

## ASHLAND COUNTY JUVENILE COURT

### Instructions for Grandparent Power of Attorney and Caretaker Authorization Affidavit

This packet was prepared for your convenience and ease in filing a grandparent power of attorney or a caretaker authorization affidavit. Both allow grandparents to exercise parental authority over grandchildren living with grandparents, but they are different:

- A power of attorney can only be filed by a parent, guardian, or custodian of a child.
- A caretaker authorization affidavit can only be filed by a grandparent after reasonable attempts have been made to locate or contact the child's parents, guardian, or custodian.

This packet contains both a power of attorney and a caretaker authorization affidavit. You will need to decide which is the proper form to use for your situation. Read through both documents and their notices, to determine if either is appropriate for your situation. Make certain that you understand and meet all requirements before selecting a document. Answer all questions completely and accurately. Use BLUE or BLACK ink and type or neatly print all information. Use the enclosed checklists to complete the forms.

Complete the following steps:

1. Decide whether to use the Child Care Power of Attorney OR the Caretaker Authorization Affidavit and complete the proper form. Complete one form per child. The term at the top of the form, "In re," refers to the name of the child or children. The Case Number is only completed if a previous case number exists. Court staff will determine if a case number already exists or assign a case number for a new filing.
2. Complete a **Child Custody Affidavit (Supreme Court Form 3)** and **Party Information Form** for each child.
3. Sign the forms in front of a notary, after they are completed.
4. File the Power of Attorney or Caretaker Authorization Affidavit with the Court within 5 days of signing. The documents can be filed by mailing or bringing them to: Ashland County Juvenile Court 142 West Main Street Ashland, Ohio 44805.

There is no filing fee for these documents. Questions concerning these instructions may be addressed to a Deputy Clerk at 419-282-4205. The clerks cannot answer any legal questions about your rights or whether you qualify for either of the forms or which form to use. The Court strongly suggests that you consult with an attorney

Termination: Documents are also included in this packet for termination of the power of attorney or caretaker affidavit.

ASHLAND COUNTY JUVENILE COURT

**PARTY INFORMATION FORM REQUIRED FOR FILING POWER OF ATTORNEY /  
CARETAKER AUTHORIZATION AFFIDAVIT ACTIONS**

**Instructions: Complete all sections. Make reasonable efforts to gather all information requested. If information is unknown after making reasonable efforts, list the answer as 'Unknown.'**

**IN RE:** \_\_\_\_\_ **CASE NUMBER:** \_\_\_\_\_

1. Name, Date of Birth and Sex of child:  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_
2. Biological Father's Name: \_\_\_\_\_ (Alias Name) \_\_\_\_\_ DOB: \_\_\_\_\_  
Complete Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_
3. Biological Mother's Name: \_\_\_\_\_ (Maiden/Alias Name) \_\_\_\_\_ DOB: \_\_\_\_\_  
Complete Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_
4. Grandparent(s) Name(s): \_\_\_\_\_ DOB: \_\_\_\_\_  
Complete Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_
5. Current Address of child: \_\_\_\_\_ Zip Code: \_\_\_\_\_
6. Name of person (s) currently providing care and supervision: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
7. Has the Father of the child or children been ordered to pay Child Support?  Yes  No
8. Does any other person (s), excluding the biological parents, have any Court Ordered Custody or Visitation Rights concerning this child?  Yes  No If so, please list:  
Name: \_\_\_\_\_  
Complete Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship to the child: \_\_\_\_\_
9. Are any Social Service Agencies currently involved with this child or these children?  Yes  No  
If so list Agency  
Name: \_\_\_\_\_ Caseworker: \_\_\_\_\_

### Grandparent Power of Attorney (POA) Checklist

Check off all statements which are true. If any statement is not true, do not check the statement. The POA cannot be filed unless all statements are checked off as being true.

- The POA form is:  the court-provided form or  
 IDENTICAL in content to the court form.
- The form is legible (all information is readable).
- The POA is signed by at least one of the child's parents.
- The POA contains the address of each signing parent.
- The POA contains the name, address, and county of residence of the grandparent(s) named as having the POA.
- The grandparent's residence is in the state of Ohio.
- The POA contains the name of the child and the child's date of birth.
- The child is under the age of 18.
- The POA packet contains complete and legible answers to all questions set forth on the Affidavit in Compliance with 3109.27 ORC and the Information Form Required for Filing of Power of Attorney / Caretaker Authorization Affidavit Actions.
- There are no pending proceedings regarding the child for: the appointment of a guardian or for an adoption; temporary, permanent, or legal custody, or for placement in a planned permanent living arrangement; an ex parte emergency order; divorce, dissolution, legal separation, annulment, or allocation of parental rights responsibilities.
- The POA is correctly notarized (Signed and dated by an Ohio notary public, sealed and stamped).
- The POA was signed and notarized within the past five days.
- There is no other non-expired POA or Caretaker Authorization Affidavit (CAA) existing with the court regarding the child.

The following statement must be true only if one parent has signed the POA and the address of the non-custodial parent is known.

- The POA is accompanied by a receipt showing that notice of the creation of the POA was sent by certified mail to the non-custodial parent.

**Ashland County Juvenile Court**

**In Re:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**Power Of Attorney**

I, the undersigned, residing at \_\_\_\_\_ in the county of \_\_\_\_\_, state of \_\_\_\_\_ hereby appoint the child's grandparent, \_\_\_\_\_ residing at \_\_\_\_\_ in the county of \_\_\_\_\_, in the state of Ohio, with whom the child of whom I am the parent, guardian, or custodian is residing, my attorney in fact to exercise any and all of my rights and responsibilities regarding the care, physical custody, and control of the child, \_\_\_\_\_ born \_\_\_\_\_, having social security number \_\_\_\_\_ (optional) \_\_\_\_\_, except my authority to consent to marriage or adoption of the child \_\_\_\_\_ and to perform all acts necessary in the execution of the rights and responsibilities hereby granted, as fully as I might do if personally present. The rights I am transferring under this power of attorney include the ability to enroll the child in school, to obtain from the school district educational and behavioral information about the child, to consent to all school-related matters regarding the child, and to consent to medical, psychological, or dental treatment for the child. This transfer does not affect my rights in any future proceedings concerning the custody of the child or the allocation of the parental rights and responsibilities for the care of the child and does not give the attorney in fact legal custody of the child. This transfer does not terminate my right to have regular contact with the child.

I hereby certify that I am transferring the rights and responsibilities designated in this power of attorney because one of the following circumstances exists:

- (1) I am: (a) Seriously ill, incarcerated, or about to be incarcerated, (b) Temporarily unable to provide financial support or parental guidance to the child, (c) Temporarily unable to provide adequate care and supervision of the child because of my physical or mental condition, (d) Homeless or without a residence because the current residence is destroyed or otherwise uninhabitable, or (e) In or about to enter a residential treatment program for substance abuse;
- (2) I am a parent of the child, the child's other parent is deceased, and I have authority to execute the power of attorney; or
- (3) I have a well-founded belief that the power of attorney is in the child's best interest.

I hereby certify that I am not transferring my rights and responsibilities regarding the child for the purpose of enrolling the child in a school or school district so that the child may participate in the academic or interscholastic athletic programs provided by that school or district.

I understand that this document does not authorize a child support enforcement agency to redirect child support payments to the grandparent designated as attorney in fact. I further understand that to have an existing child support order modified or a new child support order issued administrative or judicial proceedings must be initiated.

If there is a court order naming me the residential parent and legal custodian of the child who is the subject of this power of attorney and I am the sole parent signing this document, I hereby certify that one of the following is the case:

- (1) I have made reasonable efforts to locate and provide notice of the creation of this power of attorney to the other parent and have been unable to locate that parent;

(2) The other parent is prohibited from receiving a notice of relocation; or

(3) The parental rights of the other parent have been terminated by order of a juvenile court.

This POWER OF ATTORNEY is valid until the occurrence of whichever of the following events occurs first: (1) I revoke this POWER OF ATTORNEY in writing and give notice of the revocation to the grandparent designated as attorney in fact and the juvenile court with which this POWER OF ATTORNEY was filed; (2) the child ceases to reside with the grandparent designated as attorney in fact; (3) this POWER OF ATTORNEY is terminated by court order; (4) the death of the child who is the subject of the power of attorney; or (5) the death of the grandparent designated as the attorney in fact.

WARNING: DO NOT EXECUTE THIS POWER OF ATTORNEY IF ANY STATEMENT MADE IN THIS INSTRUMENT IS UNTRUE. FALSIFICATION IS A CRIME UNDER SECTION [2921.13](#) OF THE REVISED CODE, PUNISHABLE BY THE SANCTIONS UNDER CHAPTER 2929. OF THE REVISED CODE, INCLUDING A TERM OF IMPRISONMENT OF UP TO 6 MONTHS, A FINE OF UP TO \$1,000, OR BOTH.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Parent/Custodian/Guardian's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Grandparent designated as attorney in fact (signature)

\_\_\_\_\_  
Grandparent designated as attorney in fact (signature)

State of Ohio

County of \_\_\_\_\_

Subscribed, sworn to, and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_, Notary Public

## Notices:

1. A power of attorney may be executed only if one of the following circumstances exists: (1) The parent, guardian, or custodian of the child is: (a) Seriously ill, incarcerated, or about to be incarcerated; (b) Temporarily unable to provide financial support or parental guidance to the child; (c) Temporarily unable to provide adequate care and supervision of the child because of the parent's, guardian's, or custodian's physical or mental condition; (d) Homeless or without a residence because the current residence is destroyed or otherwise uninhabitable; or (e) In or about to enter a residential treatment program for substance abuse; (2) One of the child's parents is deceased and the other parent, with authority to do so, seeks to execute a power of attorney; or (3) The parent, guardian, or custodian has a well-founded belief that the power of attorney is in the child's best interest.
2. The signatures of the parent, guardian, or custodian of the child and the grandparent designated as the attorney in fact must be notarized by an Ohio notary public.
3. A parent, guardian, or custodian who creates a power of attorney must notify the parent of the child who is not the residential parent and legal custodian of the child unless one of the following circumstances applies: (a) the parent is prohibited from receiving a notice of relocation in accordance with section [3109.051](#) of the Revised Code of the creation of the power of attorney; (b) the parent's parental rights have been terminated by order of a juvenile court pursuant to Chapter 2151. of the Revised Code; (c) the parent cannot be located with reasonable efforts; (d) both parents are executing the power of attorney. The notice must be sent by certified mail not later than five days after the power of attorney is created and must state the name and address of the person designated as the attorney in fact.
4. A parent, guardian, or custodian who creates a power of attorney must file it with the juvenile court of the county in which the attorney in fact resides, or any other court that has jurisdiction over the child under a previously filed motion or proceeding. The power of attorney must be filed not later than five days after the date it is created and be accompanied by a receipt showing that the notice of creation of the power of attorney was sent to the parent who is not the residential parent and legal custodian by certified mail.
5. This power of attorney does not affect the rights of the child's parents, guardian, or custodian regarding any future proceedings concerning the custody of the child or the allocation of the parental rights and responsibilities for the care of the child and does not give the attorney in fact legal custody of the child.
6. A person or entity that relies on this power of attorney, in good faith, has no obligation to make any further inquiry or investigation.
7. This power of attorney terminates on the occurrence of whichever of the following occurs first: (1) the power of attorney is revoked in writing by the person who created it and that person gives written notice of the revocation to the grandparent who is the attorney in fact and the juvenile court with which the power of attorney was filed; (2) the child ceases to live with the grandparent who is the attorney in fact; (3) the power of attorney is terminated by court order; (4) the death of the child who is the subject of the power of attorney; or (5) the death of the grandparent designated as the attorney in fact.

If this power of attorney terminates other than by the death of the attorney in fact, the grandparent who served as the attorney in fact shall notify, in writing, all of the following:

- (a) Any schools, health care providers, or health insurance coverage provider with which the child has been involved through the grandparent;
- (b) Any other person or entity that has an ongoing relationship with the child or grandparent such

that the other person or entity would reasonably rely on the power of attorney unless notified of the termination;

(c) The court in which the power of attorney was filed after its creation;

(d) The parent who is not the residential parent and legal custodian of the child who is required to be given notice of its creation. The grandparent shall make the notifications not later than one week after the date the power of attorney terminates.

8. If this power of attorney is terminated by written revocation of the person who created it, or the revocation is regarding a second or subsequent power of attorney, a copy of the revocation must be filed with the court with which that power of attorney was filed.

**Additional information:**

**To the grandparent designated as attorney in fact:**

1. If the child stops living with you, you are required to notify, in writing, any school, health care provider, or health care insurance provider to which you have given this power of attorney. You are also required to notify, in writing, any other person or entity that has an ongoing relationship with you or the child such that the person or entity would reasonably rely on the power of attorney unless notified. The notification must be made not later than one week after the child stops living with you.
2. You must include with the power of attorney the following information:
  - (a) The child's present address, the addresses of the places where the child has lived within the last five years, and the name and present address of each person with whom the child has lived during that period;
  - (b) Whether you have participated as a party, a witness, or in any other capacity in any other litigation, in this state or any other state, that concerned the allocation, between the parents of the same child, of parental rights and responsibilities for the care of the child and the designation of the residential parent and legal custodian of the child or that otherwise concerned the custody of the same child;
  - (c) Whether you have information of any parenting proceeding concerning the child pending in a court of this or any other state;
  - (d) Whether you know of any person who has physical custody of the child or claims to be a parent of the child who is designated the residential parent and legal custodian of the child or to have parenting time rights with respect to the child or to be a person other than a parent of the child who has custody or visitation rights with respect to the child;
  - (e) Whether you previously have been convicted of or pleaded guilty to any criminal offense involving any act that resulted in a child's being an abused child or a neglected child or previously have been determined, in a case in which a child has been adjudicated an abused child or a neglected child, to be the perpetrator of the abusive or neglectful act that was the basis of the adjudication.
3. If you receive written notice of revocation of the power of attorney or the parent, custodian, or guardian removes the child from your home and if you believe that the revocation or removal is not in the best interest of the child, you may, within fourteen days, file a complaint in the juvenile court to seek custody. You may retain physical custody of the child until the fourteen-day period elapses or, if you file a complaint, until the court orders otherwise.

### **To school officials:**

1. Except as provided in section [3313.649](#) of the Revised Code, this power of attorney, properly completed and notarized, authorizes the child in question to attend school in the district in which the grandparent designated as attorney in fact resides and that grandparent is authorized to provide consent in all school-related matters and to obtain from the school district educational and behavioral information about the child. This power of attorney does not preclude the parent, guardian, or custodian of the child from having access to all school records pertinent to the child.
2. The school district may require additional reasonable evidence that the grandparent lives in the school district.
3. A school district or school official that reasonably and in good faith relies on this power of attorney has no obligation to make any further inquiry or investigation.

### **To health care providers:**

1. A person or entity that acts in good faith reliance on a power of attorney to provide medical, psychological, or dental treatment, without actual knowledge of facts contrary to those stated in the power of attorney, is not subject to criminal liability or to civil liability to any person or entity, and is not subject to professional disciplinary action, solely for such reliance if the power of attorney is completed and the signatures of the parent, guardian, or custodian of the child and the grandparent designated as attorney in fact are notarized.
2. The decision of a grandparent designated as attorney in fact, based on a power of attorney, shall be honored by a health care facility or practitioner, school district, or school official.



## Revocation of Power of Attorney

**In Re:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**Regarding the Child** \_\_\_\_\_

**DOB** \_\_\_\_\_ **SSN (optional)** \_\_\_\_\_

I hereby revoke the power of attorney in which I previously authorized \_\_\_\_\_  
\_\_\_\_\_ to serve as my attorney in fact regarding the care, physical custody and control of the above named child.

By this revocation, all authority created by the power of attorney is terminated.

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Signature of Person who executed  
original Power of Attorney

Date

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Signature of Person who executed  
original Power of Attorney

Date

**PRINTED NAMES OF THOSE WHO EXECUTED ORIGINAL POWER OF ATTORNEY:**

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**Notice:**

No later than 5 days after a power of attorney is revoked by the person who created it, a copy of the revocation must be filed with the court with which the power of attorney is filed.

### Caretaker Authorization Affidavit (CAA) Checklist

Check off all statements which are true. If any statement is not true, do not check the statement. The CAA cannot be filed unless all statements are checked off as being true.

- The CAA form is:
  - the court-provided form or
  - IDENTICAL in content to the court form.
- The form is legible (all information is readable).
- The CAA is signed by the grandparent(s).
- The CAA contains the address, driver's license # or identification card #, and date of birth of the signing grandparent.
- The grandparent's residence is in the state of Ohio.
- The CAA contains the name of the child and the child's date of birth.
- The child is under the age of 18.
- The CAA packet contains complete and legible answers to all questions set forth on the Affidavit in Compliance with 3109.27 ORC and the Information Form Required for Filing of Power of Attorney / Caretaker Authorization Affidavit Actions.
- There are no pending proceedings regarding the child for: the appointment of a guardian or for an adoption; temporary, permanent, or legal custody, or for placement in a planned permanent living arrangement; an ex parte emergency order; divorce, dissolution, legal separation, annulment, or allocation of parental rights responsibilities.
- The CAA is correctly notarized (Signed and dated by the notary public, sealed and stamped).
- The CAA was signed and notarized within the past five days.
- There is no other non-expired CAA or Power of Attorney (POA) existing with the court regarding the child.

## Ashland County Juvenile Court

**In Re:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

### Caretaker Authorization Affidavit

Use of this affidavit is authorized by sections 3109.65 to 3109.73 of the Ohio Revised Code. Completion of items 1-7 and the signing and notarization of this affidavit is sufficient to authorize the grandparent signing to exercise care, physical custody, and control of the child who is its subject, including authority to enroll the child in school, to discuss with the school district the child's educational progress, to consent to all school-related matters regarding the child, and to consent to medical, psychological, or dental treatment for the child.

The child named below lives in my home, I am 18 years of age or older, and I am the child's grandparent.

1. Name of child: \_\_\_\_\_

2. Child's date and year of birth: \_\_\_\_\_

3. Child's social security number (optional): \_\_\_\_\_

4. My name: \_\_\_\_\_

5. My home address: \_\_\_\_\_

6. My date and year of birth: \_\_\_\_\_

7. My Ohio driver's license number or identification card number: \_\_\_\_\_

8. Despite having made reasonable attempts, I am either:

- (a) Unable to locate or contact the child's parents, or the child's guardian or custodian; or
- (b) I am unable to locate or contact one of the child's parents and I am not required to contact the other parent because paternity has not been established; or
- (c) I am unable to locate or contact one of the child's parents and I am not required to contact the other parent because there is a custody order regarding the child and one of the following is the case:
  - (i) The parent has been prohibited from receiving notice of a relocation; or
  - (ii) The parental rights of the parent have been terminated.

1. I hereby certify that this affidavit is not being executed for the purpose of enrolling the child in a school or school district so that the child may participate in the academic or interscholastic athletic programs provided by that school or district.

I understand that this document does not authorize a child support enforcement agency to redirect child support payments. I further understand that to have an existing child support order modified or a new child support order issued administrative or judicial proceedings must be initiated.

**WARNING: DO NOT SIGN THIS FORM IF ANY OF THE ABOVE STATEMENTS ARE INCORRECT. FALSIFICATION IS A CRIME UNDER SECTION 2921.13 OF THE REVISED CODE, PUNISHABLE BY THE SANCTIONS UNDER CHAPTER 2929. OF THE REVISED CODE, INCLUDING A TERM OF IMPRISONMENT OF UP TO 6 MONTHS, A FINE OF UP TO \$1,000, OR BOTH.**

I declare that the foregoing is true and correct:

Signed: \_\_\_\_\_  
Grandparent

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Grandparent

Date: \_\_\_\_\_

State of Ohio  
County of \_\_\_\_\_

Subscribed, sworn to, and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, Notary Public

## **Notices:**

1. The grandparent's signature must be notarized by an Ohio notary public.
2. The grandparent who executed this affidavit must file it with the juvenile court of the county in which the grandparent resides or any other court that has jurisdiction over the child under a previously filed motion or proceeding not later than five days after the date it is executed.
3. This affidavit does not affect the rights of the child's parents, guardian, or custodian regarding the care, physical custody, and control of the child, and does not give the grandparent legal custody of the child.
4. A person or entity that relies on this affidavit, in good faith, has no obligation to make any further inquiry or investigation.
5. This affidavit terminates on the occurrence of whichever of the following occurs first: (1) the child ceases to live with the grandparent who signs this form; (2) the parent, guardian, or custodian of the child acts to negate, reverse, or otherwise disapprove an action or decision of the grandparent who signed this affidavit, and the grandparent either voluntarily returns the child to the physical custody of the parent, guardian, or custodian or fails to file a complaint to seek custody within fourteen days; (3) the affidavit is terminated by court order; (4) the death of the child who is the subject of the affidavit; or (5) the death of the grandparent who executed the affidavit.

A parent, guardian, or custodian may negate, reverse, or disapprove a grandparent's action or decision only by delivering written notice of negation, reversal, or disapproval to the grandparent and the person acting on the grandparent's action or decision in reliance on this affidavit.

If this affidavit terminates other than by the death of the grandparent, the grandparent who signed this affidavit shall notify, in writing, all of the following:

- (a) Any schools, health care providers, or health insurance coverage provider with which the child has been involved through the grandparent;
- (b) Any other person or entity that has an ongoing relationship with the child or grandparent such that the person or entity would reasonably rely on the affidavit unless notified of the termination;
- (c) The court in which the affidavit was filed after its creation.

The grandparent shall make the notifications not later than one week after the date the affidavit terminates.

6. The decision of a grandparent to consent to or to refuse medical treatment or school enrollment for a child is superseded by a contrary decision of a parent, custodian, or guardian of the child, unless the decision of the parent, guardian, or custodian would jeopardize the life, health, or safety of the child.

## **Additional information:**

### **To caretakers:**

1. If the child stops living with you, you are required to notify, in writing, any school, health care provider, or health care insurance provider to which you have given this affidavit. You are also required to notify, in writing, any other person or entity that has an ongoing relationship with you or the child such that the person or entity would reasonably rely on the affidavit unless notified. The notifications must be made not later than one week after the child stops living with you.

2. If you do not have the information requested in item 7 (Ohio driver's license or identification card), provide another form of identification such as your social security number or medicaid number.
3. You must include with the caretaker authorization affidavit the following information:
  - (a) The child's present address, the addresses of the places where the child has lived within the last five years, and the name and present address of each person with whom the child has lived during that period;
  - (b) Whether you have participated as a party, a witness, or in any other capacity in any other litigation, in this state or any other state, that concerned the allocation, between the parents of the same child, of parental rights and responsibilities for the care of the child and the designation of the residential parent and legal custodian of the child or that otherwise concerned the custody of the same child;
  - (c) Whether you have information of any parenting proceeding concerning the child pending in a court of this or any other state;
  - (d) Whether you know of any person who has physical custody of the child or claims to be a parent of the child who is designated the residential parent and legal custodian of the child or to have parenting time rights with respect to the child or to be a person other than a parent of the child who has custody or visitation rights with respect to the child;
  - (e) Whether you previously have been convicted of or pleaded guilty to any criminal offense involving any act that resulted in a child's being an abused child or a neglected child or previously have been determined, in a case in which a child has been adjudicated an abused child or a neglected child, to be the perpetrator of the abusive or neglectful act that was the basis of the adjudication.
4. If the child's parent, guardian, or custodian acts to terminate the caretaker authorization affidavit by delivering a written notice of negation, reversal, or disapproval of an action or decision of yours or removes the child from your home and if you believe that the termination or removal is not in the best interest of the child, you may, within fourteen days, file a complaint in the juvenile court to seek custody. You may retain physical custody of the child until the fourteen-day period elapses or, if you file a complaint, until the court orders otherwise.

### **To school officials:**

1. This affidavit, properly completed and notarized, authorizes the child in question to attend school in the district in which the grandparent who signed this affidavit resides and the grandparent is authorized to provide consent in all school-related matters and to discuss with the school district the child's educational progress. This affidavit does not preclude the parent, guardian, or custodian of the child from having access to all school records pertinent to the child.
2. The school district may require additional reasonable evidence that the grandparent lives at the address provided in item 5 of the affidavit.
3. A school district or school official that reasonably and in good faith relies on this affidavit has no obligation to make any further inquiry or investigation.
4. The act of a parent, guardian, or custodian of the child to negate, reverse, or otherwise disapprove an action or decision of the grandparent who signed this affidavit constitutes termination of this affidavit. A parent, guardian, or custodian may negate, reverse, or disapprove a grandparent's action or decision only by delivering written notice of negation, reversal, or disapproval to the grandparent and the person acting on the grandparent's action or decision in reliance on this affidavit.

## **To health care providers:**

1. A person or entity that acts in good faith reliance on a CARETAKER AUTHORIZATION AFFIDAVIT to provide medical, psychological, or dental treatment, without actual knowledge of facts contrary to those stated in the affidavit, is not subject to criminal liability or to civil liability to any person or entity, and is not subject to professional disciplinary action, solely for such reliance if the applicable portions of the form are completed and the grandparent's signature is notarized.
2. The decision of a grandparent, based on a CARETAKER AUTHORIZATION AFFIDAVIT, shall be honored by a health care facility or practitioner, school district, or school official unless the health care facility or practitioner or educational facility or official has actual knowledge that a parent, guardian, or custodian of a child has made a contravening decision to consent to or to refuse medical treatment for the child.
3. The act of a parent, guardian, or custodian of the child to negate, reverse, or otherwise disapprove an action or decision of the grandparent who signed this affidavit constitutes termination of this affidavit. A parent, guardian, or custodian may negate, reverse, or disapprove a grandparent's action or decision only by delivering written notice of negation, reversal, or disapproval to the grandparent and the person acting on the grandparent's action or decision in reliance on this affidavit.

**IN THE COURT OF COMMON PLEAS, ASHLAND COUNTY, OHIO  
JUVENILE DIVISION**

Case No.

\_\_\_\_\_ Plaintiff(s)

vs.

\_\_\_\_\_ Defendant(s)

**Instructions:** In the Ashland County Juvenile Court, you must complete a separate affidavit for each child. Check local court rules to determine when this form must be filed. By law, this affidavit must be filed and served with any Complaint, Petition or Motion regarding the allocation of parental rights and responsibilities, parenting time, custody, or visitation. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child in any other court in this or any other state. **If more space is needed, add additional pages.**

**PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))**

Affidavit of

**ONLY CHECK THE FOLLOWING BOX IF YOU BELIEVE THAT THE HEALTH, SAFETY, OR LIBERTY OF YOURSELF OR YOUR CHILD(REN) WOULD BE JEOPARDIZED BY THE DISCLOSURE OF YOUR ADDRESS OR IDENTIFYING INFORMATION. YOU ACKNOWLEDGE THAT THE COURT MAY CONDUCT A HEARING REGARDING THE BASIS FOR YOUR REQUEST.**

Pursuant to R.C. 3127.23(D), I allege that my health, safety, or liberty or that of my child(ren) would be jeopardized by the disclosure of identifying information to my spouse or the public. Therefore, I request that my address be placed under seal. I have marked the corresponding box next to each address I am requesting to be sealed.

**1. List ALL of the residences of the child in the last 5 YEARS**

a. Child's name		Place of birth	Date of birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Period of residence	Address Confidential	Person child lived with (name and address)		Relationship
From To present	<input type="checkbox"/>			
From to	<input type="checkbox"/>			
From to	<input type="checkbox"/>			

Attach a sheet listing other residences of the child if there is insufficient space here



**2. Participation in custody case(s): (Check only one box)**

- I **HAVE NOT** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time), with the child subject to this case.
- I **HAVE** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time), with the child subject to this case.

*Explain:*

- a. Name of each child: SEE ABOVE
- b. Type of case:
- c. Court and State:
- d. Date and court order or judgment (if any): \_\_\_\_\_

**3. Information about custody case(s): (Check only one box)**

- I **HAVE NO INFORMATION** of any cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect, or abuse allegations; or adoptions concerning the child subject to this case.
- I **HAVE THE FOLLOWING INFORMATION** concerning cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect, or abuse allegations; or adoptions concerning the child subject to this case, other than listed in Paragraph 2.

*Explain:*

- a. Name of each child: SEE ABOVE
- b. Type of case:
- c. Court and State:
- d. Date and court order or judgment (if any): \_\_\_\_\_

**4. Information about criminal convictions:**

List all of the criminal convictions, including guilty pleas, for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

NAME	CASE NUMBER	COURT/COUNTY/STATE	CHARGE

**5. Persons not a party to this case: (Check only one box)**

- I **DO NOT KNOW OF ANY PERSON** not a party to this case who has physical custody claims to have custody or visitation rights with respect to any child subject to this case.
- I **KNOW THAT THE FOLLOWING NAMED PERSON(S)** not a party to this case has/have physical custody or claim(s) to has/have custody or visitation rights with respect to any child subject to this case.

- a. Name/Address of Person:  
 has physical custody  claims custody rights  claims visitation rights  
Name of each child: SEE ABOVE \_\_\_\_\_
- b. Name/Address of Person:  
 has physical custody  claims custody rights  claims visitation rights  
Name of each child: SEE ABOVE \_\_\_\_\_
- c. Name/Address of Person:  
 has physical custody  claims custody rights  claims visitation rights  
Name of each child: SEE ABOVE \_\_\_\_\_

6. I understand that I have a continuing duty to advise this Court of any custody, visitation, parenting time, divorce, dissolution of marriage, separation, neglect, abuse, dependency, guardianship, parentage, termination of parental rights, or protection order from domestic violence case concerning the children about whom information is obtained during this case.

**OATH OR AFFIRMATION**

*(Do not sign until Notary Public is present)*

I, (print name) \_\_\_\_\_, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

\_\_\_\_\_  
Your Signature

STATE OF \_\_\_\_\_ )  
) **SS**  
COUNTY OF \_\_\_\_\_ )

Sworn to or affirmed before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

Commission Expiration Date: \_\_\_\_\_

(Affix seal here)

## Notice of Termination of Caretaker Authorization Affidavit

**In Re:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**Regarding the Child** \_\_\_\_\_

**DOB** \_\_\_\_\_ **SSN (optional)** \_\_\_\_\_

You are hereby notified that the child care authorization affidavit previously granting me the authority to exercise rights regarding the above named child has been terminated effective \_\_\_\_\_.

\_\_\_\_\_  
Signature of Grandparent / Former Attorney in Fact

\_\_\_\_\_  
Date

**PRINTED NAME OF GRANDPARENT:** \_\_\_\_\_

**Notice:**

Upon termination of the caretaker authorization affidavit, the grandparent shall notify, in writing not later than one week, all of the following:

1. The school district in which the child attends school;
2. The child's health care providers;
3. The child's health insurance coverage provider;
4. The court in which the power of attorney was filed;
5. Any other person or entity that has an ongoing relationship with the child or grandparent such that the person or entity would reasonably rely on the power of attorney unless notified of termination.

