PREPARING YOUR FAMILY
FOR YOUR POSSIBLE INCARCERATION

Know Your Rights & Responsibilities

Montgomery County Office of Reentry
1133 S. Edwin C. Moses Blvd, Suite 370
Dayton, Ohio 45417

937-225-6460
www.mcohoio.org/departments/reentry
Disclaimer

The information in this publication is provided for general informational purposes only, and may not reflect the current law in your jurisdiction. No information contained in this publication should be construed as legal advice. Nor is it intended to be a substitute for legal counsel on any subject matter. No reader of this publication should act or refrain from acting on the basis of any information included in, or accessible through this publication without seeking the appropriate legal or other professional advice.

ACKNOWLEDGEMENTS

Many people and organizations have made this publication possible. Advocates for Basic Legal Equality (ABLE), the Montgomery County Child Support Enforcement Agency a division of Montgomery County Job and Family Services, Montgomery County Juvenile Court, the Montgomery County Probate Court and the Women in Reentry Subcommittee of the Montgomery County Reentry Council. Thank you to all.
Dear Montgomery County Citizen:

We are pleased to present a new resource for the community called "Preparing Your Family: For your possible incarceration". Montgomery County Reentry has spent the last year researching and learning more about the challenges incarcerated individuals have reuniting with their families after prison.

This publication is for anyone facing a jail or prison term and for your family. It will help you make a plan for your spouse or partner, your children, their education and care while you are away.

"Preparing Your Family" will help you understand that reuniting with your family will take work. Throughout your incarceration, we hope you will stay in contact with the Montgomery County Office of Reentry to prepare for your release. We hope that you will find this publication helpful.

Sincerely,

Deborah A. Lieberman
Commission President

Dan Foley
Commissioner

Judy Dodge
Commissioner
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Please allow us the opportunity to introduce the *Montgomery County Office of Reentry*. The Office of Reentry is committed to working with you during your incarceration and upon your return to Montgomery County to create a strategy for your successful reentry to the community.

We recognize that incarceration removes people from their community, familiar routines and relationships with family and friends. Today, it is our intent to provide hope and vision that each of these will be restored to you. We encourage you to take advantage of reentry programs and services that may be available to you at your parent institution or the local county jail. We would appreciate hearing about your participation in these programs and your continuing progress.

Our reentry staff and volunteers would like the opportunity to work with you in developing a plan for success that is based upon your skills and abilities and suited to your specific needs. The Office of Reentry works closely with community service providers through our Reentry Collaborative and Reentry Career Alliance Academy so that we can direct you to the resources that can play a significant role in minimizing barriers to effective reentry.
Note: The information that follows is from the Probate Division of the Common Pleas Court of Montgomery County, Ohio. Please contact the Court directly or on-line for instructions and forms discussed herein for establishing a Guardianship:


GUARDIANSHIP GENERALLY

A guardian may be a person, association or corporation appointed by a probate court to be legally responsible for another person [known as the “ward”] and/or another person's [“ward’s”] property.

Guardian of the Person - appointed to make personal decisions for the ward including but not necessarily limited to where the ward will live, how health care services will be provided, and for a minor ward, where and how the ward will be receive their education.

Guardian of the Estate - appointed to manage the ward’s assets. Duties include but are not necessarily limited to paying the ward’s debts, collecting money owed to the ward, settling and adjusting any claims against the ward, accepting any assets that come to the ward, depositing and maintaining the ward’s funds in an account or accounts, investing some amounts of the ward’s funds subject to legal guidelines, selling assets for the ward, and filing and/or defending law suits for the ward as necessary to protect the ward and the ward’s interests.

A guardian is a person appointed by a probate court to be legally responsible for another person known as the “ward”. In order to serve as a guardian, one must be a competent and suitable adult.

MINOR - A minor is any person under 18 years of age.

GUARDIANSHIP OF THE PERSON - A guardian of the person of a minor ward is appointed to make personal decisions for the child including but not necessarily limited to where the child will live, how health care services will be provided, and where and how the child will receive education.
MINOR GUARDIANSHIP

Establishing the Guardianship

Filing the Application

In the case of a minor, the guardianship process begins when a family member, friend, or other person files an application to be appointed guardian of the minor. The person who files the application is called the applicant.

Guardianship of a minor may be appropriate if:

• The minor has no living parents;

• The minor has parents who are not suitable to have care and custody of the minor; or

• The minor is entitled to receive more than $25,000.

Guardianship of a minor is not appropriate if:

• There are proceedings in juvenile or domestic relations court regarding the care and custody of the minor; or

• The sole purpose of the guardianship is to establish the minor’s residency for school, qualification for health or life insurance benefits, or placement for adoption.

If guardianship of the minor is appropriate, and the minor’s county of residence is Montgomery County, the applicant may file a Minor Guardianship Application Packet, which is available at the Court and on the Court’s website. This packet includes the forms required to apply for guardianship, as well as instructions for filling them out. Some of the key forms are described below.

• Application for Appointment of Guardian of Minor (Form 16.0A). This form is completed by the applicant. It states that a guardianship of the person, estate, or both is necessary.

• Next of Kin of Proposed Ward (Form 15.0). This form is completed by the applicant. It identifies the minor’s next of kin and their addresses. Next of kin are persons who would be entitled to inherit from the minor if the minor were to die without a will.

• Selection of Guardian by Minor Over Fourteen Years of Age (Form 16.2). This form is signed by the minor if the minor is over fourteen years of age.

• Affidavit (Form 16.1A). This form is completed by the applicant if the applicant is applying to be appointed guardian of the person. It provides information about the care and custody of the minor.
Setting the Application for Hearing

After the guardianship application has been filed, the Court sets the application for hearing before a Magistrate.

The Court personally serves notice of the application and hearing on the minor if the minor is over fourteen years of age. The Court mails notice of the hearing and application to all other persons entitled to service. These persons typically include the minor’s parents and persons having care and custody of the minor. If the minor’s parents are not living, then these persons include the minor’s next of kin who reside in Ohio. Service may be waived by any competent adult who executes a Waiver of Notice and Consent (Form 15.1).

Hearing and Appointment

The hearing on the guardianship application typically is held six to eight weeks after the application is filed, unless all persons entitled to service have executed waivers, in which case it may be held earlier. The applicant must attend the hearing. The minor may, but is not required to, attend the hearing.

At the hearing, the Magistrate hears evidence in order to determine whether guardianship is necessary and whether the applicant is suitable and competent to serve as guardian. This evidence may include testimony from the applicant, interested parties, or witnesses.

If the Magistrate finds that guardianship is necessary and that the applicant is suitable and competent to serve as guardian, the Magistrate will issue a Magistrate’s Decision recommending that the Court grant the application. The Magistrate’s Decision is not effective until it is adopted in a Judgment Entry. Notice of the Magistrate’s Decision and Judgment Entry is mailed to the applicant and any other persons entitled to service.

If the application is granted, the applicant will sign a Fiduciary’s Acceptance - Guardian (Form 15.2) and an Oath of Guardian (Form 15.9). In the Fiduciary’s Acceptance, the applicant accepts the duties of guardian; in the Oath of Guardian, the applicant swears to faithfully and competently fulfill the duties of guardian.

Once the required documents have been signed and filed, the Court issues Letters of Guardianship (Form 15.4). The Letters of Guardianship show that the applicant is authorized to act as guardian of the person, estate, or both, of the minor.

Administering the Guardianship

Primary duties are to protect the minor and to make decisions and act in the minor’s best interest. In fulfilling these duties, they must obey all laws, rules, and orders of the Court.
Guardian of the Person

The guardian of the person is responsible for making decisions about the minor’s personal matters. The guardian must ensure that the minor has appropriate shelter, food, clothing, medical care, and opportunities for educational, recreational, and social activities. Unless otherwise ordered by the Court, the guardian of the person is not required to file annual reports.

Terminating the Guardianship

The guardianship is terminated on the minor’s eighteenth birthday. If there is a guardianship of the estate, the guardian must file a final Guardian’s Account within thirty days of the termination of the guardianship.
INFORMATION ABOUT PARENTAL RIGHTS
GRANDPARENT POWER OF ATTORNEY & AFFIDAVIT

Grandparents may file paperwork to have physical custody of their grandchildren. The paperwork assists grandparents in enrolling the grandchild in school and obtaining medical, dental and psychological treatment for him or her. **THIS DOES NOT GIVE THE GRANDPARENT LEGAL CUSTODY.**

**GRANDPARENT POWER OF ATTORNEY** - used when parent(s) are available.
Parents can grant a Power of Attorney to a grandparent who is currently caring for one or more grandchildren because the child’s parent cannot.
The Caretaker Authorization Affidavit and the Power of Attorney allow the grandparent temporarily to:
- Arrange for the child’s routine and emergency medical, dental and psychological treatment
- Authorize your grandchild’s enrollment in school
- Access information regarding their education
- Provide consent for educational activities

**GRANDPARENT CARETAKER AFFIDAVIT** - used when parents' whereabouts are unknown.
A grandparent who is currently caring for one or more grandchildren, and who cannot locate the child’s parent, or has failed to locate the grandchild’s parents after making reasonable effort to do so, may obtain a Caretaker Authorization Affidavit.

*Caretaker Authorization Affidavit (CAA) & the Power of Attorney (POA) forms are in Attachment(s) B.*
INFORMATION ABOUT PARENTAL RIGHTS
GUARDIAN AD LITEM

A Guardian Ad Litem Protects Best Interest of the Child

Q: What is a guardian ad litem?
A: A guardian ad litem (GAL) is appointed to assist a Domestic Relations (DR) or Juvenile Court in determining what is in a minor child’s best interest in cases pending before the Court.

Q: Who pays for the GAL?
A: That depends upon the nature of the case, the rules of the particular Court and/or the parties. In abuse, dependency and neglect cases in the Juvenile Court, GALs are appointed to children at government expense. In other cases, in Juvenile and DR Courts, the court order may assign a percentage of the GAL’s fees to each party, allocating them equally or basing them on the parties’ relative incomes, or one party may offer to pay or be ordered to pay the full GAL fee.

Q: Is the GAL also my child’s attorney?
A: The court can appoint a GAL to also act as your child’s attorney, but the court appoints a GAL to represent the child’s best interest. The GAL must consider the child’s wishes, but the GAL’s role is to represent the child’s best interest. If the GAL identifies a conflict between the child’s wishes and the child’s best interest, then the GAL will notify the court, where further orders may be made, and a separate attorney for the child may be appointed.

Q: What happens after the GAL is appointed?
A: You likely will have an initial meeting in the GAL’s office and will complete an intake form. After that, you should expect a home visit where the GAL can see you interact with the child. In the meantime, the GAL will review court pleadings, request records regarding the child, speak to witnesses and gather other information for an investigation.

Q: Who may serve as a GAL?
A: In many jurisdictions, court-appointed special advocates (CASAs) may serve as GALs in dependency, neglect or abuse cases. Attorneys also may serve as GALs. Specific GAL training requirements are discussed in the Ohio Rules of Superintendence, Rule 48 Section E: www.ohiocasa.org/index.cfm?fuseaction=page&page_id=5022; the Ohio Revised Code, and the Rules of Ohio Courts and Courts’ own Local Rules.
**Q:** Who appoints a GAL?

A: The judge or magistrate will appoint a GAL. In a private case, the attorneys for each party may agree on a GAL or ask the court to appoint one. When the interests of several children must be protected in a particular case, one GAL is usually appointed to represent all of the children’s interests. The court must indicate whether an attorney is being appointed as both a GAL and as attorney for the child, or as a GAL only. Whenever feasible, the same GAL is reappointed to represent the best interest of a specific child in any subsequent court case.

**Q:** What are the GAL’s responsibilities?

A: The Supreme Court of Ohio outlines the GAL’s responsibilities, but a court’s local rule may also address specific criteria. At the very least, a GAL must:

1. Represent the best interest of the child;
2. Maintain independence, objectivity and fairness;
3. Act with respect and courtesy to the parties;
4. Appear and participate in all hearings and at “in camera” interviews between the judge or magistrate and the child;
5. Ask the court, in writing, to resolve conflicts by entering appropriate orders;
6. Request psychological, mental health or substance abuse assessments regarding the parties;
7. Avoid any actual or apparent conflict of interest that may arise from any relationship or activity;
8. Make reasonable efforts to learn about the facts of the case by:
   a. Observing the child with each parent, foster parent, guardian or physical custodian and conducting at least one interview with the child where none of these individuals are present;
   b. Visiting the child’s residence in accordance with any court-established standards;
   c. Ascertaining the child’s wishes;
   d. Interviewing the parties, foster parents and other individuals who may have relevant knowledge of the case;
   e. Reviewing pleadings and other relevant court documents;
f. Reviewing criminal, civil, educational and administrative records pertaining to the child and, if appropriate, to the child’s family or other parties;

g. Interviewing school personnel, medical and mental health providers, child protective services workers and relevant court personnel, and obtaining copies of relevant records;

h. Recommending that the court order psychological evaluations, substance abuse assessments or other evaluations or tests that would be helpful to the court;

9. Provide the court with a written report of the activities listed above.

**Q:** Does the GAL’s recommendation become a final order?

**A:** The GAL must give the court a written report seven days before a hearing so that the report can be admitted into evidence. The GAL also must be available to testify at the hearing. If these requirements are met, the court will consider the GAL’s recommendation before giving its final order.

CUSTODY
Frequently Asked Questions - FAQS

Will I lose legal custody of my child(ren) if I am incarcerated?
Incarceration does not automatically cause the loss of custody of one’s child(ren). Taking action as early as possible can help prevent an involuntary loss of custody. When it comes to child custody arrangements, States take the position that appropriate frequent and continuing contact with both parents is beneficial to the welfare of the child.

Can I give temporary custody to a family member without giving up all of my parental rights?
Temporary custody or legal custody of your child or children may be granted to a relative or non-relative by the Juvenile Court. Temporary custody may not last longer than two (2) years. Guardianship Orders through the Probate Court, as well as Grandparent Affidavits are also options.

I am leaving my child(ren) with a family member while I am incarcerated. Is there anyone that could monitor my child’s well-being while I am away?
If a court case is pending involving your child, a guardian ad litem (GAL) may be appointed to assist the court in determining what is in a minor child’s best interest. A GAL may also be appointed as your child’s attorney. The GAL must consider the child’s wishes, but they must always advocate in the child’s best interest even if it is not what the child wants. If the GAL identifies a conflict between the child’s wishes and the child’s best interest, then the GAL will notify the court, where further orders may be made.

Temporary Custody:
The Juvenile Court can award temporary custody [TC] to a relative or a non-relative for one year unless the court ends it sooner. The court may also grant two 6-month extensions but TC may not last longer than two (2) years. In cases involving the Montgomery County Department of Jobs and Family Service, Children Services Division [CSD], that agency will remain involved as long as the...
child remains in TC, and may continue to be involved depending upon the custody status of the child after TC ends. Parents retain the right to visit their child, be informed of medical conditions, be represented by an attorney and consent to the case plan. After two years of TC, the child can reunite with the parent(s), legal custody given to a relative or a non-relative, or the child(ren) may be placed in a Planned Permanent Living Arrangement [PPLA] or in the Permanent Custody [PC] of CSD at which time parental rights terminate. During a temporary custody arrangement the custodian may apply for Ohio Works First [OWF], a monthly cash assistance program. To be eligible, they must be related by blood or marriage, or be legal guardian or custodian to the child in their care. Contact the Job Center in Dayton at 937-496-7620 for additional information.

**Legal Custody:**
The Juvenile Court awards legal custody to relatives or non-relatives until the child is 18 years of age and graduates from high school, is 19 years of age if still attending an educational program designed to lead to a high school diploma or its equivalent, and potentially longer depending upon the child’s special needs. Parents may still be granted visitation with the child, and may remain obligated to provide financial support. They have the right to petition the court to regain custody and to receive notice of any legal proceedings.
DEVELOPING AN ACTION PLAN

A. Have a plan to protect your family.

1. Speak with a non-profit lawyer to assess your individual situation.
   Always have the contact information of a respected legal service provider in case of emergency. See ATTACHMENT(S) A.
   Other members of your family should also have these numbers. See ATTACHEMENT(S) B for information on Important Forms and Personal Information.

2. Have upfront conversations with children and family members advising of the possibility of incarceration.

3. Solidify a method and schedule of consistent communication with family/children.

4. Prepare appropriate document(s) to ensure the proper care of your children.
   - Grandparent Caretaker Authorization Affidavit* - used when parents' whereabouts are unknown.
   - Grandparent Power of Attorney* - used when parent(s) are available.
   - Guardianship of Minor.

   A Guardian may be a person, association or corporation appointed by a probate court to be legally responsible for another person [known as the “ward”] and/or another person’s [“wards”] property.
   Guardian of the Person – appointed to make personal decisions for the ward including but not necessarily limited to where the ward will live, how health care services will be provided, and for a minor ward, where and how the ward will receive their education.

   Limited Power of Attorney* - to a relative or family friend in case you are taken into custody. This is very important, and in an emergency, would allow for a close friend or family member to care for your children rather than them being placed into the foster care system. However, please know that while this Power of Attorney is valid, it is not enforceable against a person or entity that will not accept it or that refuses to recognize its validity.

*Removable forms available in ATTACHMENT(S) B.
5. Prepare appropriate document(s) to ensure that your business, health and estate wishes are protected and carried out. These may include a Durable Power of Attorney, a Last Will & Testament, a Living Will, and Durable Power of Attorney for Health Care.

6. Child Support
If you are the subject of a Child Support Order, provide the CSEA and the issuing Court with your future address. If you are the Obligor (or person required to pay child support) under the Order, see if the Order may be suspended or if the monthly amount can be reduced during your incarceration.

B. Have a plan at your place of work.
Be sure to keep your employer informed of any changes in your case and/or possible incarceration. An employer may/may not be willing to work with you depending on the length of the sentence.

C. Keep all of your important documents where they are easy to find.
Make copies of your documents for a family member or close friend to keep in the event you are sentenced/immediately taken into custody. Those may include:
Birth Certificate / Social Security Cards (identification for self and minor children) (PHDMC)
Property Titles [Real Estate; Automobiles; other vehicles]
Court Documents (Criminal and/or Child Custody cases, if applicable)
Public Assistance Documents
School Records (minor children)
Medical Documents (immunization records, medical provider contact information; minor children)
Savings and Checking Accounts
Life Insurance Policies
Credit Cards
Passports
Safe Deposit Box
Safes
Debts Information
Other assets, incomes, expenses, obligations and liabilities information
D. Miscellaneous

Prepare arrangements for pets

Legally dispose of any firearms before your incarceration
The Montgomery County Child Support Enforcement Agency (MCCSEA) is committed to continuously improving services for all customers. Because we recognize that incarcerated parents have unique needs, MCCSEA has developed a Reentry Program that provides special services for our incarcerated parents.

Our Agency has dedicated a specialized case worker to assist our incarcerated and returning citizens. That caseworker will be your child support specialist for the duration of your incarceration and for at least 6 months after your release. They are dedicated to doing all they can to assist you with your support needs and to link you with vital services before and after your release.

There are many ways MCCSEA can assist you. For instance, MCCSEA can:

- Explain steps you can take to reduce or eliminate child support debt (arrears),
- Explain when & how you can modify your support obligation (*Child Support Modification Request Form in the Attachment(s) B of this guide*),
- Explain if you are eligible for genetic testing & how you can apply for paternity services, (*Paternity & Child Support Application in the Attachment(s) B of this guide*),
- Clarify how a father’s name is added to a child’s birth certificate & what steps are required to change the child’s last name,
- Provide information about ways you can avoid barriers to employment upon your release,
- Help you navigate our system, reduce stress, and clarify our expectations once you are released.

If you have questions that are not covered in this letter, please feel free to contact us directly by email MCCSRe-entry@jfs.ohio.gov, or in writing. This email account is dedicated to incarcerated and returning citizens. **When emailing/writing, please put your 10-digit SETS Case number and/or Social Security Number on your letter or subject line.**

We have also included an Informed Consent Form (*in the Attachment(s) B of this guide*) that allows you to name someone to work with us on your behalf and have access to your private child support information while you are incarcerated. This is not a requirement but is included for you as a convenience.

During your incarceration and upon release, you will continue to receive letters and other communication from our Agency. Please do not ignore these letters. If you do not understand something you’ve received, contact our Agency as soon as possible for assistance. We are here to help. A successful reentry begins the moment you become incarcerated. By working together, we can help you achieve a successful reentry, which is in everyone’s best interests, especially your child(ren).
ATTACHMENT(S) A
MONTGOMERY COUNTY CONTACT INFORMATION

Adult Parole Authority
1901 S. Gettysburg Ave., Dayton, Ohio 45418
(937) 262-9853

Children Services
Haines Children's Center
3304 North Main Street, Dayton, Ohio 45405-2646
(937) 224 - KIDS (5437) /Fax: (937) 276 – 1852

Criminal Justice Services (Adult Probation Department)
41 N. Perry St., Dayton, Ohio 45422
(937) 225-4714
Satellite Office: Reibold Building - 14 W. Fourth St., Dayton, Ohio 45402
937-496-3195

Crisis Care
601 S. Edwin C. Moses Blvd., Dayton, Ohio 45417
(937) 224-4646

Domestic Relations Court
301 West Third Street, Dayton, Ohio 45422-2160
Phone: (937) 225-4063 /Fax: (937) 496-7443

Fair Ombudsman’s Office (Children Services)
3304 North Main Street, Dayton, Ohio 45405-2646
(937) 224-5437
Greater Dayton Volunteer Lawyers Project (GDVLP) (Non Profit Attorney)
109 N Main St Ste. 610, Dayton, OH 45402
(937) 461-3857

Juvenile Court
380 West Second St., Dayton, Ohio 45422
Court Services – Information: (937) 496-7908 / (937) 225-4199 / (937) 496-3158
Citizen Services (Pro Se) filing without an attorney – Information: (937) 224-3977
Court Administration: (937) 225-4267
Ancillary Services/Legal: (937) 225-4250
Detention Services: (937) 496-7324
Intervention Center: (937) 225-4141
Support/Custody/Paternity: (937) 496-3158

Legal Aid of Western Ohio (Non Profit Attorney)
130 W. 3rd Street, Suite 700, Dayton, Ohio 45402
(937) 228-8088
Eligibility line: 1 (888) 534-1432, 9 a.m. – 2 p.m. Monday - Friday
http://legalaidline.lawolaw.org/

Montgomery County Job & Family Services*
1111 S. Edwin C. Moses Blvd., Dayton, Ohio 45422
Phone: (937) 225-4148, Fax: (937) 225-4188

Montgomery County Office of Reentry
1133 S. Edwin C. Moses Blvd., Suite 370, Dayton, Ohio 45417
(937) 225-6460

*If you’re not a Montgomery County resident, contact the Ohio Department of Job & Family Services at (866) 886-3537
Ombudsman's Office
11 West Monument Avenue, Suite 606, Dayton, Ohio 45402
(937) 223-4613 / 1 (800) 395-8267 /Fax: (937) 228-1183
E-mail: ombudsman@dayton-ombudsman.org

Probate Court
41 N. Perry St., Dayton, Ohio 45422-2155
(937) 225-4640 / Fax: (937) 496-3181

The Law Office of the Public Defender
117 South Main St, 4th Floor, Reibold Building, Dayton, Ohio 45422
(937) 225-4652 / Fax: (937) 225-3449

Public Health (PHDMC) – Vital Statistics (Birth & Death Records)
Reibold Building - 1st Floor - 117 S Main Street, Dayton, Ohio 45422
(937) 496-3114
ATTACHMENT(S) B
VITAL FORMS & PERSONAL INFORMATION

FAMILY MEDICAL INFORMATION & IDENTIFICATION
IMPORTANT FAMILY RECORDS
GRANDPARENT CARETAKER AUTHORIZATION AFFIDAVIT (CAA)
GRANDPARENT POWER OF ATTORNEY (POA)
LIMITED POWER OF ATTORNEY FOR CARE OF MINOR CHILD(REN)
CHILD SUPPORT INFORMED CONSENT FORM
CHILD SUPPORT MODIFICATION REQUEST FORM
PATERNITY & CHILD SUPPORT APPLICATION
OHIO BUREAU OF MOTOR VEHICLES POWER OF ATTORNEY
FAMILY MEDICAL INFORMATION & IDENTIFICATION
FAMILY MEDICAL INFORMATION & IDENTIFICATION

Complete One for Each Child

Date: _________________________
Parent ________________________
Home Phone ____________________ Work Phone ________________
City_________________  State _______ Zip Code _________________
Cell Phone __________________________
Next to Kin/Emergency Contact ________________  Phone _______
Address:___________________________________________________
Family Doctor ____________________    Phone  ___________________
Address: ___________________________________________________
Insurance Carrier __________________        If None Please Check (___)
Insurance Policy Name and # __________________________________
Known Medical Conditions

__________________________________________________________

__________________________________________________________

Medications? _______________________________________________
Allergies? __________________________________________________
Last Tetanus Immunization? ________________________________
Will You Allow Blood Transfusions? Yes (__)  No (___)
Other _____________________________________________________
Signature ____________________________
IMPORTANT FAMILY RECORDS
# IMPORTANT FAMILY RECORDS

## IN CASE OF EMERGENCY, CALL 911

- Police:
- Fire:

## FAMILY / IMPORTANT CONTACTS

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## INSURANCE INFORMATION

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## MEDICAL INFORMATION

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<td>WORK NUMBERS</td>
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GRANDPARENT CARETAKER AUTHORIZATION AFFIDAVIT
Caretaker Authorization Affidavit (CAA)

Are you currently caring for one or more grandchildren, and cannot locate the child’s parent? If you have failed to locate your grandchild’s parents after making reasonable effort to do so, you may obtain a Caretaker Authorization Affidavit. The Caretaker Authorization Affidavit allows you to temporarily:

- Arrange for the child’s routine and emergency medical, dental and psychological treatment
- Authorize your grandchild’s enrollment in school
- Access information regarding their education
- Provide consent for educational activities

Filing Directions
1. Complete the general information sheet and CAA.

2. The Grandparent will have to sign the CAA in front of a notary. Free notary services provided at your local bank and Legal Aid.

3. Affidavit must be filed within 5 days to notify the non-residential and noncustodial parent by certified mail within 5 days of filing for the CAA.

4. Attach the receipt showing the notice was sent to the non-custodial and non-residential parent. The certified mail receipt must accompany the CAA.

5. Only one child can be included on a CAA. In the case of multiple children, complete one CAA per child. Make 5 copies per child. One copy needs to be mailed to the custodial parent(s).

6. File the CAA at the Juvenile Justice Center, 380 West Second Street, Dayton – at the Clerks Office, Lower Level, 8:30am-4:00pm, weekdays, excluding holidays.

7. If CAA is revoked for any reason, the parent is required to notify in writing, the school, healthcare provider, or healthcare insurance provider and any other person who had been previously notified of the CAA.

**** The statute requires the Court to waive all filing fees for these and related documents. If you have additional questions about these forms please contact:
Kinship Caregiver Coalition
Dionne Simmons
907 West Fifth Street, 4th Floor
Dayton, Ohio 45402
937-775-8249
General Information Sheet

Please check what you are filing for:

_____ Grandparent Power of Attorney

_____ Grandparent Caretaker Authorization Affidavit

Child’s Name: ________________________________

Grandparent’s Name: _________________________

Address: ___________________________________

Parent’s Name: ______________________________

Address: ___________________________________

If child is changing schools, please tell us:

What school / district the child is leaving: ______________________

What school / district will the child attend: ______________________
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:

   (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 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 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.

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 ........, ...........

..............................................

Notary Public
Notices:

1. The grandparent's signature must be notarized by an Ohio notary public.

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.

2. 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.

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

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.

4. 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.

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.
To caretakers:

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.

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.

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.

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:

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.

1. The school district may require additional reasonable evidence that the grandparent lives at the address provided in item 5 of the affidavit.

2. 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.

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.

To health care providers:

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.

1. 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.
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.
GRANDPARENT POWER OF ATTORNEY
Power of Attorney (POA)

Are you currently caring for one or more grandchildren because the child’s parent cannot? If so, your grandchild’s parents can grant you Power of Attorney. Power of Attorney allows you temporarily to:

➢ Arrange for the child’s routine and emergency medical, dental and psychological treatment
➢ Authorize your grandchild’s enrollment in school
➢ Access information regarding their education
➢ Provide consent for educational activities

Filing Directions
1. Complete the general information sheet and POA.

2. The Parent and Grandparent will both have to sign the POA in front of a notary. Free notary services provided at your local bank and Legal Aid.

3. Grandparent must notify the non-custodial parent by certified mail within 5 days of filing for the POA.

4. Attach the receipt showing the notice was sent to the non-custodial parent. The receipt must accompany the POA.

5. Only one child can be included on a POA. In the case of multiple children, complete one POA per child. Make 5 copies per child. One copy needs to be mailed to the non custodial parent(s).

6. File the POA at the Juvenile Justice Center, 380 West Second Street, Dayton – at the Clerks Office, Lower Level.

7. If POA is revoked for any reason, the parent is required to notify in writing, the school, healthcare provider, or healthcare insurance provider and any other person who had been previously notified of the POA.

**** The statute requires the Court to waive all filing fees for these and related documents. ****

If you have additional questions about these forms please contact:
Kinship Caregiver Coalition Legal Aid of Western Ohio
Dionne Simmons
907 West Fifth Street, 4th Floor
Dayton, Ohio 45402
937-775-8249
General Information Sheet

Please check what you are filing for:

_____ Grandparent Power of Attorney

_____ Grandparent Caretaker Authorization Affidavit

Child’s Name: ______________________________________________________

Grandparent’s Name: ______________________________________________

Address: __________________________________________________________

Parent’s Name: ____________________________________________________

Address: __________________________________________________________

If child is changing schools, please tell us:
  What school / district the child is leaving: ____________________________

  What school / district will the child attend: ___________________________
IN THE COMMON PLEAS COURT OF MONTGOMERY COUNTY
JUVENILE DIVISION

IN RE: ______________________ [CHILD’S NAME]
DOB: ______________________

Juvenile Court Tracking: U#__________________

POWER OF ATTORNEY

I, the undersigned, residing at ____________________________
in the county of ____________________________, state of ________________, hereby appoint the
child’s grandparent, ____________________________, residing at
_____________________________, in the county of ____________________________, in the state of Ohio, with whom the child of whom I am the
parent, guardian, or custodian is residing, my attorney in fact to exercise any and all of my rights
and responsibilities regarding the care, physical custody, and control of the child
______________________________, born__________________, having social
security number (optional)____________________, except my authority to consent to
marriage or adoption of the child ____________________________, and to perform
all acts necessary in the execution of the rights and responsibilities hereby granted, as fully as I
might do if personally present. The rights I am transferring under this power of attorney include
ability to enroll the child in school, to obtain from the school district educational and behavioral
information about the child, to consent to all school-related matters regarding the child, and to
consent to medical, psychological, or dental treatment for the child. This transfer does not affect
my rights in any future proceedings concerning the custody of the child or the allocation of the
parental rights and responsibilities for the care of the child and does not give the attorney in fact
legal custody of the child. This transfer does not terminate my right to have regular contact with
the child.
Grandparent POA for ______________________ (Child’s Name)
Page 2

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

(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 the parent of the child, the child’s other parent is deceased, and I have authority to execute this 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) I revoke this POWER OF ATTORNEY in writing and give notice of the revocation to the grandparent designated as attorney in fact and the juvenile court with which this POWER OF ATTORNEY was filed; (2) the child ceases to reside with the grandparent designated as attorney in fact; (3) this POWER OF ATTORNEY is terminated by court order; (4) the death of the child who is the subject of this power of attorney; or (5) 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 2912.13 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 )
 ) ss:
County of ________________.)

Subscribed, sworn to, and acknowledged before me this ___ day of __________, 20____.

________________________________________
Commission Expires
Notary public
NOTICES:

1. A power of attorney may be executed only if one of the following circumstances exists: (1) The parent, guardian, or custodian of the child is: (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 the parent's, guardian's, or custodian's 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) One of the child's parents is deceased and the other parent, with authority to do so, seeks to execute a power of attorney; or (3) The parent, guardian, or custodian has a well-founded belief that the power of attorney is in the child's best interest.

2. The signatures of the parent, guardian, or custodian of the child and the grandparent designated as the attorney in fact must be notarized by an Ohio notary public.

3. A parent, guardian, or custodian who creates a power of attorney must notify the parent of the child who is not the residential parent and legal custodian of the child unless one of the following circumstances applies: (a) the parent is prohibited from receiving a notice of relocation in accordance with section 3109.051 of the Revised Code of the creation of the power of attorney; (b) the parent's parental rights have been terminated by order of a juvenile court pursuant to Chapter 2151. of the Revised Code; (c) the parent cannot be located with reasonable efforts; (d) both parents are executing the power of attorney. The notice must be sent by certified mail not later than five days after the power of attorney is created and must state the name and address of the person designated as the attorney in fact.

4. A parent, guardian, or custodian who creates a power of attorney must file it with the juvenile court of the county in which the attorney in fact resides, or any other court that has jurisdiction over the child under a previously filed motion or proceeding. The power of attorney must be filed not later than five days after the date it is created and be accompanied by a receipt showing that the notice of creation of the power of attorney was sent to the parent who is not the residential parent and legal custodian by certified mail.

5. This power of attorney does not affect the rights of the child's parents, guardian, or custodian regarding any future proceedings concerning the custody of the child or the allocation of the parental rights and responsibilities for the care of the child and does not give the attorney in fact legal custody of the child.

6. A person or entity that relies on this power of attorney, in good faith, has no obligation to make any further inquiry or investigation.
7. This power of attorney terminates on the occurrence of whichever of the following occurs first: (1) the power of attorney is revoked in writing by the person who created it and that person gives written notice of the revocation to the grandparent who is the attorney in fact and the juvenile court with which the power of attorney was filed; (2) the child ceases to live with the grandparent who is the attorney in fact; (3) the power of attorney is terminated by court order; (4) the death of the child who is the subject of the power of attorney; or (5) the death of the grandparent designated as the attorney in fact.

If this power of attorney terminates other than by the death of the attorney in fact, the grandparent who served as the attorney in fact 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 other person or entity would reasonably rely on the power of attorney unless notified of the termination;

(c) The court in which the power of attorney was filed after its creation;

(d) The parent who is not the residential parent and legal custodian of the child who is required to be given notice of its creation. The grandparent shall make the notifications not later than one week after the date the power of attorney terminates.

8. If this power of attorney is terminated by written revocation of the person who created it, or the revocation is regarding a second or subsequent power of attorney, a copy of the revocation must be filed with the court with which that power of attorney was filed.
Additional information:

To the grandparent designated as attorney in fact:

1. If the child steps 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 power of attorney. 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 power of attorney unless notified. The notification must be made not later than one week after the child stops living with you.

2. You must include with the power of attorney 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.
3. If you receive written notice of revocation of the power of attorney or the parent, custodian, or guardian removes the child from your home and if you believe that the revocation 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. Except as provided in section 3313.649 of the Revised Code, this power of attorney, properly completed and notarized, authorizes the child in question to attend school in the district in which the grandparent designated as attorney in fact resides and that grandparent is authorized to provide consent in all school-related matters and to obtain from the school district educational and behavioral information about the child. This power of attorney 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 in the school district.

3. A school district or school official that reasonably and in good faith relies on this power of attorney has no obligation to make any further inquiry or investigation.

To health care providers:

1. A person or entity that acts in good faith reliance on a power of attorney to provide medical, psychological, or dental treatment, without actual knowledge of facts contrary to those stated in the power of attorney, 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 power of attorney is completed and the signatures of the parent, guardian, or custodian of the child and the grandparent designated as attorney in fact are notarized.

2. The decision of a grandparent designated as attorney in fact, based on a power of attorney, shall be honored by a health care facility or practitioner, school district, or school official.
LIMITED POWER OF ATTORNEY
FOR CARE OF MINOR CHILD(REN)
LIMITED POWER OF ATTORNEY
FOR CARE OF MINOR CHILD(REN)

KNOW ALL MEN BY THESE PRESENTS:

That I/We, ___________________________ , adult resident citizen(s) of ________________,
County, State of ____________________,
hereinafter “Natural Guardian(s)”, residing at _____________________
(Address), __________________ (City), state the following:

1. Natural Guardian(s) is/are the parent(s) of the following Minor Child(ren):

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<tr>
<th>Name</th>
<th>Age</th>
<th>Date of Birth</th>
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Known allergies:

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<th>Name of Child</th>
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2. Natural Guardian(s) have made, constituted and appointed, and by these presents do make, constitute
and appoint, ___________________(name),
__________________________________________________(address-city-state), as our/my true and lawful
Attorney-in-Fact, hereinafter “Attorney-In-Fact”, to act with the limited powers, as specified herein, in
regard to the Minor Child(ren) named above. As such, the Attorney-in-Fact shall be the Attorney-in-Fact for
Natural Parent(s) and for said Minor Child(ren).

3. The Attorney-in-Fact named in paragraph two (2) shall have the following powers in regard to the
health, education and general welfare of the Minor Child(ren) named in paragraph one (1), to wit:

(a) To act for and on behalf of the undersigned to consent to any x-ray examination, anesthetic, medical
or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered
under the general or specific supervision of any physician and surgeon licensed under the provision of the
Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a
hospital, during all times that the Minor Child(ren) is/are in the presence of said Attorney-in-Fact. It is
understood that this power is given in advance of any specific diagnosis, treatment, or hospital care being
required, but is given to provide authority and power on the part of our aforesaid Attorney-in-Fact to give
specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician
in the exercise of his or her best judgment may deem advisable; and

(b) To do and perform any and all acts necessary or required that a natural parent would perform in
reference to education of said Minor Child(ren). It is expressly the intent of the Natural Guardian(s) that the
Attorney-in-Fact is hereby given wide discretion in education matters and that all educational institutions shall recognize and follow the instructions of the Attorney-in-Fact in regard to the education of such Child(ren); and

(c) To perform and provide discipline to said Child(ren) as if said Attorney-in-fact were the Natural Guardian of said Minor Child(ren); and

(d) To perform and act as Natural parent in reference to any and all legal matters necessary or desirable for the custody, care and education of said Minor Child(ren); and

(e) I do authorize my/our aforesaid Attorney-in-Fact to execute, acknowledge and deliver any instrument under seal or otherwise, and to do all things necessary to carry out the intent hereof, hereby granting unto said Attorney-in-Fact full power and authority to act in and concerning the premises as fully and effectually as the Natural Parent(s) may do if personally present, limited, however, to the purpose for which this limited power of attorney is executed. The Attorney-in-Fact may execute any and all such documents or other papers in the following form: “________________________ , Attorney-in-Fact for {name applicable Child}, a Minor Child”.

4. The Natural Parent(s) hereby releases the Attorney-in-Fact from any and all liability and damages of any kind or character whatsoever for the performance of the duties herein provided in consideration for the Attorney-in-Fact’s acceptance of the duties specified herein.

5. This Power of Attorney and the powers of the Attorney-in Fact shall begin on the ____ day of ___________, 20___ and remain effective through the ____ day of ____________, 20 ___, unless sooner revoked in writing by the Natural Parent(s).

6. This Power of Attorney may be terminated or revoked by the Natural Parent(s), and if two, by any one of them, by delivery of a written Notice of Termination to the Attorney-in-Fact at any time.

7. Any person may rely upon the continued effectiveness of this Power of Attorney and the continued powers of the Attorney-in-Fact, unless or until such person has received actual notice of the termination of same.

8. Natural Parent(s) further declare that any act or thing lawfully done hereunder and within the powers herein stated by said Attorney-in-Fact shall be binding on the Natural Parent(s) and their heirs, legal and personal representatives and assigns.

IN WITNESS WHEREOF, I/We have hereunto set my/our hand and seal this the ____ day of _________, 20__.

________________________
Witnesses: Name and Address

________________________________

________________________________

________________________________
Witnesses: Name and Address

________________________________________
________________________________________
________________________________________

Witnesses: Name and Address

________________________________________
________________________________________
________________________________________

Witnesses: Name and Address

________________________________________
________________________________________
________________________________________

STATE OF _______________________
COUNTY OF _______________________

PERSONALLY came and appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the within named ________________, who acknowledged to me that she/he/they signed, executed and delivered the foregoing Power of Attorney on the day and year therein mentioned.

GIVEN under my hand and official seal of office, this the ____ day of ________________, 20___.

________________________________________
NOTARY PUBLIC

My Commission Expires: _______________________

Acceptance by Attorney-in-Fact

I, ________________________, hereby accept the duties, powers and responsibilities contained in the above and foregoing Power of Attorney.

DATED this the _____ day of ________________, 20___.

________________________________________
Signature
CHILD SUPPORT INFORMED CONSENT FORM
INFORMED AND EXPRESS CONSENT
TO RELEASE/RECEIVE INFORMATION

SETS Case Number:_________________________

I, _____________________________________________, obligor/obligee in the above
referenced case, give ________________________________________________,
(full name)
________________________ full authority to receive and/or provide information
(relationship)

pertaining to this child support and/or spousal support case. This person has a need to know
and authorization to view and have access to Federal Tax Information (FTI).

THIS INFORMATION AND EXPRESS CONSENT TO RELEASE/RECEIVE INFORMATION WILL REMAIN IN
EFFECT FOR ONE (1) CALENDAR YEAR FROM THE DATE SIGNED.

__________________________________________
(PRINT NAME)

__________________________________________
(SIGNATURE)

__________________________________________
(DATE)

OAC Rule 5101:1-29-071
SEA #54 (Rev 11/16/16)
CHILD SUPPORT MODIFICATION
REQUEST FORM
Instructions for Completing this JFS 01849 Request & Information Regarding the Administrative Adjustment Review Process

By submitting this JFS 01849, you are asking Montgomery County Child Support Enforcement Agency (MCCSEA) to conduct an Administrative Adjustment Review of your support order, also known as a “modification.” Keep this page. It will explain this process and its requirements.

Administrative Adjustment Review (AAR) is a two-step process

**STEP 1:**
Complete and sign the JFS 01849. Submit pages 1-3 to MCCSEA. This request must include your name, current address, case number (10-digit number starting with 7), order number, and the names of the Obligor (payor) and Obligee (support recipient). **Your request will be denied if the JFS 01849 is not signed.** If your address is different from the address listed on the JFS 01849, provide your new address at the bottom of page 3. Keep this info sheet to guide you through the AAR process.

If your most recent support order was calculated over 36 months ago, your case is timeframe eligible for review. Check the first box on page 1. No evidence is required. You are automatically eligible.

If your last support order was calculated less than 36 months ago, your case is not timeframe eligible. MCCSEA can only modify your order if you qualify for an “early review.” You must provide evidence that you meet at least one of 14 criteria listed on the JFS 01849. Read these criteria carefully. Only check boxes if you have evidence supporting those criteria. **If you fail to attach evidence, your request will likely be denied.** If you request an AAR because the other party’s income has changed, MCCSEA will review its databases for confirmation. You can contact MCCSEA prior to submitting the JFS 01849 and ask us to issue an Employer Verification to the other party’s current employer.

**STEP 2:**
If your request is approved, you will receive an Administrative Adjustment Review Notification (JFS 07606) that lists the date of your scheduled AAR. The JFS 07606 includes a 3-page financial “affidavit”. **You must sign and return this affidavit on or before your review date or your AAR will be dismissed.** To ensure your order is accurately calculated, answer all questions even if the answer is “$0.00” or “N/A.” Attach supporting documentation. MCCSEA cannot tell you if we have all the evidence we need, as only you will ever know the full extent of your income sources and costs. However, your documentation must be current. At minimum, you must provide the cost of private health insurance available through your employer or currently in effect through an employer, spouse, union, private policy, Tricare, or exchange. You must include BOTH the cost of single AND family coverage. Please attach a copy of your health insurance card if coverage is currently in effect.

Common attachments include: 1) recent pay stubs or an employer statement verifying your gross income, 2) tax returns (with all schedules and attachments), 3) 3rd party verification of current childcare costs (listing the names of the child/ren in care, the number of weeks you pay for care, and contact info), 4) birth certificates for other natural/adopted child/ren who reside in your home, 5) Social Security award letters (including derivative benefits paid to your child/ren), 6) evidence of workers or unemployment compensation, and 7) if you cannot work, a physician statement that you are medically unable to work, which also indicates when you can return to work.
Do not attach household, auto, utility, or medical bills. They will not be considered. Also, do not send original documents. MCCSEA will not make copies or return any attachments.

Montgomery County CSEA
1111 S. Edwin C. Moses Blvd.
P.O. Box 8744
Dayton, Ohio 45422

Telephone Number: (937) 225-4600
Toll Free Number: 1-800-555-0430
Fax Number: (937) 225-5900 or 496-7461

________________________
first name
________________________
last name
________________________
address
________________________
city state zip

Case Number: ___________________________ Child Support Obligor: ___________________________
Order Number: ___________________________ Child Support Obligee: ___________________________

Date: ___________________________

Request for an Administrative Review of the Child Support Order

I request an administrative review and adjustment of my child support order, including the medical support provisions and any arrears payments, as set forth in Ohio Administrative Code (OAC) rules 5101:12-60-05 to 5101:12-60-05.6 for the following reason (please check the appropriate box):

☐ It has been at least 36 months since the date of the most recent child support order.

☐ It has been less than 36 months ago since the date of the most recent child support order. I have marked the appropriate circumstance which has changed. I have attached any required evidence of the change in circumstance to this form. [If the required document is not submitted to the Child Support Enforcement Agency (CSEA) with this request, your request will be denied.]

1. ☐ The existing order established a minimum or a reduced amount of support based on the Child Support Guidelines due to the unemployment or underemployment of the obligor and the obligor is no longer unemployed or underemployed. The requesting party must provide to the CSEA relevant evidence or information supporting an allegation of the change in the obligor's employment status.

2. ☐ I am ☐ The other party is unemployed or laid off, the unemployment or lay off is beyond the party’s control, and the unemployment or lay off has continued uninterrupted for thirty consecutive days. The party requesting the administrative review must provide to the CSEA relevant evidence of the unemployment or layoff, including that the unemployment or lay off is beyond the party’s control. If the amount of the existing support order was calculated based on the annualized income of an individual who is employed in a seasonal occupation, and the cause of the request for a review is a seasonal lay off, then the party does not meet the criteria for an administrative review under this section.

3. ☐ I am ☐ The other party is unemployed due to a plant closing or mass layoff as defined in the Worker Adjustment and Retraining Notification (WARN) Act, 29 U.S.C. §2101 et seq. The administrative review
request may only be made after the worker’s last day of employment. The worker must provide to the CSEA a copy of the notice of the plant closing or mass layoff provided pursuant to the WARN Act.

4. □ I am □ The other party is permanently disabled reducing his or her earning ability. The requestor must provide to the CSEA verification of receipt of benefits administered by the Social Security Administration due to the disability and/or a physician's complete diagnosis and permanent disability determination.

5. □ I am □ The other party is institutionalized or incarcerated and cannot pay support for the duration of the child's minority and no income or assets are available to the party which could be levied or attached for support. The requestor must provide evidence of the institutionalization or incarceration and the inability to pay support during the child's minority.

6. □ I have □ The other party has experienced a thirty percent decrease, which is beyond the party's control, or a thirty percent increase in gross income or income-producing assets for a period of at least six months and which can reasonably be expected to continue for an extended period of time. The party requesting the administrative review must provide to the CSEA relevant evidence or information supporting an allegation of a change in status.

7. □ The child support order is not in compliance with the Ohio Child Support Guidelines due to the termination of the support obligation for a child of the existing support order.

8. □ I have children by the same parent in two or more administrative child support orders and I want to combine the orders into a single administrative child support order.

9. □ I want to access available or improved private health insurance coverage that is available for the child. The requesting party must provide to the CSEA relevant evidence or information supporting the allegation that access to new or improved private health insurance is available.

10. □ I have □ The other party has experienced an increase or decrease in the cost of ordered private health insurance coverage or child care for the child which is expected to result in a change of more than ten percent to the child support obligation based on the current Child Support Guidelines calculation. The requesting party must provide to the CSEA relevant evidence or information supporting an allegation of an increase or decrease in the cost of private health insurance or child care. If the request is based on a change in the cost of private health insurance, the requesting party must provide to the CSEA evidence regarding the cost of a family plan and the cost of an individual plan.

11. □ The private health insurance that is currently being provided in accordance with the child support order is no longer reasonable in cost and/or accessible. The requesting party must provide to the CSEA relevant evidence or information supporting an allegation that the private health insurance is no longer reasonable in cost and/or accessible.

12. □ I am the obligor and I assert that my annual gross income is now below 150% of the federal poverty level and I should not be ordered to pay cash medical support (the federal poverty guidelines can be found at http://www.aspe.hhs.gov/poverty or by contacting the CSEA). The obligor must provide to the CSEA relevant evidence or information supporting an allegation that his or her annual gross income is below 150% of the federal poverty level.

13. □ I am the obligor and I am a member of the uniformed services who has been called to active service for a period of more than thirty (30) days. □ If I have checked this box, I have attached a military Power of Attorney to permit a designated person to act on my behalf in the administrative review.

14. □ A temporary adjustment order pursuant to OAC rule 5101:12-60-05.2 was issued, the obligor’s term of active military service has ended, and the obligor has provided the CSEA written documentation sufficient to establish that the obligor's employer has violated the Uniformed Services Employment and Reemployment Rights Act, 38 U.S.C. 4301 to 4333.

Ohio law requires that a local CSEA provide child support enforcement services on all child support cases, including the review and adjustment of a child support order. However, a "IV-D case" is eligible for additional services that are not available to a "non-IV-D case." If you have a "non-IV-D case," you may contact the CSEA for information about completing a IV-D application.
Within 15 days of receiving your request for an administrative review and adjustment and any required evidence, the CSEA will review your request and determine whether a review should be conducted. Both parties to the order will be notified of the date and location of the administrative review. The notice will be mailed to the last known address of both parties. The notification will also request that you provide financial information, medical support information, and any other information necessary to properly review the child support order. If your request is denied, the CSEA will send you notice of the denial.

Please be aware that you may not dismiss your request for an administrative review on or after the scheduled review date. Also, requesting an administrative review may result in the monthly support obligation increasing, decreasing, or remaining the same or in a change in the medical support provisions.

PLEASE LIST ALL DOCUMENTS THAT YOU ATTACHED:
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

__________________________________________________________
Signature of Requestor

__________________________________________________________
Printed Name of Requestor

Please provide your current address if different from page 1:
Address:  _____________________________________________  _____________________________________________
Date  _____________________________________________
Daytime Telephone Number
PATERNITY & CHILD SUPPORT APPLICATION
REQUIRED DOCUMENTATION

Please complete and return the enclosed questionnaire and documents. LEAVE NO BLANKS.

FAILURE to provide completed enclosed documents along with additional verifications listed below (if applicable) within 10 DAYS of the date on this packet may result in sanction and/or closure of your public assistance benefits.

- Copy of child(ren)'s birth certificate(s), not souvenir birth records
- Marriage certificate(s) for each marriage (not license)
- All divorce/dissolution decrees and/or orders
- Death certificates/proof of death (if applicable)
- Acknowledgment(s) of paternity (if applicable)
- Completed and signed questionnaire
- Sign Rights and Responsibilities form

Copies of Montgomery County, Ohio birth and death certificates can be obtained from the Bureau of Vital Statistics
14 W. Fourth Street, 1st Floor
Dayton, Ohio
There is a fee for these documents

Copies of Montgomery County, Ohio divorce decrees can be obtained from the Clerk of Courts
41 N. Perry Street
Dayton, Ohio 45402
There is a fee for these documents
CSEA Questionnaire

Name of person completing application/requesting services

This form must be filled out completely. (PLEASE PRINT)

CUSTODIAL PARENT INFORMATION

Your full name_________________________ Phone # _____________________________
Address ___________________________ (city) __________ (state) __________ (zip) __________
Social Security Number (SSN) ___________ ___________ Date of Birth (mm/dd/yyyy) ___________

Place of employment /school enrollment ___________________________

Where did you meet the non-custodial parent? ___________________________

What is your relationship to the non-custodial parent? (friend, wife, husband, etc.) ___________________________

Date of last contact with the non-custodial parent. ___________________________

Did you ever live with the non-custodial parent? If so, when and where? ___________________________

Were you ever married? Yes No

Please provide the name, date, location and current status for EACH of your marriages, divorces, or separations

<table>
<thead>
<tr>
<th>Name of Spouse</th>
<th>Place &amp; Date of Marriage mm/dd/yyyy</th>
<th>Are you Divorced/Separated mm/dd/yyyy</th>
<th>Place of Divorce</th>
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Have you requested child support services in any other state? Yes No If yes, which state? ___________________________

Do you have a support order in another state? Yes No If yes, which state? ___________________________

Is there a restraining order in place? Yes No

If divorce is pending, please provide: Attorney’s Name ___________________________ Phone # ___________________________

If documentation is not provided regarding a current restraining order, your case may not be coded correctly.

NON-CUSTODIAL PARENT INFORMATION

Full name ___________________________ Maiden name/Alias ___________________________
Address ___________________________ (city) __________ (state) __________ (zip) __________
Last Known Address ___________________________ (city) __________ (state) __________ (zip) __________
Phone number ___________________________ ___________________________
Social Security Number ___________ ___________ Date of Birth (mm/dd/yyyy) ___________

Marital Status

□ Single, □ Married (please state spouse name) ___________________________ □ divorced □ separated

Physical Description: Race _________ height _______ weight _______ hair color _______ eye color _______

Identifying characteristics: Tattoos/Piercings ___________________________

□ Current employer or

□ Last known employer ___________________________

Is the non-custodial parent attending school? Yes No If so, where? ___________________________
**NON-CUSTODIAL PARENT INFORMATION (cont.)**

Does the non-custodial parent receive □ Welfare □ Unemployment □ Worker’s Compensation □ Social Security □ VA benefits? If so, which City and State?

Has the non-custodial parent served in the military? If yes, which branch _________ Date of service? ______

Has the non-custodial parent ever had a driver’s license? If so, which state? _____________________________

Does the non-custodial parent own a car? If so, do you know year and make? __________________________

Does the non-custodial parent have an arrest record? __________________________

Is the non-custodial parent in jail? If so, where? __________________________

Do you know the reason for the non-custodial parent’s incarceration? __________________________

Name of (non-custodial) parent’s father __________________________

Address ______________________________________ (city) ________ (state) ________ (zip) ________ Phone ________ ________

Name of (non-custodial) parent’s mother __________________________

Address ______________________________________ (city) ________ (state) ________ (zip) ________ Phone ________ ________

Does the non-custodial parent have children with anyone else? □ Yes □ No

<table>
<thead>
<tr>
<th>Child’s Full Name</th>
<th>Approx. age of child</th>
<th>Name of the child’s other parent</th>
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</table>

**CHILDREN WITH THE NAMED NON-CUSTODIAL PARENT ON THIS APPLICATION**

<table>
<thead>
<tr>
<th>CHILD</th>
<th>Full name</th>
<th>Sex of child</th>
<th>Date of birth (mm/dd/yyyy)</th>
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</thead>
<tbody>
<tr>
<td>#1</td>
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</table>

City and State of birth

Social Security Number

City and State of Conception

Did the non-custodial parent sign the birth certificate or the paternity affidavit? □ Yes □ No

Could anyone else possibly be the father? □ Yes □ No

If yes, please provide possible father’s:

Name __________________________

Address ________________________ (city) ________ (state) ________ (zip) ________ Phone ________ ________

Have you ever been to court in a matter relating to this child? □ Yes □ No

Is the child disabled or on SSI? □ Yes □ No

Were you married when the child was conceived or born? □ Yes □ No

If yes, Name of spouse at the time __________________________

To better service your case, please attach copies of your child’s birth certificates, copy of all marriage licenses, and copies of all divorce decrees, any custody orders, regarding the child.
<table>
<thead>
<tr>
<th>CHILD #2</th>
<th>Full name</th>
<th>Sex of child</th>
<th>Date of birth (mm/dd/yyyy)</th>
<th>Social Security Number</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>City and State of birth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>City and State of Conception</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Did the non-custodial parent sign the birth certificate or the paternity affidavit?  □ Yes  □ No
Could anyone else possibly be the father?  □ Yes  □ No
If yes, please provide possible father's:
Name ______________________________________
Address _____________________________ (city) _________ (state) _______ (zip) ______ Phone ______ - ______
Have you ever been to court in a matter relating to this child?  □ Yes  □ No
Is the child disabled or on SSI?  □ Yes  □ No
Were you married when the child was conceived or born?  □ Yes  □ No
If yes, Name of spouse at the time _____________________________

To better service your case, please attach copies of your child’s birth certificates, copy of all marriage licenses, and copies of all divorce decrees, any custody orders, regarding the child.

<table>
<thead>
<tr>
<th>CHILD #3</th>
<th>Full name</th>
<th>Sex of child</th>
<th>Date of birth (mm/dd/yyyy)</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>City and State of birth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>City and State of Conception</td>
<td></td>
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</tr>
</tbody>
</table>

Did the non-custodial parent sign the birth certificate or the paternity affidavit?  □ Yes  □ No
Could anyone else possibly be the father?  □ Yes  □ No
If yes, please provide possible father's:
Name ______________________________________
Address _____________________________ (city) _________ (state) _______ (zip) ______ Phone ______ - ______
Have you ever been to court in a matter relating to this child?  □ Yes  □ No
Is the child disabled or on SSI?  □ Yes  □ No
Were you married when the child was conceived or born?  □ Yes  □ No
If yes, Name of spouse at the time _____________________________

To better service your case, please attach copies of your child’s birth certificates, copy of all marriage licenses, and copies of all divorce decrees, any custody orders, regarding the child.

**ADDITIONAL CHILDREN SHOULD BE ATTACHED ON A SEPARATE SHEET OF PAPER**

I hereby indicate that these answers are full and correct to the best of my knowledge and belief. I understand that under Ohio law any rights I have in and to support for myself or minor children under current court order is assigned to the State of Ohio for such period/periods during which public assistance is given.

Applicant’s Signature __________________________________________ Date: __________________
Print Name ____________________________________________

Minor Parent’s Signature ______________________________________ Date: __________________
Print Name ____________________________________________

IV-D Representatives Signature __________________________ Date: __________________
Print Name ____________________________________________

Sea #EQ-W Rev. 2/22/11 (dsp)
APPLICATION FOR CHILD SUPPORT SERVICES
NON-PUBLIC ASSISTANCE APPLICANT/RECIPIENT

IMPORTANT: If you are receiving ADC or Medicaid, do not complete this application because you became eligible for child support services when you signed the ADC/Medicaid application.

I, __________________________, request child support services from the ________________ CSEA (Child Support Enforcement Agency). I understand and agree to the following:

A. I am a resident of the county in which services are requested and no other Ohio county has jurisdiction over support – OR – I am requesting services from the Ohio county of jurisdiction.

B. The only fee that can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.

C. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).

D. In providing IV-D services, the CSEA and any of its contracted agents (e.g., prosecutors, attorneys, hearing officers, etc.) represent the best interest of the children of the state of Ohio and do not represent any IV-D recipient or the IV-D recipient's personal interest.

The Child Support Enforcement Agency can assist you in providing the following services:

1. Location of Absent Parents.
   The agency can assist in finding where an absent parent is currently living, in what city, town, or state. The applicant can request 'Location Only Services', if the sole need is to find the whereabouts of the absent parent.

2. Establishment or Adjustment of Child Support and Medical Support.
   The CSEA can assist you to obtain an order for support if you are separated, have been deserted, or need to establish paternity (fatherhood). The CSEA can also assist you in changing the amount of support orders (adjustment), and to establish a medical support order.

3. Enforcement of Existing Orders.
   The CSEA can help you collect current and past-due child support.

   The agency can collect past-due support (arrearages) by intercepting a payor’s federal and state income tax refunds in some cases.

5. Withholding of Wages and Unearned Income for the Payment of Court Ordered Support.
   The agency can help you get payroll deductions for current and past-due child support and can intercept unemployment compensation to collect child support.

   The agency can obtain an order for the establishment of paternity (fatherhood), if you were not married to the father of the child. An absent parent may request paternity services.

7. Collection and Disbursement of Payments.
   The CSEA can collect the child support for you, and send you a check for the amount of the payments received. Past-due support collected will be paid to you until all of the past-due support you are owed is paid.

   The agency can assist you in collecting support if the payor is living in another state or in some foreign countries.
APPLICANT INFORMATION

Name: ________________________________ Date of Birth: ____________________________

Home Address: ________________________________ Mailing Address: ____________________________

Home Phone #: ________________________________

Social Security #: ________________________________ Sex: ________________________________

Race: ________________________________ □ Single □ Married

Relationship to Children: ________________________________ □ Divorced □ Separated

Military Service Ever been on
(Branch, Dates): ________________________________ Public Assistance?

(When and Where) ________________________________

EMPLOYER INFORMATION

Employer Name: ________________________________ Employer Phone #: ____________________________

Employer Is Medical Insurance Available?
Address: ________________________________

______________________________

CHILD 1 CHILD 2 CHILD 3

Name: ________________________________

Sex: ________________________________

Race: ________________________________

Social Security #: ________________________________

Date of Birth: ________________________________

Home Address: ________________________________
<table>
<thead>
<tr>
<th>Location of Birth:</th>
<th>(Country, State, City)</th>
<th>Has Paternity (Fatherhood) been Established?</th>
<th>Name(s) of Absent Parent(s):</th>
<th>Is there an Order for Support?</th>
<th>Is the Child covered by Medical Insurance?</th>
</tr>
</thead>
</table>

### ABSENT PARENT INFORMATION

<table>
<thead>
<tr>
<th>Name (and alias):</th>
<th>Parent 1</th>
<th>Parent 2</th>
<th>Parent 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mailing Address:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security #:</td>
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<tr>
<td>Date of Birth:</td>
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<tr>
<td>Location of Birth (Country, State, City):</td>
<td>Parent 1</td>
<td>Parent 2</td>
<td>Parent 3</td>
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<tr>
<td>Race:</td>
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<td>Sex:</td>
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<td>Height / Weight:</td>
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<td>Hair / Eye Color:</td>
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<tr>
<td>Identifying Marks (Tattoos, scars, etc.):</td>
<td>Parent 1</td>
<td>Parent 2</td>
<td>Parent 3</td>
</tr>
<tr>
<td>Names of Children:</td>
<td></td>
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<td></td>
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<tr>
<td>Name and Address of Employer:</td>
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</table>
Employer Phone #:  

Medical Insurance Provided?  

Support Order #:  

Date of Support Order:  

Amount of Support: $ $ $  

Order Frequency: Per Per Per  

Location where Order was issued:  

Military Service (Branch, Dates):  

Ever Incarcerated? (Location, Dates):  

Arrest Record (Location, Dates):  

Name, Address Current Spouse:  

Father's Name:  

Mother's Name (Maiden):  

Ever been on Public Assistance? (Location, Dates)  

Type(s) of Service(s) Requested:  

☐ All services listed  

☐ Location of absent parent only  

☐ Other (please explain)  

I understand that the Child Support Agency within 20 days of receiving this application will contact me by a written notice to inform me if my case has been accepted for child support services (IV-D Services).  

Signature of Applicant: ___________________________  

Date: ___________________
APPENDIX 1:24
RIGHTS AND RESPONSIBILITIES OF PARENTS
RECEIVING CHILD SUPPORT SERVICES

Confidentiality of Case Material Information
- You have the right to see the parts of your file at the Child Support Enforcement Agency (CSEA) about you and action taken for you by the agency.
- You cannot see some parts of your file that are protected by confidentiality laws, such as information obtained from the IRS.
- Information about you in the CSEA file is confidential. However, certain portions of your file become public record when a court is notified about your case.

Hearing Rights
If you disagree with any action, lack of action or delay by the CSEA, you can ask for a state hearing. For a full explanation of your hearing rights and the hearing process, please read the attached JFS 04059, Explanation of State Hearing Procedures.

OWF Participants
- As a condition of eligibility to receive OWF benefits, you give up the right to keep child and spousal support up to the amount of assistance you received.
- You must cooperate in establishing paternity for each child born, if you were not married to the father.
- You must assist the agency in getting support payments and any other payments.
- If you fail to cooperate without good cause (determined by your CSEA) you may be ineligible to receive OWF benefits.

While a family is receiving OWF, support collections are used to repay benefits. When a family leaves OWF, current support and family arrears are released to the family. Payments from the Internal Revenue Service (IRS) are applied to repay benefits before being applied to support payable to the household.

Medicaid Participants
While Medicaid benefits are received, cash medical support is paid to ODJFS to reimburse Medicaid benefits. If health insurance is available, that insurance will be used first for payment of medical bills. If you are eligible for medical assistance and are covered by a health insurance plan, it is your responsibility to notify the physician, hospital or other provider of medical services that you have medical insurance coverage and Medicaid coverage for the uninsured costs.

IV-E Foster Care Participants
If a child receives Title IV-E foster care benefits, the assignment includes current child support during the time the child is eligible for benefits and child support arrearages accruing before and during the time the child is eligible for benefits. Support that does not exceed foster care maintenance payments is distributed to reimburse Title IV-E benefits. When IV-E foster care maintenance benefits cease, the assignment of support rights terminates, except for the amount of any unpaid support that accrued under the assignment.

The CSEA Can Assist You With the Following Available Services:
1. Location of Absent Parent(s), including "Location Only Services" if the sole need is to find the absent parent.
2. Establishment or Adjustment of Child Support and Medical Support, if you are separated, have been deserted or need to establish paternity. The CSEA can help with a Review and Adjustment of your support order (if timely) and help establish a medical support order.
3. Enforcement of Existing Orders, to help you get current support and back child support.
5. Withholding of Various Types of Income, to help you get payroll deductions for current and back support.
6. Establishing Paternity, by obtaining an order for paternity establishment, if you were not married to the father of the child. An absent parent may also request paternity services.
7. Collection and Disbursement of Payments, and send you a check for the amount of payments received.
8. Interstate Collection of Support, can assist you if the payor is living in another state or in some foreign countries.

Review and Adjustment of Child Support Orders
Each party to the support order has a right to request a review for adjustment of the order thirty-six (36) months from the establishment of the order or from the date of the most recent review, or sooner, if certain circumstances are met. Contact the CSEA for further details.

Fees
- There is an application fee of one dollar for applicants not receiving OWF, Medicaid, or IV-E foster care benefits. The application fee may be absorbed by the CSEA.
- There is no charge to recipients of OWF, Medicaid, and IV-E foster care.

Child Support Overpayments
An overpayment is child support that you are not entitled to keep because:
- You have assigned (transferred) your rights to support to ODJFS.
- The payment was made to you instead of ODJFS.
- The payment was sent to you in error by ODJFS.

I understand that I am personally liable for returning any amounts paid to me in error, including amounts that must be returned because IRS or ODT accepts an amended tax return or complaint from the non-obligated spouse. I also understand, that in tax refund situations, I may be required to sign an affidavit attesting to the amount of support arrears.

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<th>Signature</th>
<th>Date</th>
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<tr>
<td>JFS 07012 (Rev. 9/2001)</td>
<td>Distribution: Original to case file; copy to parents.</td>
</tr>
</tbody>
</table>
What is a State hearing?
If you think there has been a mistake or delay on your case, you may want to ask for a state hearing. You can ask for a hearing about actions by either the state department of job and family services or the local agency. Local agencies include the county department of job and family services (CDJFS), the county child support enforcement agency (CSEA), and agencies under contract with them.

A state hearing is a meeting with you, someone from the local agency, and a hearing officer from the Ohio Department of Job and Family Services (ODJFS). The person from the local agency will explain the action it has taken or wants to take on your case. Then, you will have a chance to tell why you think it is wrong. The hearing officer will listen to you and to the local agency, and may ask questions to help bring out all the facts. The hearing officer will review the facts presented at the hearing and recommend a decision based on whether or not the rules were correctly applied in your case.

How to ask for a Hearing
To ask for a hearing, call or write your local agency or write to the Ohio Department of Job and Family Services, Bureau of State Hearings, PO Box 182825, Columbus, Ohio 43218-2825. If you receive a notice denying, reducing or stopping your assistance or services, fill out that form and mail it to State Hearings. You may also fax your hearing request to State Hearings at (614) 728-9574.

We must receive your hearing request within 90 days of the mailing date of the notice of action. However, if you receive food stamps, you may request a hearing on the amount of your food stamps at any time during your certification period.

If someone else makes a written request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you can make a request by telephone.

How to Request a Telephone Hearing
If you cannot attend the hearing at the scheduled location as a result of not having transportation, child care, medical limitations, etc., you can call 1-866-635-3748 and choose to participate by telephone. If you participate by telephone, the hearing officer assigned to your appeal will call you on the day at the scheduled time for your hearing at the telephone number you provide.

Continuing Assistance or Services
If you receive a notice that your assistance or services will be reduced, stopped, or restricted, the action will not be taken until the hearing is decided if we receive your hearing request within the 15 days of the mailing date on the notice.

In the food stamp program, your benefits will continue only until the end of your certification period. After that you must reapply and be found eligible.

If your assistance or services have been changed without written notice, or if the change was made even though you requested a timely hearing, you can call the Bureau of State Hearings, to inquiry if you should receive continuing benefits. Call us, toll free at the following number: 1-866-635-3748, and choose option number one from the automated voice menu.

If your assistance is continuing and you lose the hearing, you may have to pay back any benefits that you were not eligible to receive.

The continuing assistance provisions described in this section do not apply to the child support program. If you request a hearing about child support services, your hearing request will have no effect on your receipt of services while your hearing is pending.

County Conference
An informal meeting with a person from the local agency may settle the issue without the need for a state hearing.

Often this is the quickest way to solve a problem. At this meeting your case will be reviewed with you. If a mistake has been made, it can be corrected without the need for a state hearing. You can set up a county conference by asking your worker. If you are not satisfied with the results, you can still have a state hearing.

You do not have to have a county conference to have a state hearing. Asking for a county conference will not delay your state hearing.

When will the Hearing be Held?
After your request for a hearing is received, the Bureau of State Hearings will send you a scheduling notice giving the date, time and place of the hearing. This notice will be sent to you at least 10 days before the hearing. The notice will also tell you what to do if you cannot come to the hearing as scheduled.

Where are Hearings Held?
Hearings are usually held at the local agency. If you are unable to go there, the hearing may be held at some other place convenient to you and to the other people involved. If you want the hearing held somewhere other than the local agency, be sure to tell us that on your hearing request.

Postponement of the hearing
If you cannot come to the hearing as scheduled, or if you need more time to prepare, you can ask the hearings section for a postponement. In the food stamp program postponement is limited to 30 days from the date of the first scheduled hearing. In all other programs, you must have a good reason to postpone the hearing.
If you do not Attend the Hearing
The Bureau of State Hearings will send you a dismissal notice if you don't come to the hearing. If you want a continue with your hearing request, you must contact State Hearings within 10 days and explain why you did not come to the hearing. The hearing authority will decide whether you had a good reason. If you do not call within 10 days and show good cause, the hearing will be dismissed and you will lose the hearing. The local agency can then go ahead with the action it was planning to take.

If you disagree with the dismissal, the dismissal notice will tell you how to ask for an administrative appeal.

Before the Hearing
You may have someone (lawyer, welfare rights person, friend or relative) go to the hearing to present your case for you. If you are not going to be at the hearing, the person attending for you must bring a written statement from you saying he or she is your representative.

If you want legal help at the hearing, you must make arrangements before the hearing. Contact your local legal aid program to see if you qualify for free help.

If you don't know how to reach your local aid office, call 1-800-589-5868, toll-free, for the local number. If you want notice of the hearing sent to your lawyer, you must give the hearings section your lawyer's name and address.

You and your representative have the right to look at your case file and the written rules being applied to your case. If your hearing is about work registration or employment and training, you may also look at your employment and training file. You can get a free copy of any case record documents that are related to your hearing request. Any person acting for you must provide a signed statement from you before looking at your case record or getting copies of case record documents.

The local agency does not have to show you confidential records, such as names of people who have given information against you, records of criminal proceedings, and certain medical records.

Confidential records which you could not look at or question cannot be presented at the hearing or be used by the hearing officer in reaching a decision.

Subpoena
You can ask the hearing authority to subpoena documents or witnesses that would not otherwise be available and that are essential to your case. You must request the subpoena at least five calendar days before the date of the hearing and provide the name and the address of the person or document you want subpoenaed.

At the Hearings
You may bring witnesses, friends, relatives, or your lawyer to help you present your case. The hearing officer may limit the number of witnesses allowed in the hearing at any one time if there is not enough room. You and your representative will have the right to look at the evidence used at the hearing, present your side of the case without undue interference, ask questions, and bring papers or other evidence to support your case.

The hearing will be recorded by the hearing officer so that the facts are taken down correctly. After the hearing decision is issued, you can get a free copy of the recording by contacting the Bureau of State Hearings.

The hearing officer will listen to both sides but will not make a decision at the hearing. Instead, you will receive a written decision in the mail, issued by the hearing authority.

Group Hearings
The hearings office may combine several individual hearing requests into a single group hearing, but only if there is no disagreement about the facts of each case and all involve related issues of state or federal law or county policy. The notice to schedule your hearing will tell you if you are scheduled for a group hearing.

You and your representative will be allowed to present your own case individually and you will have the same rights at a group hearing as you would at an individual hearing.

After the Hearing
You should receive a hearing decision within 60 days of your hearing request if the hearing was only about food stamps, and within 90 days for all other programs.

If you disagree with the hearing decision, your written decision will tell you how to ask for an administrative appeal.

Compliance with the Hearing Decision
If the hearing decision orders an increase in your food stamps, you should get the increase about 10 days of the date decision. If the decision orders a decrease in your food stamps, you should get the new, smaller amount the next time you regularly get food stamps.

In all other programs, the agency must take the action ordered by the decision within 15 days of the date the decision is issued, but always within 90 days of your hearing request. Contact the Bureau of State Hearings if you have not promptly received the benefits awarded by the hearing decision.

Another Action Requires Another Hearing
If you receive another prior notice that says the local agency wants to change your assistance or services while you are waiting for a hearing or decision, you must ask for another hearing if you disagree with the new action. Remember, the fact that you are waiting for a hearing or decision will not stop another action from being taken on your case. You must ask for another hearing on the new action.
OHIO BUREAU OF MOTOR VEHICLES POWER OF ATTORNEY
Ohio Bureau of Motor Vehicles

POWER OF ATTORNEY

Know all men by these presents, that the undersigned does hereby make, constitute and appoint

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<th>LAST NAME</th>
<th>FIRST NAME</th>
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<tr>
<td>STREET ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>ZIP CODE</td>
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</table>

My true and lawful attorney-in-fact for me and in my name, place and stead, to make and execute the assignment of or application for my Certificate of Title covering the following described motor vehicle, to-wit:

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<th>MAKE</th>
<th>YEAR</th>
<th>SERIAL NO.</th>
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And granting to my said attorney-in-fact full authority to do and perform all and every act and thing whatsoever, requisite, necessary and proper to be done in and about the premises as fully and to all intents and purposes as the undersigned might or could do with full power of substitution and revocation hereby ratifying and confirming all that said attorney or his substitute shall lawfully do or cause to be done by virtue hereof.

In Witness whereof, the undersigned has caused his name to be subscribed hereto this________________ day of __________________, 20___.

X SIGNATURE OF PERSON GIVING POWER OF ATTORNEY SOCIAL SECURITY NUMBER OF BUYER/OWNER

ACKNOWLEDGEMENT

State of Ohio, County of _________________________. Subscribed and sworn to before me a Notary Public in and for said County personally appeared ____________________________ who acknowledged the signing of the foregoing instrument and that such signing is his free act and deed.

In Testimony Whereof, I have hereunto set my hand and affixed my official seal this ____________ day of ________________, 20____ in the county of ____________________ State of Ohio.

X NOTARY PUBLIC

My commission expires ______________________________