

**PROBATE COURT OF DEFIANCE COUNTY, OHIO**  
**JUDGE JEFFREY A. STRAUSBAUGH**

IN THE MATTER OF \_\_\_\_\_  
(Petitioner)

CASE NO. \_\_\_\_\_

**Petition for Release of Non-identifying Information**  
**Ohio Revised Code Sections 3107.38(A)(2);3107.41;3107.45;3107.47;3107.66**

This form is to request copies of documents contained in the Probate Court's adoption file. This information will not contain identifying information. A separate petition is required to request identifying information. This form must be accurately and completely filled out prior to the Court releasing any documents. **The release of any information contained in an adoption file is subject to the discretion of the Probate Court and may be denied.**

Name of Petitioner (adopted person or parent of adopted person under 21):  
\_\_\_\_\_

Name of Adopted Child at Time of Adoption (if different than above):  
\_\_\_\_\_

Home Telephone \_\_\_\_\_ Adopted Person's Date of Birth \_\_\_\_\_

Relationship to Adopted Person:

Adopted Person                       Parent of Adopted Minor

Adoption finalized on or after January 1, 1964:

Family Member of Deceased adopted person  
 Birth parent of adopted person age 18 or older  
 Birth sibling age 18 or older  
 Birth family member of a deceased birth parent

Date Adoption Finalized or Date on Final Decree (if known): \_\_\_\_\_

Court where Adoption Finalized: \_\_\_\_\_

Please check the the type of information requested:

Final Decree of Adoption                       Social and Medical History

Non-identifying Information (includes a copy of the Court case file with identifying Information redacted)

IN THE MATTER OF \_\_\_\_\_  
(petitioner)

CASE NO. \_\_\_\_\_

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

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

\_\_\_\_\_  
Petitioner (signature)

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number