



CLARK COUNTY JUVENILE COURT KATRINE M. LANCASTER, JUDGE

CARETAKER AUTHORIZATION AFFIDAVIT INSTRUCTIONS

A Caretaker Authorization Affidavit (CAA) allows a grandparent to obtain “physical custody, care and control” over a grandchild who lives with them. A CAA is completed by a grandparent who is unable to locate a child’s parents and allows the grandparent to:

- Enroll the child in school
- Obtain educational and behavioral information about the child from the school district
- Consent to all school-related matters regarding the child
- Consent to medical, psychological or dental treatment for the child

Executing a CAA does NOT grant a grandparent legal custody of a child.

A Caretaker Authorization Affidavit can be executed by the child’s grandparent when the child lives with the grandparent and despite reasonable efforts, the child’s parents cannot be located.

A CAA:

1. Must be signed by the grandparent and the signature must be notarized by an Ohio Notary Public; and
2. Must be filed within five (5) days of being executed with the Juvenile Court where the grandparent and child reside.

The CAA must be accompanied by completed copies of the:

1. Child Parenting Information Affidavit (UCCJEA); and
2. Party Information Form

(both of which are included in this packet)

Once submitted, the CAA will be reviewed to ensure all the requirements have been met. If all requirements have not been met, the CAA will be dismissed and you will have to start the process over by filing a new CAA.

There is no fee to file these documents. If you have legal questions regarding these documents, please contact an attorney. The Court staff is prohibited from providing you with legal advice or assisting you in preparing these documents.

CASE NO: _____

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: **(circle all that apply)**
 - (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 parent 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.

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: _____ Date: _____
Grandparent

State of Ohio

ss:

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.

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 or educational facility 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.

PARTY INFORMATION FORM

Case No: _____

1. NAME OF CHILD: _____ DOB: _____ SEX: _____

2. MOTHER'S NAME: _____ DOB: _____

ADDRESS/CITY/ZIP: _____

PHONE NUMBER: _____

HAS PATERNITY BEEN ESTABLISHED? YES _____ NO _____ IF SO, HOW?
GENETIC TESTING _____ ACKNOWLEDGEMENT _____ PRESUMED/MARRIAGE _____

3. FATHER'S NAME: _____ DOB: _____

ADDRESS/CITY/ZIP: _____

PHONE NUMBER: _____

4. GRANDPARENT'S NAME: _____ DOB _____

ADDRESS/CITY/ZIP: _____

PHONE NUMBER _____

5. CHILD'S CURRENT ADDRESS: _____

6. PERSON(S) CURRENTLY PROVIDING CARE FOR CHILD: _____

ADDRESS/CITY/ZIP: _____

7. CHILD'S SCHOOL: _____

8. IF ALLEGING REASONABLE EFFORTS TO LOCATE THE PARENT(S) WERE MADE,
WHAT WERE THOSE EFFORTS?

9. IF ALLEGING THE OTHER PARENT IS PROHIBITED FROM RECEIVING NOTICE,
YOU MUST SUBMIT A COPY OF THAT COURT ORDER TO THIS FORM.

NEGATION, REVERSAL, OR DISAPPROVAL OF ACTION
UNDER CARETAKER AUTHORIZATION AFFIDAVIT
(To be completed by Parent, Guardian or Custodian)

I am the child's parent, guardian or custodian of the child named below.

1. Name of child: _____
2. Case Number: _____
3. Child's date and year of birth: _____
4. Child's social security number (optional): _____
5. My name: _____
6. My home address: _____
7. My date of birth: _____
8. My Ohio driver's license number or identification card number: _____
9. Pursuant to R.C. 3109.72, I hereby negate, reverse, or disapprove of action taken pursuant to a caretaker authorization affidavit, unless by doing so the life, health, or safety of the child would be jeopardized.

Signature of Parent, Guardian or Custodian

Signature of Parent, Guardian or Custodian

Date

Date

Printed Names of Those Who Executed Original Caretaker Authorization Affidavit

Notice:

This act of negation, reversal, or disapproval terminates the caretaker authorization affidavit as of the date the caretaker returns the child to the parent, guardian or custodian or upon the expiration of fourteen days from the delivery of a written notice of the negation, reversal, or disapproval to the caretaker and to the person responding to the caretaker's action or decision in reliance on the affidavit.

NOTICE OF TERMINATION OF
CARETAKER AUTHORIZATION AFFIDAVIT
(To be completed by Grandparent)

The child named below lived in my home. I am the child's grandparent.

1. Name of child: _____
2. Case Number: _____
3. Child's date and year of birth: _____
4. Child's social security number (optional): _____
5. My name: _____
6. My home address: _____
7. Pursuant to R.C. 3109.70, 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

Date

Notice:

Upon termination of the caretaker authorization affidavit, the grandparent shall notify, in writing not later than one week after termination, 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 care taker authorization affidavit 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.

REVOCATION OF
POWER OF ATTORNEY
(To be completed by Parent, Guardian or Custodian)

I am the child's parent, guardian or custodian of the child named below.

1. Name of child: _____
2. Case Number: _____
3. Child's date and year of birth: _____
4. Child's social security number (optional): _____
5. My name: _____
6. Pursuant to R.C. 3109.59, 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.

Signature of Parent, Guardian or Custodian

Signature of Parent, Guardian or Custodian

Date

Date

Printed Names of Those Who Executed Original Power of Attorney

Notice:

No later than five days after a power of attorney is revoked by the person who created it that person must give written notice of the revocation to the grandparent designated as attorney in fact and a copy of the revocation must be filed with the court with which the power of attorney is filed.

NOTICE OF TERMINATION OF
POWER OF ATTORNEY
(To be completed by Grandparent)

The child named below lived in my home. I am the child's grandparent.

1. Name of child: _____
2. Case Number: _____
3. Child's date and year of birth: _____
4. Child's social security number (optional): _____
5. My name: _____
6. Pursuant to R.C. 3109.60, you are hereby notified that the Power of Attorney previously granting me the authority to exercise rights regarding the above named child has been terminated effective _____.

Signature of Grandparent

Date

Notice:

Upon termination of the power of attorney, the grandparent shall notify, in writing not later than one week after termination, 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. The parent who is not the residential parent and legal custodian and who is required to be given notice under R.C. 3109.55; and
6. 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.



CLARK COUNTY JUVENILE COURT

KATRINE M. LANCASTER, JUDGE

GRANDPARENT POWER OF ATTORNEY INSTRUCTIONS

A Grandparent Power of Attorney (POA) allows a grandparent to obtain “physical custody, care and control” over a grandchild who lives with them. A POA is completed by a parent, guardian or custodian when they are temporarily unable to care for the child or believe it to be in the child’s best interest. A POA will allow the grandparent to:

- Enroll the child in school
- Obtain educational and behavioral information about the child from the school district
- Consent to all school-related matters regarding the child
- Consent to medical, psychological or dental treatment for the child

Executing a POA does NOT grant a grandparent legal custody of a child.

A Grandparent Power of Attorney is executed by the child’s parent, guardian or legal custodian.

A POA:

1. Must be signed by both parents and the grandparent authorized to act on behalf of the child; these signatures must be notarized by on Ohio Notary Public; and
2. The executed POA must be filed within five days of being executed with the Juvenile Court where the grandparent resides
3. If the POA is executed by only one parent, the residential parent, and the parents are not married, the residential parent must notify the non-residential parent of the creation of the POA and file with the POA a receipt showing that notice of the creation of the POA was sent to the non-residential parent by certified mail.

The POA must be accompanied by completed copies of the:

1. Child Parenting Information Affidavit (UCCJEA); and
2. Party Information Form

(both of which are included in this packet)

Once submitted, the POA will be reviewed to ensure all the requirements have been met. If all requirements have not been met, the POA will be dismissed and you will have to start the process over by filing a new POA.

There is no fee to file these documents. If you have legal questions regarding these documents, please contact an attorney. The Court staff is prohibited from providing you with legal advice or assisting you in preparing these documents.

CASE NO: _____

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 Clark, 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) XXX-XX-_____, 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: (circle all that apply)

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

Additional Parent's signature (if required)

Grandparent designated as attorney in fact

State of Ohio

ss:

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.

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.
7. 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

- (f) 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.



CLARK COUNTY JUVENILE COURT

KATRINE M. LANCASTER, JUDGE

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INFORMATION FOR GRANDPARENT POWER OF ATTORNEY AND CARETAKER AUTHORIZATION AFFIDAVIT

Ohio law permits grandparents to obtain “physical custody, care and control” over a grandchild who **lives with the grandparent** in two ways: 1) a Grandparent Power of Attorney (POA) is completed by the parents(s), guardian(s) or custodian(s) when they are temporarily unable to care for the child or believe it to be in the child’s best interests. 2) a Caretaker Authorization Affidavit (CAA) is completed by a grandparent who is unable to locate one or both parents. Both methods allow the grandparent to:

1. Enroll the child in school;
2. Obtain educational and behavioral information about the child from the school district;
3. Consent to all school-related matters regarding the child; and
4. Consent to medical, psychological or dental treatment for the child.

An executed POA or CAA does **NOT** grant the grandparent legal custody of the child.

A **POA** is executed by the child’s parents, guardians or legal custodians. A POA:

1. Must be signed by both parents and the grandparent authorized to act on behalf of the child; these signatures must be notarized by an Ohio Notary Public; and
2. The executed POA must be filed within five days of being executed with the Juvenile Court where the grandparents resides.
3. If the POA is executed by only the residential parent and the parents are not married, the residential parent must notify the non-residential parent of the creation of the POA and file with the POA a receipt showing that the notice of the creation of the POA was sent to the non-residential parent by certified mail unless the other parent is prohibited from receiving notice of relocation in accordance with Ohio Revised Code Section 3109.051; the parent’s parental rights have been terminated by order of a juvenile court; the parent cannot be located with reasonable efforts.

Note: The termination of parental rights or a parent being prohibited from receiving a notice of relocation occur only in rare situations, typically involving Children’s Services or an adoption. Not paying child support or exercising visitation with a child is not sufficient cause to avoid providing notice of the POA to the other parent. If you are alleging a parent has lost

parental rights or is prohibited from receiving notice you will need to provide a copy of those court orders.

A CAA is executed by the child's grandparent when the child **lives with the grandparent** AND despite reasonable efforts, the parents cannot be located. A CAA:

1. Must be signed by the grandparent and this signature must be notarized by an Ohio Notary Public; and
2. The executed CAA must be filed within five days of being executed with the Juvenile Court where the grandparent and child reside.

Each POA and CAA filed with the Court must be accompanied by the following forms:

1. Child Parenting Information Affidavit (UCCJEA); and
2. Party Information Form

Once the POA or CAA is presented to the Court for filing, the documents will be reviewed to make sure that all requirements for filing have been met. If all requirements have not been met, the POA or CAA will be denied and you will have to start the process over by filing a new POA or CAA.

There is **no** filing fee to file these documents.

Please answer **all** questions completely and accurately and complete all necessary forms.

You may wish to review the both packets to determine whether a POA or CAA is appropriate for you, however you should **not** file both packets.

If you have legal questions regarding these documents please contact an attorney or research an online resource like Ohiolegalhelp.org. Court staff are prohibited from providing you with legal advice or assisting you in the preparation of these documents.

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CLARK COUNTY JUVENILE COURT

KATRINE M. LANCASTER, JUDGE

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INFORMATION REGARDING THE REVOCATION OR TERMINATION OF A GRANDPARENT POWER OF ATTORNEY OR CARETAKER AUTHORIZATION AFFIDAVIT

A Grandparent Power of Attorney/Caretaker Authorization Affidavit can be terminated in the following ways:

1. The document is revoked in writing by the person(s) who signed it. A copy of the written notice of revocation must be provided to the designated grandparent and to the juvenile court in which the document was filed.
2. The child no longer lives with the designated grandparent.
3. The document is terminated by the court.
4. The death of the child who is the subject of the document.
5. The death of the grandparent designated as the attorney in fact.

If the grandparent does not believe the removal of the child from their home is in the best interest of the child, the grandparent has fourteen (14) days to file a complaint seeking custody. The grandparent may retain custody of the child until the fourteen (14) day period for filing a complaint has expired OR if the grandparent files a complaint for custody, until the court orders otherwise.

The grandparent has certain responsibilities once a Grandparent Power of Attorney/Caretaker Authorization Affidavit is terminated. Within one week of the termination, you must:

1. Notify in writing, any school, health care provider or health insurance provider to which you have given this document.
2. Notify the parent who is not the residential parent and legal custodian if it is required.
3. Notify in writing, any other person or entity that has an ongoing relationship with you and the child that would rely on the document.

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**IN THE COMMON PLEAS COURT
CLARK COUNTY, OHIO
DOMESTIC RELATIONS DIVISION
JUVENILE SECTION**

Grandparent

Address

City, State, Zip

Mother

Address

City, State, Zip

Father

Address

City, State, Zip

Current Custodian/Guardian if not parent

Address

City, State, Zip

Child's Name

D.O.B.: _____

Case Number: _____

**PARENTING PROCEEDING
AFFIDAVIT
R.C. 3127.23**

A copy of this form should be completed by each parent and grandparent involved in this matter.

IN RE: _____

Instructions: By law, an 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.**

ONLY CHECK THE FOLLOWING BOX IF YOU BELIEVE THAT THE HEALTH, SAFETY, OR LIBERTY OF YOURSELF OR THE CHILD 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.

I request that the court not disclose my current address or that of the child, my address is confidential pursuant to R.C. 3127.23(D) and should be placed under seal to protect the health, safety and liberty of myself and/or the child.

1. Minor Child subject to this case is as follows:

Childs Name: _____ Place of Birth: _____

Date of Birth: _____ Sex: Male Female

You must list the residence for all places where the child has lived for the last **FIVE** years.

Period of Residence	Check if confidential	Person(s) child lived with	Relationship
_____ to Present	<input type="checkbox"/>	_____ _____ _____	_____ _____ _____
_____ to _____	<input type="checkbox"/>	_____ _____ _____	_____ _____ _____
_____ to _____	<input type="checkbox"/>	_____ _____ _____	_____ _____ _____

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. For each case in which you participated, give the following information:

Type of Case : _____
Court and State: _____
Date and Court order or judgment (if any): _____

3. Information about other civil case(s) that could affect this case: (check only one box)

I HAVE NO INFORMATION about any other civil 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 other civil 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. Do not repeat cases already listed in paragraph 2. Explain:

Type of Case : _____
Court and State: _____
Date and Court order or judgment (if any): _____

4. Information about criminal case(s):

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 in 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/State	Conviction
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Persons not a party to this case who have physical custody or claim to have custody or visitation rights to the child subject to this case: (check one box)

I DO NOT KNOW OF ANY PERSON(S) not a party to this case who has physical custody or claims to have custody or visitation rights with respect to the child subject to this case.

I KNOW THAT THE FOLLOWING NAMED PERSON(S) not a party to this case has physical custody or claims to have custody or visitation rights with the child subject to this case.

Name/Address of person: _____

Has Physical Custody Claims Custody rights Claims visitation rights

Name/Address of person: _____

Has Physical Custody Claims Custody rights Claims visitation rights

Name/Address of person: _____

Has Physical Custody Claims Custody rights Claims visitation rights

OATH

(Do Not Sign Until Notary Present)

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

Signature

Sworn before me and signed in my presence this _____ day of _____, _____

Notary Public

My Commission Expires:

IN THE COMMON PLEAS COURT
OF CLARK COUNTY, OHIO
DOMESTIC RELATIONS DIVISION
JUVENILE SECTION

CASE NO. _____

The Clark County Juvenile Court hereby acknowledges receipt of a:

_____ Grandparent Power of Attorney

_____ Caretaker Authorization Affidavit

filed on behalf of the child _____,
dob _____

requesting that the child's grandparent, _____
obtain

care, temporary custody and control of the child.

This matter will be reviewed within two weeks from this record of filing to ensure proper notice to the parent(s) and compliance with the laws of the State of Ohio.

If the POA/CAA complies with the laws of the State of Ohio and no other concerns arise, an order acknowledging the proper filing of the POA/CAA will be journalized by this court. If the child is of school age, a copy of the POA/CAA and order accepting the filing must be provided to the school by the grandparent.

Ohio law allows a grandparent to enroll a child in school and participate in all school related activities involving the child once the POA/CAA is approved and filed with the court. The court review of the POA/CAA is not intended to delay a child receiving an education. If there are any questions regarding this record, the may be directed to the Juvenile Court Clerk's Office at 937-521-1600.

Deputy Clerk

Date _____

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