

Organizational Form for Mandatory 60 Day Case Review / One on One Interview

CASA Name: _____ Case Name: _____ Date: _____

Ages of Children: _____ Judge or Referee: _____ Hearing Date: _____

Caseworker: _____ Last Hearing: _____ Type of Hearing: _____

Brief Case History: (Include reason for original detention, major changes, and current disposition.)

Mental Health / Med's Issues: (Include medications, dosage, prescribed by who and why)

Issues for Upcoming Hearing: (visitation, therapy, placement, etc.) _____

Specific CASA Concerns: _____

CASA PROGRAM RECOMMENDATIONS:

1. _____
2. _____
3. _____
4. _____
5. _____

Staff Only:

Date of Mandatory 60 Day Review: _____

Therapist(s): _____

Staff Facilitating Session: _____

Notes/Comments/Follow-up: _____
