

Medina County Juvenile Court

Instructions for: POWER OF ATTORNEY or CARETAKER AUTHORIZATION AFFIDAVIT

This packet was prepared for your convenience and ease in filing a 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 granted 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.

Use of these forms is at your own risk. Medina County Juvenile Court does not and cannot warrant that the forms will be legally sufficient for use for your particular circumstances. If you have concerns regarding these forms, your legal rights or your responsibilities, you are advised to contact a qualified attorney. **LEGAL QUESTIONS, ADVICE OR GUIDANCE CANNOT BE ANSWERED OR PROVIDED BY COURT STAFF.**

Make certain that you understand and meet all requirements. **Answer all questions completely and accurately.** Use **BLUE or BLACK** ink and type or neatly print all information. Use the appropriate enclosed checklist to complete the following steps:

1. The **Power of Attorney** or the **Caretaker Authorization Affidavit**: The term at the top of the form, "In re," refers to the name of the child. The Case Number is only completed if a previous 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.**
3. Each must **be signed and each signature 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 ORC 3127.23;
 - Party Information Form;
 - Checklist; and
 - Certified mail receipt to document you mailed a copy to any parent who did not sign the document, or a written statement demonstrating why, under the law, notice is not required.
5. The documents can be filed by mailing or bringing them to:
Medina County Juvenile Court
Clerk's Office
93 Public Square
Medina, OH 44256

There is no filing fee for these documents. Non-legal questions concerning these instructions may be addressed to a Deputy Clerk at 330-725-9709.

Termination: A form is available in the Clerk's Office to revoke and terminate the power of attorney. 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) and each signature is properly notarized.

- The CAA contains the address, driver's license # or identification card #, and date of birth of the signing grandparent(s).

- 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 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; 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 (Each signature is signed and dated by an **Ohio** 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.

State specifically what efforts you have made to locate and contact the child's parents, guardian or custodian:

SIGNED: _____ PRINT NAME: _____ Date: _____

MEDINA 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:** _____

Child's Information:

Name: _____ DOB: _____ Sex: _____

Complete Address: _____ Zip Code: _____

Name of person(s) currently providing care and supervision: _____

School/School District/Grade: _____

Biological Mother's Information:

Name: _____ (Maiden/Alias Name) _____ DOB: _____

Complete Address: _____ Zip Code: _____

Phone Number: (____) _____

Biological Father's Information:

Name: _____ (Alias Name) _____ DOB: _____

Complete Address: _____ Zip Code: _____

Phone Number: (____) _____

Grandparent Designated as Power of Attorney Information:

Name: _____ (Alias Name) _____ DOB: _____

Complete Address: _____ Zip Code: _____

Phone Number: (____) _____

Has any court issued a custody, visitation, shared parenting or guardianship order? ___ Yes ___ No

If yes, what court: _____

Has a parent of the child or children been ordered to pay Child Support? ___ Yes ___ No

If yes, which parent: _____

Does any other person(s), excluding the biological parents, have any Court Order of Custody, Guardianship or Visitation Rights concerning this child? ___ Yes ___ No If so, please list:

Name: _____

Complete Address: _____ Zip Code: _____

Phone Number: (____) _____

Relationship to the child: _____

Are any Social Service Agencies currently involved with this child or these children? ___ Yes ___ No

If yes, Agency name: _____ Caseworker: _____

**IN THE COURT OF COMMON PLEAS
JUVENILE DIVISION
MEDINA COUNTY, OHIO**

Plaintiff/Petitioner 1	Case No.	
vs./and	Judge	KEVIN W. DUNN
Defendant/Petitioner 2/Respondent	Magistrate	

Instructions: Check local court rules to determine when this form must be filed. By law, this affidavit must be filed and served with any Complaint, Petition or Motion regarding the allocation of parental rights and responsibilities, parenting time, custody, or visitation. 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 Name)

ONLY CHECK THE FOLLOWING BOX IF YOU BELIEVE THAT THE HEALTH, SAFETY, OR LIBERTY OF YOURSELF OR YOUR CHILD(REN) WOULD BE JEOPARDIZED BY THE DISCLOSURE OF YOUR ADDRESS OR IDENTIFYING INFORMATION. YOU ACKNOWLEDGE THAT THE COURT MAY CONDUCT A HEARING REGARDING THE BASIS FOR YOUR REQUEST.

Pursuant to R.C. 3127.23(D), I allege that my health, safety, or liberty or that of my child(ren) would be jeopardized by the disclosure of identifying information to my spouse or the public. Therefore, I request that my address be placed under seal. I have marked the corresponding box next to each address I am requesting to be sealed.

1. (Number): _____ Minor child(ren) is/are subject to this case as follows:

Insert the information requested below for all minor or dependent children of the parties. 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 <input type="checkbox"/> M <input type="checkbox"/> F
_____		_____	_____	
Date of residence	Address Confidential	Person child lived with (name and address)		Relationship
_____ to present	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____

_____ to _____	<input type="checkbox"/>	_____	_____
_____ to _____	<input type="checkbox"/>	_____	_____

b. Child's name _____	Place of birth _____	Date of birth _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F
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Check this box if the information below is the same as in Section 1(a). Skip to the next question.

Date of residence	Address Confidential	Person child lived with (name and address)	Relationship
_____ to present	<input type="checkbox"/>	_____	_____
_____ to _____	<input type="checkbox"/>	_____	_____
_____ to _____	<input type="checkbox"/>	_____	_____
_____ to _____	<input type="checkbox"/>	_____	_____

c. Child's name _____	Place of birth _____	Date of birth _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F
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Check this box if the information below is the same as in Section 1(a). Skip to the next question.

Date of residence	Address Confidential	Person child lived with (name and address)	Relationship
_____ to present	<input type="checkbox"/>	_____	_____
_____ to _____	<input type="checkbox"/>	_____	_____
_____ to _____	<input type="checkbox"/>	_____	_____
_____ to _____	<input type="checkbox"/>	_____	_____

d. Additional children are listed on Attachment 1(d). (Provide requested information for additional children on an attachment labeled 1(d).)

2. 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.

Explain: _____

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

3. Information about custody case(s): (Check only one box)

- I **HAVE NO INFORMATION** of any 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 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, other than listed in Paragraph 2.

Explain: _____

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

4. Information about criminal convictions:

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.

NAME	CASE NUMBER	COURT/COUNTY/STATE	CHARGE

5. Persons not a party to this case: (Check only one box)

- I **DO NOT KNOW OF ANY PERSON** not a party to this case who has physical custody **or** claims 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: _____

6. I understand that I have a continuing duty to advise this Court of any custody, visitation, parenting time, divorce, dissolution of marriage, separation, neglect, abuse, dependency, guardianship, parentage, termination of parental rights, or protection order from domestic violence case concerning the children about whom information is obtained during this case.

OATH OR AFFIRMATION
(Do not sign until Notary Public is present)

I, (print name) _____, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit 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

STATE OF _____)
) SS
 COUNTY OF _____)

Sworn to or affirmed before me by _____ this _____ day of _____, _____.

 Signature of Notary Public

 Printed Name of Notary Public

Commission Expiration Date: _____

(Affix seal here)

Medina 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. Grandparent name: _____

Home address: _____

Date of Birth: _____

Ohio driver's license number or identification card number: _____

5. Grandparent name: _____

Home address: _____

Date of Birth: _____

Ohio driver's license number or identification card number: _____

6. 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.

7. 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,

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 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.