**CAPITAL CITY CASA – Court Report**

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| --- | --- |
| **Case Number:** | Click or tap here to enter text. |
| **Child’s Name / DOB:** | Click or tap here to enter text. |
| **Parent(s):** | Click or tap here to enter text. |
| **Hearing Date:** | Click or tap to enter a date. |
| **CASA Volunteer:** | Click or tap here to enter text. |
| **Date Appointed:** | Click or tap to enter a date. |

**COURT APPOINTED SPECIAL ADVOCATE REPORT**

**Background Information**

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# Current Situation of Parents

**Mom:**

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**Dad:**

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|  |

**Other***:*

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**Family Supports and Strengths:**

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**Current Situation of Child**

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| --- | --- | --- |
| **Length of time in care**  | **Current Placement(s)** | **# of Placements** |
|  |  |  |
|  |  |  |
| **Name of school(s) attending** | **Number of school changes**  |
|  |  |

**The Child is safe from threat of physical injury and emotional abuse in his/her current circumstance.**

[ ] yes [ ] no If no, why:

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**Physical/Mental Status of Child:**

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**Does the child(ren) understand his/her role in the court procedures?**

[ ] YES

[ ] NO (check one): [ ] too young [ ] too traumatized [ ] medically unable [ ] other *(explain below)*

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**Other Case Activities**

**FST Meetings attended:**

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**Persons interviewed/Contacts made:**

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**Professional reports reviewed:**

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**Permanency Plan and Concurrent Permanency Plan**

**Permanency Plan:**

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**Concurrent Permanency Plan:**

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**Obstacles to Reunification/Permanency:**

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**CASA Concerns and/or Questions**

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**CASA Recommendations to Protect and Promote
the Best Interests of the Child**

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|  |

Date: Click or tap to enter a date.

Respectfully submitted,

Click or tap here to enter your full name.

Capital City CASA