



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

**PLACEMENT OF** \_\_\_\_\_

(Name before placement)

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

**ENTRY ON PRE - PLACEMENT APPLICATION**

The applicants herein having requested to be approved for the placement of a child for adoption, the Court hereby authorizes \_\_\_\_\_ to make an independent investigation into the suitability of the applicants for such placement, and directs that a report of the results of such investigation and recommendations of such investigator be made to the Court and to the Ohio Department of Human Services Compact Administrator, where applicable.

\_\_\_\_\_  
James Cissell, Probate Judge

Approved:

\_\_\_\_\_  
Attorney for Prospective Adoptive Parents

\_\_\_\_\_  
Attorney Registration Number

**PROBATE COURT OF HAMILTON COUNTY, OHIO  
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**PLACEMENT OF** \_\_\_\_\_  
(Name before placement)

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

**APPLICATION FOR APPROVAL OF PLACEMENT**

Now comes \_\_\_\_\_, and represents that \_\_\_ he is the  
(mother) (father) and legal parent of \_\_\_\_\_ who was born on the  
\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

Said applicant states that \_\_\_ he is \_\_\_\_ years of age and not under any disability.

Applicant proposes to place said child in the home of \_\_\_\_\_  
and \_\_\_\_\_, who are husband and wife, and whose address is: \_\_\_\_\_

\_\_\_\_\_ for the purpose of having them adopt said child.

Wherefore, your applicant prays the Court to set a day for hearing on said proposed placement and that said placement be approved in accordance with law.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant

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

\_\_\_\_\_  
Address

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

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

**PLACEMENT OF** \_\_\_\_\_

(Name before placement)

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

**ENTRY APPROVING PLACEMENT**

This cause came on to be heard on the application of \_\_\_\_\_ ,  
the parent/s of \_\_\_\_\_ for approval of the proposed placement of said  
child with \_\_\_\_\_ and \_\_\_\_\_  
for adoption.

Whereupon, there appeared before the Court the child's parent(s), \_\_\_\_\_  
\_\_\_\_\_, and \_\_\_\_\_ I who (was) (were) examined by  
the Court, and there was submitted to the Court the report of \_\_\_\_\_  
\_\_\_\_\_, an agency qualified to make  
an independent investigation of the proposed placement. The Court finds, after consideration  
of the testimony, report and the evidence submitted, that the child is a resident of Hamilton  
County, Ohio and that the placement would be in the best interests of the child.

It is therefore ordered by the Court that the proposed placement be and is hereby  
approved of record.

\_\_\_\_\_  
James Cissell, Probate Judge

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

**PLACEMENT OF** \_\_\_\_\_  
(Name before placement)

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

**HOSPITAL RELEASE**

**TO:** \_\_\_\_\_  
Name of Hospital

The Court has issued an order approving the placement for adoption of a certain (male)(female) infant born on the \_\_\_\_\_ day of \_\_\_\_\_, with \_\_\_\_\_ and \_\_\_\_\_, husband and wife, who have filed a Petition for Adoption with this Court.

The \_\_\_\_\_ Hospital may release said child to \_\_\_\_\_ and \_\_\_\_\_, or their attorney, \_\_\_\_\_, upon presentation of a certified copy of this Hospital Release.

It is further ordered that the Hospital keep the information contained in this Hospital Release strictly confidential. Said information contained herein is sealed under Ohio law. Inquiries into the release of this information should be directed to the Hamilton County Probate Court.

\_\_\_\_\_  
James Cissell, Probate Judge