

Huron County Juvenile Court

Instructions for:

CHILD CARE POWER OF ATTORNEY AND CARETAKER AUTHORIZATION AFFIDAVIT

This packet was prepared for your convenience and ease in filing a child care power of attorney or a caretaker authorization affidavit. Both allow grandparents to exercise parental authority over grandchildren living with grandparents, but they are different:

- A power of attorney can only be filed by a **parent, guardian, or custodian of a child**.
- A caretaker authorization affidavit can only be filed by a **grandparent** after reasonable attempts have been made to locate or contact the child's parents, guardian, or custodian.

This packet contains both a power of attorney and a caretaker authorization affidavit. Read through both documents and their notices to determine if either is appropriate for your situation. Make certain that you understand and meet all requirements before selecting a document. **Answer all questions completely and accurately.** Use **BLACK** ink and type or neatly print all information. Use the appropriate enclosed checklist to complete the following steps:

1. The **Child Care Power of Attorney** (Form 1349) **OR** the **Caretaker Authorization Affidavit** (Form 1345). The term at the top of the form, "In re," refers to the name of the child or children. The Case Number is only completed if a previous "OT" case number exists. Court staff will determine if a case number already exists or assign a case number for a new filing.
2. **The Child Custody Affidavit** (Form 551A/B). See #1 for instructions.
3. Each must **be signed and notarized** by an Ohio notary public.
4. File the Power of Attorney or Caretaker Authorization Affidavit in the appropriate court **within 5 days**, along with the:
 - Child Custody Affidavit** (Form 551A/B);
 - Party Information Form** (Form 1347);
 - Checklist** (Form 1348 or 1344)
5. The documents can be filed by mailing or bringing them to:
 - Huron County Juvenile Court
 - Courthouse, 1st Floor
 - 2 East Main Street
 - Norwalk, OH 44857

There is no filing fee for these documents. Questions concerning these instructions may be addressed to a Deputy Clerk at 419-668-1616. Any legal questions should be addressed by an attorney. **Legal questions cannot be answered by Court staff.**

Termination: Documents are available in the Clerk's Office in the event that the power of attorney or caretaker authorization affidavit is terminated. Various parties must be notified upon termination.

Caretaker Authorization Affidavit (CAA) Checklist

Check off all statements which are true. If any statement is not true, do not check the statement. The CAA cannot be filed unless all statements are checked off as being true.

- The CAA form is:
 - the court-provided form or
 - IDENTICAL in content to the court form.
- The form is legible (all information is readable).
- The CAA is signed by the grandparent(s).
- The CAA contains the address, driver's license # or identification card #, and date of birth of the signing grandparent.
- The grandparent's residence is in the state of Ohio.
- The CAA contains the name of the child and the child's date of birth.
- The child is under the age of 18.
- The CAA packet contains complete and legible answers to all questions set forth on the Affidavit in Compliance with 3109.27 ORC and the Information Form Required for Filing of Power of Attorney / Caretaker Authorization Affidavit Actions.
- There are no pending proceedings regarding the child for: the appointment of a guardian or for an adoption; temporary, permanent, or legal custody, or for placement in a planned permanent living arrangement; an ex parte emergency order; divorce, dissolution, legal separation, annulment, or allocation of parental rights responsibilities.
- The CAA is correctly notarized (Signed and dated by the notary public, sealed and stamped).
- The CAA was signed and notarized within the past five days.
- There is no other non-expired CAA or Power of Attorney (POA) existing with the court regarding the child.

This document should be filed with the CAA.

HURON COUNTY JUVENILE COURT

**PARTY INFORMATION FORM REQUIRED FOR FILING POWER OF ATTORNEY /
CARETAKER AUTHORIZATION AFFIDAVIT ACTIONS**

Instructions: Complete all sections. Make reasonable efforts to gather all information requested. If information is unknown after making reasonable efforts, list the answer as 'Unknown.'

IN RE: _____ **CASE NUMBER:** _____

1. Name, Date of Birth and Sex of child:
Name: _____ DOB: _____ Sex: _____
2. Biological Father's Name: _____ (Alias Name) _____ DOB: _____
Complete Address: _____ Zip Code: _____
Social Security Number: _____ Phone Number: _____
3. Biological Mother's Name: _____ (Maiden/Alias Name) _____ DOB: _____
Complete Address: _____ Zip Code: _____
Social Security Number: _____ Phone Number: _____
4. Grandparent(s) Name(s): _____ DOB: _____
Complete Address: _____ Zip Code: _____
Social Security Number: _____ Phone Number: _____
5. Current Address of child: _____ Zip Code: _____
6. Name of person (s) currently providing care and supervision: _____
Phone Number: _____
7. Has the Father of the child or children been ordered to pay Child Support? Yes No
8. Does any other person (s), excluding the biological parents, have any Court Ordered Custody or Visitation Rights concerning this child? Yes No If so, please list:
Name: _____
Complete Address: _____ Zip Code: _____
Social Security Number: _____ Phone Number: _____
Relationship to the child: _____
9. Are any Social Service Agencies currently involved with this child or these children? Yes No
If so list Agency
Name: _____ Caseworker: _____

Huron County Juvenile Court

In Re: _____

Case Number: _____

Caretaker Authorization Affidavit

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.

1. 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: _____
Grandparent

Date: _____

Signed: _____
Grandparent

Date: _____

State of Ohio
County of Huron

Subscribed, sworn to, and acknowledged before me this _____ day of _____, _____

_____, Notary Public

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; (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 the 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 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's 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.
4. If the child's parent, guardian, or custodian acts to terminate the caretaker authorization affidavit by delivering a written notice of negation, reversal, or disapproval of an action or decision of yours or removes the child from your home and if you believe that the termination 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. 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 of the affidavit.
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.

**COURT OF COMMON PLEAS
JUVENILE DIVISION
HURON COUNTY, OHIO**

Plaintiff/Petitioner	Case No. _____	
v./and	Judge _____	
Defendant/Petitioner/Respondent	Magistrate _____	

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, including Dissolutions, Divorces and Domestic Violence Petitions. 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. **If more space is needed, add additional pages.**

PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))
Affidavit of _____
(Print Your Name)

Check and complete ALL THAT APPLY:

1. I request that the court not disclose my current address or that of the child(ren). 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(ren).
2. Minor child(ren) are subject to this case as follows:

Insert the information requested below for all minor or dependent children of this marriage. You must list the residences for all places where the children have lived for the last **FIVE** years.

a. Child's Name:	Place of Birth:			
Date of Birth:	Sex: Male Female			
<u>Period of Residence</u>	<input type="checkbox"/> Address Confidential?	<u>Person(s) With Whom Child Lived</u>		Relationship
to present		(name & address)		
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____	_____

b. Child's Name:

Place of Birth:

Date of Birth:

Sex: Male Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

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

c. Child's Name:

Place of Birth:

Date of Birth:

Sex: Male Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

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

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

3. 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 any 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 any child subject to this case. For each case in which you participated, give the following information:

- a. Name of each child: _____
- b. Type of case: _____
- c. Court and State: _____
- d. 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 .

4. 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 any 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 a child subject to this case. Do not repeat cases already listed in Paragraph 3. Explain:

- a. Name of each child: _____
- b. Type of case: _____
- c. Court and State: _____
- d. Date and court order or judgment (if any): _____

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

5. 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 .

6. Persons not a party to this case who has physical custody or claims 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 any 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 any child subject to this case.

a. Name/Address of Person _____

Has physical custody

Claims custody rights

Claims visitation rights

Name of each child: _____

b. Name/Address of Person _____

Has physical custody

Claims custody rights

Claims visitation rights

Name of each child: _____

c. Name/Address of Person _____

Has physical custody

Claims custody rights

Claims visitation rights

Name of each child: _____

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:

Notice of Termination of Caretaker Authorization Affidavit

In Re: _____

Case Number: _____

Regarding the Child _____

DOB _____ **SSN (optional)** _____

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 / Former Attorney in Fact

Date

PRINTED NAME OF GRANDPARENT: _____

Notice:

Upon termination of the caretaker authorization affidavit, the grandparent shall notify, in writing not later than one week, 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. 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 a Caretaker Authorization Affidavit**

In Re: _____ **Case Number:** _____

Regarding the Child _____

DOB _____ **SSN (optional)** _____

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 _____ Date _____

Signature of Parent, Guardian, or Custodian _____ Date _____

PRINTED NAMES OF THOSE WHO EXECUTED ORIGINAL CARETAKER AFFIDAVIT:

Notice:

This act of negation, reversal, or disapproval terminates the caretaker authorization affidavit only upon 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.