



Referral questions:
 PH: 408-573-5604
 Fax: 408-416-0406
 Scan/Email: Vivian@cadvocates.org

CASA Referral Form

*** Please attach a copy of the jurisdiction and latest court reports from social worker. We are only able to place a child on the waiting list for a CASA when we have complete documentation***

Last Name: _____ Petition No: _____
 First Name: _____ Date Petition filed: _____
 Date of birth: _____ Gender: _____ Primary Language: _____ Ethnicity: _____
 Dept.: _____ Case Plan: _____ Next Hearing Date: _____ Hearing Type: _____
 Referred to CASV date: _____ Referred by: _____

Child's Current Placement:

Start Date: _____ Phone: _____ Fax: _____
 Facility Name: _____ Contact: _____
 Address: _____ Facility Type: _____
 City/State/Zip: _____ Location: _____
 Bio Mother: _____ Phone: _____
 Moms address: _____
 Her Attorney: _____ Phone: _____
 Bio Father: _____ Phone: _____
 Dad's address: _____
 His Attorney: _____ Phone: _____

Allegations A__ B__ C__ D__ E__ F__ G__ H__ I__ J__

Physical & Mental issues:	Heart Cond <input type="checkbox"/> Circulatory <input type="checkbox"/>	Cerebral Palsey <input type="checkbox"/> Hearing <input type="checkbox"/>	Mental <input type="checkbox"/> Mobility <input type="checkbox"/>	Respiratory <input type="checkbox"/> Vision <input type="checkbox"/>	Other 1 <input type="checkbox"/> Pos. Tox <input type="checkbox"/>
Family Concerns:	Abandon <input type="checkbox"/> Dom. Violence <input type="checkbox"/> Emotional <input type="checkbox"/>	Fail to Thrive <input type="checkbox"/> Fam. Homicide <input type="checkbox"/> Juv. Criminal Off. <input type="checkbox"/>	Juv. Status Off. <input type="checkbox"/> Medical Neg. <input type="checkbox"/> Neglect <input type="checkbox"/>	Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Subst Abuse <input type="checkbox"/>	Other <input type="checkbox"/> Unknown <input type="checkbox"/>

Professionals assigned to child:

Social Worker: _____ Phone: _____
 LACY Attorney: _____ Phone: _____
 Probation Officer: _____ Phone: _____
 Therapist: _____ Phone: _____

How could this child benefit from a CASA? (Use back or add an attachment for further details)

Special requests: Check all that apply

After School Activities <input type="checkbox"/>	Child requested CASA <input type="checkbox"/>	Cultural/Community Events <input type="checkbox"/>
Educational Support <input type="checkbox"/>	Non-English speaker <input type="checkbox"/>	Physical/Develop. Disabilities <input type="checkbox"/>