

Power of Attorney (POA)

Are you currently caring for one or more grandchildren because the child's parent cannot? If so, your grandchild's parents can grant you Power of Attorney. Power of Attorney allows you temporarily to:

- · Arrange for the child's routine and emergency medical, dental and psychological treatment
- · Authorize your grandchild's enrollment in school
- · Access information regarding their education
- · Provide consent for educational activities

Filing Directions

1. Only one child can be included on a Power of Attorney. In the case of multiple children, complete one Power of Attorney per child.
2. Complete the general information sheet and Power of Attorney.
3. The Parent and Grandparent will both have to sign the Power of Attorney in front of a notary. Notary services may be provided at your local bank.
4. After the Power of Attorney has been notarized, it is your responsibility to send a copy to the non-residential parent by CERTIFIED MAIL prior to filing the Power of Attorney with the Court. Attach the certified mail receipt showing the Power of Attorney was sent to the non-custodial parent. The receipt must accompany the Power of Attorney when you are filing with the Court.
5. The Power of Attorney MUST be filed with the Court within 5 (five) calendar days of the date it is notarized.
6. File the Power of Attorney at **Clermont County Juvenile Court, 2340 Clermont Center Drive Suite 100, Batavia, OH 45103.**
7. If Power of Attorney is revoked for any reason, the parent is required to notify in writing, the school, healthcare provider, or healthcare insurance provider and any other person who had been previously notified of the Power of Attorney.

The statute requires the Court to waive all filing fees for these and related documents.

**IF YOU HAVE QUESTIONS OR WHEN YOU ARE READY
TO FILE,
PLEASE CALL INTAKE AT (513) 732-7799**

General Information Sheet

Please complete the following information:

Child's Name: _____

Grandparent's Name: _____

Address: _____

City, State and Zip: _____

Parent's Name: _____

Address: _____

City, State and Zip: _____

Parent's Name: _____

Address: _____

City, State and Zip: _____

If child is changing schools, please tell us:

What school / district the child is leaving: _____

What school / district will the child attend: _____

BELOW INFORMATION IS REQUIRED

If you are unable to provide an address for the non- residential parent, what steps have you taken to locate him/her prior to filing for a Power of Attorney: _____

Printed Name

Signature

**Clermont County Juvenile Court
Power Of Attorney**

In Re: _____ **Case Number:** _____

I, the undersigned, residing at _____,
in the County of _____, State of Ohio, hereby appoint the child's grandparent(s),
_____, 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.

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; (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; 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.

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 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 33 13.649 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, JUVENILE DIVISION
CLERMONT COUNTY, OHIO

CASE NO. _____

**DECLARATION UNDER UNIFORM CHILD CUSTODY
JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

(O.R.C. § 3127.23)

I, (full, legal name) _____, being sworn according to law, certify that these proceedings involve the custody of a child, or children and the following statements are true:

1. I am requesting the Court to not disclose my address or that of the child(ren). My address is confidential pursuant to ORC 3127.23 (D) and should be placed under seal in that the health, safety, or liberty of myself and/or the child(ren) would be jeopardized by the disclosure of the identifying information.

No Yes – Give brief description of concerns

2. Minor child(ren) are subject to this proceeding as follows:

(Insert the information requested below: The residence information **MUST** be given for the last **FIVE** years.)

1 ST CHILD'S NAME:		Place of Birth:	Date of Birth:	Sex M / F
Period of residence	Address Confidential	Person child lived with (name and address)		Relationship
to PRESENT	<input type="checkbox"/> NO <input type="checkbox"/> YES			
to	<input type="checkbox"/> NO <input type="checkbox"/> YES			
to	<input type="checkbox"/> NO <input type="checkbox"/> YES			
to	<input type="checkbox"/> NO <input type="checkbox"/> YES			
2 ND CHILD'S NAME:		Place of Birth:	Date of Birth:	Sex M / F
Period of residence	Address Confidential	Person child lived with (name and address)		Relationship
to PRESENT	<input type="checkbox"/> NO <input type="checkbox"/> YES			
to	<input type="checkbox"/> NO <input type="checkbox"/> YES			
to	<input type="checkbox"/> NO <input type="checkbox"/> YES			
to	<input type="checkbox"/> NO <input type="checkbox"/> YES			
3 RD CHILD'S NAME:		Place of Birth:	Date of Birth:	Sex M / F
Period of residence	Address Confidential	Person child lived with (name and address)		Relationship
to PRESENT	<input type="checkbox"/> NO <input type="checkbox"/> YES			
to	<input type="checkbox"/> NO <input type="checkbox"/> YES			
to	<input type="checkbox"/> NO <input type="checkbox"/> YES			
to	<input type="checkbox"/> NO <input type="checkbox"/> YES			

Additional children/addresses are listed on Attachment. Provide requested information for additional children on an attachment.

3. **Participation in custody proceeding(s): (X only one)**

- I HAVE NOT** participated as a party, witness, or in any capacity in any **other** litigation, in this or any other state, concerning the custody of or visitation (parenting time) with any child subject to this proceeding.
- I HAVE** participated as a party, witness, or in any capacity in any other litigation, in this or any other state, concerning the custody of or visitation (parenting time) with any child subject to this proceeding.

Explain:

- a. Name of each child: _____
- b. Type of proceeding: _____
- c. Court and State: _____
- d. Date of Court Order or Judgment (if any): _____

4. **Information about custody preceding(s): (X only one)**

- I HAVE NO INFORMATION** of any proceedings that could affect the current proceeding, including any proceedings relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this proceeding.
- I HAVE THE FOLLOWING INFORMATION** concerning proceedings that could affect the current proceeding, including any proceedings relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoption concerning any child subject to this proceeding, other than set out in item 3.

Explain:

- a. Name of each child: _____
- b. Type of proceeding: _____
- c. Court and State: _____
- d. Date of Court Order or Judgment (if any): _____

5. **Persons not a party to this proceeding: (X only one)**

- I DO NOT KNOW OF ANY PERSON** not a party to this proceeding who has physical custody or claims to have custody or visitation rights with respect to any child subject to this proceeding.
- I KNOW THAT THE FOLLOWING NAMED PERSON(S)** not a party to this proceeding has/have physical custody or claims(s) to have custody or visitation rights with respect to any child subject to this proceeding:

- a. Name and address of person: _____
- has physical custody claims custody rights claims visitation rights
- Name of each child: _____

- b. Name and address of person: _____
- has physical custody claims custody rights claims visitation rights
- Name of each child: _____

6. Knowledge of prior child support proceedings: (X only one)

- The child(ren) described in this affidavit are **NOT** subject to existing child support order(s) in this or any state or territory.
- The child(ren) described in this affidavit **ARE** subject to the following existing child support order(s):

Explain:

- a. Name of each child: _____
- b. Type of proceeding: _____
- c. Court and State: _____
- d. Date of Court Order or Judgment (if any): _____
- e. Amount of child support paid and by whom: _____

7. I acknowledge that I have continuing duty to advise this Court of any custody, visitation, child support, or guardianship proceeding (including dissolution of marriage, child neglect, or dependency) concerning the child(ren) in this state or any other state about which information is obtained during this proceeding.

I hereby swear or affirm that the answers above are true, complete and accurate. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury (O.R.C. 2921.11).

Date

Signature

Printed Name: _____

Home Phone: _____

Address: _____

Work: _____ Cell: _____

City, State, Zip: _____

Sworn to or affirmed and signed before me on the _____ day of _____, 20____.

Notary Public/Deputy Clerk

Revised 02/2011

INFORMATION PROVIDED IS FOR COURT USE ONLY
IN THE COURT OF COMMON PLEAS, JUVENILE DIVISION
CLERMONT COUNTY, OHIO

INFORMATION NEEDED FOR ABUSE/NEGLECT/DEPENDENCY CASES
FILL OUT ALL INFORMATION COMPLETELY

Date _____

1. Your name: _____ DOB: _____
SS#: _____
Your address: _____
Your telephone number: Home: _____ Work: _____
Cell: _____
Your relationship to child: _____

2. Name of child/children: _____

DOB of child/children: _____

Present address of child/children: _____

Who does the child currently live with/relationship: _____

3. Natural Mother's name: _____ DOB: _____
SS#: _____
Address: _____

Telephone number: Home: _____ Work: _____
Cell: _____

4. Natural Father's name: _____ DOB: _____
SS#: _____
Address: _____

Telephone number: Home: _____ Work: _____
Cell: _____

5. Legal Custodian's name: _____ DOB: _____
SS#: _____
Address: _____

Telephone number: Home: _____ Work: _____
Cell: _____