

ADDITIONAL CONTACTS

Social Worker/CPS: _____ PHONE: (W) () - FAX: () -
 Social Worker/Adoption: _____ PHONE: (W) () - FAX: () -
 Therapist: _____ PHONE: (W) () - FAX: () -
 After-School Program: _____ PHONE: (W) () - FAX: () -
 Mentor: _____ PHONE: (W) () - FAX: () -
 Other: _____ PHONE: (W) () - FAX: () -

SCHOOL INFORMATION

Name of School: _____ Child's Grade: _____
 Principal: _____ PHONE: (W) () - FAX: () -
 Guidance Counselor: _____ PHONE: (W) () - FAX: () -
 Teacher: _____ PHONE: (W) () - FAX: () -
 Other: _____ PHONE: (W) () - FAX: () -

DISABILITIES FOR CHILD

- Autism
- Developmental delay (0-9)
- Emotional disturbance
- Hearing impaired/deafness
- Mental retardation
- Multiple disabilities
- Orthopedic impairment
- Other health impairment
- Specific learning disability
- Speech/language impairment
- Traumatic brain injury
- Visual impairment/blindness
- Other

List services that the child is presently receiving:

List services that parent(s) is presently receiving:

CONCERNS FOR CHILD/FAMILY

- Absent parent
- Aging out in foster care
- Behavior problem in caregiver household
- Caregiver abused as child
- Caregiver housing instability
- Caregiver mental illness/personality disorder
- Caregiver substance abuse
- Chronic Medical
- CPS – Prior
- CPS – Current
- CPS - Re-abuse
- Criminal involvement by child
- Criminal history – child
- Criminal history – parent/caregiver
- Criminal history – household/family member
- Death of parent(s)
- Domestic violence in caregiver household
- Drug addicted/drug exposed newborn
- Economic instability
- Exposed to domestic violence
- Gang involvement
- Has a teenage parent
- Health and Hygiene issues for child
- Health and Hygiene issues in caregiver household
- Immigration Issues
- Incarcerated parent
- Is a teenage parent
- Language barrier
- Long time in foster care
- Marital discord in caregiver household
- Mental health concerns
- Other
- Parent has no healthy support system
- Placement inappropriate
- Placement instability
- Psychotropic medication concerns
- Removal/separation of siblings
- Runaway
- School-academic performance
- School-behavioral
- School-truant
- Sexually abused
- Sexual perpetrator
- Siblings by multiple parents
- Single primary caregiver
- Substance abuse by child
- Suicidal
- Uncooperative parent



CASA Volunteer Tracking Form

Volunteer:
Number of cases:

Date:
Total number of children in case(s):

Note: Use pages 2 & 3 for additional cases.

<u>Case Number:</u>		<u>Next Court Date/Time:</u>		
<u>Contacts</u> <small>(Actual Out of Court Conversations/Meetings)</small>	<u>Name of Contact</u>	<u>Face to Face</u> <small>(Dates)</small>	<u>Other</u> <small>(Telephone, etc.)</small> <small>(Dates)</small>	<u>Total Time Spent with Each Contact</u>
<u>Child A</u>				
<u>Child B</u>				
<u>Child C</u>				
<u>Child D</u>				
<u>Mother</u>				
<u>Father</u>				
<u>Foster Parents</u>				
<u>Social Worker</u>				
<u>School</u>				
<u>GAL</u>				
<u>Daycare Provider</u>				
<u>Supervisor</u>				
<u>Other (therapist, relatives, etc.)</u>				

Please List the Number of Hours Spent on Each of the Items Below:

Items	Hearings	Travel time	Paperwork	Publicity	In-service hours	Total Hours
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Hours

List activities for in-service hours (include titles, dates and number of hours for each activity):

- 1.
- 2.
- 3.
- 4.



CASA Volunteer Tracking Form (p. 2)

Volunteer:
Number of cases:

Date:
Total number of children in case(s):

<u>Case Number:</u>		<u>Next Court Date/Time:</u>		
<u>Contacts</u> (Actual Out of Court Conversations/Meetings)	<u>Name of Contact</u>	<u>Face to Face</u> (Dates)	<u>Other</u> (Telephone, etc.) (Dates)	<u>Total Time Spent with Each Contact</u>
<u>Child A</u>				
<u>Child B</u>				
<u>Child C</u>				
<u>Child D</u>				
<u>Child E</u>				
<u>Mother</u>				
<u>Father</u>				
<u>Foster Parents</u>				
<u>Social Worker</u>				
<u>School</u>				
<u>GAL</u>				
<u>Daycare Provider</u>				
<u>Supervisor</u>				
<u>Other (therapist, relatives, etc.)</u>				

Notes:



CASA Volunteer Tracking Form (p. 3)

Volunteer:
Number of cases:

Date:
Total number of children in case(s):

<u>Case Number:</u>		<u>Next Court Date/Time:</u>		
<u>Contacts</u> <small>(Actual Out of Court Conversations/Meetings)</small>	<u>Name of Contact</u>	<u>Face to Face</u> <small>(Dates)</small>	<u>Other</u> <small>(Telephone, etc.)</small> <small>(Dates)</small>	<u>Total Time Spent with Each Contact</u>
<u>Child A</u>				
<u>Child B</u>				
<u>Child C</u>				
<u>Child D</u>				
<u>Child E</u>				
<u>Mother</u>				
<u>Father</u>				
<u>Foster Parents</u>				
<u>Social Worker</u>				
<u>School</u>				
<u>GAL</u>				
<u>Daycare Provider</u>				
<u>Supervisor</u>				
<u>Other (therapist, relatives, etc.)</u>				

Notes:



CASE CLOSURE INFORMATION

Case Name: _____

Case #: _____

CASA Volunteer: _____

Date closed by court: ____/____/____

Date closed by CASA program: ____/____/____

Date of Final/Permanent Placement: ____/____/____

Court Closure Reasons

- Adopted CASA Relieved/Dismissed Child AWOL Child Death
 Child/family moved out of area Child turned 18 Denied - inappropriate referral
 Denied - no volunteer In compliance with Protective Order Permanency Achieved
 Removed from docket Returned Home Terminated Parental Rights
 Transferred to another jurisdiction Unable to reassign Other: _____

Program Closure Reasons

- Adopted CASA Relieved/Dismissed Child AWOL Child Death
 Child/family moved out of area Child turned 18 Denied - inappropriate referral
 Denied - no volunteer In compliance with Protective Order Permanency Achieved
 Removed from docket Returned Home Terminated Parental Rights
 Transferred to another jurisdiction Unable to reassign Other: _____

Final Placement at Closure

- Adoptive placement Custody to other parent Custody with relative Detention
 DJJ Emergency shelter Final Adoption Foster Home Group home Hospital
 Independent Living Program Own home father Own home mother Own home parents
 Permanent Foster Care Relative Foster Home Relative placement Residential
 Runaway whereabouts unknown Short Term Diagnostic Therapeutic Foster Care
 Third party custody Other: _____

Was CASA's permanent placement recommendation accepted? Yes No

Was the case worker permanent placement recommendation different? Yes No

Based upon the best professional assessment by the CASA program, was the Final Placement at Program Closing a Safe - Permanent Home? Yes No

Notes:



Docket #: _____
CASA Case #: _____

Court Hearing Information Form

Case Name: _____ CASA Volunteer: _____

Date of Hearing: _____ Location of Hearing: _____ Report Submitted: Yes No

New Hearing Date(s): _____ / _____ Time(s): _____ / _____ Judge: _____

GAL: _____ DSS Worker: _____

Date Court Order Filed: _____ Date Court Order Received: _____

Hearing Status: Held Continued Continued in progress Case Closed

Petition Type: Abuse/neglect CHINS Custody/Visitation Entrustment Relief of Custody

Other: _____

Hearing Types

ERO PRO PPO Adjudication Entrustment Expedited Disposition Review Foster Care Review

Initial Perm Planning Hearing 2nd Perm Planning Hearing Permanency Planning Hearing – subsequent TPR Mother

TPR Father Foster Care Review 12 month Review of APPLA Adoption Progress Review Show Cause

Custody Visitation CHINS Appeals Relief of Custody Other: _____

Volunteer Recommendations:

Number of Recommendations

Accepted: _____ *[in full, in part, incorporated into the court order, or service plan, or directed by the judge]*

Rejected: _____ *[use if the order is totally opposite the recommendation(s)]*

No decision or not considered: _____

Is there a permanency plan? Yes No

Permanency Plan Type:

Adoption APPLA Continued Foster Care Independent Living Permanent Foster Care Relative Placement

Return Home Other: _____

Is there a concurrent plan in place? Yes No

List the concurrent plan: _____

Current Placement of Child(ren):

Acute Psychiatric Facility Custody to other parent Custody with relative Detention DJJ Emergency shelter

Foster Home Group home Medical Facility Other Own home father Own home mother Own home parents

Relative foster care Relative placement Residential Therapeutic Foster Care Third party custody

Runaway whereabouts unknown Short Term Diagnostic Trial Placement in home Trial placement own home

Trial placement other: _____

List those present at the hearing: _____

Court Ordered Visitation: Yes No

Supervised: Yes No

Who will supervise? _____

Visitation Schedule: _____

Copy of the Court Order Obtained by CASA Volunteer? Yes No

Court Ordered Services for Child:

- AA/NA Ala-Non/Alateen Anger management Attachment Study Background check on household member
- Child support Community support groups Daycare/before and after-school programs Dental care
- Domestic violence program Drug screening Early childhood intervention assessment/services (age 0-3)
- Economic/housing assistance Education/vocation assistance Employment FAPT Review Homestudy
- Independent living In-home services Interpreter Mediation Medical care Medication management
- Mental health services Mentor Parenting assessment Parenting classes Paternity testing Psychiatric evaluation/services
- Psychological evaluation Sex offender evaluation/treatment Special education services Substance abuse services
- Supervised visits Therapeutic/appropriate placement Tutoring/educational services Other: _____

Court Ordered Services for Mother:

- AA/NA Ala-Non/Alateen Anger management Attachment Study Background check on household member
- Child support Community support groups Daycare/before and after-school programs Dental care
- Domestic violence program Drug screening Early childhood intervention assessment/services (age 0-3)
- Economic/housing assistance Education/vocation assistance Employment FAPT Review Homestudy
- Independent living In-home services Interpreter Mediation Medical care Medication management
- Mental health services Mentor Parenting assessment Parenting classes Paternity testing Psychiatric evaluation/services
- Psychological evaluation Sex offender evaluation/treatment Special education services Substance abuse services
- Supervised visits Therapeutic/appropriate placement Tutoring/educational services Other: _____

Court Ordered Services for Father:

- AA/NA Ala-Non/Alateen Anger management Attachment Study Background check on household member
- Child support Community support groups Daycare/before and after-school programs Dental care
- Domestic violence program Drug screening Early childhood intervention assessment/services (age 0-3)
- Economic/housing assistance Education/vocation assistance Employment FAPT Review Homestudy
- Independent living In-home services Interpreter Mediation Medical care Medication management
- Mental health services Mentor Parenting assessment Parenting classes Paternity testing Psychiatric evaluation/services
- Psychological evaluation Sex offender evaluation/treatment Special education services Substance abuse services
- Supervised visits Therapeutic/appropriate placement Tutoring/educational services Other: _____

Follow up on Services:

Start Date for Services: Child: _____

Start Date for Services: Mother: _____

Start Date for Services: Father: _____

Is anyone referred for services on waiting list? Child: Yes No Mother: Yes No Father: Yes No

Were any services completed at the time of this hearing? Child: Yes No Mother: Yes No Father: Yes No

Notes: _____
