

Hamilton County Juvenile Court, Ohio
Revocation of Power of Attorney

Case Number _____

Regarding the Child _____ DOB _____

Regarding the Child _____ DOB _____

Regarding the Child _____ DOB _____

Regarding the Child _____ DOB _____

Regarding the Child _____ DOB _____

I hereby revoke the power of attorney in which I previously authorized one or both Grandparent(s)
_____ and _____ 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 Person who executed original Power of Attorney _____ Date _____

Signature of Person who executed original Power of Attorney _____ Date _____

Notice:
No later than 5 days after a revocation of power of attorney is signed by the person who created it, a copy of the revocation must be filed with the court with which the power of attorney is filed. Revocation is valid upon delivery of written notice of the revocation to the Attorney in Fact.