



***CONFIDENTIAL**

IN THE DISTRICT COURT OF FRANKLIN COUNTY, KANSAS

In the Interest of:

Jane Doe

Case Number:

XXXX

CASA COURT REPORT

CASA Volunteer Name
Date Submitted

Cc: Anderson County Attorney
Guardian ad litem
DCF
TFI
Mother's Attorney
Father's Attorney

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Under K.S.A. §38-2211(b), distribution to parents or other persons is strictly prohibited.

CASA OF THE FOURTH JUDICIAL DISTRICT
315 S. Main St., 3rd Floor Ottawa, KS 66067
PH: 785-229-8996 | FX: 785-229-8997



IN THE INTEREST OF:
Jane Doe DOB: XX/XX/XXXX
Type of Hearing
Date of Hearing
Report Submitted: Date

Volunteer Name: **Name**
CASA volunteer assigned (**insert date**).
Case contacts since (**insert date of last CASA court report**).

CHILD(REN) PHOTO:

If more than one child in the image, please identify the child by their name and location.

CHILD(REN) INFORMATION

Placement History:

Placement Name <i>Current placement in bold</i>	Location <i>Address, City, Zip</i>	Dates	Reasons for Move <i>Brief Description</i>

Current Placement Summary:

Give a brief and factual description of the child's current living situation. Answer questions about who resides in the home and the services that the child is receiving. You may also want to include interactions with placement and whether the child has their own room, etc.

Education:

Describe where the child is attending school along with their current grade and progress. Have there been any achievements or disciplinary actions since the last hearing? Describe their attendance and any school activities they are involved in. Include any information provided by school professionals. You can attach **some** documents, if necessary, to the end of this report.

Therapy Services:

Describe the type of services being offered and the frequency at which the child or family is attending. You can briefly describe goals, progress, and recommendations from the therapist. If any appointments have been missed, document the time and reasons for such. Note if any psychotropic medications were prescribed, the specifics of dosage and administration, along with whether the child is compliant in taking those medications.

Medical Services:

Briefly describe what medical services the child has received since the last court hearing. Are all annual exams up to date? Any necessary follow-ups due to abuse or neglect? List any medications that the child may be taking.

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Child(ren) Strengths and Resources:

Describe positive characteristics of the child and any achievements since the last court hearing. Provide any positive progress towards case plan goals. Share what the child is good at and any other positive resources the child has available.

Child(ren)'s Wishes:

Describe what the child would like to happen—even if you do not agree with it. This is a chance for you to voice their wants and needs. This can be on a spectrum from wanting material items (toys, books, etc.) or wants regarding the case (visitation, placement change, services).

CASE PLAN

List when the last case plan meeting was held, who was involved, case plan goals, and compliance with those tasks.

PARENT/GUARDIAN INFORMATION

Provide any information or updates regarding the parent/guardians' employment, housing, therapy services, and compliance with court orders. Include positive aspects of the parent in this section as well. Include any significant relationships the parent/guardian has, the nature of the relationship, and their exposure to the child.

VISITATION

Explain what types of visitations the child has experienced since the last hearing. Share your observations, both positive and negative, that you had during the visitations if present.

ADDITIONAL INFORMATION/CONCERNS FOR THE COURT'S ATTENTION

Describe any concerns or observations that you have regarding the child, parents or professionals in this section. You may also describe any information that does not "fit" under the other sections listed.

RECOMMENDATIONS TO THE COURT

Provide a brief basis for each recommendation.

1. Case Plan: The case plan should continue to be _____ (or change to _____).
2. Placement: The child should continue in the current placement (or should be moved to _____).
3. Therapeutic services for the child: (*evaluation, substance abuse treatment, individual or family therapy, other mental health services*)
4. Medical services for the child: (*regular KBH exams, dental/vision/hearing exams, medication monitoring, special medical needs*)

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5. School/daycare services for the child: (*evaluation, special education plan, behavior supports, tutoring, extra-curricular activities, educational advocate needed*)
6. Other services for the child: (*independent living, transition to adult services, appointment of a guardian, special summer activities*)
7. Therapeutic services for the parents: (*evaluation, substance abuse treatment, random UAs or BAs, mental health services, parenting education, etc.*)
8. Visits: (*location, frequency, duration, level of supervision*)

Respectfully Submitted,

Reviewed By,

Your Name
CASA Volunteer

Haley Harshaw
Executive Director

CONTACTS SINCE LAST HEARING

Relationship to Case	Name	Number of Contacts	Amount of Time
Child			
TFI Case Manager			
DCF Social Worker			
Biological Mother			
Biological Father			
Foster Parent			
Foster Parent			
Placement Case Manager			
Child Therapist			
Parent Therapist			
School/Daycare Official			
CASA Supervisor			
GAL			
Maternal Grandparent(s)			
Paternal Grandparent(s)			
Other (specify)			
Other (specify)			

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