IN THE COURT OF COMMON PLEAS OF FAIRFIELD COUNTY, OHIO PROBATE DIVISION TERRE L. VANDERVOORT, JUDGE

PREPLACEMENT APPLICATION OF

CASE NO. _____

PREPLACEMENT APPLICATION AND AFFIDAVIT

STATE OF OHIO, FAIRFIELD COUNTY, SS:

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

APPLICANT 1:							
	First	Middle	Last				
Birth Date:	irth Date:Birthplace:						
Citizenship:							
Hair Color:	Eyes:	Height:	Weight				
Education (High S	chool and Other):						
Occupation:		Time Employed:	_Salary				
Employer's name,	address and phone:						
APPLICANT 2:	First	Middle	Last				
	First						
Birth Date:	First Birthplace:	Middle					
Birth Date: Citizenship:	First Birthplace:	Middle					
Birth Date: Citizenship: Hair Color:	First Birthplace: Eyes:	Middle	Weight				

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Employer's name,	address and phone:					
Previous marriage	s (spouse's name, marria	age place and date, how	, when and where terminated):			
APPLICANT 1 and	d/or APPLICANT 2					
Address:	Telephone:					
City:	Cour	nty:	State:Zip:			
Present Marriage:	Date	Place	Ceremony Ty	уре		
Assets: □ Rer Home-owner's Inst	nt 🗆 Own Mortgage/I urance	Rent Monthly \$	Face Value \$ lue):			
Investments (stock	ks and bonds, etc., includ	e company and value):				
Names of children	born to or adopted by ei	ther Applicant at any tin	ne:			
<u>Name</u>	Of what marriage	Present age	Residing with whom			

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Names of other n	nembers of househo	old includina e	emplovees:		
<u>Name</u>		<u>Age</u>	Occupation	<u>Relationship</u>	
Non-Relative refe	erences who know y	ou both well -	list five adults:		
<u>Name</u>			Address		Telephone
1					
				eviously? 🗆 Yes 🗆 No	
If so, with whom,	when and where:				
Disposition?					
Have either of yo	u applied for a divor	ce or sought r	marital counseling	in the last three (3) years?	🗆 Yes 🛛 No
Have any of you	ever been arrested	for or convid	cted of any crimina	al offense other than minor	traffic violations?
🗆 Yes 🛛 No	If yes, give deta	ils:			
Have either of yo	u ever been confine	d in a mental	institution, psychi	atric ward or under the care	of a psychiatrist?
🗆 Yes 🛛 No	If yes, give nan	ne, address a	nd telephone num	ber of therapist and details	of treatment:

Wherefore, your Applicant(s) 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 Section 5103.16, Ohio Revised Code.

Applicant 1

Applicant 2

Sworn to and subscribed before me a Notary Public or Deputy Clerk of the Probate Court on this ______ day of

_____, 20_____.

Notary Public/Deputy Clerk

Attorney for Applicant(s)

Typed or Printed Name

Address

City, State, Zip Code

Telephone Number (include area code)

Attorney's Registration No.