

**IN THE COURT OF COMMON PLEAS, UNION COUNTY, OHIO
JUVENILE DIVISION**

In the Matter of _____

Case No. _____

(NAME OF MINOR CHILD)

**NOTICE OF TERMINATION OF CARETAKER AUTHORIZATION
AFFIDAVIT PURSUANT TO R.C. 3109.70**

I(We), the undersigned, residing at _____ [ADDRESS], in the county of _____, state of _____, and the parent(s) of the child named above: _____ [NAME], born on _____ [CHILD'S DOB], hereby negate, reverse or otherwise disapprove an action or decision of the grandparent with the intention to terminate the prior Caretaker Authorization Affidavit held by _____ [GRANDPARENT], residing at _____ [ADDRESS], in Union County, Ohio.

Further, I/we state that the grandparent has voluntarily returned the child to our physical custody.

By the signature(s) below, I/we certify that a (1) copy of this notice has been filed with the court where the original power of attorney was originally filed and (2) that a copy of this revocation has been served upon the grandparent who holds the Caretaker Authorization Affidavit.

Print Name of Parent/Guardian/Legal Custodian

Signature of Parent/Guardian/Legal Custodian

Date

Print Name of Parent/Guardian/Legal Custodian

Signature of Parent/Guardian/Legal Custodian

Date

**IN THE COURT OF COMMON PLEAS, UNION COUNTY, OHIO
JUVENILE DIVISION**

In the Matter of _____

Case No. _____

(NAME OF MINOR CHILD)

**NOTICE OF TERMINATION OF
CARETAKER AUTHORIZATION AFFIDAVIT
PURSUANT TO R.C. 3109.71**

I, the undersigned grandparent, residing at _____ [ADDRESS],
in Union County, Ohio, having previously executed a Caretaker Authorization Affidavit pursuant to R.C.
3109.65 for _____ [CHILD NAME], born _____ [CHILD'S DOB],
hereby notifies all interested persons that said affidavit has been revoked and terminated pursuant
to R.C. 3109.66 and 3109.70, effective _____ [DATE OF TERMINATION]. This child no
longer lives with me. The child now lives with _____ [NAMES], who is/are the
child's (choose relation) parent guardian legal custodian other:
_____, and who reside(s) with the child at
_____, in _____ County,
_____ [STATE].

By my signature below, I hereby certify that a copy of this notice has been filed with this Court and that
copies of this notice have been or will be served upon the child's (1) most recent school; (2) medical
providers; (3) health insurance provider; and (4) any other person or entity that has an ongoing relationship
with the child or grandparent such that the person or entity would reasonably rely upon and have acted in
reliance upon the affidavit that has now been revoked.

Printed Name of Grandparent

Signature of Grandparent

Date

IN ACCORD WITH SECTION R.C. 3109.71, THIS NOTICE SHALL BE SERVED UPON ALL ENTITIES SET FORTH
ABOVE NOT LATER THAN ONE WEEK AFTER THE DATE THAT THE AFFIDAVIT TERMINATES.