

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

RESET

PLACEMENT OF _____

CASE NO. _____

**PETITION FOR APPROVAL OF PLACEMENT
BY ADOPTING PARTY OR PARTIES**

Name of Petitioner(s) _____

Address of Petitioner(s) _____

Phone No. _____ Cell No. _____

Child's Name _____

Attorney's Name _____

The Petitioners are requesting the approval of the Court of the Placement of the child named above with them for the purpose of adoption.

The Petitioners are requesting that an independent investigation by a person, association or institution certified by the Ohio Department of Human Services to place children for legal adoption as required by Sections 3107.031 of the Ohio Revised Code, be initiated to determine whether the placement of the child with the Petitioners should be approved and recommended.

We further state that we are aware of our responsibility for medical, hospital, and agency expenses incurred by the surrendering mother in connection with the prenatal care and confinement or with the birth of the minor to be adopted as required by Section 3107.055 of the Ohio Revised Code.

Applicant Date

Applicant Date

Printed Name

Printed Name

PRINT