

Court Report – CASA of Shawnee County

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RE:

CASE:

DOB:

DATE, TIME & TYPE of HEARING:

DATE REPORT COVERS:

GAL:

AMO:

AFA:

AGENCY WORKER:

CASA:

CASA SUPERVISOR:

Name of Contacts:	Number of Contacts	Relationship to Child

BACKGROUND

SUMMARY OF CURRENT SERVICES / SITUATIONS

PLACEMENT

MEDICAL

MENTAL HEALTH

EDUCATION

Child's Interests, Activities and Wishes:

CONCERNS

COURT ORDERS

CASE PLAN TASKS

CASA RECOMMENDATIONS:

**1. CASA recommends:
BASIS:**

**2. CASA recommends:
BASIS:**

**3. CASA recommends:
BASIS:**

Respectfully submitted,

CASA VOLUNTEER

CASA SUPERVISOR