

## CHECKLIST- FILING AN ADULT ADOPTION

**(Disclaimer: This checklist is intended as a guideline only and is subject to modification by the Court at any time)**

### DEPOSIT: CASH / CHECK/ MONEY ORDER -ONLY

Court Costs: \$142.00

### REQUIREMENTS

See Ohio Revised Code 3107.04 to determine if the adoption may be filed in Lake County and 3107.02 for more information on adopting an adult.

### THE PROCESS

The documents listed below must be prepared by the applicant or his/her attorney, and brought into the court for filing, along with the filing fee. Once the documents have been approved for filing by the court, a hearing will be set, approximately 4 weeks from the date of filing. Per ORC 3107.14, the Adoptee and the Petitioner must be present at the hearing.

**Note: All paperwork should be typed, single sided, and please do not staple originals.  
All documents being filed must have original signature.**

### INITIAL FILING:

All forms listed below and the filing fee must be presented to the Court together or the Petition will not be accepted.

- ☐ Petition for Adoption of Adult (Form 19.0)
- ☐ Contact Information Form (LCPC Form 28.0)
- ☐ Certified copy of adult adoptee's birth certificate
- ☐ Consent to Adoption (Form 18.3)
  - o The adult adoptee must sign this Consent form, consenting to the adoption and it must be notarized by Notary Public or Deputy Clerk at the Probate Court
  - o This must be dated within 6 months of the initial filing
- ☐ Ohio Dept. of Health Vital Statistics Certificate of Adoption Form (HEA 2757)
  - o This form should be used when the adult adoptee was born in Ohio.
  - o If the adult 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 this initial filing. If this Ohio form is submitted with the initial filing, our Court will assume that the Petitioner has determined it to be acceptable, and we will proceed accordingly.

Court of Common Pleas  
Division of Probate  
*Judge Mark J. Bartolotta*



Lake County Courthouse, West Annex  
25 North Park Place  
Painesville, Ohio 44077

**Mailing Address:** P.O Box 490  
Painesville, Ohio 44077  
[www.lakecountyohio.gov/probate/co](http://www.lakecountyohio.gov/probate/co)

**PROBATE COURT OF LAKE COUNTY, OHIO**  
**JUDGE MARK J. BARTOLOTTA**

**ADOPTION OF** \_\_\_\_\_  
(Name after Adoption)

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

**CONTACT INFORMATION FORM**

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Attorney for Applicant(s) \_\_\_\_\_

Attorney's Street Address City, \_\_\_\_\_

State and Zip Code Attorney's \_\_\_\_\_

Telephone Number Fax Number \_\_\_\_\_

Attorney's Email Address \_\_\_\_\_

Attorney's Registration Number \_\_\_\_\_

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Applicant's Name Applicant's \_\_\_\_\_

Street Address City State and \_\_\_\_\_

Zip Code Applicant's \_\_\_\_\_

Telephone Number Applicant's \_\_\_\_\_

Email Address \_\_\_\_\_

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Adoptee's Name \_\_\_\_\_

Adoptee's Street Address City, \_\_\_\_\_

State and Zip Code Adoptee's \_\_\_\_\_

Telephone Number Adoptee's \_\_\_\_\_

Email Address \_\_\_\_\_

**PROBATE COURT OF LAKE COUNTY, OHIO  
JUDGE MARK J. BARTOLOTTA**

**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 for permission 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 under R.C. 5123.01.

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

The undersigned states that:

neither parent of the adult is obligated to pay child support or cash medical support for the adult adoptee.

one or more of the adult's parents is obligated to pay child support or cash medical support for the adult adoptee through the \_\_\_\_\_ County Child Support Enforcement Agency.

\_\_\_\_\_  
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)

\_\_\_\_\_  
EEmail Address

\_\_\_\_\_  
EEmail Address

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

**PROBATE COURT OF LAKE COUNTY, OHIO  
JUDGE MARK J. BARTOLOTTA**

**IN THE MATTER OF THE ADOPTION OF** \_\_\_\_\_  
**CASE NO.** \_\_\_\_\_ (Name after adoption)

**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 \_\_\_\_\_  
as proposed in the petition. (Name before adoption)

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

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	Relation to Child Adoptive Natural	Choose One Mother Father Parent	Relation to Child Adoptive Natural
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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)

**Foreign Adoptions Only (Information from Original Birth Record)**

Time of Birth

Hospital/Birthing Facility

Registrar's Name & Date Filed by Registrar (Month, Day, Year)

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

**Certification**

Probate Court, LAKE 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 \_\_\_\_\_