

GAL/ CASA Court Report

CASE NAME:
CASA VOLUNTEER:
GAL SUPERVISOR:
DCS CASEWORKER:
MAGISTRATE:
DATE OF REPORT:
DATE OF HEARING:

CHILD/ CHILDREN

	Name	DOB	Age	Sex	Current Placement
1					
2					
3					
4					
5					
6					

CHILD(RENS) NEEDS /CONCERNS

1. Placement/ Safety
2. Educational
3. Psychological, Medical
4. Visitation with Family/Siblings
5. Financial/Material Needs
6. Child/ Youth Comments
7. Other

RECORDS REVIEWED/DATE:

- 1.
- 2.
- 3.
- 4.
- 5.

PERSONS INTERVIEWED/RELATIONSHIP/DATE:

- 1.
- 2.
- 3.
- 4.
- 5.

CASA RECOMMENDATIONS

1. Placement/Safety
2. Educational
3. Psychological, Medical
4. Visitation with family/friends
5. Financial/material
6. Other

Respectfully Submitted,

(CASA name)

(GAL Supervisor)

Date Approved : _____