

A Power of Attorney **may be** created if the parent, guardian, or custodian of the child is any of the following:

1. Seriously ill, incarcerated, or about to be incarcerated
2. Temporarily unable to provide financial support or parental guidance to the child
3. 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
4. Homeless or without a residence because the current residence is destroyed or otherwise uninhabitable
5. In or about to enter a residential treatment program for substance abuse
6. Has a well-founded belief that the power of attorney is in the child's best interest

A Power of Attorney **may not** be executed if any of the following proceedings are pending regarding the child:

1. A proceeding for the appointment of a guardian for, or the adoption of, the child
2. A juvenile proceeding in which one of the following applies
 - a. The temporary, permanent, or legal custody of the child or the placement of the child in a planned permanent living arrangement has been requested.
 - b. The child is the subject of an ex parte emergency custody order issued under division (D) of section 2151.31 of the Revised Code and no hearing has yet been held regarding the child under division (A) of section 2151.314 of the Revised Code.
 - c. The child is the subject of a temporary custody order issued under section 2151.33 of the Revised Code.
3. A proceeding for divorce, dissolution, legal separation, annulment or allocation of parental rights and responsibilities regarding the child.

POWER OF ATTORNEY

I, the undersigned, residing at _____, in the county of _____, state of _____, 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 _____, born _____, having social security number (optional) _____, except by authority to consent to marriage of adoption of the child _____, 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 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 **(circle all that apply)**:

- (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 inhabitable, 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 program provided by that school or district.

I understand that this document does not authorize a child support enforcement agency to redirect child support payments to the grandparent designated as attorney in fact. 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.

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 (**circle one that applies**):

- (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) one year elapses following the date of this POWER OF ATTORNEY is notarized; (2) I revoke this POWER OF ATTORNEY in writing; (3) the child ceases to reside with the grandparent designated as attorney in fact; (4) this POWER OF ATTORNEY is terminated by court order; (5) the death of the child who is the subject of the power of attorney; or (6) 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 2921.12 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 by hand this ____ day of _____, 20__

Parent/Custodian/Guardian's signature

Parent's signature

Grandparent designated as Attorney In Fact

Subscribed, sworn to, and acknowledged before me this ____ day of _____, 20__.

Notary Public

NOTICE: The court *may* report this information to the Shelby County Department of Job & Family Service, Children Service Division, if it believes that the Power of Attorney is not in the child's best interest or if the grandparent has a criminal or child abusing history.

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:

The child's present address, the addresses of the places where the child has lived within the last five years:

- a.
- b.
- c.
- d.
- e.

The present address of each person with whom the child has lived during that period:

- a.
- b.
- c.
- d.
- e.

That I **(do) (do not)** have information of any parenting proceeding in a court of this or any other state concerning any child herein.

That I **(do) (do not)** know of any person not a party to the proceedings, who claims to be the residential parent of the child or who claims to have custody or visitation rights with respect to the child.

That I **(have) (have not)** been convicted of a criminal offense involving an act that resulted in a child being abused or neglected or have been determined to be the perpetrator of an act that was the basis of an adjudication of abuse or neglect.

Further affiant sayeth naught.

Grandparent

Sworn to absolutely before me and subscribed in my presence this ____ day of _____, 200__

Notary Public

IN THE COURT OF COMMON PLEAS
OF SHELBY COUNTY, OHIO

COURT INFORMATION FORM

_____, being first duly sworn, states in answer to the following questions hereinafter set forth:

Child #1

Child's full name Date of birth

Child's address

Child #2 (if applicable)

Child's full name Date of birth

Child's address

Child's Mother

Mother's full name Date of birth

Mother's address

Mother's telephone number Cell phone number

Mother's Employer and Employer's address

Child's Father

Father's full name Date of birth

Father's address

Father's telephone number Cell phone number

Father's Employer and Employer's address

Guardian/Custodian (if other than parent)

Guardian/custodian's full name Date of birth

Guardian/Custodian's address

Guardian's telephone number Cell phone number

Guardian's Employer and Employer's address

1. Who has legal (court-ordered) custody of the child(ren) whose custody or visitation you seek:

2. Where (what county and what court) was legal custody established?

3. Who has physical possession of the child(ren) at this time?

4. Were the parents of this/these child(ren) ever married ___ YES or ___ NO

5. Was paternity established? ___ YES or ___ NO In what county and state was paternity established?

6. What is your relationship to the child? _____

7. How many adults are in your home? _____

8. Has Shelby County Department of Job and Family Services ever been involved with this/these children ___ YES or ___ NO If YES, please explain _____

9. Have you ever been to this Court before any matters concerning this child? ___ YES or ___ NO If YES, please explain _____

Affiant

Sworn to before me and subscribe in my presence this _____ day of _____, 20__.

Notary Public

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, guardians, or custodian's physical or mental condition; (d) Homeless or without a residence because the current residence is destroyed or otherwise inhabitable; 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. An Ohio notary public must notarize the signatures of the parent, guardian, or custodian of the child and the grandparent designated as the attorney in fact.
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. A parent, guardian, or custodian who creates a second or subsequent power of attorney regarding a child who is the subject of a prior power of attorney must file the power of attorney 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. On filing, the court will schedule a hearing to determine whether the power of attorney is in the child's best interest.
6. 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.
7. A person or entity that relies on this power of attorney, in good faith, has no obligation to make any further inquiry or investigation.

8. This power of attorney terminates on the occurrence of whichever of the following occurs first: (1) one year elapses following the date the power of attorney is notarized; (2) the power of attorney is revoked in writing by the person who created it; (3) the child ceases to live with the grandparent who is the attorney in fact; (4) the power of attorney is terminated by court order; (5) the death of the child who is the subject of the power of attorney; or (6) 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 providers 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; and
 - (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.
9. 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.

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 the 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 reasonable 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.

Power of Attorney (POA) Checklist

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

- The forms are 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 Power of Attorney.
- The grandparent's residence is in the state of Ohio.
- The POA contains the name of the child and the child's date of birth.
- The child is under the age of 18.
- There are no pending proceedings regarding the child for: the appointment of 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 and responsibilities.
- The POA is correctly notarized (signed and dated by the notary public, sealed and stamped).
- The POA 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.

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

- A receipt showing that notice of the creation of the POA was sent by certified mail to the non-custodial parent accompanies the POA.

This document must be filed with the POA.

Notice:

The grandparent requesting the POA must provide a photo ID (driver's license/identification card) at time of filing