

IN THE PROBATE COURT OF FAIRFIELD COUNTY, OHIO

APPLICATION & AFFIDAVIT FOR PREPLACEMENT APPROVAL

State of Ohio, County of _____, ss:

The undersigned, being first duly sworn, states that the following information and allegations are true to the best of their knowledge and belief:

Applicant 1: _____
First Middle Last

Applicant 2: _____
First Middle Last

Address: _____
Street County

_____ *City State Zip*

Phone: _____
Home Applicant 1's Work Applicant 2's Work

Applicant 1

Birth Date _____ Birthplace _____

Social Security No. _____ Citizenship _____ Racial Descent _____

Height _____ Weight _____ Hair _____ Eyes _____ Health _____

Education: _____

Other: _____

Occupation: _____ Time Employed _____ Salary _____

Employer: _____

Name Address Phone

List any previous marriages (spouse's name, place & date of marriage, termination of marriage showing how, when & where terminated): _____

Applicant 2

Birth Date _____ Birthplace _____

Social Security No. _____ Citizenship _____ Racial Descent _____

Height _____ Weight _____ Hair _____ Eyes _____ Health _____

Education: High School: _____

Other: _____

Occupation: _____ Time Employed _____ Salary _____

Employer: _____

<i>Name</i>	<i>Address</i>	<i>Phone</i>
List any previous marriages (spouse's name, place & date of marriage, termination of marriage showing how, when & where terminated): _____		

FAMILY INFORMATION

Do you own or rent? _____ Mortgage/Rent per month \$ _____

Please list any family assets and value (IRAs, CDs, stock, bonds, investments, etc.): _____

Please check if you are covered with the following types of insurance:

_____ Health _____ Hospitalization _____ Life

Date and location of your marriage: _____

List all children born to or adopted by either applicant at any time:

<u>Name</u>	<u>Of What Marriage</u>	<u>Present Age</u>	<u>Residing with Whom</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List other members of household (including employees):

<u>Name</u>	<u>Age</u>	<u>Occupation</u>	<u>Relationship</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List five (5) references who know you both well (i.e., clergymen, physician):

<u>Name</u>	<u>Address</u>	<u>Phone</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have either of you ever applied to adopt a child from any source previously? _____ Yes _____ No

If so, with whom, when and where? _____

What was the outcome? _____

Have either of you applied for a divorce with the past three years? _____ Yes _____ No

Have either of you ever been arrested for or convicted of any criminal offense other than a minor traffic violation? _____ Yes _____ No If yes, give details: _____

Have either of you been confined in a mental institution, psychiatric ward or under the care of a psychiatrist? _____ Yes _____ No If yes, give details: _____

WHEREFORE, Applicants pray that the Court make an investigation concerning themselves and the information contained in this application, for which authority is hereby expressly given, and to approve them as proposed adopting parents for placement of a child by virtue of said Section 5103.16, Ohio Revised Code.

Applicant 1

Applicant 2

Sworn to before me and subscribed in my presence this _____ day of _____, 19 _____.

Notary Public

ATTORNEY OF RECORD:

Name

Address

City

State

Zip

Phone

Supreme Court No.