



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 an 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 the 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 returned to you 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.

POWER OF ATTORNEY
(To be completed by Parent(s))

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, 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) _____, 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 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 the 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 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

Parent's Signature

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.
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 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 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 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 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 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 education 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 affidavit 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
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
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.

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

I am the 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.