

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

**GRANDPARENT ADOPTION FILING REQUIREMENTS**

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

\*\*The Probate Court accepts payment of 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	<b>Petition for Adoption of Minor</b>
Initial Filing			<b>Supplemental Adoption Form</b>
Initial Filing			<b>Statement of Adopted Person</b>
Initial Filing	HEA 2757		<b>Ohio Department of Health Certificate of Adoption</b> (Completed down to certification)
Initial Filing	R.C. 3107.05(B)		<b>Certified Copy of Birth Certificate</b> <i>*Certified within 30 days of filing</i>
Initial Filing	R.C. 3107.10(B)	SPF 18.9	<b>Preliminary Accounting</b>
Initial Filing			If needed, <b>affidavit of due diligence, motion and order for Notice by publication</b>
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 <b>WEBCHECK</b> criminal background check at Trumbull County Sheriff's Department. R.C. 2151.86 (C)(1)
Prior to Hrg.	R.C. 3107.05(B)	SPF 18.3	<b>Consent to Adopt</b> (Birth parents, if necessary) <i>*May need to have birth parents come before the Court to consent.</i>
<b>Prior to Hrg.</b>	<b>R.C. 3107.09(E)</b>	<b>ODHS 1616</b>	<b>*Possible requirements, if consent for birth parents are involved:</b> <b>*Social and Medical History of Parent(s) (filed by agency)</b>
<b>Prior to Hrg.</b>		<b>OHDS 1693</b>	<b>*Ohio Law and Adoption Materials (If applies, filed by agency)</b>
Prior to Hrg.	R.C. 3107.064	ODHS 1697	In putative father situation: <b>Certified copy of putative father registry search results</b> dated at least 16 days after birth.
Prior to Hrg.	R.C. 3107.12	ODHS 1699	<b>Prefinalization Assessment</b> (Filed by agency at least 20 days prior to hearing)
Prior to Hrg.	R.C. 3107.10(B)	SPF 18.9	<b>Final Accounting</b> (Filed by Petitioners at least 10 days prior to hearing). If agency is charging a fee, agency fees are required to be shown.
Prior to Hrg.	R.C. 3107.031		<b>Home Study by Assessor</b> (Filed by agency at least 10 days prior to hearing)

**\*\*If a minor's consent is needed for an adoption,  
it will be obtained by the Court on the date of the hearing.**

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

**IN THE MATTER OF THE ADOPTION OF** \_\_\_\_\_  
(Name after adoption)

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

**PETITION FOR ADOPTION OF MINOR**  
**[R.C. 3107.05]**

The undersigned petitions to adopt \_\_\_\_\_,  
a minor, and to change the name of the minor to \_\_\_\_\_.

**PETITIONER**

The petitioner states the following:

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 Marriage: \_\_\_\_\_

Relationship of Minor to Petitioner: \_\_\_\_\_

The petitioner has facilities and resource suitable to provide for the nurture and care of the minor and it is the desire of the petitioner to establish the relationship of parent and child with the minor.

**MINOR TO BE ADOPTED**

Birth Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Property and Value: \_\_\_\_\_

☐ The minor is living in the home of the petitioner, and was placed therein for adoption on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

☐ The minor is not living in the home of the petitioner, and resides at \_\_\_\_\_.

A certified copy of the birth certificate of the minor is filed with this petition or is not available due to the following:

\_\_\_\_\_  
\_\_\_\_\_.

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

A Preliminary Estimate Accounting (Form 18.9), if required, is filed with this petition.

☐ The minor is in the permanent custody of \_\_\_\_\_  
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 was \_\_\_\_\_  
whose address is \_\_\_\_\_.

**PERSONS OR AGENCIES WHOSE CONSENT TO THE ADOPTION IS REQUIRED**

☐ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age, if minor \_\_\_\_\_  
Address: \_\_\_\_\_ ☐ Consent filed

☐ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ 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 & Family Services Form 1697.

A The consent of \_\_\_\_\_  
Name Address Relationship

B The consent of \_\_\_\_\_  
Name Address Relationship

is/are not required because:

- A B
- ☐ ☐ 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

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Attorney Registration No. \_\_\_\_\_

\_\_\_\_\_  
City                                      State                                      Zip Code

\_\_\_\_\_  
Phone 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 TRUMBULL COUNTY, OHIO**  
**JAMES A. FREDERICKA, JUDGE**

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
- ☐ Putative father who has registered under R.C. 3107.062 (for a minor born on or after January 1, 1997)
- ☐ Putative father (for a minor born before January 1, 1997)
- ☐ 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 \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Person authorized pursuant to R.C. Chapter 3107  
to take this acknowledgement

\_\_\_\_\_  
Title

**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