Cause No: XXCPXXXX change x’s to the case number!

IN THE INTEREST OF : IN THE DISTRICT COURT

Child’s Name

Type child’s name exactly as it is

on the original petition

 : OF GALVESTON COUNTY, TEXAS

**CHILD(REN) :**   **306Th**  **JUDICIAL DISTRICT**

Do not delete ^

## CASA REPORT TO COURT

This CASA Report to Court has been prepared for the Permanency Hearing to be held on January 1, 2017. CASA of Galveston County was assigned to this case on January 1, 2017. The CASA Advocate was assigned to this case on January 1, 2017.

The hearing type and date can be found in the Hearings tab of Optima

The assignment of CASA date can be found in the CASA order of appointment or the original removal order- see Advocate Case Plan Outline, Step 3(a)(iii) Order Setting Hearing and (iv) Order Appointing CASA

The assignment of the advocate can be found on the CASA Advocate Notice or in Optima under Case Assignments – see Advocate Case Plan Outline, Step 3(a)(v) Notice of Advocate Appointment

1. **Case History**

The Department received an intake on DATE for ALLEGATION by (WHO ALLEGATION IS AGAINST), according to the Affidavit signed by CPS INVESTIGATOR, on DATE AFFIDAVIT SIGNED.

This information comes from the Affidavit, on the first page, it names the Investigator who wrote the affidavit; the date is the date the removal order was signed and the allegation is found in the first sentence of the intake.

see Advocate Case Plan Outline, Step 3(a)(ii) Affidavit

\*\*\*If parental rights have been terminated, include that here (if not, include parent details under section III)\*\*\*

1. **Child(ren)**

**Child’s Name**:

Child’s Name was born on Date (Month, day, year spelled out) and is currently (Age).

Describe child, general demeanor, character, extracurricular activities, interests; short paragraph

Include all visits between present and the previous hearing (status or permanency)- see Advocate Case Plan Outline, Step 7 Visit the child/children

If the child is 16+, include whether the child has their social security card, birth certificate, and identification/driver’s license

If child does not have any of the identification documents, include the date you notified and requested this from CPS and whether you have received a response

Placement:

Include date/longevity of placement- do not include full placement history, just history since the last court hearing

Include interactions and relationship with placement caregivers

Describe the child’s space- adequacy; bed sharing; size of home- see Advocate Case Plan Outline, Step 8 Interview Foster Parents, Caregiver, Case Manager

Education:

Include name of school, grade, teacher, attendance summary and grade summary

Include speech/language

Include whether child is receiving special education services and has an Individualized Education Plan (IEP) or 504 accommodations

Include who signs the IEP (parent, foster parent, other educational surrogate parent)

We should note in this section that we have contacted the Person responsible for the IEP to ensure they believe the child is receiving all services based on the plan.

See Advocate Case Plan Outline, Step 9 Contact Schools

Medical

This section should include all types of medical providers including vision. If a child has multiple medical providers there should be a paragraph of information for each.

Include who you spoke to and the date

If you requested records, include the date you requested them and how (fax, email, mail)

See Advocate Case Plan Outline, Step 10 Contact Physicians

Dental

Include who you spoke to and the date

If you requested records, include the date you requested them and how (fax, email, mail)

See Advocate Case Plan Outline, Step 10 Contact Physicians

Psychological:

Include therapy/counseling information- counselor’s name, frequency of therapy, include whether or not you have reviewed the goals and whether or not the counselor has included or informed you about progress the child has made

Include whether a psychological evaluation was completed or not

Psychotropic Medication

See Advocate Case Plan Outline, Step 11 Contact Therapist

Child and Adolescent Needs and Strengths Assessment

Include date this was done, recommendations, and who did the assessment

1. **Parents**

\*\*\*If parental rights have been terminated, this section is eliminated\*\*\*

**Mother’s Name, Mother**:

Statement about whether the parent has been served

Statement about whether or not the parent executed a release of information for CASA

See Advocate Case Plan Outline, Step 12 Interview Parents

Each heading will reflect each requirement in the service plan… See Advocate Case Plan Outline, Step 14 Contact parent service providers

Psychological

Detail compliance with psychological evaluation, psychosocial evaluation, individual counseling, family counseling, anger management, domestic violence, parenting classes

Detail how you have verified this information (observed documentation, spoken with provider)

Substance Abuse

Detail compliance with random drug testing, attendance at NA/AA meetings, completion or attendance in substance abuse treatment programs

Detail how you have verified this information (observed documentation, spoken with provider)

Employment:

Where employed and for what duration; indicate how you have verified (spoken to employer, observed pay stubs)

Housing:

Where they are currently living and for what duration (and how you have verified this), whether rent payments are current, what are the conditions/your observations of the home

Child Support:

What amount of child support was ordered at status (if not, eliminate this section)

Whether they are paying or not

**Father’s Name, Father**: (Copy this section if there are multiple fathers)

Statement about whether the parent has been served

Statement about whether or not the parent executed a release of information for CASA

Statement about whether paternity has been established or not

Statement about whether a paternity registry search has been issued for the specific child

See Advocate Case Plan Outline, Step 12 Interview parents

The first few sections indicate service plan compliance; each heading will reflect each requirement in the service plan… See Advocate Case Plan Outline, Step 14 Contact parent service providers

Psychological

Detail compliance with psychological evaluation, psychosocial evaluation, individual counseling, family counseling, anger management, domestic violence , parenting classes

Detail how you have verified this information (observed documentation, spoken with provider)

Substance Abuse

Detail compliance with random drug testing, attendance at NA/AA meetings, completion or attendance in substance abuse treatment programs

Detail how you have verified this information (observed documentation, spoken with provider)

Employment:

Where employed and for what duration; indicate how you have verified (spoken to employer, observed pay stubs)

Housing:

Where currently living and for what duration (and how you have verified this), whether rent payments are current, what are the conditions/your observations of the home they are

Child Support:

What amount of child support was ordered at status (if not, eliminate this section)

Whether they are paying or not

#### **Parent-Child Visits**

Detail the visitation plan and if you have observed any visits to date

#### **Concerns**

Concerns you have regarding the child- listed in order of child (if Susie is named as first child in court report, her concerns should come first, then onto the next child, the onto concerns about the parents, then onto all other concerns)

No new information should be disclosed in concerns- all concerns should relate back to some fact or statement in the body of the court report

#### **Recommendations**

This CASA respectfully recommends:

1. All recommendations for children first “(child’s name) remain in his current placement.”

This CASA is concerned as stated above, that neither parent is ready for the child to return home based on…. [Examples: continued positive drug screens, non-compliance in addressing what led to original removal, not completing any services, being unable to be located, not visiting with the child, etc.]

1. Next, all recommendations for parents “Mother/Father Name completes her parenting classes.”
2. All other recommendations follow

#### **Respectfully,**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(type advocate’s name), CASA/GAL Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  (type supervisor’s name), CASA Supervisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

, Executive Director or Advocacy Team Lead Date

Even for Court Reports where there isn’t an advocate, there needs to be two signature lines- one for supervisor and one for Advocacy Team Lead or Executive Director; that way all of our court reports have assurances by two people not just one

Contacts:

* Name of contact, relationship or position in the case