## PROBATE COURT OF WOOD COUNTY, OHIO David E. Woessner, Judge

| NAME:   |   |
|---|---|
| Case No:  |   |
| AUTHO   | RIZATION FOR RELEASE OF INFORMATION   |
| (To be completed by the prospective adoptive parent <u>and</u> any person 18 or older who resides with the prospective adoptive parent) |   |
| I   | of  |
| (Applicant)   | , of(Address)   |
| do hereby authorize the Wood  | County Sheriff's Office or other authorized law enforcement agency to conduct a           |
| criminal records check on me th   | rough the superintendent of the Ohio BCII and through local records and to release        |
|   | nd check records to the Wood County Probate Court for purposes of pending adoption        |
| ,   |   |
| proceedings. This request is au   | uthorized pursuant to Ohio Revised Code 2151.86(A).                                       |
| I further authorize the Wood County Department of Job and Family Services to conduct and prepare a summary                              |   |
| report of a search of the statewide automated child welfare information system (SACWIS) established in section                          |   |
| 5101.13 of the Ohio Revised Co  | ode and a report of a check of a central registry of another state if required by statute |
| and to release all information contained within said registries to the Wood County Probate Court for purposes of                        |   |
| pending adoption proceedings. This request is authorized pursuant to Ohio Revised Code 3107.033 and 3107.034.                           |   |
|   | ·   |
| I understand a criminal re  | ecords check will be requested by the Wood County Probate Court on my behalf from         |
| the Wood County Sheriff's Office and a SACWIS search will be requested from Job and Family Services. I further                          |   |
| understand I am responsible for scheduling and obtaining a BCI background check and, if I have lived outside Ohio in                    |   |
| the last five years, an FBI background check at my own expense which I will forward to the Court.                                       |   |
| Signature   | Witness   |
| Date of Birth   |   |
| Social Security Number  |   |
| Previous Address  |   |
| Maiden Name   |   |
| Spouse's Name   |   |
| Name of former Spouse(s) Name(s) of Child(ren)  |   |
| Ages of Children  |   |
| Duration of Residence in Ohio   |   |
| A.K.A.  |   |
|   |   |
| 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 No Record Located  |   |
| Record Located No Record Lo   | Wood County Job and Family Services/Children's Services                                   |
| Wood County Sheriff's Department  |   |

