

Notice of Termination of Power of Attorney

In Re: _____

Case Number: _____

Regarding the Child _____

DOB _____ **SSN (optional)** XXX-XX- _____

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 / Former Attorney in Fact

Date

PRINTED NAME OF GRANDPARENT: _____

Notice:

Upon termination of the power of attorney, 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. The parent who is not the residential parent and legal custodian and who is required to be given notice under R.C. 3109.55.
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.