

FOREIGN ADOPTIONS

ENCLOSED IS A PACKET OF FORMS THAT YOU WILL NEED TO COMPLETE.

PLEASE MAKE SURE THAT EACH PETITIONER HAS SIGNED THE PETITION OF FOREIGN ADOPTION AND THE PETITIONER'S ACCOUNT.

IN ADDITION TO THE COMPLETED FORMS YOU WILL NEED THE FOLLOWING:

- 1) COPY OF THE CHILD'S BIRTH CERTIFICATE ALONG WITH A CERTIFIED TRANSLATION.
- 2) COPY OF THE ADOPTION DECREE ALONG WITH A CERTIFIED TRANSLATION.
- 3) A COPY OF YOUR MOST RECENT HOME STUDY.
- 4) A COPY OF THE CERTIFICATE OF CITIZENSHIP. A COPY OF FORM I171-H ISSUED BY I.N.S. OR FORM I797-C ISSUED BY THE DEPT. OF HOMELAND SECURITY ARE ALSO ACCEPTABLE.
- 5) COURT COST IN THE AMOUNT OF \$36.00 PAYABLE TO PROBATE COURT.

WHEN YOU FILE THE ABOVE DOCUMENTS WE WILL ASSIGN A HEARING DATE.

YOU WILL NEED TO APPEAR IN COURT ON THAT DATE ALONG WITH THE CHILD. IF THERE IS MORE THAN ONE CHILD YOU WILL NEED TO DO A SEPARATE SET OF PAPERS FOR EACH CHILD.

IF YOU HAVE ANY QUESTIONS YOU MAY CALL THE OFFICE AT 330-451-7753.

**PROBATE COURT OF STARK COUNTY, OHIO
CURT WERREN, JUDGE**

ADOPTION OF _____

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)

Full Name: _____

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: _____

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 _____, 20____ as evidenced by:

☐ IR-3

☐ IH-3

☐ Successor Immigrant Visa

Also attached are the other necessary documents:

☐ a certified copy of the child's Birth Certificate, if not in English, a translation certified as to its accuracy by the translator.

☐ 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, a translation certified as to its accuracy by the translator.

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

The Petitioner(s) 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

Petitioner

Typed or Printed Name

Typed or Printed Name

Attorney Registration No.

Petitioner

Street Address

Typed or Printed Name

City State Zip Code

Street Address

Telephone Number

City State Zip Code

Email Address

Telephone Number

Email Address

PROBATE COURT OF STARK COUNTY, OHIO
CURT WERREN, JUDGE

ADOPTION OF _____
(Name after adoption)
CASE NO. _____

JUDGMENT ENTRY
SETTING HEARING AND ORDERING NOTICE
[R.C. 3107.11]

On the _____ day of _____, _____
_____ filed a petition to adopt _____
and to change the name of the minor to _____
It is ordered that the Petition for Adoption will be heard on the _____ day of _____,
_____, at _____ o'clock _____ .M., and that notice shall be given as required by
law.

Judge Curt Werren

PROBATE COURT OF STARK COUNTY, OHIO
CURT WERREN, JUDGE

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 agency or attorney made and have 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 O.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

Telephone Number (include area code)

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

Petitioner

Petitioner

**PROBATE COURT OF STARK COUNTY, OHIO
CURT WERREN, JUDGE**

ADOPTION OF _____
CASE NO. _____ (Name after adoption)

ORDER FOR OHIO BIRTH RECORD FOR FOREIGN BORN CHILD

This matter came on to be heard on the _____ day of _____, 20____, upon the Petition to Recognize Foreign Adoption filed by _____.

The Court finds the petitioner(s) has/have complied with the requirements of R.C. 3107.18 and giving effect to the Decree or Certificate of Adoption that was issued under the laws of a foreign country would not violate the public policy of the State of Ohio.

It is therefore **ORDERED** that:

- ☐ A Final Decree recognizing the Foreign Decree of Certificate of Adoption is entered, herein;
- ☐ An Interlocutory Decree recognizing the Foreign Decree or Certificate of Adoption is entered herein which, unless vacated, shall become final on _____.
- ☐ The child's name shall be changed from: _____ to _____.
- ☐ The Ohio Department of Health shall issue a new birth record for the child pursuant to R.C. 3705.12(A)(1).
- ☐ Other _____

Date

Judge Curt Werren

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

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)

Yes

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, _____ 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 _____