

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

In the matter of:

Case Number: _____

Name Date of Birth Last 4 Digits of SS #

POWER OF ATTORNEY
(R.C. 3109.52 & 3109.53)

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/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.

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. An Ohio Notary Public MUST notarize the signatures of the parent, guardian, or custodian of the child and the grandparent designated as the ATTORNEY IN FACT.
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 (5) 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 be filed not later than five (5) 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; and
 - (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 (1) 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 (1) 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 (5) 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.

In the Court of Common Pleas, Lucas County, Ohio
JUVENILE DIVISION

In the matter of:

Case Number: _____

Name Date of Birth SS #

**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.'

1. Name, Date of Birth and Sex of child:
Name: _____ DOB: _____ Sex: _____
2. Biological Father's Name: _____ (Alias Name) _____ DOB: _____
Complete Address: _____ Zip Code: _____
SS #: _____ Phone Number: _____
3. Biological Mother's Name: _____ (Maiden/Alias Name) _____ DOB: _____
Complete Address: _____ Zip Code: _____
SS #: _____ Phone Number: _____
4. Grandparent(s) Name(s): _____ DOB: _____
Complete Address: _____ Zip Code: _____
SS #: _____ Phone Number: _____
5. Current Address of child: _____ Zip Code: _____
6. Name of person (s) currently providing care and supervision: _____
Phone Number: _____
7. Was a Child Custody Affidavit, mandated by § 3109.27-O.R.C., filed? Yes No
8. Has the Father of the child(ren) been ordered to pay Child Support? Yes No
9. 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: _____
Last 4 Digits of SS #: _____ Phone Number: _____
Relationship to the child: _____
10. Are any Social Service Agencies currently involved with this child or these children? Yes No
If so list Agency ~
Name: _____ Caseworker: _____