



Court Appointed Special Advocates
FOR CHILDREN

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)

_____. Please see attached court order.
(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)