Organizational Form for Case Review / One on One Interview

CASA Name: _____ **Case Name**: _____

Age of Child(ren): _____ **Judge/Commissioner:** _____ **Hearing Date:** _____

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

Brief, Brief, Brief Case History: (Just update us a little)

_____

_____

What are the Mental Health issues: (Include medications, dosage, prescribed by whom and why)

_____

_____

Are you preparing for a court date? If so what are your recommendations? (I.E. shelter, health, mental health, academic, extracurricular)

_____

_____

Specific Concerns you need help with:

_____

_____

_____

_____

CASA Follow up needs: (as a result of case review You are asked to research the following)

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

Please leave this document with Case Review Facilitator

Data Base Entry Information:

Date of Case Review (60 day review):_____

Attorney(s) Present: _____

Therapist(s) _____

Staff Facilitating Session: _____

Volunteer Hours: _____

Staff comments/follow up: