

PROBATE COURT OF CLARK COUNTY, OHIO
Richard P. Carey, Judge

IN THE MATTER OF THE ADOPTION OF: _____
 (Name after adoption)

Case No: _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, of _____
 (Petitioner) (Address)

_____ do hereby authorize the following Clark
 (Address)

County agencies; Adult Protective Services, Children Services Board, and the Sheriff's Department to release all information regarding any child neglect, child abuse, adult abuse, adult neglect or criminal records that I may have with the agencies to the Clark County Probate Court.

I understand that the Clark County probate Court has requested this information from your agency. I further understand that all information released by your agency will be considered confidential by the Clark County Probate Court.

Date of Birth	
Social Security Number	
Marital Status	
Previous Address	
Maiden Name	
Spouse's Name	
Name of former Spouse(s)	
Name(s) of Child(ren)	
A.K.A.	

 Signature

 Witness

TO BE COMPLETED BY EACH AGENCY

(Please check appropriate space and sign. If a record is located, attach record/information to this form.)

Record Located	<input type="checkbox"/>	No Record Located	<input type="checkbox"/>
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 Clark County Adult Protective Services

Record Located	<input type="checkbox"/>	No Record Located	<input type="checkbox"/>
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 Clark County Children Services Board

Record Located	<input type="checkbox"/>	No Record Located	<input type="checkbox"/>
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 Clark County Sheriff's Department