

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

IN THE MATTER OF:

CASE NO. \_\_\_\_\_

\_\_\_\_\_  
Child's Name

**CARETAKER AUTHORIZATION AFFIDAVIT**  
*Pursuant to 3109.65 to 3109.73, Ohio Revised Code*

The child named below lives in my home; I am 18 years of age or older and I am the child's  
**(maternal ) (paternal)** grandparent. (Circle one.)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

My Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

*Street City State Zip*

Ohio Driver's License No. or Identification Card No.: \_\_\_\_\_

**Despite having made reasonable attempts, I am either:**

**(a) Unable to locate or contact the child's parents, guardian or custodian; or**

**(b) 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 parents and I am not required to contact the other parent because there is a custody order regarding the child and one of the following applies:**

- **The parent has been prohibited from receiving notice of relocation; or**
- **The parental rights of the parent have been terminated.**

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.

Further, I understand that this document does not authorize a child support enforcement agency to redirect child support payments. I understand that to have an existing child support order modified or a new child support order issued, an 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 PURSUANT TO CHAPTER 2929. SAID SANCTIONS MAY INCLUDE A JAIL TERM OF UP TO SIX MONTHS AND/OR A FINE OF \$1,000.**

**I have read the foregoing and declare that information contained herein is true and correct.**

Date: \_\_\_\_\_  
Signature of Grandparent

State of Ohio )  
County of Cuyahoga ) ss.

Subscribed, sworn to and acknowledged before me on \_\_\_\_\_, 20\_\_\_\_\_.

(Seal) \_\_\_\_\_  
Notary Public, State of Ohio

*This affidavit must be filed with the Juvenile Court in the county where the grandparent resides or any other court that has jurisdiction over this child no later than five (5) days after the date it is executed.*

***This affidavit expires one year from the date the same was notarized.***

**This affidavit is sufficient to authorize the grandparent above to exercise the care, physical custody and control of the above-named child, including the authority to enroll the child in school, discuss with the school district the child's educational progress, consent to all school-related matters regarding said child and to consent to medical, dental or psychological treatment for said child.**

**Notice:**

A second or subsequent caretaker authorization affidavit regarding this child must be filed with the juvenile court where the grandparent resides or any other court with jurisdiction over said child. The court will schedule a hearing to determine if the authorization is in the child's best interest.

A person or entity that relies on this affidavit in good faith has no obligation to make any further inquiry or investigation.

This affidavit does not affect the rights of the child's parents, guardian or custodian with regard to the care, physical custody or control of the child and does not give the grandparent legal custody of the child.

**This affidavit terminates on whichever occurs first:**

- One year from the date the affidavit was notarized; or
- When the child ceases to live with this grandparent; or
- When the parent, guardian or custodian acts to negate, reverse or disapprove of an action or decision of this grandparent by stating the same in writing and delivering it to the grandparent and the person acting upon the grandparent's decision; or
- Upon termination by court order; or
- Upon the death of the grandparent or child listed in this affidavit.

**If this affidavit terminates other than by death of said grandparent, grandparent shall notify in writing, within one week of termination, all of the following:**

- 1) Any schools, health care providers or health insurance provider with which the child has been involved through the grandparent;
- 2) Any other person or entity that has an ongoing relationship with the child or grandparent and would reasonably rely on said affidavit; and
- 3) The court in which the affidavit was filed.

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.

**TO CARETAKERS:**

1. If the child stops living with you, you are required to notify in writing any school, health care provider or health insurance provider to which you have given this affidavit. You are also required to notify in writing the court with which this affidavit is filed and any other person or entity that has an ongoing relationship with you or the child and would reasonably rely on this affidavit.

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 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.

## **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.
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 signature of the grandparent is notarized.
2. The decision of a grandparent, based on a Caretaker Authorization Affidavit, shall be honored by a health care facility or practitioner, school district or school official unless the health care facility or practitioner or educational facility or school 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