

Ohio Department of Job and Family Services
REQUEST FOR NOTIFICATION

Section 3107.17 (E) of the Ohio Revised Code requires the Ohio court finalizing an adoption to provide this form to each adoptive parent at the time a final decree is entered. The Probate Court shall explain, if this form is completed and filed with the court, the adoptive parent(s) will be notified of any correction or expansion of either the social or medical history of the biological parent(s) that is made during the minority of the adopted person. The correction or expansion of this non-identifying information is permitted by sections 3107.09 and 3107.091 of the Revised Code and is available to be viewed at the court by the adoptive parent (s) until the adoptive person reaches age 18. After the adopted person reaches age 18 the ability to view the information is available only to the adopted person who has completed this form and filed a copy with the court.

In the event the adoptive parent(s) or adopted persons relocate to another address, a new form should be completed so that the court may notify them in the event that expanded or corrected social or medical history is filed with the court. Whenever new information is received from the biological parent(s) and filed with the court, the court will determine if a copy of this form has been filed with the court. At that time, the person who filed the request is notified that the new information is available to be viewed at the court upon request.

Upon request, the court is required to provide a copy of this form to any adoptive parent during the minority of the adopted person and to an adopted person who has reached the age of majority.

ADOPTED PERSON

Last Name		First Name		Middle Name	
Address		City		State	Zip
Date of Entry of Final Decree		County of Final Adoption Decree		Adopted Person's Date of Birth	

ADOPTIVE PARENT 1

Last Name		First Name		Middle Name	
Address		City		State	Zip

ADOPTIVE PARENT 2

Last Name		First Name		Middle Name	
Address		City		State	Zip

AUTHORIZATION OF RELEASE

By my signature below, I swear or affirm that I am a person authorized by Section 3107.17(D) of the Revised Code to inspect social and medical histories regarding the adopted person for whom a final or interlocutory decree of adoption had been entered by a probate court of Ohio, as I am the:

_____ *Adopted person named above who has reached the age of majority*

_____ *Adoptive parent (of the minor adopted person named above)*

SIGNATURE(S)

Signature of Adopted Person	Date
Signature of Adoptive Parent 1	Date
Signature of Adoptive Parent 2	Date