**SFCASA DEPENDENCY COURT REPORT INSTRUCTIONS and TEMPLATE**

**Report drafts are due to your Case Supervisor no later than 3 WEEKS before the hearing date.**

This allows for your case supervisor, who often works on multiple reports at a time,

the best opportunity to engage with you in the editing process. **Reports must be filed**

**with the court 2 weeks prior to the hearing date. *This filing date is court-mandated.***

**Your Role:**

As the CASA, please remember that you serve in a supportive relationship. As such, you are engaging in a collaborative process involving the youth, their family and the team of service providers. The information you present in the report should not come as a surprise to the team of service providers.

**Content Guidelines:**

* **Do not copy content from the PSW’s (county social worker’s) report**
* **Do not copy content from previous CASA reports**
* **Focus on fact-based observations during the current six-month reporting period. Consider the person, their behavior and the impact of the behavior on the youth.**
* ***You can include exactly what the youth has told you about the different categories, e.g. “He has told me he really enjoys playing baseball and that he wants me to come to one of his games.”***

The judge and parties will have access to previous reports. Verbatim repetition and old information are both unhelpful and disrespectful of the youth, their family and the Court’s time. If such information is presented in your report, the power of the CASA report is greatly diminished.

**Format:**

* Set margins for 1.0” on both sides and top & bottom.
* To protect confidentiality please use the youth’s initials in draft reports.
* Delete all embedded instructions prior to submitting your draft report, including this page of instructions.
* Insert centered page numbers at the bottom of the report beginning with the second page of the report.

**Distribution:**

* The final version of your edited court report will be signed on your behalf by your Case Supervisor.
* SFCASA will file and electronically distribute a password protected filed endorsed copy of your court report to you and the parties of record.
* It can be helpful to both you and the youth’s team if you prepare a hard copy of your filed endorsed court report to have on hand to reference as needed at the hearing.

**COURT REPORT**

**Name of Dependent:**  **Petition No.:**

**Date of Birth:** **Dept. No.:**

**Age:** **Time of Hearing:**

**Date of Hearing:**

**Type of Hearing:**

*The above information can be found on the PSW report or modified from the last findings page unless the hearing date has been changed. Always check in with the attorney to confirm the anticipated hearing date and time at least two-three weeks beforehand.*

**COURT APPOINTED SPECIAL ADVOCATE:**

First Last

**PERSONS CONTACTED:**

First Last, Dependent [use the youth’s initials in all draft exchanges with your case supervisor]

First Last, PSW

First Last, Dependent’s Attorney

* List first and last names of all the people you spoke with **during the current reporting period** (include appropriate titles, at minimum this list should include the Dependent, PSW and Dependent’s Attorney)
* Other contacts may include parents, relative and non-relative support relationships, service providers of housing, education, healthcare, therapeutic services, permanency, transitional planning, development (Regional Center), or juvenile justice (if involved)

**RECORDS REVIEWED:**

HSA-FCS File *(if this is your first court report, please include date of review*

HSA-FCS Status Review Report for Six-Month Review Hearing on [insert date] [if you have seen the report prior to filing your report]

* List any current educational, health or permanency-related documents such as IEPs, grade reports, Health and Education Passports (HEP), genograms, etc. Please include the dates of the documents in parentheses.
* If the youth has an active JV220, please review and include.

**CONCLUSIONS: *(Conclusions should be simple bullet point statements)***

1. State whether the dependent [use dependent’s initials] should remain a dependent of the Court or the case should be dismissed.
2. State whether the dependent should remain in current placement or not.
3. In separate conclusions, list services in order of importance (educational needs, medical/dental needs, mental/behavioral health therapy, other) that the dependent should be encouraged to access or needs further assistance to access.
4. If you feel there should be visitation, state with whom.
5. List other sources of support or needs to be considered (e.g., enrichment activities, family-finding and engagement, housing, financial literacy, access to employment, job training/supportive employment, etc.)

**SUMMARY OF CONTACTS**

**Please address issues in paragraph form**

* Start by stating when you were assigned to the case: “I was appointed as the CASA for [insert dependent’s initials] on month, day and year” (use following notation for all dates: 01/01/2001).
* Provide a brief summary of the communications you have had with service providers (e.g., PSW, attorney, and caregiver) during this reporting period.
* Briefly describe your time with the youth during this reporting period (frequency, activities, etc.). Briefly describe the strengths you have observed in the youth, bringing them to life with descriptive details.

**BODY OF REPORT: Please address issues in paragraph form**

Describe the status of as many of the below SFCASA advocacy areas for which you can provide factual information for the most recent reporting period. Please include particular milestones achieved and progress made, current challenges/barriers and any deficits in community resources or services. Depending on the individual case and its level of activity, your comments may be more or less extensive for any one of these advocacy areas. **Be sure to ground the reasons for each of your conclusions with *fact-based observations in the body of the report*. If you are including information gathered from others, please note the source and dates of those conversations and/or documents. If you don’t have the exact date, please provide the approximate date.**

**PLACEMENT AND HOUSING *(paragraph form)***

* Describe placement/housing, length of time, appropriateness
* If the youth had multiple placements during this 6-month period, please describe the housing and length of time in each placement, including any relevant details regarding why the move occurred
* If you describe the caregiver(s) as “caring”, please include observations of behaviors and actions that demonstrate this.

**EDUCATION AND CAREER *(paragraph form)***

* School/program name, grade level, any school changes during reporting period
* Name/relationship to youth of Educational Rights Holder (if you do not hold education rights, describe collaboration with this person)
* Current grades, attendance record, school achievements/awards, discipline issues
* (If youth has special education or 504) Current IEP and/or 504 Plan qualification, last meeting, services/accommodations receiving- what is working and what is not
* Subjects they excel in, subjects that are challenging and might require support
* Involvement in extracurricular activities at the school (sports, band, student government, etc.) and/or school clubs
* (As relevant) Information regarding tutoring services being utilized or status of any requests for tutoring to be arranged
* Current and future goals, postsecondary and/or vocational plans
* (If moving onto or currently attending postsecondary education) Status of college applications (including EOP application) and financial aid applications (FAFSA or Dream Act, Chafee, CalGrant, BOG waiver for community college, etc.)
* (As relevant) Current employment and/or job training

**HEALTHCARE *(paragraph form)***

* Physical health: include recent medical, dental and vision appointments, any outstanding needs, and any needs met during the reporting period
* Mental and behavioral health: include description of, frequency, and progress and/or goals of individual, family, group therapy
* (If known) List the medications currently being prescribed to the youth and any changes during this reporting period
* If the youth has an active JV220 (is currently being prescribed psychotropic medications), include the type, basic symptoms being treated, any behavioral or therapeutic services the youth is receiving, the youth’s opinion of the medications, and any concerns about the type or amount of medications.

**PERMANENCY *(paragraph form)***

* Formal and informal, family and non-kin relationships: describe type and frequency of contact
* Describe any relationships in need of exploration and/or support, including any discussed or court-ordered visitation that is pending setup

**WELLBEING *(paragraph form)***

* Type and frequency of extracurricular activities
* Interests that exist where the youth could use support to engage in community activities

**INDEPENDENT LIVING SKILLS (if age 14 and up) *(paragraph form)***

* Describe youth’s progress toward learning about their rights and resources available to them, as well as progress toward managing independent living skills (housing, employment, healthcare, education, foster care rights, etc.)
* (If 16+) When youth was referred to ILSP/ILP services and description of accessing those services
* Involvement in programs supporting growth of independent living skills
* Financial literacy and independence (budgeting skills, checking account, accessing credit report, etc.)
* Other independent living skills being developed or identified as a need to be addressed (e.g. driver’s license, utilization of public transportation, self-advocacy, etc.)
* Be sure to include examples of successes and progress with the above and not just areas of growth and need

**SUMMARY *(paragraph form)***

Lastly, conclude your report with a short paragraphor two that includes:

* What you enjoy about working with the youth
* What you observe to be their strengths
* What issues you consider to be most important
* What you hope to support the youth with during the next reporting period and what, if anything, have they asked specifically for your support with. (These will then inform your case plan.)

**NUMBER OF HOURS SPENT ON CASE**

To date, I have spent a total of [include cumulative number of hours here] hours on this case, [include number of hours with youth here] of which have been spent directly with [youth’s initials].

Respectfully Submitted,

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

First Last First Last

SFCASA Volunteer SFCASA Case Supervisor

Date Submitted: [Insert date]

cc: First Last, PSW

First Last, Dependent’s Attorney

First Last, City Attorney

First Last, Mother’s Attorney\*

First Last, Father’s Attorney\*

[Any additional attorneys on case (e.g. any Guardian ad litems who may be assigned to the case or other attorneys appointed for special needs, such as education, estate planning, etc.)]

*\* When a youth reaches age 18 and elects to remain in dependency as a non-minor dependent (NMD), attorney(s) for the parent(s) are relieved of their assignments. Similarly, if parental rights have been terminated in the matter of a minor youth, attorney(s) for the parent(s) are relieved. In these situations, parental attorney(s) should not be included here.*