

## 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 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 ABOVE 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 \_\_\_\_\_)

Subscribed, sworn to, and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_  
Notary Public

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.

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.

**COURT OF COMMON PLEAS  
JUVENILE DIVISION  
CUYAHOGA COUNTY, OHIO**

In the Matter of: \_\_\_\_\_  
(Child's name)

Case Number: \_\_\_\_\_

Judge: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

**UNIFORM CHILD CUSTODY JURISDICTION  
AND ENFORCEMENT ACT (UCCJEA) AFFIDAVIT  
R.C. 3127.23**

I, \_\_\_\_\_, being sworn according to law, certify that these proceedings  
(Full legal name)  
involve the custody of a child, and the following statements are true:

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

2. Insert the information requested below. The residence information must be given for the last **FIVE (5) years**.

Child's Gender: \_\_\_\_\_

Child's Place of Birth: \_\_\_\_\_

<b><u>Check if Confidential</u></b>	<b><u>Period of Residence</u></b>	<b><u>Address</u></b>	<b><u>Person(s) with whom child lived &amp; Relationship</u></b>
<input type="checkbox"/>	_____ to <b>present</b> (Date) <b>Date</b>	_____ (Address) _____ (City)                      (State)                      (Zip Code)	_____ (Name) _____ (Relationship to child)
<input type="checkbox"/>	_____ to _____ (Date)                      (Date)	_____ (Address) _____ (City)                      (State)                      (Zip Code)	_____ (Name) _____ (Relationship to child)
<input type="checkbox"/>	_____ to _____ (Date)                      (Date)	_____ (Address) _____ (City)                      (State)                      (Zip Code)	_____ (Name) _____ (Relationship to child)
<input type="checkbox"/>	_____ to _____ (Date)                      (Date)	_____ (Address) _____ (City)                      (State)                      (Zip Code)	_____ (Name) _____ (Relationship to child)
<input type="checkbox"/>	_____ to _____ (Date)                      (Date)	_____ (Address) _____ (City)                      (State)                      (Zip Code)	_____ (Name) _____ (Relationship to child)

**For each of the following items numbered 3-6:**

- ✓ Check **the first box if you DO NOT have** information regarding the topic requested and proceed to the next numbered item.
- ✓ Check the **second box if you DO have** information and complete all follow up fields.

**3. Participation in custody proceeding(s): (check 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 child: \_\_\_\_\_
- b. Type of proceeding: \_\_\_\_\_
- c. Court and State: \_\_\_\_\_
- d. Date of court order or judgment (if any): \_\_\_\_\_

**4. Information about custody proceeding(s): (check only one)**

**I HAVE NO INFORMATION** of any proceedings that could affect the current proceeding, including any proceeding related to custody, domestic violence or protection orders, dependency, neglect or abuse allegations, or that a parent or any member of their household has been convicted of a sexually oriented offense or adoptions concerning any child subject to these proceedings.

**I HAVE THE FOLLOWING INFORMATION** concerning proceedings that could affect the current proceeding, including any proceedings relating to custody, domestic violence or protections orders, dependency, neglect or abuse allegations or that a parent or any member of their household has been convicted of a sexually oriented offense or adoptions concerning any child subject to this proceeding, other than set out in item 3. Explain:

- a. Name of each child: \_\_\_\_\_
- b. Name of parent or member of household: \_\_\_\_\_
- c. Type of proceeding: \_\_\_\_\_
- d. Court and State: \_\_\_\_\_
- e. Date of court order or judgment (if any): \_\_\_\_\_

**5. Persons not a party to this proceeding: (check 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 claim(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 child: \_\_\_\_\_

b. Name and address of person: \_\_\_\_\_

has physical custody       claims custody rights       claims visitation rights

Name of child: \_\_\_\_\_

c. Name and address of person: \_\_\_\_\_

has physical custody       claims custody rights       claims visitation rights

Name of child: \_\_\_\_\_

**6. Knowledge of prior child support proceeding: (check only one)**

The child described in this affidavit **is not** subject to existing child support order(s) in this or any state or territory.

The child described in this affidavit **is** subject to the following existing child support order(s).

a. Name of child:  
\_\_\_\_\_

b. Type of proceeding:  
\_\_\_\_\_

c. Court/Agency Name and Address:  
\_\_\_\_\_

d. Date of court order or judgment (if any):  
\_\_\_\_\_

e. Amount of child support paid and by whom:  
\_\_\_\_\_

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

I, \_\_\_\_\_, swear or affirm that I have read this document and, to the  
(Your printed name)  
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.

\_\_\_\_\_  
Applicant Signature

*Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.*

\_\_\_\_\_  
Notary Public

Seal here