



## 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 one or both 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 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 returned to you 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.

CARETAKER AUTHORIZATION AFFIDAVIT  
**(To be completed by Grandparent)**

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:
  - \_\_\_\_\_ 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.

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

## **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; or (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 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 state or any other state;
  - d) Whether you know of any person who has physical custody of this 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 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.

#### **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.
- 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.

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

\_\_\_\_\_  
Proposed Legal Custodian(s) )

\_\_\_\_\_  
Address )

\_\_\_\_\_  
City, State, Zip )

**PETITIONER(S)**

**VS.**

\_\_\_\_\_  
Mother )

\_\_\_\_\_  
Address )

\_\_\_\_\_  
City, State, Zip )

**AND**

\_\_\_\_\_  
Father )

\_\_\_\_\_  
Address )

\_\_\_\_\_  
City, State, Zip )

**AND**

\_\_\_\_\_  
Current Custodian if not parent )

\_\_\_\_\_  
Address )

\_\_\_\_\_  
City, State, Zip )

**RESPONDENT(S)**

**IN RE:** \_\_\_\_\_  
Child's Name

**D.O.B.:** \_\_\_\_\_

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

**JUDGE LINDA TUCCI TEODOSIO**

**MAGISTRATE** \_\_\_\_\_

**UCCJEA AFFIDAVIT  
R.C. 3127.23**

**Instructions:** By law, an affidavit must be filed and served with the first pleading filed by each party in every parenting (custody/visitation) proceeding in this Court. 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 state or any other state. If more space is needed, add additional pages.

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

**Check and complete ALL THAT APPLY:**

- 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 or liberty of myself and/or the child.

**1. Minor child subject to this case is as follows:**

Child's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

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

<u>Period of Residence</u>	Check if Confidential	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____ to present	<input type="checkbox"/>	_____	_____
_____ to _____	<input type="checkbox"/>	_____	_____
_____ to _____	<input type="checkbox"/>	_____	_____
_____ to _____	<input type="checkbox"/>	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL RESIDENCES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

**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:

a. Type of case: \_\_\_\_\_

b. Court and State: \_\_\_\_\_

c. Date and court order or judgment (if any): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



IF MORE SPACE IS NEEDED FOR ADDITIONAL CUSTODY CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

**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:

a. Type of case: \_\_\_\_\_  
\_\_\_\_\_

b. Court and State: \_\_\_\_\_  
\_\_\_\_\_

c. Date and court order or judgment (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

**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 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.

<u>Name</u>	<u>Case Number</u>	<u>Court/State/County</u>	<u>Convicted of What Crime?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

**5. Persons not a party to this case who have physical custody or claim to have custody or visitation rights to children subject to this case:** (Check only one box.)

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

a. Name/Address of Person: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has Physical Custody       Claims Custody Right       Claims Visitation Right

b. Name/Address of Person: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has Physical Custody       Claims Custody Right       Claims Visitation Right

c. Name/Address of Person: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has Physical Custody       Claims Custody Right       Claims Visitation Right

IF MORE SPACE IS NEEDED FOR ADDITIONAL PERSON(S), ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

**OATH**

(Do Not Sign Until Notary is Present)

I, (print name) \_\_\_\_\_, 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.

\_\_\_\_\_  
Your Signature

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

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_

# PARTY INFORMATION FORM

CASE NO: \_\_\_\_\_

1. NAME OF CHILD: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_\_

2. MOTHER'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS/CITY/ZIP: \_\_\_\_\_

SSN: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HAS PATERNITY BEEN ESTABLISHED? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF SO, HOW? \_\_\_\_\_ GENETIC TESTING  
\_\_\_\_\_ ACKNOWLEDGEMENT  
\_\_\_\_\_ PRESUMED (MARRIAGE)

3. FATHER'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS/CITY/ZIP: \_\_\_\_\_

SSN: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

-----  
4. NAME OF PERSON FILING: \_\_\_\_\_

ADDRESS/CITY/ZIP: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ PHONE: \_\_\_\_\_

5. CURRENT ADDRESS OF CHILD: \_\_\_\_\_

6. PERSON CURRENTLY PROVIDING CARE AND SUPERVISION  
FOR CHILD: \_\_\_\_\_

ADDRESS/CITY/ZIP: \_\_\_\_\_

7. NAME AND ADDRESS OF SCHOOL CHILD IS ATTENDING: \_\_\_\_\_

\_\_\_\_\_

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.

9. Name of child: \_\_\_\_\_

10. Case Number: \_\_\_\_\_

11. Child's date and year of birth: \_\_\_\_\_

12. Child's social security number (optional): \_\_\_\_\_

13. My name: \_\_\_\_\_

14. My home address: \_\_\_\_\_

15. 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.

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.