PROBATE COURT OF HAMILTON COUNTY, OHIO RALPH WINKLER JUDGE

| RALPH WINKLER JUDGE | | | | |
|--|--|--|-----------------|--|
| ADOPTION | OF | | | |
| CASE NO | (Name after adoption) | | | |
| | PETITIONER'S ACCO (R.C. 3107.055) | UNT | | |
| (To be filed not later than date petition filed) | | FINAL ACCOUNTING (To be filed not later than 10 days prior to date of final hearing) | | |
| attorney made a | specifies all disbursements of anything of value the petitioner, a and have agreed to make in connection with the minor's permane Code, placement under Section 5103.16 of the Revised Code, sary) | ent surrender under division (B) of | Section 5103.15 | |
| DATE | NAME AND ADDRESS | DISBURSEMENTS MADE OR AGREED TO BE MADE | ACTUAL COSTS | |
| | PHYSICIAN | | | |
| | | | | |
| | HOSPITAL/MEDICAL FACILITY | | | |
| | ATTORNEY | | | |
| | | | | |

ACTUAL COST TO THE ATTORNEY

ACTUAL COST TO THE AGENCY

EXPENSES PURSUANT TO R. C. 3107.055(C)(9)

MAINTENANCE AND MEDICAL CARE REQUIRED UNDER R.C. 5103.15

AGENCY

FOSTER CARE

COURT COSTS

TOTAL

GUARDIAN AD LITEM

ALL OTHER DISBURSEMENTS

| CASE NO | |
|----------------|--|
| | |

[Reverse of Form 18.9]

CERTIFICATION OF PETITIONER'S ACCOUNT

| The undersigned certifies thisand accurate. | _ day of | ,, that this accounting is true |
|---|--------------------|--------------------------------------|
| | | |
| | | Attorney or Agency |
| | | Typed or Printed Name |
| | | Address |
| | | City State |
| | | Telephone Number (include area code) |
| The petitioner has reviewed this | accounting and | attests to its accuracy this day of |
| | | Petitioner |
| | | Petitioner |
| | | |
| ORDER APPRO | VING PET | ITIONER'S ACCOUNT |
| The Petitioner's Account filed in accord | dance with R.C. 31 | 07.55 is hereby approved. |
| | | |
| | | Ralph Winkler, Probate Judge |