

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. 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 or by faxing them to 419-281-5699.

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 if you have questions about your rights or which forms to use.

Updated Effective 4/1/2026

Grandparent Power of Attorney (POA) Checklist

Use this list to check off your progress on completion of necessary documents - the Power of Attorney cannot be filed with the Court until you have checked off all statements below

- The Power of Attorney form I have used is: the court's form or a form which has identical content
- The form is legible (all information is readable) and it is completed with typed words or in ink handwriting.
- The form is signed by the parent or parents of the child. Both parents must sign if: (1) the parents are married and living together as husband and wife; (2) the child is subject to a shared parenting decree; or (3) a court custody order has been entered for the child. The non-residential parent of the child need NOT sign the form if: (1) that parent is prohibited by court order from receiving notices of intent to relocated under R.C. 3109.051; (2) that parent's parental rights have been terminated by a juvenile court under Chapter 2151 of the Revised Code; or (3) the non-residential parent cannot be located using reasonable efforts (R.C. 3109.56). If the parents of the child are not married and there is no custody order for the child, then the power of attorney form can be signed by: (1) the parent who is the residential parent and legal custodian of the child or (2) the parent with whom the child is residing the majority of the school year.
- The form contains the address of each signing parent.
- The form contains the name, address and county of residence of the grandparent(s) named as having the Power of Attorney.
- The grandparent(s)' residence is in the State of Ohio.
- The form contains the name of the child and the child's date of birth.
- The child is under the age of 18.
- There are no pending proceedings regarding the child for: the appointment of a guardian; adoption; temporary, permanent or legal custody or for placement of the child in a planned permanent living arrangement; ex parte emergency order; divorce, dissolution, legal separation, annulment or allocation of parental rights and responsibilities.
- The Power of Attorney Form has been signed and notarized.
- All of the necessary forms to file the Power of Attorney with the Court have been completed:
 - Party Information Form
 - Parenting Proceeding Affidavit
 - Power of Attorney form
 - If only one parent signed the Power of Attorney form and the address of the other parent is known, a certified mail receipt documenting that the Power of Attorney form was sent by certified mail to the parent that did not sign the form within five (5) days after the form was created.

GRANDPARENT 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: (check one of the boxes in items #1 and #2)

(1) I am: (check the applicable box(es) below)

- (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.

(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.

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: (check the applicable box below)

- (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

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.

Caretaker Authorization Affidavit Checklist:

Use this list to check off your progress on completion of necessary documents - the Caretake Authorization Affidavit cannot be filed with the Court until you have checked off all statements below

- The Caretaker Authorization Affidavit is the court-provided form or identical in content to the court-provided form
- The form is legibly completed (all information is readable) in either typewritten font or ink handwriting.
- The Caretaker Authorization Affidavit is signed by the grandparent(s).
- The Caretaker Authorization Affidavit contains the address, driver's license # or identification card # and date of birth of the signing grandparent(s).
- The grandparent(s) are residents of the State of Ohio.
- The Caretaker Authorization Affidavit contains the child's name and date of birth.
- The child is under the age of 18.
- There are no pending proceedings regarding the child for: the appointment of a guardian; adoption; temporary, permanent or legal custody or for placement of the child in a planned permanent living arrangement; ex parte emergency order; divorce, dissolution, legal separation, annulment or allocation of parental rights and responsibilities.
- The Caretaker Authorization Affidavit has been properly signed and notarized.
- All of the necessary forms to file the Caretaker Authorization Affidavit with the Court have been completed:
 - Party Information Form
 - Parenting Proceeding Affidavit
 - Caretake Authorization Affidavit form
- The Caretaker Authorization Affidavit was signed and notarized within five (5) days before filing it with the Court.
- There is no other non-expired Caregiver Authorization Affidavit or Power of Attorney currently on file with any juvenile court with regard to the child.
- Prior to making the Caregiver Authorization Affidavit, the grandparent has made reasonable attempts to locate and contact both of the child's parents, the child's guardian or custodian, but has been unable to do so. A grandparent is not required to locate and contact a (1) a father whose paternity has not been established by law; (2) a parent who is prohibited from receiving a notice of intent to located under R.C. 3109.051; and (3) a parent whose parental rights have been terminated by a juvenile court.

CARETAKER AUTHORIZATION AFFIDAVIT

R.C. 3109.66

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: (check appropriate box)

- (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.

9. 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.

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.

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.

**FORMS REQUIRED TO BE FILED WITH
A GRANDPARENT POWER OF ATTORNEY FORM OR
A GRANDPARENT CARETAKER AUTHORIZATION AFFIDAVIT**

Party Information Form

AND

Parenting Proceeding Affidavit

ASHLAND COUNTY JUVENILE COURT

PARTY INFORMATION FORM

REQUIRED FOR FILING POWER OF ATTORNEY/CARETAKER AUHORIZATION AFFIDAVIT ACTIONS WITH THE COURT

In Re: _____
Child's Name

Case Number: _____

DOB of Child: _____ Gender: _____

1. **Biological Father's information:** Check if father is the current caregiver of the child

Name: _____ DOB: _____ SSN: _____

Address: _____

Telephone No: _____ Email Address: _____

2. **Biological Mother's information:** Check if mother is the current caregiver of the child

Name: _____ DOB: _____ SSN: _____

Address: _____

Telephone No: _____ Email Address: _____

3. **Grandparent's information:** Check if grandparent is the current caregiver of the child

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Address: _____

Telephone No: _____ Email Address: _____

5. **Child Support:** Is there an existing child support order for the child? Yes No (If "yes", list:)

Name(s) of the person(s) obligated to pay child support: _____

Name(s) of the person(s) entitled to receive child support: _____

6. **Involvement with Social Services:**

Are any social services agencies involved with the child? Yes No (If "yes", list:)

Name of Agency: _____

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

In Re: _____ Case No. _____

PARENTING PROCEEDING AFFIDAVIT
(R.C. 3127.23(A)) Affidavit of _____

(Print Name)

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 the child 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

Child's name **Place of birth** **Date of birth** **Sex** **M** **F**

Date(s) of residence **Person child lived with (name and address)** **Relationship**

From
To the present

From
To

From
To

(Add a sheet if additional space is needed to list residences of the child)

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 any 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 any 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 any 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 a 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
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4. 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 or claims to have custody or visitation rights with respect to any child subject to this case.

