

REQUEST FOR NOTIFICATION

Section 3107.17(E) of the Ohio Revised Code requires the probate Court finalizing each Ohio adoption to provide a copy of this form to each adoptive parent at the time a final decree of adoption is entered and to explain that 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 3107.12 and 3107.121 of the Revised Code and is available to be viewed at the court by the adoptive parent(s) until the adopted child reaches age 18. After the adopted person reaches age 18, the ability to view the non-identifying, social or medical history is available only to the adopted person, and only if he completes and files a copy of this form with the court.

In the event that adoptive parents or persons relocate to another address, they should notify the court of their current address so that the court may notify he/them in the event that expanded or corrected social or medical history is filed with the court. Whenever an expanded or corrected social or medical history of biological parents(s) is filed with the court, the court is required to determine if a copy of this form has been filed with the court, and if at that time, the person who filed the request is authorized, as outlined above, to view the information. If the person who filed this form is at that time authorized to view the corrected or expanded social or medical history, the court is required to immediately notify the authorized person 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.

Adoptee's Name (Last, First, Middle)		
Mailing Address		
City, State and Zip Code		
Date of Entry of Final Decree	Place of Final Decree	Date of Birth

Adoptive Father's Name
Mailing Address (if adoptee is a minor)
City, State, and Zip Code

Adoptive Mother's Name
Mailing Address (if adoptee is a minor)
City, State and Zip Code

By my signature below, I swear or affirm that I am a person authorized by Section 3107.17(D) of the Revised Code (by virtue of my status) as the Adoptee named above who has reached the age of majority *or the* Adoptive Parent (of the adoptee named above) to inspect social and medical histories regarding the above named adoptee for whom a final or interlocutory decree of adoption has been entered by a probate Court of Ohio.

Authorized Individual(s) as Applicable

Signature of Adoptee	Date
Signature of Adoptive Father	Date
Signature of Adoptive Mother	Date

Distribution: Original to probate court; one copy to adoptive parents/adoptee.
DHS 1679 (6/85)