CAPITAL CITY CASA--Advocate Activities

Case Name:_____

Case Name:_____

Case Name:_____

Advocate Name:_____

Month and Year of Activity:_____

(Please complete one sheet for each month)

Case Number:_____

Case Number:_____

Case Number:_____

Date Submitted:_____

(Please submit by the 5th day of the month following the month of activity)

Child	**Date**	**Type of Contact** *(see codes below)*	**Type of Activity** *(see codes below)*	**Time Spent** *(to ¼ hour)*	**Mileage** (*for your personal information)*
			TOTALS	**( )**	**( )**

CONTACT CODES

1- Face-to-face
2- E-mail
3- Phone
4- Written
5- Other

ACTIVITY CODES

1-Child contacted
2- Biological parents contacted
3- Relatives contacted
4 -Foster parents contacted
5- Case Manager/GAL contacted
6- Collaterals contacted *(schools, counselor,child care, etc.)*
8- Attended FST (Family Support Team)
9- Attended Court hearing
10- CASA Office contacted
11- Wrote reports
12- Other *(review files)*

CASA OFFICE

Entered by:_____ Date Entered:_____