**CASA COURT REPORT**

**TO THE HONORABLE MAGISTRATE** «=judge\_name»

**Client(s)**: *<Name>* **Docket#:**  **DOB**:

1. **CASA Activities:**

CASA Appointed: <date appointed on court order>  
Records Reviewed:

| Person | Relationship | Place | Date |
| --- | --- | --- | --- |
|  |  |  |  |
| «=contact.name» | «=contact.type» | «contact.dates\_by\_medium\_type:each(date)»  «=date.first»  «contact.dates\_by\_medium\_type:endEach» | «contact.dates\_by\_medium\_type:each(date)»  «=date.last»  «contact.dates\_by\_medium\_type:endEach» |
|  |  |  |  |

**B. Background Information:**

When did family first come into contact with Department of Social Services or Department of Juvenile Justice – how many times?

Tell the history of their involvement with the department and any facts about their life that could help determine the need for placement and/or services (eg. A history of domestic violence, substance abuse, etc.). If it is a long history try to do it chronologically.

Discuss the child’s history – behavior problems, educational history, medical history, psychological history (any hospitalizations, previous counseling, etc.)

If child has been placed previously give a history of the child’s placements (placed with different parents, relatives, DSS, etc).

**C. Current Situation:**

Where is the child placed?

How is the child adjusting to the placement?

Are there any issues or concerns at this point in time at the placement?

If so, what are they and who is doing what to address those issues or concerns?

***Education/Vocation/Daycare***

Where is the child placed for education (daycare, public school, non-public school, GED, Job Corps, etc)?

How is the child adjusting to the placement?

Are there any concerns at this point in time?

If so, what are they and who is doing what to address those concerns?

Does this child have any IEP? If not, is there a need for one?

Is the child employed? If so, where? If not, are they looking for a job?

Does the child have any vocational/life skills?

Are they attending life skill classes?

Do they have any other life skills needs? (Driver’s education, state ID, transportation assistance, clothing voucher, etc.)

What do the professionals (who are providing these services) say about the child's progress? Address strengths not just needs.

***Health****/****Mental Health***

Is the child up to date with medical exams?

Are there any other medical concerns?

Is the child receiving therapy, medication monitoring, mentoring, other therapeutic services?

If so, with whom?

***Family/Community Connections***

Is this child seeing parents, siblings, other relatives? If so, who is the child visiting, and how often? Does the child desire a different arrangement?

What steps have parents taken to address court orders? Are there barriers to achieving this? What is the employment and housing status of the parents? Be sure to address parent’s positive steps, no matter how small, not just the deficits.

***Strengths***

Describe the child’s strengths, interests and hobbies. This is an opportunity for the court to better know the child from a strength’s perspective.

***D. Recommendations*:**

Therefore, CASA respectfully recommends that:

1. Recommendation…;

Rationale:

1. Recommendation…;

Rationale:

1. Recommendation…;

Rationale:

1. CASA is continued…

Rationale:

If the child is to remain in foster care or should continue to be under the court supervision first recommendation should begin that the Child continue to be a Child In Need of Assistance. Then state where the child should be placed. Describe your rationale for this recommendation – describe why the child cannot return to parents and why they should remain in care.

What are the current concerns for the child? Is there a need that is not being met?  
A recommendation should be dedicated to each concern.  
What is your recommendation on a service or a plan to meet this need?

*Other recommendations should be in the areas of*

1. *Whether child should remain in same placement, recommendation for other placements*
2. *Recommendations related to child- do they need therapy, any other services (school, medical, etc.)*
3. *Recommendations about parents- does DSS need to further check them out, do they need to do anything to achieve reunification, should counseling be ordered, drug screens, etc.*
4. *Recommendations about visitation – frequency, length, with whom, supervised or not*
5. *When should case be reviewed – if less than six months.*

Respectfully submitted,

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| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ <date written>  Court Appointed Special Advocate  CC: *<list all attorneys/parties in the case, along with DSS worker>* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CASA Case Supervisor |