

Rule Summary and Fiscal Analysis (Part A)**Department of Job and Family Services**

Agency Name

Division of Social Services

Division

Michael Lynch

Contact

**OFC- 4200 E. 5th Ave., 2nd fl. J6-02 P.O. Box
183204 Columbus OH 43218-3204**

Agency Mailing Address (Plus Zip)

614-466-4605

Phone

614-752-8298

Fax

Michael.Lynch@jfs.ohio.gov

Email

5101:2-48-02

Rule Number

AMENDMENT

TYPE of rule filing

Rule Title/Tag Line

Putative father registry.**RULE SUMMARY**1. Is the rule being filed for five year review (FYR)? **Yes**2. Are you proposing this rule as a result of recent legislation? **Yes**Bill Number: **SB250**General Assembly: **130**Sponsor: **Rep. Wachtmann,
Sen. Brown**3. Statute prescribing the procedure in accordance with the agency is required to adopt the rule: **119.03**4. Statute(s) authorizing agency to adopt the rule: **3107.065**5. Statute(s) the rule, as filed, amplifies or implements: **3107.061, 3107.0611, 3107.0612, 3107.0613, 3107.0614, 3107.062, 3107.064, 3107.065, 3107.067, 3107.068, 3107.069, 3107.07**

6. State the reason(s) for proposing (i.e., why are you filing,) this rule:

This rule is being amended to reflect updates as a result of the passage of substitute Senate Bill 250, which will be effective March 23, 2015. The bill puts forth

changes regarding the timeframes for putative fathers to register with the Ohio Putative Father Registry.

7. If the rule is an AMENDMENT, then summarize the changes and the content of the proposed rule; If the rule type is RESCISSION, NEW or NO CHANGE, then summarize the content of the rule:

OAC rule 5101:2-48-02, entitled "Putative Father Registry" provides guidance to agencies regarding the Ohio Putative Father Registry, established to assist putative fathers in securing their parental rights in an adoption. In paragraph (B), the form name and effective date for the JFS 01694 were corrected and the JFS 01694I was added. Paragraph (D) was revised to reflect the law change from thirty days to fifteen days after birth for the putative father to register. Paragraph (E) was revised to correctly mirror the language in the law, as well as update the effective date of the JFS 01695. Paragraph (F) was revised to reflect the change in law allowing a final search to be completed of the registry no sooner than sixteen days after the birth of the child. Paragraphs (G), (H), and (I) were revised to reflect the corrected language in paragraph (E).

8. If the rule incorporates a text or other material by reference and the agency claims the incorporation by reference is exempt from compliance with sections 121.71 to 121.74 of the Revised Code because the text or other material is **generally available** to persons who reasonably can be expected to be affected by the rule, provide an explanation of how the text or other material is generally available to those persons:

This rule incorporates one or more dated references to an ODJFS form or forms.

Each cited ODJFS form is dated and is generally available to persons affected by this rule via the inner-web at <http://innerapp.odjfs.state.oh.us/forms/inner.asp> or on the internet at <http://www.odjfs.state.oh.us/forms/inter.asp> in accordance with RC 121.75(E).

9. If the rule incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material electronically, provide an explanation of why filing the text or other material electronically was infeasible:

Not applicable.

10. If the rule is being **rescinded** and incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material, provide an explanation of why filing the text or other material was infeasible:

Not Applicable.

11. If **revising** or **refiling** this rule, identify changes made from the previously filed version of this rule; if none, please state so. If applicable, indicate each specific paragraph of the rule that has been modified:

Not Applicable.

12. Five Year Review (FYR) Date: **5/14/2015**

(If the rule is not exempt and you answered NO to question No. 1, provide the scheduled review date. If you answered YES to No. 1, the review date for this rule is the filing date.)

NOTE: If the rule is not exempt at the time of final filing, two dates are required: the current review date plus a date not to exceed 5 years from the effective date for Amended rules or a date not to exceed 5 years from the review date for No Change rules.

FISCAL ANALYSIS

13. Estimate the total amount by which *this proposed rule* would **increase / decrease** either **revenues / expenditures** for the agency during the current biennium (in dollars): Explain the net impact of the proposed changes to the budget of your agency/department.

This will have no impact on revenues or expenditures.

0.00

No impact on current budget.

14. Identify the appropriation (by line item etc.) that authorizes each expenditure necessitated by the proposed rule:

Not applicable.

15. Provide a summary of the estimated cost of compliance with the rule to all directly affected persons. When appropriate, please include the source for your

information/estimated costs, e.g. industry, CFR, internal/agency:

No new costs.

16. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations? **No**

17. Does this rule deal with environmental protection or contain a component dealing with environmental protection as defined in R. C. 121.39? **No**

S.B. 2 (129th General Assembly) Questions

18. Has this rule been filed with the Common Sense Initiative Office pursuant to R.C. 121.82? **Yes**

19. Specific to this rule, answer the following:

A.) Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? **Yes**

Private agencies must be certified by the Ohio Department of Job and Family Services to provide adoption services.

B.) Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? **Yes**

Lack of compliance could result in the revocation of the certificate.

C.) Does this rule require specific expenditures or the report of information as a condition of compliance? **Yes**

The rule requires a private child placing agency to provide specific information to individuals asking to be registered with the Ohio Putative Father Registry. The rule also requires submitting information to ODJFS to request a search of the registry to verify that there are no putative fathers registered in relation to a child they are placing for adoption.

Ohio Department of Job and Family Services
OHIO PUTATIVE FATHER REGISTRY - REGISTRATION FOR FATHERS

Ohio Putative Father Registry
P.O. Box 183204
Columbus, Ohio 43218
Phone: 1-888-313-3100 / Fax (614) 728-6726
OhioPFR@jfs.ohio.gov

The following information, if it is complete and submitted within 15 days of the child's birth, will enable you to be notified in the case of an adoption proceeding involving a child of whom you may be the father.

SECTION I: IDENTIFYING INFORMATION ABOUT THE FATHER		
Father's LAST Name	FIRST Name	MIDDLE Name
Social Security Number	Phone Number	
Date of Birth (MM/DD/YYYY)	Race(s)	
Other names by which father may be known 1.	3.	
2.	4.	
Home Address	Father's Email Address	
City, State, Zip		
Father's Mailing Address/Apt. (If different than above)		
City, State, Zip		
SECTION II: IDENTIFYING INFORMATION ABOUT THE MOTHER		
Mother's LAST Name	FIRST Name	MIDDLE Name
Social Security Number	Phone Number	
Date of Birth (MM/DD/YYYY)	Race(s)	
Other names by which mother may be known 1.	3.	
2.	4.	
Home Address		
City, State, Zip		
Mother's Mailing Address/Apt. (If different than above)		
City, State, Zip		

SECTION III: IDENTIFYING INFORMATION ABOUT THE CHILD

Child's LAST Name	FIRST Name	MIDDLE Name
Race(s)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Estimated Due Date of Mother (MM/YY)	Child's Date of Birth (MM/DD/YYYY)	
Child's Birthplace	City	State
Hospital name, if any		
Birth Certified <input type="checkbox"/> Yes <input type="checkbox"/> No	Multiple Birth <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION IV: ACKNOWLEDGEMENT

I have read, or someone has read to me, the instructions to Putative Fathers before signing this form, and I understand that completing this form is not enough to protect my rights to be legal father of the child identified on this form. For further information on filing a parentage action form contact:

Office of Child Support Enforcement
Ohio Department of Job and Family Services
30 E. Broad Street 38th Floor
Columbus, Ohio 43215
1-800-686-1556

You must submit the completed and signed form either electronically, in person, by mail or overnight mail delivery service to:

Mailing address:
Ohio Department of Job and Family Services
Ohio Putative Father Registry
P.O. Box 183204
Columbus, Ohio 43218

Fax:
(614) 728-6726

Physical/Overnight Delivery Address:
Ohio Department of Job and Family Services
Ohio Putative Father Registry
4200 E. 5th Ave.
Columbus, Ohio 43218-3204

Email:
OhioPFR@jfs.ohio.gov

I certify that the information provided above is true and correct to the best of my knowledge. I understand that a person who knowingly or intentionally registers false information on this form commits falsification, a Misdemeanor of the First Degree.

I understand that I must tell the Putative Father Registry if I change my address or if any other information changes on the form so that I can be located if the child I have identified becomes the subject of an adoption.

Signature of Putative Father	Date
------------------------------	------

Ohio Department of Job and Family Services
APPLICATION FOR SEARCH OF OHIO PUTATIVE FATHER REGISTRY

Ohio Putative Father Registry
P.O. Box 183204
Columbus, Ohio 43218
Phone: 1-888-313-3100 / Fax (614) 728-6726
OhioPFR@jfs.ohio.gov

Please perform a search of the Ohio Putative Father Registry and advise if a putative father has registered timely with respect to the mother, child or father identified below.

SECTION I: IDENTIFYING INFORMATION ABOUT THE MOTHER		
Mother's LAST Name	FIRST Name	MIDDLE Name
Social Security Number	Phone Number	
Date of Birth (MM/DD/YYYY)	Race(s)	
Other names by which mother may be known 1.	3.	
2.	4.	
Home Address		
City, State, Zip		
Mother's Mailing Address/Apt. (If different than above)		
City, State, Zip		
SECTION II: IDENTIFYING INFORMATION ABOUT THE FATHER		
Father's LAST Name	FIRST Name	MIDDLE Name
Social Security Number	Phone Number	
Date of Birth (MM/DD/YYYY)	Race(s)	
Other names by which father may be known 1.	3.	
2.	4.	
Home Address		
City, State, Zip		
Father's Mailing Address/Apt. (If different than above)		
City, State, Zip		

SECTION III: IDENTIFYING INFORMATION ABOUT THE CHILD

Child's LAST Name	FIRST Name	MIDDLE Name
Race(s)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Estimated Due Date of Mother (MM/YY)	Child's Date of Birth (MM/DD/YYYY)	
Child's Birthplace City State	Hospital Name, if any	
Birth Certified <input type="checkbox"/> Yes <input type="checkbox"/> No	Multiple Birth <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION IV: INFORMATION ABOUT PARTY REQUESTING SEARCH OF REGISTRY

Name of Firm or Agency (if applicable)	
Name of Person(s) Requesting Search	Email Address
Phone Number	Fax Number
Address for Results to be Sent to:	
City, State, Zip	
Person requesting search is: <input type="checkbox"/> Attorney Arranging Adoption of Minor <input type="checkbox"/> Mother of Child <input type="checkbox"/> Public Children Services Agency (PCSA) <input type="checkbox"/> Private Child Placing Agency (PCPA) <input type="checkbox"/> Private Non-custodial Agency (PNA)	
Reason for search is: <input type="checkbox"/> Termination of Parental Rights (TPR) Hearing: Date of TPR Hearing _____ <input type="checkbox"/> Permanent Custody Hearing: Date of Permanent Custody Hearing _____ <input type="checkbox"/> Private Adoption Date of Permanent Surrender or Consent _____ <input type="checkbox"/> Other Reason _____	

I certify that the information provided in this Search Request Form is true and correct to the best of my knowledge. I further certify that I am requesting this search of the Putative Father Registry to determine whether a putative father has registered timely in relation to the child referenced above.

Signature of Individual Requesting Search	Date
---	------

SECTION V: TO BE COMPLETED BY THE OHIO PUTATIVE FATHER REGISTRY

Date Request Received (MM/DD/YY)	Search Request Record Locator Number
Date Response sent to Agency/Attorney	Response Sent to Father <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Date Response Sent to Father

InstrucOhio Department of Job and Family Services
**INSTRUCTIONS FOR COMPLETING JFS 01694, OHIO PUTATIVE FATHER
 REGISTRY - REGISTRATION FOR FATHERS**

Read and follow carefully:

- A. Under Ohio law, a “putative father” is a male who may be a child’s father, but who is not married to the child’s mother on or before the date that the child is born, or who has not established paternity of the child in a court proceeding before the filing of an adoption petition for the child.
- B. If you believe you may be a putative father, and if you wish to be notified of an adoption proceeding involving a child of whom you are, or may be, the father, you should complete the Putative Father Registration form (JFS 01694) and return it to the Ohio Putative Father Registry office, or complete the information online at <https://pfrpub.odjfs.state.oh.us/pfrweb/webforms/home.aspx>.
- C. It is your responsibility to be sure that the information contained on the form is accurate and complete. If you fail to provide accurate information, you may not receive notice of the child’s adoption, and you may lose any parental rights you might have in relation to the child.
- D. The address you provide must be an address at which you can be contacted. A post office box is not acceptable. If you cannot be contacted at the address you provide, you may not receive notice of an adoption, and you may lose any parental rights you might have in relation to the child.
- E. If you do not have an address where you can receive notice of an adoption, you may designate another person as your agent.
- F. **IMPORTANT!** If your address or any other information on the form changes, you must file an amended registration form immediately. Your failure to do so could cause you to lose the opportunity to receive notice of an adoption and to lose any parental rights you might have in relation to the child.
- G. **IMPORTANT!** In order for you to receive notice of an adoption, you must register no later than 15 days after the birth of the child. You **MAY** register prior to the birth of the child.
- H. If you have questions about your rights as a putative father, you should consult an attorney.
- I. You must submit the completed and signed form either electronically, in person, by mail or express mail delivery service to:

Mailing Address: Ohio Department of Job and Family Services Ohio Putative Father Registry P.O. Box 183204 Columbus, Ohio 43218	Physical/Overnight Delivery Address: Ohio Department of Job and Family Services Ohio Putative Father Registry 4200 E. 5 th Ave. Columbus, OH 43218-3204
Fax: (614) 728-6726	Email: OhioPFR@jfs.ohio.gov