

HAMILTON COUNTY JUVENILE COURT, OHIO

**Notice of Termination of Power of Attorney
or Caretaker Authorization Affidavit**

Case Number _____

Regarding the Child _____ DOB _____

Regarding the Child _____ DOB _____

Regarding the Child _____ DOB _____

Regarding the Child _____ DOB _____

Regarding the Child _____ DOB _____

You are hereby notified that the _____ Power of Attorney or _____ Caretaker Authorization Affidavit previously granting me the authority to exercise rights regarding the above named child(ren) has been terminated effective ____/____/_____.

Signature of Grandmother / Former Attorney in Fact

Date

PRINTED NAME OF GRANDPARENT _____

And/or

Signature of Grandfather / Former Attorney in Fact

Date

PRINTED NAME OF GRANDPARENT _____

Notice:

Upon termination of the caretaker authorization affidavit, the grandparent(s) shall notify, in writing no 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.
6. The parent who is not the residential parent and legal custodian and who is required to be given notice under R.C. 3109.55 (**only applies to POA Termination**)