

**AMENDMENTS TO THE
RULES OF SUPERINTENDENCE FOR THE COURTS OF OHIO**

On November 2, 2009 the Supreme Court of Ohio adopted amendments to Standard Probate Forms 18.0, 18.2, 18.4, 21.5, 23.0, 23.1, 23.2, 23.3, 23.4, 23.6, and 23.7 effective January 1, 2010.

The form amendments were prepared by the Forms Committee of Ohio Association of Probate Judges and recommended by the Commission on the Rules of Superintendence.

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

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 _____.

The petitioner states the following: **PETITIONER**

Full Name: _____ Age _____

Full Name: _____ Age _____

Place of Residence: _____
Street Address

City or Village or Township if unincorporated area County

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 resources 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 _____.

☐ The minor will be an adopted person as defined in R.C. 3107.39;

☐ The minor will be an adopted person as defined in R.C. 3107.45;

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

_____.

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

CASE NO. _____

☐ 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
Court - County Case No.

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 born on or after January 1, 1997. Attached is Ohio Department of Human 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 born before January 1, 1997.)

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)

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

ADOPTION OF _____

(Name after adoption)

CASE NO. _____

NOTICE OF HEARING ON PETITION FOR ADOPTION

Notice must be served not less than 20 days before the date of the hearing
[R.C. 3107.11]

To: _____
(Give Names and Addresses)

You are hereby notified that on the _____ day of _____, 20____, _____, filed in this Court a Petition for Adoption of _____, a minor, whose date of birth is _____, and for change of the name of the minor to _____. This Court, located at _____ will hear the petition on the _____ day of _____, 20____, at _____ o'clock _____.M.

It is alleged in the petition, pursuant to R.C. 3107.07, that the consent of _____ is not required due to the following: (Name)

- ☐ That person is a parent who 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.
- ☐ That person is a parent who 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 born prior to January 1, 1997).

"A FINAL DECREE OF ADOPTION, IF GRANTED, WILL RELIEVE YOU OF ALL PARENTAL RIGHTS AND RESPONSIBILITIES, INCLUDING THE RIGHT TO CONTACT THE MINOR, AND, EXCEPT WITH RESPECT TO A SPOUSE OF THE ADOPTION PETITIONER AND RELATIVES OF THAT SPOUSE, TERMINATE ALL LEGAL RELATIONSHIPS BETWEEN THE MINOR AND YOU AND THE MINOR'S OTHER RELATIVES, SO THAT THE MINOR THEREAFTER IS A STRANGER TO YOU AND THE MINOR'S FORMER RELATIVES FOR ALL PURPOSES. IF YOU WISH TO CONTEST THE ADOPTION, YOU MUST FILE AN OBJECTION TO THE PETITION WITHIN FOURTEEN DAYS AFTER PROOF OF SERVICE OF NOTICE OF THE FILING OF THE PETITION AND OF THE TIME AND PLACE OF HEARING IS GIVEN TO YOU. IF YOU WISH TO CONTEST THE ADOPTION, YOU MUST ALSO APPEAR AT THE HEARING. A FINAL DECREE OF ADOPTION MAY BE ENTERED IF YOU FAIL TO FILE AN OBJECTION TO THE ADOPTION PETITION OR APPEAR AT THE HEARING."

_____, Probate Judge

By: _____
Deputy Clerk

CASE NO. _____

The State of Ohio, _____ Probate Court

I hereby certify that I caused a copy of the within notice to be mailed, by certified mail, to the last known address of

At _____

At _____

_____, Probate Judge

By: _____
Deputy Clerk

RETURN

_____, County, Ohio

_____, 20__

Received this writ on the _____ day of _____, 20__, at _____ o'clock _____. M.,
and on the _____ day of _____, 20__, I served the same by delivering a true copy thereof
personally to _____

FEES

Service and return, 1st name, \$ _____

____ Additional names, at \$ _____

____ Miles traveled, at \$ _____

Total \$ _____

Sheriff

Deputy Sheriff

Name

Title

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

ADOPTION OF _____
(Name after adoption)

CASE NO. _____

JUDGMENT ENTRY FINDING CONSENT NOT REQUIRED
[R.C. 3107.07]

The Court finds all parties properly before the Court by waiver of notice or by proper service and after hearing the testimony of witnesses, and the evidence, finds that the consent of _____

_____ is not required because;

☐ That person is a parent who 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.

☐ That person is a parent who 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 born prior to January 1, 1997).

It is ordered that the consent of the above-named person is not required.

_____, Probate Judge

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

IN RE: CHANGE OF NAME OF _____
(Present Name)

(Name Requested)

Case No. _____

NOTICE OF HEARING ON CHANGE OF NAME
[R.C. 2717.01]

Applicant hereby gives notice to all interested persons and to _____,
(Necessary person whose address is unknown)
whose last known address is _____,
that the applicant has filed an Application for Change of Name in the Probate Court of _____
County, Ohio, requesting the change of name of _____
to _____.

The hearing on the application will be held on the _____ day of _____, 20____,
at _____ o'clock ____M. in the Probate Court of _____, County, located at _____.

Applicant's Signature

Typed or Printed Name

Address

City State Zip

Note to Publisher: The above legal notice including the caption is to be published once in its entirety. Costs are to be paid by applicant and an Affidavit of Publication is to be furnished to applicant.

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

IN THE MATTER OF _____, AN ADULT

CASE NO. _____

PETITION FOR PROTECTIVE SERVICES

[R.C. 5101.65]

1. Petitioner, _____, is an authorized provider of adult protective Services pursuant to R.C. 5101.60, *et seq.* and has received a report that the above named Adult is in need of protective services.

2. The Adult, _____, residing at _____
_____ is _____ years of age, with a date of birth of _____
and is alleged to be an incapacitated person subject to abuse, neglect, or exploitation.

3. The specific facts alleging the abuse, neglect, or exploitation are:

4. The proposed protective service plan including the least restrictive placement, if applicable, is as follows:

5. The Adult and the following persons are required to receive notice pursuant to R.C. 5101.66:

Name	Address	Relationship to Adult
------	---------	-----------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CASE NO. _____

6. The Adult has not consented and there is no person authorized by law or court order available to give consent to the protective services.

WHEREFORE, the Petitioner requests the Court to authorize the implementation of the proposed protective services plan and for such other relief as may be equitable.

_____ County Department of Job and Family Services

Attorney

By: _____

Address

Title

Address

Phone Number (including area code)

Registration No.

Phone Number (including area code)

E-mail

E-mail

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

IN THE MATTER OF _____, AN ADULT

CASE NO. _____

NOTICE OF PETITION FOR COURT ORDERED PROTECTIVE SERVICES

[R.C. 5101.66]

TO: _____

Name and Address of Adult Incapacitated Person

Name

Address

Relationship of Adult

Adult, Guardian, Legal Counsel, Caretaker, Spouse, if any, and if none of these to the Adult's Children or Next of Kin

You are hereby notified that on the _____ day of _____, 20 _____, the _____ County Department of Job and Family Services filed in this Court a Petition for Court Ordered Protective Services for the above named Adult for the following reason(s): _____
_____.

This Petition for Court Ordered Protective Services shall be heard in the _____ County Probate Court, _____, Ohio located at _____ on the _____ day of _____, 20 _____, at _____ o'clock _____ M.

The Adult has the right to legal counsel and if indigent, legal counsel will be appointed if requested.

Witness my signature and the seal of the Court
this _____ day of _____, 20 _____.

Probate Judge

By:

Deputy Clerk

WAIVER OF NOTICE

We, the undersigned, whose relationship to the Adult is indicated, enter our appearance and waive notice and consent to the hearing.

Name

Relationship to the Adult

CASE NO. _____

State of Ohio, _____ County Probate Court

I hereby certify that I caused a copy of the within notice to be mailed, by certified mail, to the last known address of

at _____

at _____

_____, Probate Judge

By: _____

Deputy Clerk

RETURN

_____ County, Ohio

Received this notice on the ____ day of _____, 20____, at _____ o'clock _____.M., and on the ____ day of _____, 20____, I served the same by delivering a true copy thereof personally to _____

FEES

Service and return, 1st name, \$ _____

Additional names, at \$ _____

Miles traveled, at \$ _____

_____ \$ _____

Total \$ _____

Sheriff

Deputy Sheriff/Process Server

Name

Title

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

IN THE MATTER OF _____, AN ADULT

CASE NO. _____

PETITION FOR EMERGENCY PROTECTIVE SERVICES
[R.C. 5101.69]

1. Petitioner, _____, is an authorized provider of adult protective Services pursuant to R.C. 5101.60, *et seq.* and has received a report that the above named Adult is in need of protective services.

2. The Adult, _____, residing at _____
_____ is _____ years of age, with a date of birth of _____, is alleged to be an incapacitated person and an emergency exists.

3. The specific facts alleging the nature of the emergency are:

4. The proposed emergency protective services including placement, if applicable, are:

5. The Adult and the following persons are required to receive notice 24 hours prior to the hearing pursuant to R.C. 5101.69:

Name	Address	Relationship to Adult
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CASE NO. _____

6. (Complete if applicable) Petitioner requests a waiver of the 24 hour notice requirement because:

a.) Immediate and irreparable physical harm to the Adult or others will result from the 24 hour delay. Explain: _____

and

b.) Reasonable attempts have been made to notify the above listed individuals, if any, if their whereabouts are known. Explain: _____

7. The Adult has not consented and there is no person authorized by law or court order available or willing to give consent to the emergency protective services.

WHEREFORE, the Petitioner requests the Court to authorize the implementation of the proposed emergency protective services and for such other relief as may be equitable.

_____ County Department of Job and Family Services

Attorney

By: _____

Address

Title

Address

Address

Phone Number (including area code)

Phone Number (including area code)

Registration No.

Phone Number (including area code)

E-mail

E-mail

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

IN THE MATTER OF _____, AN ADULT

CASE NO. _____

**NOTICE OF PETITION FOR COURT ORDERED
PROTECTIVE SERVICES ON AN EMERGENCY BASIS**

[R.C. 5101.69]

TO: _____
Name of Adult, spouse, if any, if no spouse, adult children or next of kin, and guardian, if any, if their whereabouts are known.

You are hereby notified that on the ____ day of _____, 20 ____, the _____ County Department of Job and Family Services filed a Petition for Court Ordered Protective Services to be provided for the above named Adult without the Adult's consent on the grounds that an emergency exists and that the Department has been unable to obtain the consent of the Adult for protective services to be given. A copy of the petition is attached hereto.

The Petition has been set for hearing in the _____ County Probate Court, _____, Ohio located at _____ on the ____ day of _____, 20 ____ at _____ o'clock _____.M. The Adult may appear at the hearing, may present, examine, and cross-examine witnesses, and present evidence to contest the petition. The Adult is entitled to be represented by an attorney and, if found to be indigent, the Adult may request an attorney to be appointed without cost.

Witness my signature and the seal of the Court
this ____ day of _____, 20 ____.

Probate Judge

By: _____
Deputy Clerk

CASE NO. _____

The State of Ohio, _____ County Probate Court

I hereby certify that I caused a copy of the within notice to be mailed, by certified mail, to the last known address of

_____ at _____

_____ at _____

_____, Probate Judge

By: _____
Deputy Clerk

RETURN

_____ County, Ohio

Received this notice on the ____ day of _____, 20____, at _____ o'clock _____.M., and on the ____ day of _____, _____, I served the same by delivering a true copy thereof personally to _____

FEES	_____

Service and return, 1 st name, \$	_____
_____ Additional names, at \$	_____
_____ Miles traveled, at \$	_____
_____	\$ _____
Total	\$ _____

Sheriff

Deputy Sheriff/Process Server

Name

Title

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

IN THE MATTER OF _____, AN ADULT

CASE NO. _____

**PETITION FOR TEMPORARY RESTRAINING ORDER TO PREVENT
INTERFERENCE WITH INVESTIGATION OF REPORTED ABUSE OF AN ADULT**
[R.C. 5101.63]

1. Petitioner, _____, is an authorized provider of adult protective services pursuant to R.C. 5101.60, *et seq.* and has received a report that the above named Adult is in need of protective services.

2. The Adult, _____, residing at _____
_____ is _____ years of age, with a date of birth of _____
and is alleged to be an incapacitated person subject to abuse, neglect, or exploitation.

3. The Respondent (Name and Address): _____

denied or obstructed access by Petitioner to the residence of the Adult.

4. Unless Respondent is restrained, Petitioner will be unable to perform its duty to investigate the report as mandated by R.C. 5101.62.

5. An Affidavit setting forth the facts to support this petition is attached.

WHEREFORE, the Petitioner requests the Court to issue an order restraining Respondent from obstructing or in any way interfering with Petitioner's access to the residence of the Adult and further ordering access to the Adult by any Peace Officer requesting to accompany the Petitioner.

_____ County Department of Job and Family Services

Attorney

Address

Phone Number (including area code)

Registration No.

E-mail

By: _____

Title

Address

Phone Number (including area code)

E-mail

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

IN THE MATTER OF _____, AN ADULT

CASE NO. _____

**PETITION FOR TEMPORARY RESTRAINING ORDER TO PREVENT
INTERFERENCE WITH THE PROVISION OF PROTECTIVE SERVICES TO
AN ADULT**
[R.C. 5101.68]

1. The above-named Adult is in need of protective services for the following reasons:

2. The Adult has consented to the protective services.

3. The Respondent (Name and Address):

has interfered with the provision of these services in the following manner:

4. Unless Respondent is restrained, Petitioner will be unable to provide protective services in accordance with Chapter 5101. of the Revised Code.

WHEREFORE, the Petitioner requests the Court to issue an order restraining Respondent from interfering with the provision of protective services to the Adult and such further relief as may be equitable.

_____ County Department of Job and Family Services

Attorney

Address

Phone Number (including area code)

Registration No.

E-mail

By: _____

Title

Address

Phone Number (including area code)

E-mail

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

IN THE MATTER OF _____, AN ADULT

CASE NO. _____

**NOTICE OF HEARING ON PETITION FOR TEMPORARY RESTRAINING ORDER
TO PREVENT INTERFERENCE WITH THE PROVISION OF SERVICES**

[R.C. 5101.68]

TO: _____
(Name of Person interfering with the provision of services)

(Address)

The above captioned Adult has consented to the provision of adult protective services pursuant to Chapter 5101. of the Revised Code.

You hereby notified that a Petition for Temporary Restraining Order to Prevent Interference with the Provision of Services was filed with this Court pursuant to R.C. 5101.68. It is alleged in the Petition that you are interfering with the provision of protective services for the Adult, and that a temporary restraining order should be issued against you to prevent your interference. A copy of the Petition is attached hereto.

The Petition for Temporary Restraining Order to Prevent Interference with the Provision of Services shall be heard in the _____ County Probate Court, _____, Ohio located at _____ on the _____ day of _____, 20 _____ at _____ o'clock _____M. You or any interested person is permitted to attend this hearing and give testimony or present other evidence as to why the petition for restraining order should or should not be granted.

Witness my signature and the seal of the Court
This _____ day of _____, 20 _____.

Probate Judge

By: _____
Deputy Clerk

CASE NO. _____

The State of Ohio, _____ County Probate Court

I hereby certify that I caused a copy of the within notice to be mailed, by certified mail, to the last known address of

_____ at _____

_____ at _____

_____, Probate Judge

By: _____
Deputy Clerk

RETURN

_____ County, Ohio

Received this notice on the _____ day of _____, 20_____, at _____ o'clock _____.M., and on the _____ day of _____, 20_____, I served the same by delivering a true copy thereof personally to _____

FEEs	_____

Service and return, 1 st name, \$	_____
_____ Additional names, at \$	_____
_____ Miles traveled, at \$	_____
_____	\$ _____
Total	\$ _____

Sheriff

Deputy Sheriff/Process Server

Name

Title