

**PROBATE COURT OF HAMILTON COUNTY, OHIO  
JAMES CISSELL, JUDGE**

IN THE MATTER OF \_\_\_\_\_  
(Petitioner)

CASE NO. \_\_\_\_\_

**PETITION FOR RELEASE OF ADOPTION INFORMATION**

The undersigned petitions the Court pursuant to Section 3107.41 of the Revised Code to appoint the appropriate agency to determine whether the Petitioner is an adopted person, and whether or not a Release of Information relating to the Petitioner has been filed with the Department of Health in Columbus, Ohio, by the Petitioner's biological parent(s) and/or siblings.

Name on Birth Certificate \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(City, County & State)

Adoptive Parents' Names:

Mother \_\_\_\_\_

Father \_\_\_\_\_

Date of Adoption \_\_\_\_\_ County of Adoption \_\_\_\_\_  
(If known) (If known)

Agency Involved in Adoption \_\_\_\_\_

**A CERTIFIED COPY OF THE PETITIONER'S BIRTH CERTIFICATE IS ATTACHED**

Petitioner states that this Court has jurisdiction to hear this Petition because **[check appropriate box]:**

- Petitioner is a resident of \_\_\_\_\_ County Ohio, or
- Petitioner was adopted in the Probate Court of \_\_\_\_\_ County, Ohio on or about the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ or
- Petitioner is not a resident of the State of Ohio and does not know the name of the probate court in Ohio that issued the final decree of adoption.

**A COPY OF PETITIONER'S DRIVER'S LICENSE OR STATE ISSUED ID IS ATTACHED**

\_\_\_\_\_  
Attorney for Petitioner

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number (include area code)

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number (include area code)

Attorney Registration No. \_\_\_\_\_