

**COURT OF COMMON PLEAS  
SANDUSKY COUNTY, OHIO  
PROBATE DIVISION**

PLACEMENT OF \_\_\_\_\_

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

**AFFIDAVIT OF RIGHTS**

1. I am the  Mother  Father of the child \_\_\_\_\_ and reside at \_\_\_\_\_.
  
2. As the  Mother  Father of a child, I have the right to keep or to relinquish my child and if I so decide, I have the right to contest the adoption of my child, pursuant to Chapter 3107 of the Ohio Revised Code, subject to limitation of the Ohio Revised Code, Section 3107.16.
  
3. I further understand that if I do not consent to the adoption of my child, that I will be afforded full right and opportunity to be heard on the adoption, to be represented by counsel, to call witnesses and to present any and all legal issues pertinent to the case, to the Probate Court.
  
4. I further understand that upon the expiration of six (6) months after an Adoption Decree is issued for my child that the decree is final and irrevocable so that I have no right to contest it in any manner or upon any grounds whatsoever including, but not limited to fraud, misrepresentation, failure to give any required notice or lack of jurisdiction. Ohio Revised Code 3107.16(B).
  
5. I further understand that this placement is the first step in an adoption and that a final adoption of my child by the prospective adoptive parents will finally and forever terminate any parental rights I may have.
  
6. I further agree to execute any and all consent forms necessary for said adoption.

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

7. I further represent and understand that I have been represented by \_\_\_\_\_,  
and that said attorney has advised me in detail of my rights and of the legal consequences of  
executing this Affidavit and the Application for Proposed Placement, pursuant to the Ohio Revised  
Code, Section 5103.16, to which this Affidavit is attached, and I voluntarily sign the same, knowing  
the full effect and consequences of my signature and placement of this child for adoption.

\_\_\_\_\_  
Affiant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Affiant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

Sworn to before me and signed in my presence this \_\_\_\_\_ day \_\_\_\_\_ of 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public