

**PROBATE COURT OF CUYAHOGA COUNTY, OHIO**

**ANTHONY J. RUSSO, Presiding Judge**

**LAURA J. GALLAGHER, Judge**

**IN THE MATTER OF THE ADOPTION OF \_\_\_\_\_**  
(Name after Adoption)

**CASE NUMBER \_\_\_\_\_**

**ADOPTION APPLICATION COVER PAGE**

**THIS FORM SHOULD BE TYPED**

**Name of Attorney \_\_\_\_\_**  
(if applicable)

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

**Attorney Email address \_\_\_\_\_**

**Name of Social Worker \_\_\_\_\_**

**Name of Agency \_\_\_\_\_**

**Name of Agency Contact \_\_\_\_\_**

**Agency Address \_\_\_\_\_**

**City \_\_\_\_\_ State \_\_\_\_\_**

**Zip Code \_\_\_\_\_ Telephone No. \_\_\_\_\_**

**Agency Contact Email address \_\_\_\_\_**

**THIS FORM SHOULD BE TYPED**

**PROBATE COURT OF CUYAHOGA COUNTY, OHIO**

**ANTHONY J. RUSSO, Presiding Judge**

**LAURA J. GALLAGHER, Judge**

**IN THE MATTER OF THE ADOPTION OF** \_\_\_\_\_  
(Name after Adoption)

**CASE NUMBER** \_\_\_\_\_

**PETITION FOR ADOPTION OF ADULT**  
[R.C. 3107.02]

The undersigned respectfully petitions the Court to adopt \_\_\_\_\_,  
an adult, and to have the adult's name changed to \_\_\_\_\_.

The Petitioner may adopt because the adult:

- is totally and permanently disabled.
- is determined to be a person with an intellectual disability.
- had established a child-foster caregiver, kinship caregiver, or child-stepparent relationship with the petitioner as a minor.
- was, at the time of the adult's eighteenth birthday, in the permanent custody of or in a planned permanent living arrangement with a public children services agency or a private child placing agency
- is the child of the spouse of the petitioner

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

\_\_\_\_\_  
Petition

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Petition

\_\_\_\_\_  
City                      State                      Zip

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

\_\_\_\_\_  
Phone Number (include Area Code)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
City                      State                      Zip

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

\_\_\_\_\_  
Phone Number (include Area Code)

\_\_\_\_\_  
Email Address