

GRANDPARENT POWER OF ATTORNEY

NOTICE AND DISCLAIMER

The forms in this packet have been provided to you as a public service by the Preble County Juvenile Court. Although you may use these forms and represent yourself in this case, you are cautioned that **if you choose to do so, you are proceeding at your own risk.**

- The Preble County Juvenile Court does not and cannot warrant that the enclosed forms will be legally sufficient for use for your particular circumstance.
- You are advised that the staff at this court ARE NOT qualified to provide you with legal advice.
- If you have concerns regarding these forms, your legal rights, or your responsibilities, you are encouraged to consult with a qualified attorney.
- This court may notify Preble County Children Services concerning any document which you file.

CHILD SUPPORT

- There are no forms enclosed in this packet which relate to child support. The filing of these documents does not modify any existing support obligation nor does it commence any new support order regarding the child.

CLERK'S OFFICE

- The clerk's office is located at The Preble County Courthouse; 101 East Main St., Courthouse 2nd Floor, Eaton, Ohio 45320.

COMPLETION OF FORMS

- You should use the Power of Attorney (POA) form if one or both of the child's parents will sign the form.
- Both parents should sign the POA form unless the signing parent can verify that the information in the affidavit regarding the lack of the other parent's signature is true.
- You should read the POA form carefully before you sign. The form CANNOT be altered and MUST be completely true and accurate to be valid.
- You should type (if possible) or legibly print (in ink) all of your responses.
- You should complete all documents prior to filing them.
- You must have all documents which contain a signature line notarized by an Ohio Notary Public. That means that you must state that what you provided on the forms are true under oath. If you make a false statement on a notarized document, this court has a duty to refer the matter to the criminal division of the prosecuting attorney's office. If you make a false statement under oath you may be prosecuted for perjury. Perjury, under Ohio Law, is a felony.
- You must provide COMPLETE information including the names and complete addresses for yourself and for all persons required in the forms including the city, state, and zip code of their residence.
- Once you give your documents to the clerk, the documents will be reviewed for approval. You will be notified regarding whether or not your documents have been approved.

*****THE COURT STAFF ARE NOT ATTORNEYS. THEY CANNOT GIVE YOU LEGAL ADVICE.***

COPIES OF DOCUMENTS

- It is a good idea to make copies of every document that you file with the court for your records. When submitting documents to file, you must the original and one copy for each child.

COSTS

- There is no filing fee for the POA. If you wish to have a certified copy of your POA, there may be a small fee assessed by the clerk's office.

CUSTODY

- These forms when filed, give the holder the authority to enroll the named child in school and to consent to medical treatment for the child. The forms do not give the holder the authority to deny either parent custody, visitation, or contact the child. The forms do not necessarily entitle the holder to obtain a medical card or medical insurance for the child. The forms do not necessarily entitle the holder to the receipt of child support for the child.

OTHER REQUIRED DOCUMENTS

- If you cannot obtain the signatures of both parents on the POA and you know the whereabouts of the parent who did not sign, you must notify that parent (if that person is the legal parent) that you have executed the POA unless there is a protection order issued which prohibits the other parent from being so notified or unless the other parent's parental rights have been terminated by court order. In providing that notice, you must provide that parent with a copy of the POA and you must send those documents to the other parent by certified mail. You must attach copies of that notice along with your certified mail receipt to the POA form which you present to the court for filing.
- You must completely fill out the Power of Attorney, Demographic information sheet, and Parenting Proceeding Affidavit and submit them to the court for filing.

You must submit the following checklist with your completed documents. **YOU CANNOT EXECUTE (SIGN) OR FILE THE POWER OF ATTORNEY (POA) FORMS UNLESS ALL OF THE STATEMENTS ON THE CHECKLIST ARE TRUE.** You should check off each item. If any item is not true, you cannot file the POA.

1. Neither this Court nor ANY OTHER COURT has/have had any current pending actions in its records, ex parte or otherwise, regarding temporary custody, the allocation of parental rights, permanent custody, legal custody, or planned permanent living arrangement regarding the child named in the POA.
2. The POA form is the court provided form or is identical in content to the court form.
3. The form is legible and complete (all information is readable).

4. A. The POA is signed by BOTH parents OR
- B. The POA is signed by ONE parent because the other parent's whereabouts are unknown or the parent is deceased OR
- C. The POA is signed by ONE parent because a court order prohibits the other parent from knowing the whereabouts of the child (a certified copy of the order that states the prohibition must be attached) OR
- D. The POA is signed by ONE parent or custodian or guardian of the child because the parental rights of the non-signing parent have been terminated by court (a certified copy of the termination order must be attached) OR
- E. The POA is signed by this child's mother because the child has no legal father OR
- F. The POA is signed by this child's mother because the parents were never married and no court has issued a custody order regarding the child (mother must serve father with notice of the creation of the POA and a copy of the POA by certified mail and attach certified mail receipt) OR
- G. The POA is signed by the child's legal custodian or guardian (if not issued from this court, certified copies of the custody or guardianship order must be attached). (The custodian/guardian must serve the parent(s) with notice of the creation of the POA and a copy of the POA by certified mail and attach certified mail receipt).
5. The POA contains the address of each signing parent.
6. The POA contains the name, address, and county of residence of the grandparent named as having POA.
7. The grandparent's stated residence is in the state of Ohio.
8. The POA names the grandparent(s) as holding POA.
9. The POA contains the name of the child and the child's date of birth.
10. The named child is under the age of 18.

11. The POA pertains to only one child.
12. The form is correctly notarized (signed and dated by an Ohio notary public, sealed and stamped) within the past 5 days.
13. There is no other non-expired POA on file with the court 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 my authority to consent to marriage or 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 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: (Please 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 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.

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 (please 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

Subscribed, sworn to, and acknowledged before me this _____ day of _____, _____

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, 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 (please attach additional sheets if necessary):
 - (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.

REVOCATION OF POWER OF ATTORNEY

I (We), the undersigned, residing at _____, in the county of _____, state of _____, the parent(s) of the child _____ born on _____ having previously appointed said child's grandparent,

_____ residing at _____ in the county of _____, the the state of Ohio, my attorney in fact to exercise any and all of my rights and responsibilities regarding the care, physical custody, and control of said child, hereby revokes that appointment.

By signing below, the parent(s) certify that a copy of this revocation has been filed with the court where the original power of attorney was filed and that a copy of this revocation has been served upon the grandparent named in said power of attorney.

Signature of parent who executed original
Power of attorney

Date

Signature of parent who executed original
Power of attorney

Date

NOTICE OF TERMINATION OF POWER OF ATTORNEY

I, the undersigned grandparent, _____ residing at _____ in the county of _____, state of Ohio having previously been appointed as the Power of Attorney issued pursuant to Section 3109.52 of the Revised Code on this date by the parent(s) of the child, _____, born _____, the attorney in fact to exercise any and all of the parent(s) rights and responsibilities regarding the care, physical custody, and control of said child, hereby indicates and notifies all interested persons that said appointment has been terminated pursuant to Section 3109.59 of the Revised Code.

By signing below, I hereby certify that a copy of this notice has been filed with the court where Power of Attorney was originally filed and that copies of this document have been served upon the child's most recent school, to any medical providers for this child, to the health insurance provider for this child, and upon any other person who may have acted in reliance upon the Power of Attorney that has now been revoked.

Signature of Grandparent who was appointed in the
Original Power of Attorney

Date

JUVENILE COURT DEMOGRAPHIC INFORMATION

CHILD'S INFORMATION:

Name _____

Child also known as _____

SSN: _____ Date of Birth: _____

Gender: _____ (optional) Race: _____ (optional)

Birth city: _____ Birth state: _____

BIOLOGICAL PARENT INFORMATION:

Mother's name: _____

Also known as: _____

Address: _____

Phone number: _____ SSN: _____

Date of Birth: _____ Marital status: _____

Father's name: _____

Also known as: _____

Address: _____

Phone number: _____ SSN: _____

Date of Birth: _____ Marital status: _____

GRANDPARENT NAME IN THE POWER OF ATTORNEY:

Name: _____

Also known as: _____

Address: _____

Phone number: _____ SSN: _____

Date of Birth: _____ Marital status: _____