

**PROBATE COURT OF SHELBY COUNTY, OHIO
WILLIAM R. ZIMMERMAN, JUDGE**

ADOPTION OF _____
(Name after adoption)

CASE NO. _____

**PETITIONER'S ACCOUNT
(R.C. 3107.10)**

PRELIMINARY ESTIMATE ACCOUNTING
(To be filed not later than date petition filed)

FINAL ACCOUNTING
(To be filed not later than 10 days
prior to date of final hearing)

This accounting specifies all disbursements of anything of value the petitioner, a person on the petitioner's behalf, and the agency or attorney made and have agreed to make in connection with the minor's permanent surrender under division (B) of Section 5103.15 of the Revised Code, placement under Section 5103.16 of the Revised Code, and adoption under Chapter 3107. (Attach extra sheets if necessary)

| DATE | NAME AND ADDRESS | DISBURSEMENTS MADE OR AGREED TO BE MADE | COSTS |
|------|--|---|-------|
| | PHYSICIAN | | |
| | | | |
| | HOSPITAL/MEDICAL FACILITY | | |
| | | | |
| | ATTORNEY | | |
| | | | |
| | | | |
| | ACTUAL COST TO THE ATTORNEY | | |
| | AGENCY | | |
| | | | |
| | ACTUAL COST TO THE AGENCY | | |
| | MAINTENANCE AND MEDICAL CARE REQUIRED UNDER R.C. 5103.15 | | |
| | | | |
| | FOSTER CARE | | |
| | GUARDIAN AD LITEM | | |
| | | | |
| | COURT COSTS | | |
| | ALL OTHER DISBURSEMENTS | | |
| | | | |
| | TOTAL | | |

CASE NO. _____

[Reverse of Form 18.9]

CERTIFICATION OF PETITIONER'S ACCOUNT

The undersigned certifies this _____ day of _____, _____, that this accounting is true and accurate.

Attorney or Agency

Typed or Printed Name

Address

City State

Telephone Number (include area code)

The petitioner has reviewed this accounting and attests to its accuracy this ____ day of _____, _____.

Petitioner

Petitioner

ORDER APPROVING PETITIONER'S ACCOUNT

The Petitioner's Account filed in accordance with R.C. 3107.10 is hereby approved.

William R. Zimmerman, Probate Judge