

PROBATE COURT OF WAYNE COUNTY, OHIO
LATECIA E. WILES, JUDGE

IN THE MATTER OF THE PLACEMENT OF: _____
(Name before placement)

CASE NO.: _____

APPLICATION FOR PLACEMENT FOR ADOPTION
[R.C. 5103.16(D) Non-Relative]

Now come(s) _____ and says:

Applicant(s) is/are

- mother and father of child to be placed for adoption and we are _____ and _____ years of age, respectively.
- mother and sole parent of child to be placed for adoption and mother is _____ years of age.
- father and sole parent of child to be placed for adoption and father is _____ years of age.

The marital status of

- the mother is _____ and if divorced, the date, court name and case number is _____
_____ and if married, the date of the marriage is _____
- the father is _____ and if divorced, the date, court name and case number is _____
_____ and if married, the date of the marriage is _____

The child to be placed for adoption

- was born on _____
- is not yet born at the time of application and the anticipated date of delivery is _____

The identity of the prospective adoptive parent(s) is

- known by birth parent(s)
- unknown by birth parent(s)
- requested not to be revealed to the birth parent(s)

An affidavit regarding the birth father

- is attached
- is unnecessary as birth father has consented to or will consent to the placement

A certified copy of the birth certificate is attached not yet available.

A social and medical history of the applicant(s) (ODHS Form 1616) will be timely filed with the Court.

Your applicant(s) further state(s) that the child may be examined by a physician selected by the prospective adoptive parents.

Your applicant(s) also further state(s) that if the child is a male child, a circumcision may be performed prior to the child's hospital discharge, subject however, to the approval of the circumcision by the prospective adoptive parents.

Wherefore, applicant(s) state(s) that it would be in the best interest of the child if such placement be approved by the Court because the adoptive parents will be able to provide personal care advantages and financial support which I am unable to provide for the following reasons:

_____ ;

that any right to examine any investigation report on the proposed adoptive parents is waived; and request(s) that the Court approve the proposed placement and that this application be set for hearing at the earliest date allowable by law.

Attorney for Applicant(s)

Applicant - Birth Mother

Typed or Printed Name

Typed or Printed Name

Street Address

City State Zip Code

Phone Number (Include area code)

Attorney Registration No.

Street Address

City State Zip Code

Phone Number (Include area code)

Co-Applicant - Birth Father

Typed or Printed Name

Street Address

City State Zip Code

Phone Number (Include area code)