

**PROBATE COURT OF MONTGOMERY COUNTY, OHIO  
DAVID D. BRANNON, 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: \_\_\_\_\_