

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

**GRANDPARENT POWER OF ATTORNEY (POA)
INSTRUCTIONS FOR FILING**

Are you currently caring for one or more grandchildren because the child's parent cannot? If so, your grandchild's parents can grant you Power of Attorney. Power of Attorney allows you temporarily to:

- Arrange for the child's routine and emergency medical, dental and psychological treatment
- Authorize your grandchild's enrollment in school
- Access information regarding their education
- Provide consent for educational activities

FILING DIRECTIONS

1. Complete the general information sheet and POA.
2. The Parent and Grandparent will both have to sign the POA in front of a notary.
3. Grandparent must notify the non-custodial parent by certified mail within 5 days of filing for the POA.
4. Attach the receipt showing the notice was sent to the non-custodial parent. The receipt must accompany the POA.
5. Only one child can be included on a POA. In the case of multiple children, complete one POA per child. One copy needs to be mailed to the non-custodial parent(s).
6. File the POA at:

**Fairfield County Juvenile Court
224 E. Main St., Clerks Office, 3RD Floor
Lancaster, OH 43130**

7. If POA is revoked for any reason, the parent is required to notify in writing:
 - The school
 - Healthcare provider or healthcare insurance provider and
 - Any other person previously notified of the POA

The statute requires the Court to waive all filing fees for these and related documents.

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GENERAL INFORMATION

Please check what you are filing for:

- Grandparent Power of Attorney
- Grandparent Caretaker Authorization Affidavit

CHILD'S NAME:		
GRANDPARENT'S NAME:		
ADDRESS:	CITY:	
CITY:	ST:	ZIP:
EMAIL:	PHONE:	
GRANDPARENT'S NAME:		
ADDRESS:	CITY:	
CITY:	ST:	ZIP:
EMAIL:	PHONE:	

PARENT'S NAME:	PHONE:	
ADDRESS:		
CITY:	ST:	ZIP:
EMAIL:	PHONE:	
PARENT'S NAME:	PHONE:	
ADDRESS:		
CITY:	ST:	ZIP:
EMAIL:	PHONE:	

SCHOOL INFORMATION

Is child changing schools? <input type="checkbox"/> Yes <input type="checkbox"/> No
What school/district will the child be leaving?
What school/district will the child attend?

I hereby certify that I am transferring the rights and responsibilities designated in this Power of Attorney because of 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;
 - ____ (c) Temporarily unable to provide adequate care or supervision to 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, an 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:

- 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;
- The other parent is prohibited from receiving a notice of relocation;
- 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 occur 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 the Attorney-In-Fact;
- (3) This POWER OF ATTORNEY is terminated by Court Order;
- (4) The death of the child who is the subject of this 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 2912.13 OF THE REVISED CODE, PUNISHABLE PURSUANT TO CHAPTER 2929 OF THE REVISED CODE, INCLUDING A TERM OF IMPRISONMENT OF UP TO SIX (6) MONTHS, A FINE OF UP TO \$1,000, OR BOTH.

Witness my hand this ____ day of _____, 20____.

Signature of Parent/Custodian/Guardian

Signature of Parent/Custodian/Guardian

Grandparent designated Attorney-In-Fact

State of Ohio:
County of Fairfield;

Subscribed, sworn to and acknowledged before me on this ____ day _____, 20____.

(Seal)

Notary Public, State of Ohio

Commission Expires

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;
 - (c) Temporarily unable to provide adequate care or supervision to 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. The 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 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 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 (5) days after the date it is created and be accompanied by a receipt showing that the notice of the 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 with regard to 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 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) When the child ceases to live with the grandparent who is the Attorney-In-Fact;
- (3) The Power of Attorney is terminated by Court Order; or
- (4) The death of the child who is the subject of the Power of Attorney; or
- (5) The death of the grandparent designated as Attorney-In-Fact.

If this Power of Attorney terminates other than by death of the Attorney-In-Fact, the grandparent who served as Attorney-In-Fact shall notify, in writing, all of the following:

- (a) Schools, health care providers or health insurance 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 (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 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 (14) days, file a complaint in the Juvenile/Domestic Court to seek custody. You may retain physical custody of the child until the fourteen (14) 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 who signed this affidavit resides and the 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, FAIRFIELD COUNTY, OHIO
JUVENILE DIVISION**

IN THE MATTER OF:

CASE NO. _____

Minor Child

CUSTODY AFFIDAVIT

I, _____, am the grandparent of the above-captioned child and
(Print your name)
being first duly sworn, state that:

Said child has lived at the following places with the following persons during the past five (5) years:

(Start with child's present address and work backward)

DATE FROM	DATE TO	LIVED WITH	RELATIONSHIP	ADDRESS (with city & state)

- I **have** **have not** participated as a party, witness or in any other capacity in any other case, in this state or any other state, regarding the allocation of parental rights, designation of residential parent or custody of this child.
- I **do** **do not** have knowledge of any parenting, custody, visitation or support proceeding in this state or any other state. (If you do, state the name and address of the court.)
- I **do** **do not** know of any person who has physical custody of the child or claims to have parental rights, custody rights or visitation rights.
- I **have** **have not** been previously convicted of any criminal offense involving any act that resulted in a child being an abused or neglected child or previously determined, in a case where a child was adjudicated an abused or neglected child, to be the perpetrator of an abusive or neglectful act that was the basis for an adjudication.

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 PURSUANT TO CHAPTER 2929. SAID SANCTIONS MAY INCLUDE A JAIL TERM OF UP TO SIX MONTHS AND/OR A FINE OF \$1,000.

I have read the foregoing and declare that information contained herein is true and correct.

DATE

GRANDPARENT'S SIGNATURE

State of Ohio:

County of Fairfield;

Subscribed, sworn to and acknowledged before me on _____, 20 _____

(Seal)

Notary Public, State of Ohio