

Hamilton County Juvenile Court, Ohio

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CHILD CARE POWER OF ATTORNEY / 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 **grandparent** along with 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 either a power of attorney or a caretaker authorization affidavit. Read through either document and determine if it's appropriate for your situation. Make certain that you understand and meet all requirements before filing out the documents. **Answer all questions completely and accurately.** Use **BLACK or BLUE** 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**.
Same set of parents with more than one child can share the same case number, however pages 1 & 2 one child each. Different set of parents must have a different case number.
2. **The Child Custody Affidavit:** The Petitioner is the Grandparent and signature must be notarized.
3. Each must be **signed and notarized** by an Ohio notary public. The Clerks Office has Notary's for your convenience.
4. File the Power of Attorney or Caretaker Authorization Affidavit in the appropriate court **within 5 days**, along with the:
Child Custody Affidavit
Party Information Form
Checklist
5. The documents can be filed by mailing or bringing them to:
Hamilton County Juvenile Court
Clerk's Office
800 Broadway
Cincinnati, OH 45202-1332

There is no filing fee or Court date. Questions concerning these instructions may be addressed to a Deputy Clerk at 513-946-9431. Any legal questions should be addressed by an attorney. **Legal questions cannot be answered by Court staff.**

Termination/Revoke: Termination for the Grandparent to file and Revoke is for the Parent to file. Documents are available in the Clerk's Office. Various parties must be notified upon termination.

HAMILTON COUNTY JUVENILE COURT, OHIO

Grandparent Power of Attorney (POA) Checklist Caretaker Authorization Affidavit (CAA) Checklist

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

- The POA/CAA form is: Provided by the Court.
 Identical in content as the Court's.
- The form is legible (all information is readable).
- The POA is signed by at least one of the child's parents
- The POA contains the address of each signing parent.
- The POA contains the name, address, and county of residence of the grandparent(s) named as having the POA.
- The grandparent's residence is in the state of Ohio.
- The POA/CAA contains the name of the child and the child's date of birth.
- The child is under the age of 18.
- The POA/CAA packet contains complete and legible answers to all questions set forth on the Affidavit in Compliance with 3127.23 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 POA/CAA is correctly notarized (Signed and dated by an Ohio notary public, sealed and stamped).
- The POA/CAA was signed and notarized within the past five days.
- There is no other non-expired POA or Caretaker Authorization Affidavit (CAA) existing with the court regarding the child.
- The CAA is signed by the grandparent(s)
- The CAA contains the address, driver's license # or State ID card #, and date of birth of the signing grandparents.

The following statement must be true only if one parent has signed the POA and the address of the non-custodial parent is known.

- The POA is accompanied by a receipt showing that notice of the creation of the POA was sent by certified mail to the non-custodial parent.

This document should be filed with the POA/CAA

Hamilton County Juvenile Court, Ohio

Case Number _____

Caretaker Authorization Affidavit

(minor child/ren)

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(ren) named below lives in my home, I am 18 years of age or older, and I am the child(ren) grandparent(s)

1. Child: _____ DOB _____ Child: _____ DOB _____

Child: _____ DOB _____ Child: _____ DOB _____

Child: _____ DOB _____ Child: _____ DOB _____

2. Grandparent _____ DOB _____

Address: _____ City _____ ST _____ Zip _____ Phone(_____) _____

3. Email _____ Ohio driver's license number or Ohio ID number: _____

4. Grandparent _____ DOB _____

Address: _____ City _____ ST _____ Zip _____ Phone(_____) _____

5. Email _____ Ohio driver's license number or Ohio ID number: _____

6. Despite having made reasonable attempts, I(We) either:
- (a) Were unable to locate or contact the child's parents, or the child's guardian or custodian; or
 - (b) I(We) 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(We) unable to locate or contact one of the child's parents and I(We) 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.

7. I(We) 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.

8. I(We) 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.

Case Number _____

9.I(We) declare that the foregoing is true and correct:

Sign: _____
Grandparent

Date: _____

Sign: _____
Grandparent

Date: _____

State of Ohio, County of _____. Sworn to, and acknowledged before me this _____ day of _____, 20_____
_____, Notary Public

Notices:

1. The grandparent(s) signature must be notarized by an Ohio notary public.
2. The grandparent(s) 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. The grandparent(s) who executes a second or subsequent caretaker authorization affidavit regarding a child who is the subject of a prior caretaker authorization affidavit must file the affidavit 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. On filing, the court will schedule a hearing to determine whether the caretaker authorization affidavit is in the child's best interest.
4. 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.
5. A person or entity that relies on this affidavit, in good faith, has no obligation to make any further inquiry or investigation.
6. 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; or (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.

7. The decision of a grandparent(s) 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 3 or 5 (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 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.

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.
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.

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AFFIDAVIT IN COMPLIANCE WITH § 3127.23 OHIO REVISED CODE

CASE NUMBER: _____

Minor Child(ren) Names

Upon being duly sworn, the undersigning Petitioner(s), _____,

and _____ herein state the following:

1. The child or children currently reside with _____, at the address
of _____ Phone:() _____
(Complete Address) City State Zip

2. During the last 5 years the child(ren) lived with the following: Name of Person lived with Complete Address and Zip Code
Dates: From - To

3. List the current address of each person in # 2 above. Name of Person lived with Complete Address and Zip Code
Dates: From - To

4. The petitioner(s) participated as a party, witness or in another capacity with any other litigation concerning custody of this child or children either in this state or any other state. ___ NO ___ DON'T KNOW ___ If YES, please explain

5. The petitioner(s) has information or knowledge of custody proceedings concerning this child or these children, either in this or any other state. ___ NO ___ DON'T KNOW ___ YES, please explain

6. The petitioner(s) has knowledge of any other person(s) having physical custody or claims to have custody or visitation rights of this child or children, who is not included as a party in this proceeding. If Yes, please list the following:

Name of Person lived with	Complete Address and Zip Code	Relationship
_____	_____	_____
_____	_____	_____

7. The child or children the subject of any divorce proceedings involving the biological parents in this or any other State. ___ NO ___ Don't Know ___ YES, describe where, when and the ruling concerning custody and visitation.

8. The biological parents are: Currently Married Separated but Legally Married
 Divorced Never Married

9. A social service agency such as Children's Protective Service, Catholic Social Services or the Department of Jobs and Family Services, currently involved with the welfare of these child or these children. ___ NO ___ DON'T KNOW ___ YES, explain

10. Do you have history of charges, conviction, adjudication, guilty plea or been determined to be the perpetrator of any criminal offense that involved an act that resulted in a child being abandoned, abused or neglected. ___ NO, ___ YES, provide details

11. The petitioner(s) included a separate sworn affidavit or pleading concerning the health, safety or liberty of the petitioner(s), child or children being jeopardized by the disclosure of identifying information as outlined in section D of ORC3127.23. ___ NO ___ YES

Petitioner (s)

Sworn to before me and subscribed in my presence this _____ day of _____ 20____.

Notary Public

HAMILTON COUNTY JUVENILE COURT, OHIO
PERSONAL IDENTIFICATION FORM

CASE NUMBER: _____

1. Child(ren) Information below:

Name: _____ DOB: _____ Sex: _____
Name: _____ DOB: _____ Sex: _____
Name: _____ DOB: _____ Sex: _____
Name: _____ DOB: _____ Sex: _____
Name: _____ DOB: _____ Sex: _____
Name: _____ DOB: _____ Sex: _____

2. Parent (1) Name _____ (Alias) _____ DOB _____
Complete Address _____ City _____ ST _____ Zip _____
E-mail _____ Phone Number (_____) _____

3. Parent (2) Name _____ (Maiden/Alias) _____ DOB _____
Complete Address _____ City _____ ST _____ Zip _____
E-mail _____ Phone Number (_____) _____

4. Presumed/Alleged Father's Name _____ (Alias) _____ DOB _____
Complete Address _____ City _____ ST _____ Zip _____
E-mail _____ Phone Number (_____) _____

5. Complainant/Petitioner relationship with child(ren) _____

6. Complainant/Petitioner #1 Name _____ DOB _____
Complete Address _____ City _____ ST _____ Zip _____
E-mail _____ Phone Number (_____) _____

7. Complainant/Petitioner #2 Name _____ DOB _____
Complete Address _____ City _____ ST _____ Zip _____
E-mail _____ Phone Number (_____) _____

HAMILTON COUNTY JUVENILE COURT, OHIO

- WRITTEN REQUEST FOR SERVICE(Civil)
PRAECIPE (Delinquent/Criminal)

Support/Paternity list Plaintiff v Defendant
Custody/Visitation/Delinquent list child(ren)

CASE NUMBER

Case Type: Civil Charges: Delinquent/Criminal Delinquent/Criminal

A hearing is scheduled on the 20, at : AM / PM.

Judge / Magistrate: Case Manager:

Type of Form: (Summons) (Subpoena) or (Notice) (List one selection for each address listed below.)

Type of Mail Service: (Regular) (Certified) (Personal) (Residential) or (Publication) (List one selection for each address listed below.) Usual

- 1. Form Service Name Address Zip
2. Form Service Name Address Zip
3. Form Service Name Address Zip
4. Form Service Name Address Zip
5. Form Service Name Address Zip

If I have requested certified mail service, and the service is returned by the U.S. Post Office as Refused or Unclaimed, I request ordinary mail service in accordance with Civ.R. 4.6(C), (D), and (E).

Requested by: Phone: ()

Address: City State Zip

E-mail: