

**ASHTABULA COUNTY
COURT OF COMMON PLEAS
JUVENILE DIVISION**

Judge Albert S. Complesse

Grandparent Caretaker Affidavit Packet Instructions

1. The Grandparent Power of Attorney may be used in consensual situations, where the parent(s) is/are empowering the grandparent to become a caregiver to care for their child. The Power of Attorney must be signed by the parent(s) and grandparent caregiver, and notarized no more than five (5) days before filing.
 - a. **The nonresidential/custodial parent MUST be notified of the creation of the Power of Attorney.**
 - b. **The parent creating the power of attorney MUST send by certified mail a copy to the parent who is not the residential parent and legal custodian.**
 - c. **Proof of notification MUST be filed with the Power of Attorney.**
 - d. **Failure to comply with notification requirements will result in the denial of your Power of Attorney being filed with the Court.**
2. An Affidavit of Jurisdiction / Custody Affidavit **MUST** accompany the Grandparent Power of Attorney and/or Grandparent Caretaker Authorization Affidavit at the time of filing.
3. The notice pages (3-4) **MUST** be initialed at the bottom of the page and accompany the Grandparent Power of Attorney and/or Grandparent Caretaker Authorization Affidavit at the time of filing.
4. **The Grandparent Caregiver Authorization Affidavit form may to be used when the child resides with the grandparent, but despite reasonable efforts, the parent(s) cannot be located. The form must be signed by the grandparent caregiver, and notarized no more than five (5) days before filing.**
5. The Grandparent Power of Attorney and Grandparent Caregiver Authorization Affidavit allow the grandparent caregiver to enroll the grandchild in school, participate in their education, and to obtain routine and emergency medical, psychological, and dental care.
6. **THE GRANDPARENT POWER OF ATTORNEY AND THE GRANDPARENT CAREGIVER AUTHORIZATION AFFIDAVIT DO NOT TRANSFER LEGAL CUSTODY TO THE GRANDPARENT CAREGIVER.**
7. See also, the **Additional Information** sections contained with the Grandparent Power of Attorney and Grandparent Caregiver Authorization Affidavits for further instruction including information on how/when termination occurs.
8. Filing Fees: WAIVED

For more information, visit www.PCSAO.org, the law library, or review the Ohio Revised Code.

Court Policy Regarding Employees Dispensing Legal Advice

Deputy clerks may only review your paperwork to determine whether you have provided the necessary information in order to process and file the documents with the Court. **Deputy clerks and/or other court staff CANNOT review the content of your filing for adequacy, nor may staff assist you in determining whether your filing will satisfy the requirements of the Court.** By law, court employees, including deputy clerks, are not allowed to give legal advice. Court staff, generally, although very knowledgeable about the duties and procedures, are not attorneys and are not licensed to practice law. Any person who practices law without a license could be held criminally and/or civilly liable for the Unauthorized Practice of Law, pursuant to R.C. 4507.07.

If you have any questions or concerns about your filing, you should consult with an attorney or conduct independent research at the law library.

Albert S. Campese, Judge

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 (5) 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.

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;

_____INITIALS

- (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.

_____INITIALS

4. I hereby certify that I have read the **NOTICE** section of the Grandparent Power of Attorney and/or Grandparent Caretaker Authorization Affidavit.

Signed: _____ Date: _____
Grandparent

State of Ohio)
) SS:
County of Ashtabula)

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

Notary Public, State of Ohio

**IN THE COURT OF COMMON PLEAS
JUVENILE DIVISION
ASHTABULA COUNTY, OHIO**

GRANDPARENT CARETAKER AUTHORIZATION AFFIDAVIT

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 eighteen (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.

I understand that this document does not authorize a child support enforcement agency to redirect child support payments. 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.

WARNING: DO NOT SIGN THIS FORM IF ANY OF THE AFOREMENTIONED STATEMENTS ARE INCORRECT. 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:

Signed: _____ Date: _____
Grandparent

State of Ohio)
) SS:
County of Ashtabula)

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

Notary Public, State of Ohio

**IN THE COURT OF COMMON PLEAS
JUVENILE DIVISION
ASHTABULA COUNTY, OHIO**

In Re: _____ **Case No.** _____

Child No. 1 _____

Judge Albert S. Campese

Date of Birth _____

Child No. 2 _____

**AFFIDAVIT OF JURISDICTION/
CUSTODY AFFIDAVIT (R.C. 3127.23)**

Date of Birth _____

Child No. 3 _____

Date of Birth _____

Child No. 4 _____

Date of Birth _____

I, _____, being first duly sworn, depose and say:

1. That the current address of the minor child(ren), who are the subject of this Complaint/Motion is:

2. The addresses at which the minor child(ren) has/have lived for the past five years, (including their current address), are:

First Address (<i>oldest</i> address):	From:	to
_____	_____	_____
_____	_____	_____

Second Address: (second oldest)	From:	to
_____	_____	_____
_____	_____	_____

<i>Current</i> Address:	From:	to
_____	_____	_____
_____	_____	_____

If there are more than three addresses for the child in the past five years, please use an extra sheet to complete your response.

The names and addresses of all persons with whom the minor child(ren) has/have lived at the above referenced addresses, *for the five years prior to filing this court action, and dates the minor child(ren) lived at those addresses* are:

Name: _____ From: _____ to _____

Name: _____ From: _____ to _____

Name: _____ From: _____ to _____

4. That I **(have)** **(have not)** participated as a party, witness, or in any other capacity in any litigation concerning the custody of this/these minor child(ren) in this or any other state.

If so, state the case number and location of the court that held prior proceedings.

5. That I **(have)** **(have no)** information of any custody proceeding concerning the minor child(ren) pending in a court of this or any other state.

If so, state the case number and location of the court that held prior custody proceedings:

6. That I **(have)** **(have no)** knowledge of any person not a party to the proceedings who has physical custody of the minor child(ren) or claims to have custody or visitation rights with respect to the minor child(ren).

If so, state the name and address of the person who has physical custody of the minor child(ren):

7. I **(have)** **(have not)** been convicted or pleaded guilty to any criminal offense involving any act that resulted in a child being an abused child or a neglected child, or **(have)** **(have not)** previously 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 neglected act that was the basis of the adjudication.

If 4, 5, 6, or 7 is/are answered in the affirmative, and the space afforded is insufficient for a full explanation, please attach an extra sheet and incorporate herein any necessary information.

I realize that I have a continuing duty to inform the court of any custody proceedings concerning the minor child(ren) in this or any other state of which I obtain information during the pendency of this proceeding.

OATH

(Do Not Sign Until Notary is Present)

I, _____, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Printed Name

Signature

State of Ohio)
) SS:
County of Ashtabula)

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

Notary Public, State of Ohio