



**CASA**

Court Appointed Special Advocates  
**FOR CHILDREN**

**SONOMA COUNTY**

**Court Appointed Special Advocates of Sonoma County, Inc.  
P.O. Box 1418, Kenwood, CA 95452 (707) 565-6375/Fax: (707) 565-6379**

**COURT APPOINTED SPECIAL ADVOCATES  
REPORT AND RECOMMENDATIONS  
TO THE JUVENILE COURT OF SONOMA COUNTY**

**DATE OF HEARING:**

**TYPE OF HEARING:**

**LOCATION:**

**JUDGE / COMMISSIONER:**

Department 5

**NON-MINOR DEPENDENT:**

**AGE / DOB:**

**CASA ASSIGNED TO CASE:**

**DATE ASSIGNED TO CASE:**

*To date, this CASA has spent a total of ..... hours on this case of which .....hours have been spent directly with .....youth*

**FAMILY MEMBERS:**

**AGE:**

**CITY, STATE:**

**PERSONS CONTACTED:**

**RELATION TO CHILD:**

1 **ASSESSMENT OF CHILD/CHILDREN'S WELL-BEING:**

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9 **INDEPENDENT LIVING AWARENESS AND UNDERSTANDING:**

10 In this CASA's opinion, the following points have been explained to the NMD and the youth  
11 understands the following:

- 12     ▪ Independent Living opportunities
- 13     ▪ Acquiring Non-Minor Dependent status (AB12)
- 14     ▪ The importance of storing personal documents in a secure location
- 15     ▪ The importance of maintaining educational records
- 16     ▪ The importance of maintaining health records and family medical history
- 17     ▪ Financial needs to live independently
- 18     ▪ Resources to assist with job search
- 19     ▪ Career options (Job Corp, California Conservation Corps North Bay, Military Services,  
20         College, SRJC, Vocational training)

21  
22 Together, this CASA and Non-Minor Dependent have:

- 23     ▪ Toured VOICES
- 24     ▪ Attended a My Life Meeting at Voices
- 25     ▪ Toured Santa Rosa Junior College Foster Care Services
- 26     ▪ Participated in the CASA Successful Transitions Program

27  
28 *Please elaborate using the following questions as a guide:*

Who is their ILP Coordinator? Have transitional housing arrangements been made for Non-Minor Dependent? What is the Non-Minor Dependent's opinion of their current preparation for independence? What are the Non-Minor Dependent's interests and/or career choice? Is the Non-Minor Dependent employed? California Identification and/or Drivers License obtained? If not where are they in the process?

**CURRENT CIRCUMSTANCES: (18 -21 years)**

*Please elaborate using the following as a guide:*

**Education** (progress toward high school graduation, GED, college or vocational program)

**Housing** (foster care, relative home, FFA home, SILP, group home or transitional housing)

**Employment** (type of job and hours per month, or employment readiness efforts)

**Counseling & Medical Needs** (Physical & emotional needs, self care, and current status)

**Support System** (Life-long connections to supportive adult(s), status of family ties, peers)

**Independent Living Skills** (money management, use of community resources, transportation, ILP involvement, pro-social activities, participation in clubs, sports, etc.)

**NMD Jurisdictional Eligibility:** How is Non-Minor Dependent fulfilling the minimal criteria to stay in dependency under AB12?

- i.e. working 80 hours/month
- or in school
- or working to remove obstacles to employment or education
- Physical and/or Mental health exemption

1  
2 **RECOMMENDATIONS:**

- 3 1.  
4 2.  
5 3. CASA to remain on this case to support these recommendations and (name of NMD)  
6 successful transition to independence and Non-Minor Dependency status.  
7

8 **DATED:**

9 RESPECTFULLY SUBMITTED:  
10  
11

12 \_\_\_\_\_  
13 , **Court Appointed Special Advocate**

14 APPROVED BY:  
15  
16

17 \_\_\_\_\_  
18 , **Volunteer Supervisor**  
19

20 COPIES TO:

21 Dept 5: Social Worker, NMD Attorney, County Counsel

22 Dept 24: Probation Officer, District Attorney, Public Defender  
23

24 **NAME:**

**POSITION:**

**Social Worker**

VIA Email:

County Mail:

Fax:

**Social Worker's Supervisor**

VIA Email:

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