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| **Child** | **Date** | **Contact Codes\***  | **Activity Codes\*** | **Time Spent** *(¼ hour)* | **Mileage****(***for your records)* | **SUMMARY\***  |
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|  |  |  |  ***TOTALS*** |  **( )** |  **( )** |

Case Number:

Case Number:

Case Number:

Date Submitted:

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

Case Name:

Case Name:

Case Name:

Advocate Name:

Month and Year of Activity:

***(Please complete one sheet for each month)***

**CAPITAL CITY CASA--Advocate Activities**

**\*CONTACT CODES**  \***ACTIVITY CODES \*SUMMARY**

1- Face-to-face 1-Child contacted 8- Attended FST *Summary should include brief* 2- E-mail 2- Biological parents contacted 9- Attended Court hearing *one sentence description of*

3- Phone 3- Relatives contacted 10- CASA Office contacted *interaction.*

4- Written 4 -Foster parents contacted 11- Wrote reports

5- Other 5- Case Manager/GAL contacted 12- Other *(review files)*

 6- Collaterals contacted *(schools, counselor, child care, etc.)*