**REPORT TO THE COURT**

Date Written:«=created\_date»

Hearing Date:

**Minor:** <Name> **Case #: DOB:**

**Persons Interviewed Regarding the Situation:**

**Name Title Contacts**

* This section should be done in a table format.
* Be sure that all names are spelled correctly.
* You do not have to differentiate between phone and in-person contact.
* Child’s name listed first.
* You only need to include your contacts since the last hearing.

**Orders from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hearing:**

|  |  |
| --- | --- |
| **Ordered**(Please write using exact wording from Order, do not summarize) | **Status** (Please only identify as “Implemented,” “Not Implemented,” or “Partially Implemented”) |
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**Situation**

* If this is the first court report for the case, this section should summarize the information in the case narrative.
* Be sure to include when the case came to the attention of CWS, why, placement history, date found CINA, etc.
* If this is not the first report for this case, use the situation section from the past report and simply add a sentence noting where the child is currently placed and the date that they were placed there.
* This section should be no longer than one paragraph.

**Objective Information**

* In the first paragraph, include all relevant placement information: name and type of placement, how long child has been there, how the child, caregivers and other parties on the case feel about the placement, any issues, problems, or concerns that have arisen, if a change of placement is a possibility and why.
* This paragraph should include education information: name of school, grade, current GPA, IEP status, special needs, tutoring, extracurricular activities, comments from guidance counselors or teachers, any school issues, how child/caregiver feels about school, graduation, vocational training, transportation issues, etc. If youth is in high school, remember to include information pertaining to required/completed student service learning hours, completion of HSA’s. If youth is in 12th grade, have they completed the Free Application for Federal Student Aid (FAFSA), does youth understand how to utilize the Maryland Tuition Waiver and/or ETV (Educational Training Voucher
* This paragraph should discuss the child’s mental health information: therapist’s name, name of facility where they receive treatment, frequency of therapy, attendance, diagnosis, medications, progress, goals, how the child feels about the therapy, comments from the therapist, any transportation issues.
* If applicable, parent information should be included in this section. Review each item that the parents were Court ordered to do and report on progress, always citing where you obtained your information. Possible topics include:individual therapy, family therapy, urinalysis, drug treatment, parenting education, housing, employment, medication management.
* If applicable, include a paragraph about visitation:how often, with whom (including siblings), place where visitation is held, who supervises the visits, if there is anyone, transportation, how the child/other parties feel about the visitation.
* In this paragraph, if the child is over the age of 14, discuss issues pertaining to post-emancipation planning: has the child/is the child attending any life skills classes (or is the caregiver providing education on life skills), are there specific life skills needs, what sources of income does the youth currently have (allowance, job, SILA, etc.) & do they have a basic understanding of money management, does the youth have a bank account in good standing, has the youth had their credit report checked, does the youth 17+ have all identifying documents i.e. birth certificate, social security card, driver’s license or state ID, has the youth had the opportunity to participate in a driver’s education program, does the youth have permanent family and/or adult connections, who does the youth identify as the people with whom he/she could turn to in a crisis
* The final paragraph in the objective information section should include any remaining issues (for the child): medical, dental, hair, clothing, items that are above and beyond like prom dresses, summer camp, etc.

**Please remember!**

* **No one sentence paragraphs.**
* **All of the information contained in the objective section must be factual and you must reference who provided you with the information.**
* **All parties on the case including parents/caregivers should be referred to by their full names. (Do not use mom, dad, grandma, etc.)**
* **The number of paragraphs for each of the above topics will vary depending on your case.**

**Assessment**

* Your opinion, observations and recommendations about the child’s current placement, permanency plan recommendation (if applicable), if you think that the placement should change, stay the same, etc.
* Your opinion, observations, and recommendations about the child’s education. Any tutoring, testing, etc. that you feel is warranted (remember, this should be backed up by other professionals on the case and cited in the objective section)
* Your opinion, observations, and recommendations about the child’s mental health status. For example, if you feel that the child has benefited from therapy and should continue, etc. (remember, CASAs are not therapists and should not be diagnosing children or recommending frequency, duration, or type of therapy) .
* Your opinion, observations, and recommendations about parent’s progress. If applicable.
* Your opinion, observations, and recommendations about visitation. If applicable.
* Your opinion, observations, and recommendations about post-emancipation planning. If applicable.

**Recommendations**

Therefore I respectfully recommend that:

1.

2.

* **Please note that all of your recommendations should be points that are mentioned/supported in the body of the report and should be no more than one sentence.**

Respectfully Submitted,

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Your name Case Supervisor’s name

Court Appointed Special Advocate Case Supervisor

Date Appointed: