COURT APPOINTED SPECIAL ADVOCATE REPORT

This report is confidential and for the benefit of the Court. It may be distributed only to parties to the proceeding.

NAME OF CHILD: **AGE:** **CASE NO:** 000####
J-#####

TYPE OF HEARING: **TIME:** **DATE:**

PERSONS INTERVIEWED: (in list format)

SITUATION:

SPECIAL INFORMATION:

ASSESSMENTS:

CONCERNS:

RECOMMENDATIONS:

Respectfully Submitted by Court Appointed Special Advocate (CASA Name)

_____ _____
CASA Name Date

_____ _____
CASA Supervisor Date

Cc: (Insert name), DHS Caseworker
(Insert name), AAG*
(Insert name), Attorney for Mother
(Insert name), Attorney for Father
(Insert name), Attorney for Child

*if applicable