

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

IN THE MATTER OF:

CASE NO. _____

Child's Name

GRANDPARENT POWER OF ATTORNEY
Pursuant to 3109.65 to 3109.73, Ohio Revised Code
(Revised 3/21/13)

I, _____ residing at _____
Parent's name *Street address*

In the county of _____, state of _____, hereby appoint
the child's grandparent, _____, who resides 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 my child, _____,
born _____, social security number _____,

except to consent to marriage or adoption of said child, 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 behavioral information about
the child, to consent to all school-related matters regarding the child, 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 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 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;
- (2) The child ceases to reside with the grandparent designated herein;
- (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 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.

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 Knox;

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

(Seal)

Notary Public, State of Ohio

This power of attorney must be filed with the Juvenile Court in the county where the grandparent resides or any other court that has jurisdiction over this child no later than five (5) days after the date it is executed.

This power of attorney is sufficient to authorize the grandparent above to exercise the care, physical custody and control of the above-named child, including the authority to enroll the child in school, discuss with the school district the child's educational progress, consent to all school-related matters regarding said child and to consent to medical, dental or psychological treatment for said child.

NOTICE

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 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) 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 who creates a power of attorney 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 the 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 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 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 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) Upon termination by court order; or
 - (4) Upon the death of the child who is the subject of the power of attorney; or
 - (5) Upon 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, termination, all of the following:

- (a) schools, health care providers or health insurance provider with which
- (b) the child has been involved through the grandparent;
- (c) Any other person or entity that has an ongoing relationship with the child or grandparent and would reasonably rely on said affidavit; and
- (d) The court in which the affidavit was filed after its creation;
- (e) 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.

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 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 days, file a complaint in the juvenile/domestic 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 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 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 at the address provided.
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.

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 applicable portions of the form are 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 Common Pleas Court of Knox County, Ohio
Juvenile Division**

In the Matter of:

_____ **Case Number:** _____
(Insert Name of Child)

A Minor Child

**INFORMATION FOR PARENTING PROCEEDING
(O.R.C. 3109.27)**

Notes: By law, this 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(ren) in any other Court in this or any other state.

Affiant _____ **states as follows:**

1. The name, birth date, Social Security Number (if any) of each child whose custody/visitation is at issue in this case is: _____

2. The present home address of the child(ren) is: _____

3. The child(ren) currently reside(s) with what adult(s)? _____

4. All other places and dates where the child(ren) have lived during the last 5 years, and the names of all adult(s) with whom they lived at each address are as follows: _____

5. The name(s) and current address of all adults listed above are:

6. Do you know of any litigation anywhere, past or present, which concerns the custody, visitation, or care of the child(ren)?

7. If the answer to #6 is "yes", state any other information you have about any parenting proceeding concerning the child(ren) now pending in a Court of this or any other state. Include the case number, the name of the Court and the address of the Court.

8. State the name and address of any person who is not a party to this proceeding: (A) who has physical possession of the child(ren) or (B) who claims to be a parent of the child(ren) and is either the residential parent and legal custodian, or has visitation rights with the child(ren), or (C) who is a person other than a parent of the child(ren) who has custody or visitation rights.

9. Are you now, or have you ever been, a party to any civil or criminal case or any investigation concerning child abuse, child neglect, or domestic violence? If so, state each Court, case name, case number, date, nature and outcome of the case:

10. Do you have any domestic violence protection orders or any other restraining orders issued against you, or on your behalf against any other person? If so, state each Court, case name, case number, date and nature and outcome of the case:

OATH OF AFFLIANT

I hereby swear or affirm that the answers above are true, complete and accurate. I understand that falsification of this document may result in a Contempt of Court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury (O.R.C. 2921.11)

AFFLIANT

Sworn to and subscribed before me on this _____ day of _____,
200__.

NOTARY PUBLIC