

PROBATE COURT OF FRANKLIN COUNTY, OHIO
ROBERT G. MONTGOMERY, JUDGE

IN THE MATTER OF THE PLACEMENT OF _____

CASE NO. _____

PREPLACEMENT APPLICATION AND AFFIDAVIT

STATE OF OHIO, FRANKLIN 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: _____ Birthplace: _____

Citizenship: _____ Racial Descent: _____ Religion _____

Hair Color: _____ Eyes: _____ Height: _____ Weight _____

Education (High School and Other): _____

Occupation: _____ Time Employed: _____ Salary _____

Employer's name, address and phone: _____

Previous marriages (spouse's name, marriage place and date, how, when and where terminated):

APPLICANT 2: _____
First Middle Last

Birth Date: _____ Birthplace: _____

Citizenship: _____ Racial Descent: _____ Religion _____

Hair Color: _____ Eyes: _____ Height: _____ Weight _____

Education (High School and Other): _____

Occupation: _____ Time Employed: _____ Salary _____

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Employer's name, address and phone: _____

Previous marriages (spouse's name, marriage place and date, how, when and where terminated):

APPLICANT 1 and/or APPLICANT 2

Address: _____ Telephone: _____

City: _____ County: _____ State: _____ Zip: _____

Present Marriage: _____
Date Place Ceremony Type

Directions to house _____

Assets: Rent Own Mortgage/Rent Monthly \$ _____

Home-owner's Insurance _____ Face Value \$ _____

Life, hospital, medical or other Insurance (include company and value): _____

Investments (stocks and bonds, etc., include company and value): _____

Names of children born to or adopted by either Applicant at any time:

Name Of what marriage Present age Residing with whom

Names of other members of household including employees:

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

Non-Relative references who know you both well - list five (i.e. clergyman, physician):

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

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

If so, with whom, when and where: _____

Disposition? _____

Have either of you applied for a divorce or sought marital counseling in the last three (3) years? Yes No

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

Have either of you ever been confined in a mental institution, psychiatric ward or under the care of a psychiatrist?
 Yes No If yes, give name, address and telephone number of therapist and details of treatment:

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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.