



Court Appointed Special Advocates  
**FOR CHILDREN**

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**CAPITAL CITY CASA**  
**JEFFERSON CITY, MO**

Date

Record Provider: \_\_\_\_\_

To whom it may concern,

I, \_\_\_\_\_, serve as the CASA (Court Appointed Special Advocate) for

(CASA's Name)

\_\_\_\_\_.

(Name of Child)

By authority of section 4 of the attached court order, I request copies of the following records :

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Please have the above records sent to \_\_\_\_\_ or to the P.O. Box listed below.

(CASA's email address)

As a volunteer officer of the court, I request any charges be waived or prior notice of billing be provided to me by telephone \_\_\_\_\_.

(CASA's Telephone #)

Thank you for your assistance,

\_\_\_\_\_  
Court Appointed Special Advocate

\_\_\_\_\_  
Date

**CAPITAL CITY CASA**  
**Mailing Address: P. O. Box 1627, Jefferson City, MO 65102**  
**Phone: 573-893-CASA (2272)**