:	Case Name:
Case Number:	Case Number:

Name of former spouse #2:	Name of former spouse #2:
Date of termination of marriage:	Date of termination of marriage:
County of termination proceedings:	County of termination proceedings:
Case Name:	Case Name:
Case Number:	Case Number:

Attorney for Petitioner

Petitioner

Address

Address

Telephone Number

Telephone Number

Facsimile Number

Ohio Supreme Court Registration Number

PROBATE COURT OF TRUMBULL COUNTY, OHIO
JAMES A. FREDERICKA, JUDGE

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

CASE NO. _____

PETITIONER'S ACCOUNT
(R.C. 3107.055)

PRELIMINARY ESTIMATE ACCOUNTING
(To be filed not later than date petition filed)

FINAL ACCOUNTING
(To be filed not later than 10 days
prior to date of final hearing)

This accounting specifies all disbursements of anything of value the petitioner, a person on the petitioner's behalf, and the a gency or attorney made and has agreed to make in connection with the minor's permanent surrender under division (B) of Section 5103.15 of the Revised Code, placement under Section 5103.16 of the Revised Code, and adoption under Chapter 3107. (Attach extra sheets if necessary)

DATE	NAME AND ADDRESS	DISBURSEMENTS MADE OR AGREED TO BE MADE	ACTUAL COSTS
	PHYSICIAN		
	HOSPITAL/MEDICAL FACILITY		
	ATTORNEY		
	ACTUAL COST TO THE ATTORNEY		
	AGENCY		
	ACTUAL COST TO THE AGENCY		
	MAINTENANCE AND MEDICAL CARE REQUIRED UNDER R.C. 5103.15		
	EXPENSES PURSUANT TO R.C. 3107.055(C)(9)		
	FOSTER CARE		
	GUARDIAN AD LITEM		
	COURT COSTS		
	ALL OTHER DISBURSEMENTS		
TOTAL			

Case No: _____

CERTIFICATION OF PETITIONER'S ACCOUNT

The undersigned certifies this _____ day of _____, 20____, that this accounting is true and accurate.

Attorney or Agency

Typed or Printed Name

Address

City State Zip

Telephone Number (include area code)

The petitioner has reviewed this accounting and attests to its accuracy this _____ day of _____, 20____.

Petitioner

Petitioner

ORDER APPROVING PETITIONER'S ACCOUNT

The Petitioner's Account filed in accordance with R.C. 3107.10 is hereby approved.

James A. Fredericka, Probate Judge

WEBCHECK INSTRUCTIONS

1. The Trumbull County Sheriff's Department shall run a criminal background check, using the WEBCHECK system, on all prospective adoptive parents and on applicants for guardianships, estates, name changes or trusts as determined by the Court.
2. Upon completion of the attached WEBCHECK form, the applicant shall take it to the Trumbull County Sheriff's Department, located at 150 High Street, 330-675-2540. WEBCHECKS are conducted Monday - Friday from 9:00 am to 3:00 pm.
3. The fee to conduct a WEBCHECK is \$25.00 for BCI checks (the entire state of Ohio), the fee shall be paid by the applicant to the Sheriff's Department at the time of the check. The fee is payable in **cash or money order only. If the applicant has not lived in the state of Ohio for the past five years, a federal check shall be administered. The cost to conduct a federal check is an additional \$30.00 for a combined fee of \$55.00.**
4. In addition to the money and WEBCHECK form, the applicant must also bring their driver's license.
5. As the applicant, it is very important to have the WEBCHECK administered, since a hearing will not be held until the results of the WEBCHECK have been received by the Probate Court.

**IN THE COURT OF COMMON PLEAS
PROBATE DIVISION
TRUMBULL COUNTY, OHIO**

IN THE MATTER OF:)	CASE NO.
THE ADOPTION OF)	
)	

**CONSENT TO WEBCHECK CRIMINAL BACKGROUND CHECK
(ADOPTION)**

I, the undersigned, hereby authorize the Trumbull County Sheriff's Department to perform a criminal background check using the WEBCHECK system, to have the results sent directly to the Trumbull County Probate Court to become a permanent part of the Court's file, and to have the results sent by the Trumbull County Probate Court to the adoption assessor appointed by the Court.

Signature

Date

Printed Name

Address

Telephone Number

Date of Birth

**IN THE COURT OF COMMON PLEAS
PROBATE DIVISION
TRUMBULL COUNTY, OHIO**

IN THE MATTER OF:)	CASE NO.
THE ADOPTION OF)	
)	

**CONSENT TO WEBCHECK CRIMINAL BACKGROUND CHECK
(ADOPTION)**

I, the undersigned, hereby authorize the Trumbull County Sheriff's Department to perform a criminal background check using the WEBCHECK system, to have the results sent directly to the Trumbull County Probate Court to become a permanent part of the Court's file, and to have the results sent by the Trumbull County Probate Court to the adoption assessor appointed by the Court.

Signature

Date

Printed Name

Address

Telephone Number

Date of Birth