

**Grandparent Power Of Attorneys/Caretaker Authorization Affidavit
Court Information Form**

Child's Full Name: _____

Child's Date of Birth: _____

Child's Social Security #:(optional) _____

Grandparent's Full Name _____

Mother of Father's Parent (circle one)

Grandparent's Address: _____

Phone Number: _____

School District: _____

Child's Mother's Name: _____

Mother's Address: _____

Phone Number: _____

Child's Father's Name: _____

Father's Address: _____

Phone Number: _____

Office Use Only

Date Filed: _____

One Year Expiration: _____

Hearing Needed: Yes No

Investigation Needed: Yes No