

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 a Power of Attorney. The 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 the Power of Attorney is revoked for any reason, the parent is required to provide written notice to 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**

In the Matter of:

Minor child(ren) _____

Case No. _____

Plaintiff _____

vs.

Defendant _____

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 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 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.

1. (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 and address)		Relationship
_____ to present	<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
<input type="checkbox"/> 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 and 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
<input type="checkbox"/> 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 and 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 1(d). (Provide requested information for additional children on an attachment labeled 1(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.

a. Name/Address of Person: _____

has physical custody claims custody rights claims visitation rights

Name of each child: _____

b. Name/Address of Person: _____

has physical custody claims custody rights claims visitation rights

Name of each child: _____

c. Name/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 understand that I have a continuing duty to advise this Court of any custody, visitation, parenting time, divorce, dissolution of marriage, separation, neglect, abuse, dependency, guardianship, parentage, termination of parental rights, or protection order from domestic violence case concerning the children about whom information is obtained during this case.

OATH OR AFFIRMATION

(Do not sign until Notary Public or Deputy Clerk is present)

I, (print name) _____, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to criminal charges of perjury with criminal penalties.

Your Signature _____

STATE OF OHIO)
) **SS**
 COUNTY OF CLERMONT)

Sworn to or affirmed before me by _____ this _____ day of _____, _____.

Signature of Notary Public/Deputy Clerk

Printed Name of Notary Public/Deputy Clerk

Commission Expiration Date: _____

(Affix seal here)

**COURT OF COMMON PLEAS, JUVENILE DIVISION
CLERMONT COUNTY, OHIO
INFORMATION NEEDED FOR PATERNITY/CUSTODY/SHARED PARENTING/
PARENTING PLAN/VISITATION CASES
FILL OUT ALL INFORMATION COMPLETELY – INFORMATION FOR COURT USE ONLY**

Date _____

1. **Your name:** _____ **DOB:** _____
SS#: _____
Your address: _____
Your telephone number: Home: _____ **Work:** _____
Cell: _____
Your Email Address: _____
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: _____
Email Address: _____

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

Telephone number: Home: _____ **Work:** _____
Cell: _____
Email Address: _____

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

Telephone number: Home: _____ **Work:** _____
Cell: _____
Email Address: _____