

## CARETAKER AFFIDAVIT

*Are you currently caring for one or more grandchildren because the child's parent cannot and you are unable to contact or locate either parent? You may file for a Caretaker Affidavit with the Court.*

- 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 Caretaker Affidavit. In the case of multiple children, complete one Caretaker Affidavit per child.
2. Complete the general information sheet and Caretaker Affidavit.
3. The Grandparent will have to sign the Caretaker Affidavit in front of a notary. Notary services may be provided at your local bank.
4. The Caretaker Affidavit MUST be filed with the Court within 5 (five) calendar days of the date it is notarized.
5. File the Caretaker Affidavit at **Clermont County Juvenile Court, 2340 Clermont Center Drive Suite 100, Batavia, OH 45103.**
7. If Caretaker Affidavit 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 Caretaker Affidavit.

**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: \_\_\_\_\_

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 parents, what steps have you taken to locate them prior to filing for a Caretaker Affidavit: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

**CLERMONT COUNTY JUVENILE COURT**  
**CARETAKER AUTHORIZATION AFFIDAVIT**  
**(Ohio Revised Code 3109.66)**

Use of this affidavit is authorized by sections [3109.65](#) to [3109.73](#) of the Ohio Revised Code.

Completion of items 1-7 and the signing and notarization of this affidavit is sufficient to authorize the grandparent signing to exercise care, physical custody, and control of the child who is its subject, including authority to enroll the child in school, to discuss with the school district the child's educational progress, to consent to all school-related matters regarding the child, and to consent to medical, psychological, or dental treatment for the child.

The child named below lives in my home, I am 18 years of age or older, and I am the child's grandparent.

1. Name of Child: \_\_\_\_\_
2. Child's date and year of birth: \_\_\_\_\_
3. Child's social security number (optional): \_\_\_\_\_
4. My name: \_\_\_\_\_
5. My home address: \_\_\_\_\_
6. My date and year of birth: \_\_\_\_\_
7. My Ohio driver's license number or identification card number: \_\_\_\_\_
8. Despite having made reasonable attempts, I am either:
  - (a) Unable to locate or contact the child's parents, or the child's guardian or custodian;  
or
  - (b) I am unable to locate or contact one of the child's parents and I am not required to contact the other parent because paternity has not been established; or
  - (c) I am unable to locate or contact one of the child's parent and I am not required to contact the other parent because there is a custody order regarding the child and one of the following is the case:
    - (i) The parent has been prohibited from receiving notice of a relocation; or
    - (ii) The parental rights of the parent have been terminated.
9. I hereby certify that this affidavit is not being executed 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.

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.

I declare that the foregoing is true and correct:

\_\_\_\_\_  
Grandparent's Signature

\_\_\_\_\_  
Date

STATE OF OHIO

COUNTY OF \_\_\_\_\_

Sworn to or affirmed and subscribed before me by \_\_\_\_\_ on this date  
of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

(Affix seal here)

\_\_\_\_\_  
Title or Rank of Notary Public

Commission Expiration Date: \_\_\_\_\_

## NOTICES

1. The grandparent's signature must be notarized by an Ohio notary public.
2. The grandparent who executed this affidavit must file it with the juvenile court of the county in which the grandparent resides or any other court that has jurisdiction over the child under a previously filed motion or proceeding not later than five days after the date it is executed.
3. This affidavit does not affect the rights of the child's parents, guardian, or custodian regarding the care, physical custody, and control of the child, and does not give the grandparent legal custody of the child.
4. A person or entity that relies on this affidavit, in good faith, has no obligation to make any further inquiry or investigation.
5. This affidavit terminates on the occurrence of whichever of the following occurs first: (1) the child ceases to live with the grandparent who signs this form; (2) the parent, guardian, or custodian of the child acts to negate, reverse, or otherwise disapprove an action or decision of the grandparent who signed this affidavit, and the grandparent either voluntarily returns the child to the physical custody of the parent, guardian, or custodian or fails to file a complaint to seek custody within fourteen days; (3) the affidavit is terminated by court order; (4) the death of the child who is the subject of the affidavit; or (5) the death of the grandparent who executed the affidavit.
6. The decision of a grandparent to consent to or to refuse medical treatment or school enrollment for a child is superseded by a contrary decision of a parent, custodian, or guardian of the child, unless the decision of the parent, guardian, or custodian would jeopardize the life, health, or safety of the child.

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## ADDITIONAL INFORMATION

### To CARETAKERS:

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 affidavit. 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 affidavit unless notified. The notifications must be made not later than one week after the child stops living with you.
2. If you do not have the information requested in item 7 (Ohio driver's license or identification card), provide another form of identification such as your social security number or medicaid number.
3. You must include with the caretaker authorization affidavit 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'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.
4. If the child's parent, guardian, or custodian acts to terminate the caretaker authorization affidavit by delivering a written notice of negation, reversal, or disapproval of an action or decision of yours or removes the child from your home and if you believe that the termination 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. This affidavit, properly completed and notarized, authorizes the child in question to attend school in the district in which the grandparent who signed this affidavit resides and the grandparent is authorized to provide consent in all school-related matters and to discuss with the school district the child's educational progress. This affidavit 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 at the address provided in item 5 of the affidavit.
3. A school district or school official that reasonably and in good faith relies on this affidavit has no obligation to make any further inquiry or investigation.
4. The act of a parent, guardian, or custodian of the child to negate, reverse, or otherwise disapprove an action or decision of the grandparent who signed this affidavit constitutes termination of this affidavit. A parent, guardian, or custodian may negate, reverse, or disapprove a grandparent's action or decision only by delivering written notice of negation, reversal, or disapproval to the grandparent and the person acting on the grandparent's action or decision in reliance on this affidavit.

**To HEALTH CARE PROVIDERS:**

1. A person or entity that acts in good faith reliance on a CARETAKER AUTHORIZATION AFFIDAVIT to provide medical, psychological, or dental treatment, without actual knowledge of facts contrary to those stated in the affidavit, 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 applicable portions of the form are completed and the grandparent's signature is notarized.
2. The decision of a grandparent, based on a CARETAKER AUTHORIZATION AFFIDAVIT, shall be honored by a health care facility or practitioner or educational facility or school official unless the health care facility or practitioner or educational facility or official has actual knowledge that

a parent, guardian, or custodian of a child has made a contravening decision to consent to or to refuse medical treatment for the child.

3. The act of a parent, guardian, or custodian of the child to negate, reverse, or otherwise disapprove an action or decision of the grandparent who signed this affidavit constitutes termination of this affidavit. A parent, guardian, or custodian may negate, reverse, or disapprove a grandparent's action or decision only by delivering written notice of negation, reversal, or disapproval to the grandparent and the person acting on the grandparent's action or decision in reliance on this affidavit.

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 <sup>ST</sup> 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 <sup>ND</sup> 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 <sup>RD</sup> 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

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

INFORMATION NEEDED FOR CUSTODY/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 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: \_\_\_\_\_