

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

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In the matter of:

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

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Name                      Date of Birth                      Last 4 Digits of SS #

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Name                      Date of Birth                      Last 4 Digits of SS #

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Name                      Date of Birth                      Last 4 Digits of SS #

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**NOTICE OF REVOCATION OF POWER OF ATTORNEY**

You are hereby notified that the power of attorney previously granting \_\_\_\_\_ the authority to exercise rights regarding the above-named child(ren) has been revoked (cancelled) effective \_\_\_\_\_ by the undersigned.

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Signature of Parent or Legal Custodian

Date

PRINTED NAME OF PARENT OR LEGAL CUSTODIAN: \_\_\_\_\_

**Notice:** Upon termination of the power of attorney, the parent/legal custodian shall notify, in writing, not later than one (1) week from the termination date, 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.
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.