

**PROBATE COURT OF MONTGOMERY COUNTY, OHIO
ALICE O. McCOLLUM, JUDGE**

READOPTION PETITIONER'S FACT SHEET

READOPTION /CHILD INFORMATION			
In the Matter of the Readoption of:		Case Number:	
Relationship, if any, to Petitioner:		Name to be Changed to:	
Street Address:		Birth Date:	Place of Birth:
City:	State:	Zip:	County:
Name of School Child Attends: (Specify if Home Schooled)		Describe Child's School Attendance, Behavior and Grades:	
Description of Child: (Appearance, Personality, Mental Health)		Physical Health:	
Date Child Entered Home of Adopting Parent(s):		Child Received from Whom:	
Adjustment of Child in Home of Adopting Parent(s):		Are there other proceedings in another Court:	

PARENTAL INFORMATION					
PARENT ONE			PARENT TWO		
Name:			Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Date of Birth (MM/DD/YYYY)		Age:	Date of Birth (MM/DD/YYYY)		Age:
Birthplace (City/State)		Nationality/Race	Birthplace (City/State)		Nationality/Race
Education: (Highest School/College)			Education: (Highest School/College)		
Legal Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			Legal Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Marriage: (MM/DD/YYYY)		Place of Marriage:	Marriage: (MM/DD/YYYY)		Place of Marriage:
Divorces: If Yes, Number/County/State of Divorce(s)			Divorces: If Yes, Number/County/State of Divorce(s)		
Describe Health/Mental Health:			Describe Health/Mental Health:		
Present Occupation/Length of Time:			Present Occupation/Length of Time:		
Previous Occupation:			Previous Occupation:		
Financial Status (Income Salary, Investments, Insurance, Property):			Financial Status (Income Salary, Investments, Insurance, Property):		
Description of Home: (# Bedrooms/Type of Neighborhood)			Description of Home: (# Bedrooms/Type of Neighborhood)		

ADOPTING FAMILY (OTHER MEMBERS OF HOUSEHOLD)

Name:	Name:	Name:
Birth Date:	Birth Date:	Birth Date:
Highest School Grade Completed:	Highest School Grade Completed:	Highest School Grade Completed:
Physical Description: (appearance, personality, mental health and occupation)	Physical Description: (appearance, personality, mental health and occupation)	Physical Description: (appearance, personality, mental health and occupation)

Note: Please use separate page for additional household members if required.

POLICE/CRIMINAL RECORD CHECK

(FOR ALL MEMBERS OF HOUSEHOLD OVER EIGHTEEN (18) YEARS OF AGE)

Record Check Completed on: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Members of Household Over 18 Years of Age: (Please list Names/Relationship)
Please List any Police/Criminal Record Check Findings: (Name/Date/Place/Nature of Offense)

HOUSEHOLD SOCIAL/MEDICAL HISTORY

Check any of the following that are true about the child/mother/father or other household members:

Child Mother Father Other: _____ Victim of domestic violence

Child Mother Father Other: _____ Had contact with Child Protective Services (in/out of state)

Child Mother Father Other: _____ Experienced a substance abuse problem

Child Mother Father Other: _____ Experienced a mental health problem

Describe any physical and/or mental limitations you have that may affect your ability to raise this child. If None, check: None

Describe the methods of discipline you use to control this child:

DESCRIPTION OF FAMILY LIFE

Describe the activities, interest, attitudes, and relationship of the household members:

REFERENCES

List Name, Relationship, Occupation, Address, Telephone Number

1.

2.

3.

The undersigned acknowledges the information on this Readoption Petitioner's Fact Sheet is to be true to the best of his/her/their knowledge.

Signed: _____

Date: _____

Signed: _____

Date: _____

Sworn to before me and signed in my presence this ____ day of _____, 20____.

By _____
Notary Public

My Commission Expires: _____