

I hereby certify that I am transferring the rights and responsibilities designated in this power of attorney because one of the following circumstances exists: (Please circle)

- 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.

If there is a court order naming me the residential parent and legal custodian of the child who is the subject of this power of attorney and I am the sole parent signing this document, I hereby certify that one of the following is the case:

- 1.) I have made reasonable efforts to locate and provide notice of the creation of this power of attorney to the other parent and have been unable to locate that parent;

- 2.) The other parent is prohibited from receiving a notice of relocation; or
- 3.) The parental rights of the other parent have been terminated by order of a juvenile court.

This POWER OF ATTORNEY is valid until the occurrence of whichever of the following events occurs first: (1) one year elapses following the date this POWER OF ATTORNEY is notarized; (2) I revoke this POWER OF ATTORNEY in writing; (3) the child ceases to reside with the grandparent designated as attorney in fact; (4) this POWER OF ATTORNEY is terminated by court order; (5) the death of the child who is the subject of the POWER OF ATTORNEY; or (6) the death of the grandparent designated as the attorney in fact.

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.

Witness my hand this _____ day of _____, 20_____.

Parent/Custodian/Guardian's Signature

Parent's signature

Grandparent designated as attorney in fact

State of Ohio, Ottawa County, SS.

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

Notary Public

**IN THE COURT OF COMMON PLEAS
OF OTTAWA COUNTY, OHIO
COURT INFORMATION FORM**

**STATE OF OHIO
COUNTY OF OTTAWA**

_____, being first duly sworn, states in answer to the following questions as hereinafter set forth:

1.) CHILD #1:

CHILD'S FULL NAME Date of Birth

CHILD'S ADDRESS

2.) CHILD #2: (IF APPLICABLE)

CHILD'S FULL NAME Date of Birth

CHILD'S ADDRESS

** If there are more children, please use a separate sheet of paper to provide the above information and attach to this form.

3.) MOTHER:

MOTHER'S FULL NAME Date of Birth

MOTHER'S ADDRESS

EMPLOYER and EMPLOYER'S ADDRESS

MOTHER'S TELEPHONE NUMBER CELL PHONE #

4.) FATHER:

FATHER'S FULL NAME Date of Birth

FATHER'S ADDRESS

EMPLOYER and EMPLOYER'S ADDRESS

FATHER'S TELEPHONE NUMBER CELL PHONE #

5.) GUARDIAN/CUSTODIAN (if other than parent)

FULL NAME

Date of Birth

GUARDIAN/CUSTODIAN'S ADDRESS

EMPLOYER and EMPLOYER'S ADDRESS

GUARDIAN/CUSTODIAN'S TELEPHONE #

CELL PHONE #

6.) Who has legal (court-ordered) custody of the child(ren) whose custody or visitation you seek? _____

7.) Where (what county and what court) was legal custody established?

8.) Who has physical possession of the child(ren) at this time?

9.) Were the parents of this/these child(ren) ever married? ___ YES ___ NO

10.) Was paternity established? ___ YES ___ NO (If YES, please provide a copy of the parentage order).

11.) What is your relationship to the child? _____

12.) How many adults are in your home? _____

13.) Has Ottawa County Department of Job and Family Services ever been involved with this/these child(ren)? ___ YES ___ NO. If YES, please explain. _____

14.) Have you ever been to this Court before for any matters concerning this child? ___ YES ___ NO If YES, please explain when and under what circumstances? _____

15.) Would mediation be of any assistance in the resolution fo the is matter? Yes ___ No ___

Affiant

Sworn to before me and subscribed in my presence this _____ day of _____, 20____.

NOTARY PUBLIC

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

DECLARATION UNDER UNIFORM CHILD CUSTODY
 JURISDICTION AND ENFORCEMENT ACT (UCCJEA)

Case No. _____

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(0) 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.

2. (Number): _____ 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.)

a. Child's name		Place of birth	Date of birth	Sex
Period of residence To Present	Address <input type="checkbox"/> Confidential	Person child lived with (name & address)		Relationship
to				
to				
to				
to				

a. Child's name		Place of birth	Date of birth	Sex
Period of residence to Present	Address <input type="checkbox"/> Confidential	Person child lived with (name & address)		Relationship
to				
to				
to				
to				

a. Child's name	Place of birth	Date of birth	Sex
Period of residence to Present	Address <input type="checkbox"/> Confidential	Person child lived with (name & address)	Relationship
To			
To			
To			
To			

b. Additional children are listed on an attached addendum. (Provide all information for additional children on an attachment.)

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 each 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 proceedings relating 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 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, convictions 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:

(See next page)

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 _____

c. 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: (Check 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):

a. Name of each child _____

b. Type of proceeding _____

c. Court 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 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 certify that a copy of this document was (Check only one) () mailed () faxed and mailed () hand delivered to the person(s) listed below on (date _____)

Other party or his/her attorney:

Name: _____ Address: _____

City, State, Zip: _____ Fax Number _____

I understand that I am swearing or affirming under oath to the truthfulness of the statements made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Party

Printed name: _____

Address: _____

City, State, Zip: _____ Phone: _____ Fax: _____

STATE OF OHIO

COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____

Notary Public