

**In the Court of Common Pleas, Lucas County, Ohio**  
**JUVENILE DIVISION**

**Instructions for:**

**CHILD CARE POWER OF ATTORNEY      CARETAKER AUTHORIZATION AFFIDAVIT**

This packet was prepared for your convenience and ease in filing a CHILD CARE POWER OF ATTORNEY or a CARETAKER AUTHORIZATION AFFIDAVIT. Both allow grandparents to exercise parental authority over grandchildren living with grandparents, but they are different:

- A POWER OF ATTORNEY can only be filed by a **parent, guardian, or custodian of a child.**
- A CARETAKER AUTHORIZATION AFFIDAVIT can only be filed by a **grandparent** after reasonable attempts have been made to locate or contact the child's parents, guardian, or custodian.

This packet contains both a POWER OF ATTORNEY and a CARETAKER AUTHORIZATION AFFIDAVIT. Read through both documents and their notices to determine if either is appropriate for your situation. Make certain that you understand and meet all requirements before selecting a document. **Answer all questions completely and accurately.** Use **BLACK** ink and type or neatly print all information. Use the appropriate enclosed checklist to complete the following steps:

1. The CHILD CARE POWER OF ATTORNEY **OR** the CARETAKER AUTHORIZATION AFFIDAVIT. The term at the top of the form, "In re," refers to the name of the child or children. The Case Number is only completed if a previous case number exists. Court staff will determine if a case number already exists or assign a case number for a new filing.
2. THE CHILD CUSTODY AFFIDAVIT ~ See #1 for instructions.
3. Each must be **signed and notarized** by an Ohio notary public.
4. File the POWER OF ATTORNEY or CARETAKER AUTHORIZATION AFFIDAVIT in the appropriate court **within five (5) days**, along with the:  
CHILD CUSTODY AFFIDAVIT;  
PARTY INFORMATION FORM;  
CHECKLIST.
5. The documents can be filed by mailing or bringing them to:

Lucas County Juvenile Clerk's Office  
1801 Spielbusch Avenue  
Toledo, OH 43604

There is no filing fee for these documents. Questions concerning these instructions may be addressed to a Deputy Clerk at 419-213-6682. Any legal questions should be addressed by an attorney. **Legal questions cannot be answered by Court staff.**

**Termination:** Documents are available in the Juvenile Clerk's Office in the event that the Power Of Attorney or CARETAKER AUTHORIZATION AFFIDAVIT is terminated. Various parties must be notified upon termination.

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

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In the matter of:

Case Number: \_\_\_\_\_

\_\_\_\_\_  
Name                                      Date of Birth                                      Last 4 Digits of SS #

**POWER OF ATTORNEY**  
**(R.C. 3109.52 & 3109.53)**

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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/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 the 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.

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 a parent of the child, the child's other parent is deceased, and I have authority to execute the POWER OF ATTORNEY; or
3. I have a well-founded belief that the POWER OF ATTORNEY is in the child's best interest.

I hereby certify that I am not transferring my rights and responsibilities regarding the child for the purpose of enrolling the child in a school or school district so that the child may participate in the academic or interscholastic athletic programs provided by that school or district.

I understand that this document does not authorize a child support enforcement agency to redirect child support payments to the grandparent designated as ATTORNEY IN FACT. I further understand that to have an existing child support order modified or a new child support order issued administrative or judicial proceedings must be initiated.

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

1. I have made reasonable efforts to locate and provide notice of the creation of this POWER OF ATTORNEY to the other parent and have been unable to locate that parent;
2. The other parent is prohibited from receiving a notice of relocation; or
3. The parental rights of the other parent have been terminated by order of a juvenile court.

This POWER OF ATTORNEY is valid until the occurrence of whichever of the following events occurs first: (1) I revoke this POWER OF ATTORNEY in writing 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 the 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 2921.13 OF THE REVISED CODE, PUNISHABLE BY THE SANCTIONS UNDER CHAPTER 2929 OF THE REVISED CODE, INCLUDING A TERM OF IMPRISONMENT OF UP TO 6 MONTHS, A FINE OF UP TO \$1,000, OR BOTH.**

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

\_\_\_\_\_  
Parent/Custodian/Guardian's signature

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Grandparent's signature  
(Designated as ATTORNEY IN FACT)

State of Ohio :  
: §  
County of \_\_\_\_\_ :

Subscribed, sworn to, and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

\_\_\_\_\_  
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. An Ohio Notary Public MUST notarize the signatures of the parent, guardian, or custodian of the child and the grandparent designated as the ATTORNEY IN FACT.
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 (5) 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 be filed not later than five (5) 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; and
  - (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 (1) 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 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 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 (1) 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 (5) 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.

**In the Court of Common Pleas, Lucas County, Ohio**  
**JUVENILE DIVISION**

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In the matter of:

Case Number: \_\_\_\_\_

\_\_\_\_\_  
Name                                      Date of Birth                                      SS #

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**PARTY INFORMATION FORM REQUIRED FOR FILING POWER OF ATTORNEY / CARETAKER  
AUTHORIZATION AFFIDAVIT ACTIONS**

**Instructions: Complete all sections. Make reasonable efforts to gather all information requested. If information is unknown after making reasonable efforts, list the answer as 'Unknown.'**

1. Name, Date of Birth and Sex of child:  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_
2. Biological Father's Name: \_\_\_\_\_ (Alias Name) \_\_\_\_\_ DOB: \_\_\_\_\_  
Complete Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
SS #: \_\_\_\_\_ Phone Number: \_\_\_\_\_
3. Biological Mother's Name: \_\_\_\_\_ (Maiden/Alias Name) \_\_\_\_\_ DOB: \_\_\_\_\_  
Complete Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
SS #: \_\_\_\_\_ Phone Number: \_\_\_\_\_
4. Grandparent(s) Name(s): \_\_\_\_\_ DOB: \_\_\_\_\_  
Complete Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
SS #: \_\_\_\_\_ Phone Number: \_\_\_\_\_
5. Current Address of child: \_\_\_\_\_ Zip Code: \_\_\_\_\_
6. Name of person (s) currently providing care and supervision: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
7. Was a Child Custody Affidavit, mandated by § 3109.27-O.R.C., filed?  Yes  No
8. Has the Father of the child(ren) been ordered to pay Child Support?  Yes  No
9. Does any other person (s), excluding the biological parents, have any Court Ordered Custody or Visitation Rights concerning this child?  Yes  No  
If so, please list ~  
Name: \_\_\_\_\_  
Complete Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Last 4 Digits of SS #: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship to the child: \_\_\_\_\_
10. Are any Social Service Agencies currently involved with this child or these children?  Yes  No  
If so list Agency ~  
Name: \_\_\_\_\_ Caseworker: \_\_\_\_\_

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

In the matter of:

Case Number: \_\_\_\_\_

\_\_\_\_\_  
Name                      Date of Birth                      Last 4 Digits

**POWER OF ATTORNEY /  
CARETAKER AUTHORIZATION AFFIDAVIT -  
ADDITIONAL NECESSARY INFORMATION  
PURSUANT TO 3109.74(C)(1) & 3127.23**

I, (full legal name) \_\_\_\_\_, being sworn according to law, certify the following is true regarding the above referenced child(ren):

- I request that the court not disclose my current address or that of the child(ren). My address is confidential pursuant to R.C. 3127.23(D) and should be placed under seal to protect the health, safety, or liberty of myself and/or the child(ren).
- Minor child(ren) are subject to this case as follows:

1. Insert the information requested below for all above referenced minor or dependent child(ren). You must list the residences for all places where the child(ren) have lived for the last **FIVE** years.

<b>Child's Name:</b> _____	<b>Place of Birth:</b> _____
<b>Date of Birth:</b> _____	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female

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

2. Name and present address of each person with whom the child has lived during all of these periods.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IF MORE SPACE IS NEEDED TO LIST ADDITIONAL CHILDREN,  
ATTACH A SEPARATE PAGE AND CHECK THIS BOX**

3. Participation in case(s):

(CHECK ONLY ONE BOX.)

I **HAVE NOT** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the allocation, between 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.

I **HAVE** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the allocation, between 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. For each case in which you participated, give the following information:

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

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

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

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

**IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES,  
ATTACH A SEPARATE PAGE AND CHECK THIS BOX**

4. Information about other parenting proceeding(s) concerning the child pending in a court of this or any other state:

(CHECK ONLY ONE BOX.)

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

I **HAVE THE FOLLOWING INFORMATION** concerning other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning a child subject to this case. Do not repeat cases already listed in Paragraph 3. Explain:

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

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

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

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

**IF MORE SPACE IS NEEDED FOR ADDITIONAL CUSTODY CASES,  
ATTACH A SEPARATE PAGE AND CHECK THIS BOX**

5. Do 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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**6. Information about criminal case(s):**

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

<u>Name</u>	<u>Case Number</u>	<u>Court/State/County</u>	<u>Convicted of What Crime?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES,  
ATTACH A SEPARATE PAGE AND CHECK THIS BOX**

**7. Information about abuse and neglect case(s):**

Have you 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?

Yes  No. (If YES, please explain below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**OATH**

(Do Not Sign until Notary is Present)

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

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

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

\_\_\_\_\_  
Notary Public  
My Commission Expires:

# GRANDPARENT'S DOMESTIC VIOLENCE QUESTIONNAIRE

Case #: \_\_\_\_\_

**THE PETITIONER STATES THE FOLLOWING IS TRUE AND ACCURATE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF:**

- 1.) HAS EITHER GRANDPARENT/PETITIONER BEEN CONVICTED OF, OR PLEAD GUILTY TO DOMESTIC VIOLENCE, WHERE AT THE TIME OF THE DOMESTIC VIOLENCE THE VICTIM WAS A MEMBER OF THE FAMILY OR HOUSEHOLD?  YES  NO
  
- 2.) HAS EITHER GRANDPARENT/PETITIONER BEEN CONVICTED OR PLEAD GUILTY TO AN OFFENSE, WHERE DURING THE COMMISSION OF THE OFFENSE PHYSICAL HARM WAS CAUSE TO A MEMBER OF THE FAMILY OR HOUSEHOLD?  YES  NO
  
- 3.) HAS EITHER GRANDPARENT/PETITIONER BEEN DETERMINED TO BE THE PERPETRATOR OF AN ABUSIVE ACT THAT IS THE BASIS OF AN ADJUDICATION THAT A CHILD IS AN ABUSED CHILD?  YES  NO
  
- 4.) IS THERE CURRENTLY A PROTECTION ORDER IN PLACE INVOLVING ANY OF THE PARTIES TO THIS ACTION?  YES  NO
  
- 5.) HAVE THE PARTIES PARTICIPATED IN MEDIATION IN THE PAST?  YES  NO
  
- 6.) HAVE ANY OF THE PARTIES BEEN INVOLVED WITH LUCAS COUNTY CHILDREN SERVICES BOARD?  YES  NO

If you answered YES to any of the above questions, please provide a brief explanation here: \_\_\_\_\_

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\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Petitioner's Signature