

# JUVENILE COURT PERSONAL INFORMATION SHEET

## ORIGINAL ONLY FOR THE COURT NO COPIES REQUIRED

If you have a VALID PROTECTION ORDER (the Court will need a copy) you still must write your address on this page, as this is for court records only. DO NOT write your address on the attached pages.

Are / Were the parents of this child ever married? (check one)      Yes      No

PLEASE PRINT LEGIBLY OR TYPE THE FOLLOWING INFORMATION:

SETS # (if applicable) \_\_\_\_\_

**1. Child(ren) this Complaint/Motion is being filed on:**

**CHILD 1:** Name: \_\_\_\_\_ JC# \_\_\_\_\_

DOB \_\_\_\_\_ SSN (if known) \_\_\_\_\_

**CHILD 2:** Name: \_\_\_\_\_ JC# \_\_\_\_\_

DOB \_\_\_\_\_ SSN (if known) \_\_\_\_\_

**CHILD 3:** Name: \_\_\_\_\_ JC# \_\_\_\_\_

DOB \_\_\_\_\_ SSN (if known) \_\_\_\_\_

**Child(ren)'s current residence (street address):** \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

**2. Filing party:** \_\_\_\_\_

Relationship to the child (mother/father/grandparent, etc.): \_\_\_\_\_

Mailing address: (Street Address): \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**3. Respondent:** \_\_\_\_\_

Relationship to the child (mother/father/grandparent, etc.): \_\_\_\_\_

Mailing address: (Street Address): \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

SSN (if known): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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4. **Respondent:** \_\_\_\_\_

Relationship to the child (mother/father/grandparent, etc.): \_\_\_\_\_

Mailing address: (Street Address): \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

SSN (if known): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### ADDITIONAL PARTIES

5. **Additional Party:** \_\_\_\_\_

Relationship to the child (mother/father/grandparent, etc.): \_\_\_\_\_

Mailing address: (Street Address): \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

SSN (if known): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

6. **Additional Party:** \_\_\_\_\_

Relationship to the child (mother/father/grandparent, etc.): \_\_\_\_\_

Mailing address: (Street Address): \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

SSN (if known): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

7. **Additional Party:** \_\_\_\_\_

Relationship to the child (mother/father/grandparent, etc.): \_\_\_\_\_

Mailing address: (Street Address): \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

SSN (if known): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Grandparent Caretaker Authorization Affidavit

Ohio law (R.C. 3109.65 *et seq.*) a grandparent may execute and file with the Juvenile Court a Caretaker Authorization Affidavit (CAA) if BOTH of the following apply:

1. The child lives with the grandparent; and
2. The grandparent has made reasonable efforts to locate and contact both of the child's parents or guardian or legal custodian and has been unable to do so;

A grandparent is NOT required to locate or contact the following: (R.C. 3109.65)

- A father IF paternity has NOT been established.
  - Note: If any of the following apply, paternity has been established by law and the grandparent must attempt to locate and contact the father: (a) the child was born during a marriage; (b) there is a father listed on the child's birth certificate; (c) a father is ordered to pay child support, or court has issued an order establishing paternity.
- A parent who is prohibited from receiving notice under R.C. 3109.051
- A parent who has had their parental rights terminated by a juvenile court under R.C. Chapter 2151.

A CAA grants the grandparent the authority to exercise care, physical custody, and control of the child. This includes the ability to enroll the child in school and manage school related matters, however, it does not affect the rights and responsibilities of the parent(s), guardian, or legal custodian of the child, nor does it grant authority to the grandparent to consent to the marriage or adoption of the child. (R.C. 3109.69)

### INSTRUCTIONS:

1. Complete the attached General Information Sheet, Caretaker Authorization Affidavit, and Parenting Proceeding Affidavit.
2. THE CAA MUST BE FILED IN JUVENILE COURT WITHIN 5 DAYS OF BEING NOTARIZED.
  - The CAA may be filed in either the juvenile court in the county where the grandparent resides or in a county that has already exercised jurisdiction over the child (ex. in a previous custody case)
3. TERMINATION, NEGATION, REVERSAL, OR DISAPPROVAL OF THE CAA (R.C. §3109.70 – 3109.72)
  - If CAA is ever terminated for any reason, (see item 5 under "Notices" on the CAA form or R.C. 3109.70 for conditions of termination), notice of termination must be filed with the court where the CAA was originally filed.
    - Notice of revocation must filed within 5 days of the CAA being revoked / terminated.
  - The Grandparent must provide written notice of the termination to any person or entity who received a copy of, or would reasonably have relied on, the CAA

within one week of the filing. A list of persons / entities required to receive notice can be found under item 6 under “Notices” on the CAA form.

- A parent, guardian, or custodian of a child may negate, reverse, or otherwise disapprove a CAA by delivering a written notice of the negation, reversal or disapproval to the caretaker and the person responding to the caretaker’s action or decision in reliance on the CAA.
  - If the grandparent caretaker receives written notice of negation, reversal or disapproval the CAA terminates and the grandparent must return the child within 14 days of receiving the written notice.
  - If the grandparent receives written notice of negation, reversal or disapproval and if the grandparent believes that the termination of the CAA is not the child’s best interest, the grandparent caretaker may, within fourteen (14) days of receipt of the written notice, file a complaint for legal custody in the juvenile court. The grandparent may retain physical custody of the child until the fourteen-day period elapses or, if a complaint for custody is filed, the grandparent may retain the child until the court orders otherwise. (R.C. 3109.76)

#### FILING A CAA FOR THE PURPOSE OF PARTICIPATION IN ACADEMIC OR SPORTS PROGRAM IS PROHIBITED BY LAW

R.C. 3109.78 prohibits any person from creating a Grandparent POA or CAA for the purpose of enrolling a child in a school or school district so that the child may participate in the academic or interscholastic sports programs provided by that school or school district. Violation of this provision is a first degree misdemeanor and voids the POA or CAA as of the date it was created.

#### NOTES:

- Free notary services are available at most banks or at the Montgomery County Juvenile Court Office of Citizen Services.
- All parties must present a photo ID to the notary before being notarized.
- A notarized Parenting Proceeding Affidavit, completed by the filing party, must be attached to the CAA form when filing. (R.C. 3109.66)
- Filing of a Grandparent CAA does not affect child support and might not entitle the Grandparent to receive certain state or federal benefits for the child.
- The court cannot charge a filing fee for the filing of a Grandparent CAA.

**PARTIES ARE STRONGLY ENCOURAGED TO THOROUGHLY READ THE ENTIRE CAA FORM, INCLUDING THE “NOTICES” AND “ADDITIONAL INFORMATION” SECTIONS PRIOR TO SIGNING.**

**IN THE COMMON PLEAS COURT OF MONTGOMERY COUNTY  
JUVENILE DIVISION**

IN RE: \_\_\_\_\_ [CHILD'S NAME]

DOB: \_\_\_\_\_

Juvenile Tracking: U# \_\_\_\_\_

**GRANDPARENT CARETAKER AUTHORIZATION AFFIDAVIT  
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:



### **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.

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.

If this affidavit terminates other than by the death of the grandparent, the grandparent who signed this affidavit shall notify, in writing, all of the following:

- (a) Any schools, health care providers, or health insurance coverage provider with which the child has been involved through the grandparent;
  - (b) Any other person or entity that has an ongoing relationship with the child or grandparent such that the person or entity would reasonably rely on the affidavit unless notified of the termination;
  - (c) The court in which the affidavit was filed after its creation.
6. The grandparent shall make the notifications not later than one week after the date the affidavit terminates.

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, school district, 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 COMMON PLEAS COURT OF MONTGOMERY COUNTY, OHIO  
JUVENILE DIVISION**

IN THE MATTER OF:

\_\_\_\_\_ **JC#** \_\_\_\_\_

\_\_\_\_\_ **JC#** \_\_\_\_\_

\_\_\_\_\_ **JC#** \_\_\_\_\_

Minor Child(ren)

\_\_\_\_\_ **SETS** \_\_\_\_\_  
Plaintiff/Petitioner

**JUDGE** \_\_\_\_\_

v./and

**MAGISTRATE** \_\_\_\_\_

\_\_\_\_\_   
Defendant/Petitioner/Respondent

**Instructions:** Check local court rules to determine when this form must be filed. By law, an affidavit must be filed and served with any Complaint, Petition or Motion regarding the allocation of parental rights and responsibilities, parenting time, custody, or visitation. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. **If more space is needed, add additional pages.**

**PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))**

Affidavit of \_\_\_\_\_  
(Print Your Name and Relationship to Child)

**ONLY CHECK THE FOLLOWING BOX IF YOU BELIEVE THAT THE HEALTH, SAFETY, OR LIBERTY OF YOURSELF OR YOUR CHILD(REN) WOULD BE JEOPARDIZED BY THE DISCLOSURE OF YOUR ADDRESS OR IDENTIFYING INFORMATION. YOU ACKNOWLEDGE THAT THE COURT MAY CONDUCT A HEARING REGARDING THE BASIS FOR YOUR REQUEST.**

Pursuant to R.C. 3127.23 (D), I allege that my health, safety, or liberty or that of my child(ren) would be jeopardized by the disclosure of identifying information to my spouse or the public. Therefore, I request that my address be placed under seal. I have marked the corresponding box next to each address I am requesting to be sealed.

**1. (Number): \_\_\_\_\_ Minor child(ren) is/are subject to this case as follows:**

Insert the information requested below for all minor or dependent children of this relationship. You must list the residences for all places where the children have lived for the last **FIVE** years.

**a. Child's Name:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Sex:**  Male  Female

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived (name &amp; address)</u>	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

**b. Child's Name:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Sex:**  Male  Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived (name &amp; address)</u>	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

**c. Child's Name:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Sex:**  Male  Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived (name &amp; address)</u>	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

d. Additional children are listed on Attachment 1(d). (Provide requested information for additional children on an attachment labeled 1(d).

**2. Participation in custody case(s): (Check only one box)**

**I HAVE NOT** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time) with, any child subject to this case.

**I HAVE** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time) with, any child subject to this case.

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

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

b. Type of case: \_\_\_\_\_

c. Court and State: \_\_\_\_\_

d. Date and court order or judgement (if any): \_\_\_\_\_

**3. Information about custody case(s): (Check one box only)**

**I HAVE NO INFORMATION** concerning cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect or abuse allegations; or adoptions concerning a child subject to this case.

**I HAVE THE FOLLOWING INFORMATION** concerning cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect or abuse allegations; or adoptions concerning a child subject to this case other than listed in Paragraph 2.

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

e. Name of each child: \_\_\_\_\_

f. Type of case: \_\_\_\_\_

g. Court and State: \_\_\_\_\_

h. Date and court order or judgement (if any): \_\_\_\_\_

**4. Information about criminal convictions:**

List all of the criminal convictions, including guilty pleas, for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

<u>Name</u>	<u>Case Number</u>	<u>Court/State/County</u>	<u>Charge</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**5. Persons not a party to this case: (Check only one box)**

**I DO NOT KNOW OF ANY PERSON** not a party to this case who has physical custody or claims to have custody or visitation rights with respect to any child subject to this case.

**I KNOW THAT THE FOLLOWING NAMED PERSON(S)** not a party to this case has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.

a. Name / Address of Person: \_\_\_\_\_

has physical custody                      claims custody rights                      claims visitation rights

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

b. Name / Address of Person: \_\_\_\_\_

has physical custody                      claims custody rights                      claims visitation rights

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

c. Name / Address of Person: \_\_\_\_\_

has physical custody                      claims custody rights                      claims visitation rights

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

**OATH**

(Do Not Sign Until Notary is Present)

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

\_\_\_\_\_  
Your Signature

Sworn before me and signed in my presence this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

\_\_\_\_\_  
Printed Name of Notary

(Affix seal here)

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