

FILING PROCEDURE FOR GRANDPARENT POWER OF ATTORNEY
(R.C.3109.53)
AND
GRANDPARENT CARETAKER AUTHORIZATION AFFIDAVIT
(R.C.3109.65)

1. The Grandparent Power of Attorney and the Grandparent Caretaker Authorization Affidavit are documents that grant the child's grandparent custodial rights and responsibilities regarding the care, physical custody and control of the child, including the ability to enroll the child in school, to obtain from the school district educational and behavioral information about the child, the consent to all school-related matters regarding the child, and to consent to medical, psychological, or dental treatment for the child.
2. The Power of Attorney and Authorization affidavits do not affect the rights of the child's parents and do not grant legal custody to the grandparent. The child support agency cannot re-direct the child support to the grandparent.
3. The Power of Attorney is to be used when the parent is available to sign the Power of Attorney and agrees with having his or her child live with the child's grandparent. The form must be signed by the grandparent and the parent in the presence of an Ohio notary public. The grandparent must live in **Darke County** and the Power of Attorney must be filed in **Darke County Juvenile Court Clerk's Office**. The Power of Attorney must be filed no later than five (5) days after the Power of Attorney is created. The parent of the child signing the power of attorney must notify the child's other parent of the creation of the power of attorney.
4. The Caretaker Authorization Affidavit is to be used when the child resided with the grandparent, but despite reasonable efforts, the parents of the child cannot be located. The document must be signed by the grandparent in the presence of an Ohio notary public. The grandparent must live in **Darke County** and the Authorization Affidavit must be filed in **Darke County Juvenile Court Clerk's Office**. The document must be filed no later than five (5) days after the date the authorization affidavit is created.
5. The original and a copy of the Power of Attorney or Authorization Affidavit should be brought to the Court when filing the document. **There is no filing fee.**
6. The completed UCCJEA affidavit must also be filed with the Power of Attorney or the Authorization Affidavit.
7. If only one (1) parent signed the Power of Attorney and the address of the non-custodial parent is known, the Court must be provided with a postal receipt showing that the notice of creation of the Power of Attorney was sent by certified mail to the non-custodial parent.
8. The Power of Attorney and the Authorization Affidavit terminates when revoked by the person who created the document or the child ceases to live with the grandparent or the parent terminates the Authorization Affidavit.

GRANDPARENT POWER OF ATTORNEY (Ohio Revised Code 3109.52)

I, (parent name) _____ the undersigned, residing at (address of parent) _____, in the county of _____, state of Ohio, hereby appoint the child's grandparent, _____, residing at _____, in the county of _____, in the state of Ohio, with whom the child of whom I am the parent, guardian, or custodian is residing, my attorney in fact to exercise any and all of my rights and responsibilities regarding the care, physical custody, and control of the child, (name) _____, born (date) _____, having social security number (optional) _____, except my authority to consent to marriage or adoption of the child (name) _____, and to perform all acts necessary in the execution of the rights and responsibilities hereby granted, as fully as I might do if personally present.

The rights I am transferring under this power of attorney include the ability to enroll the child in school, to obtain from the school district educational and behavioral information about the child, to consent to all school-related matters regarding the child, and to consent to medical, psychological, or dental treatment for the child.

This transfer does not affect my rights in any future proceedings concerning the custody of the child or the allocation of the parental rights and responsibilities for the care of the child and does not give the attorney in fact legal custody of the child. This transfer does not terminate my right to have regular contact with the child.

I hereby certify that I am transferring the rights and responsibilities designated in this power of attorney because one of the following circumstances exists: **Custodial Parent - MUST CIRCLE ONE!**

- (1) I am: (a) Seriously ill, incarcerated, or about to be incarcerated, (b) Temporarily unable to provide financial support or parental guidance to the child, (c) Temporarily unable to provide adequate care and supervision of the child because of my physical or mental condition, (d) Homeless or without a residence because the current residence is destroyed or otherwise uninhabitable, or (e) In or about to enter a residential treatment program for substance abuse;
- (2) I am a parent of the child, the child's other parent is deceased, and I have authority to execute the power of attorney; or
- (3) I have a well-founded belief that the power of attorney is in the child's best interest.

I hereby certify that I am not transferring my rights and responsibilities regarding the child 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.

If there is a court order naming me the residential parent and legal custodian of the child who is the subject of this power of attorney and I am the sole parent signing this document, I hereby certify that one of the following is the case: **Other Parent – MUST CIRCLE ONE!**

- (1) I have made reasonable efforts to locate and provide notice of the creation of this power of attorney to the other parent and have been unable to locate that parent;
- (2) The other parent is prohibited from receiving a notice of relocation; or
- (3) The parental rights of the other parent have been terminated by order of a juvenile court.

This POWER OF ATTORNEY is valid until the occurrence of whichever of the following events occurs first:

- (1) I revoke this POWER OF ATTORNEY in writing and give notice of the revocation to the grandparent designated as attorney in fact and the juvenile court with which this POWER OF ATTORNEY was filed;
- (2) The child ceases to reside with the grandparent designated as attorney in fact;
- (3) This POWER OF ATTORNEY is terminated by court order;
- (4) The death of the child who is the subject of the power of attorney; or
- (5) The death of the grandparent designated as the attorney in fact.

WARNING: DO NOT EXECUTE THIS POWER OF ATTORNEY IF ANY STATEMENT MADE IN THIS INSTRUMENT IS UNTRUE. 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.

Witness my hand this _____ day of _____, _____

_____, Parent/Custodian/Guardian's signature

_____, Parent's signature

_____, Grandparent designated as attorney in fact

STATE OF OHIO

COUNTY OF _____

Sworn to or affirmed and subscribed before me by _____ on this date
of _____.

Signature of Notary Public

**IN THE COURT OF COMMON PLEAS
COUNTY, OHIO**

_____ Case No. _____
 Plaintiff/Petitioner 1 (Parent Name)
 vs./and Judge _____
 _____ Magistrate _____
 Defendant/Petitioner 2/Respondent (Grandparent Name)

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 Your 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.

I. (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 & address)		Relationship
_____ to present	<input type="checkbox"/>	_____		_____
_____ to _____	<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
---------------------------------	--------------------------------	-------------------------------	--

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 & 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
---------------------------------	--------------------------------	-------------------------------	--

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 & 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 I (d). (Provide requested information for additional children on an attachment labeled I(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.

Applicant Name: _____
Applicant Address 1: _____
Applicant Address 2: _____
Applicant City, State, Zip: _____

**APPLICATION FOR CHILD SUPPORT SERVICES
NON-PUBLIC ASSISTANCE APPLICANT/RECIPIENT**

IMPORTANT: If you are receiving ADC or Medicaid, do not complete this application because you became eligible for child support services when you signed the ADC/Medicaid application.

I, _____ request child support services from the Darke County CSEA (Child Support Enforcement Agency). I understand and agree to the following:

- A. I am a resident of the county in which services are requested and no other Ohio county has jurisdiction over support – OR – I am requesting services from the Ohio county of jurisdiction.
- B. The only fee that can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.
- C. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).
- D. In providing IV-D services, the CSEA and any of its contracted agents (e.g., prosecutors, attorneys, hearing officers etc.) represent the best interest of the children of the state of Ohio and do not represent any IV-D recipient or the IV-D recipient's personal interest.

The Child Support Enforcement Agency can assist you in providing the following services:

- 1. Location of Absent Parents.**
The agency can assist in finding where an absent parent is currently living, in what city, town, or state. The applicant can request "Location Only Services", if the sole need is to find the whereabouts of the absent parent.
- 2. Establishment or Adjustment of Child Support and Medical Support.**
The CSEA can assist you to obtain an order for support if you are separated, have been deserted, or need to establish paternity (fatherhood). The CSEA can also assist you in changing the amount of support orders (adjustment), and to establish a medical support order.
- 3. Enforcement of Existing Orders.**
The CSEA can help you collect current and past-due child support.
- 4. Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.**
The agency can collect past-due support (arrearages) by intercepting a payor's federal and state income tax refunds in some cases.
- 5. Withholding of Wages and Unearned Income for the Payment of Court Ordered Support.**
The agency can help you get payroll deductions for the current and past-due child support and can intercept unemployment compensation to collect child support.
- 6. Establishment of Paternity.**
The agency can obtain an order for the establishment of paternity (fatherhood), if you were not married to the father of the child. An absent parent may request paternity services.
- 7. Collection and Disbursement of Payments.**
The CSEA can collect the child support for you, and send you a check for the amount of the payments received. Past-due support collected will be paid to you until all of the past-due support you are owed is paid.
- 8. Interstate Collection of Child Support.**
The agency can assist you in collecting support if the payor is living in another state or in some foreign countries.

APPLICANT INFORMATION

Name: _____ Date of Birth: _____

Home Address: _____ Mailing Address: _____

Home Phone #: _____

Social Security #: _____ Sex: _____

Race: _____ Single Married

Relationship to Children: _____ Divorced Separated

Military Service _____ Ever been on _____

(Branch, Dates): _____ Public Assistance? _____

_____ (When and Where) _____

EMPLOYER INFORMATION

Employer Name: _____ Employer Phone #: _____

Employer _____ Is Medical Insurance Available? _____

Address: _____

CHILD 1

CHILD 2

CHILD 3

Name:			
Sex:			
Race:			
Social Security #:			
Date of Birth:			
Home Address:			

Location of Birth:
(Country, State, City)

--	--	--

Has Paternity
(Fatherhood) been Established?

--	--	--

Name(s) of
Absent Parent(s):

--	--	--

Is there an Order
for Support?

--	--	--

Is the Child
covered by Medical
Insurance?

--	--	--

ABSENT PARENT INFORMATION

PARENT 1

PARENT 2

PARENT 3

Name (and alias):

--	--	--

Home Address:

--	--	--

Mailing Address:

--	--	--

Social Security #:

--	--	--

Date of Birth:

--	--	--

Location of Birth:
(Country, State, City)

--	--	--

Race:

--	--	--

Sex:

--	--	--

Height / Weight:

--	--	--

Hair / Eye Color:

--	--	--

Identifying Marks
(Tattoos, scars, etc.):

--	--	--

Names of Children:

--	--	--

Name and Address of
Employer:

--	--	--

Employer Phone #:

--	--	--

Medical Insurance
Provided?

--	--	--

Support Order #:

--	--	--

Date of Support Order:

--	--	--

Amount of Support:

\$	\$	\$
----	----	----

Order Frequency:

Per	Per	Per
-----	-----	-----

Location where Order was
issued:

--	--	--

Military Service
(Branch, Dates):

--	--	--

Ever Incarcerated?
(Location, Dates)

--	--	--

Arrest Record
(Location, Dates):

--	--	--

Name, Address
Current Spouse:

--	--	--

Father's Name:

--	--	--

Mother's Name
(Maiden):

--	--	--

Ever been on
Public Assistance?
(Location, Dates)

--	--	--

Type(s) of Service(s) Requested:

- All services listed
- Location of absent parent only
- Other (please explain)

I understand that the Child Support Agency within 20 days of receiving this application will contact me by a written notice to inform me if my case has been accepted for child support services (IV-D Services).

Signature of Applicant: _____

Date: _____

NOTICES

1. A power of attorney may be executed only if one of the following circumstances exists: (1) The parent, guardian, or custodian of the child is: (a) Seriously ill, incarcerated, or about to be incarcerated; (b) Temporarily unable to provide financial support or parental guidance to the child; (c) Temporarily unable to provide adequate care and supervision of the child because of the parent's, guardian's, or custodian's physical or mental condition; (d) Homeless or without a residence because the current residence is destroyed or otherwise uninhabitable; or (e) In or about to enter a residential treatment program for substance abuse; (2) One of the child's parents is deceased and the other parent, with authority to do so, seeks to execute a power of attorney; or (3) The parent, guardian, or custodian has a well-founded belief that the power of attorney is in the child's best interest.
2. The signatures of the parent, guardian, or custodian of the child and the grandparent designated as the attorney in fact must be notarized by an Ohio notary public.
3. A parent, guardian, or custodian who creates a power of attorney must notify the parent of the child who is not the residential parent and legal custodian of the child unless one of the following circumstances applies: (a) the parent is prohibited from receiving a notice of relocation in accordance with section 3109.051 of the Revised Code of the creation of the power of attorney; (b) the parent's parental rights have been terminated by order of a juvenile court pursuant to Chapter 2151 of the Revised Code; (c) the parent cannot be located with reasonable efforts; (d) both parents are executing the power of attorney. The notice must be sent by certified mail not later than five days after the power of attorney is created and must state the name and address of the person designated as the attorney in fact.
4. A parent, guardian, or custodian who creates a power of attorney must file it with the juvenile court of the county in which the attorney in fact resides, or any other court that has jurisdiction over the child under a previously filed motion or proceeding. The power of attorney must be filed not later than five days after the date it is created and be accompanied by a receipt showing that the notice of creation of the power of attorney was sent to the parent who is not the residential parent and legal custodian by certified mail.
5. This power of attorney does not affect the rights of the child's parents, guardian, or custodian regarding any future proceedings concerning the custody of the child or the allocation of the parental rights and responsibilities for the care of the child and does not give the attorney in fact legal custody of the child.
6. A person or entity that relies on this power of attorney, in good faith, has no obligation to make any further inquiry or investigation.
7. This power of attorney terminates on the occurrence of whichever of the following occurs first: (1) the power of attorney is revoked in writing by the person who created it and that person gives written notice of the revocation to the grandparent who is the attorney in fact and the juvenile court with which the power of attorney was filed; (2) the child ceases to live with the grandparent who is the attorney in fact; (3) the power of attorney is terminated by court order; (4) the death of the child who is the subject of the power of attorney; or (5) the death of the grandparent designated as the attorney in fact.

If this power of attorney terminates other than by the death of the attorney in fact, the grandparent who served as the attorney in fact 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 other person or entity would reasonably rely on the power of attorney unless notified of the termination;
 - (c) The court in which the power of attorney was filed after its creation;
 - (d) The parent who is not the residential parent and legal custodian of the child who is required to be given notice of its creation. The grandparent shall make the notifications not later than one week after the date the power of attorney terminates.
8. If this power of attorney is terminated by written revocation of the person who created it, or the revocation is regarding a second or subsequent power of attorney, a copy of the revocation must be filed with the court with which that power of attorney was filed.

ADDITIONAL INFORMATION

To the GRANDPARENT designated as attorney in fact:

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 power of attorney. 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 power of attorney unless notified. The notification must be made not later than one week after the child stops living with you.
2. You must include with the power of attorney 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.
3. If you receive written notice of revocation of the power of attorney or the parent, custodian, or guardian removes the child from your home and if you believe that the revocation 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. Except as provided in section 3313.649 of the Revised Code, this power of attorney, properly completed and notarized, authorizes the child in question to attend school in the district in which the grandparent designated as attorney in fact resides and that grandparent is authorized to provide consent in all school-related matters and to obtain from the school district educational and behavioral information about the child. This power of attorney 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 in the school district.
3. A school district or school official that reasonably and in good faith relies on this power of attorney has no obligation to make any further inquiry or investigation.

To HEALTH CARE PROVIDERS:

1. A person or entity that acts in good faith reliance on a power of attorney to provide medical, psychological, or dental treatment, without actual knowledge of facts contrary to those stated in the power of attorney, 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 power of attorney is completed and the signatures of the parent, guardian, or custodian of the child and the grandparent designated as attorney in fact are notarized.
2. The decision of a grandparent designated as attorney in fact, based on a power of attorney, shall be honored by a health care facility or practitioner, school district, or school official.