OHIO TEENS: KNOW YOUR RIGHTS!

Ohio has provided a number of legal options for you to fight for your rights! You may wish to contact legal services (see below) to file an injunction. Remember, you have civil rights too! See: www.heal-online.org/fedrights.pdf.

If your parents have threatened to or are planning to have you institutionalized in a lockdown "24-hour secured" facility (including, but, not limited to: residential treatment programs, behavior modification programs, boot camps, wilderness camps/programs, etc.), you have options:

FILE AN INJUNCTION:

You can file for injunctive relief. You will need to contact legal aid or the ACLU for information on filing a petition for injunctive relief. The court may grant a temporary injunction against your parents sending you to any lock-down facility. At this point, you will be in a position to request a guardian ad litem or speak to the attorney of your choosing to act on your behalf.

ACLU of Ohio	Free Legal Aid in Ohio		
	Online:		
Online:			
www.acluohio.org	http://www.usattorneylegalservice s.com/free-legal-aid-Ohio.html		

ARE YOU ALREADY DOOMED?

If there is not enough time to file for injunctive relief before hired kidnappers come to spirit you away, choose a trusted friend or family member (preferably an adult) with whom to entrust your fight for freedom!

Attached is a limited power of attorney form that you can sign to grant your trusted friend or family member to get legal help on your behalf to fight for your release from an illegal and unconscionable behavior modification program/parent-funded private "prison"!

LIMITED POWER OF ATTORNEY TO SECURE YOUR FREEDOM!

I,		(your/teen's	name here), o	of	, (you
address)	hereby	appoint		(trusted	person), of
capacity t release from ajority. remain in	to do every om any ins This powe full force	(trusted per act that I may leg titution where I may r shall be in full fo and effect until pecifically extended	gally do throu ny be involunt rce and effect	gh an attorney in arily placed prior to on the date below (date of your	fact to obtain my o reaching age of written and shall /teen's nineteenth
Dated		,(Month	and Day)	(Year).	
Signed			_ (your/teen's	name here)	
COUNTY BEFORE	OF	Ohio	on this	, ,	
the person	n described ecuted the	in and who signed same freely and vol	the Foregoing	g, and acknowledge	d to me that
WITNESS	S my hand	the date aforesaid.			
			(s	ignature of witness)
				(address of w	itness)

*Witness needs to be third party, not the authorizing teenager nor the authorized/trusted person named above. Notary would be best!