

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:

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:

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)

ss:

County of _____)

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

Notary Public

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.

IN THE COURT OF COMMON PLEAS, BELMONT COUNTY, OHIO
JUVENILE DIVISION

In the Matter of:

Case No. _____

(Minor child's name)
_____/_____/_____
(Minor child's date of birth)

AFFIDAVIT
CHILD CUSTODY
INFORMATION

_____, being duly sworn, states as follows concerning the reallocation of parental rights and responsibilities of the minor child in this action to-wit: _____

(minor child's full name)

1. Beginning with the child's present address, please state the places where the child has lived within the last five (5) years, the names and addresses of the persons the child has lived with during that period.

ADDRESS:

PERSON & DURATION OF STAY:

At: _____

with: _____
from: _____ to _____

At: _____

with: _____
from: _____ to _____

At: _____

with: _____
from: _____ to _____

2. I HAVE HAVE NOT participated as a party, witness, or in any other capacity in any other litigation concerning the custody of the child in this or any other state? If you have, please state which court, court's location and address, and that court's case number _____.

3. I **HAVE** **DO NOT HAVE** any information about any parenting proceeding concerning the child pending in a Court of this or any other state. If you have, please state which court, court's location and address and that court's case number: _____
4. I **KNOW** **DO NOT KNOW** of any persons to these proceedings who claim to have custody or visitation rights with respect to the child. If you know, please state that person's name, address and telephone number: _____
5. I **HAVE** **DO NOT HAVE** any information about whether or not a party to this proceeding has been convicted of or pled guilty to any criminal offense involving any act that resulted in a child being an abused child or a neglected child or in a case in which a child has been adjudicated an abused child or a neglected child to be the perpetrator of the abuse or neglect that was the basis of the adjudication. If you have, please state the name of the person, their address and telephone number as well as where the name of the Court and location of the court where proceeding was held _____

I understand that I have a continuing duty to inform the court of any parenting proceeding concerning this or any other state of which I obtain information during this proceeding.

Respectfully submitted,

Signature of Petitioner (person wanting custody)

Address

City State Zip Code

Telephone number

Sworn to and subscribed before me this _____ day of _____, 20____.

NOTARY PUBLIC

My Commission expires _____