IN THE CIRCUIT COURT OF CRAWFORD COUNTY, ARKANSAS

JUVENILE DIVISION

NO. JV-xx-xx



**Re:**

**COURT APPOINTED SPECIAL ADVOCATE REPORT**

Date of Report: Date you wrote report

Date of Hearing: Date of hearing

Type of Hearing: Review, Termination of Parental Rights, Guardianship, Adoption..

Persons Interviewed / Met With:

Caseworker

Teachers

Child

Bio Parent

Foster Parent

Counselors, Therapists

Records Reviewed:

Court orders

court reports

Medical records

Education Records

PACE Evaluation

etc.

Background Information:

Synopsis of why the children were removed from the home. Cause for removal can be found in the Affidavit of Facts that was filed with the Petition

Child Developments Since Last Hearing:

Anything that has happened since the last hearing. Medical visits, school reports, OT & PT reports. Did they go to the dentist? Anything exciting that they are participating in such as sports or extracurricular activities. Are they visiting with parents and siblings(if separated)? Are their needs being met at the current placement.

Parent’s Progress Towards Case Plan Goals and Order of the Court:

Look on the case plan to see what services were provided. Are they In Progress, Completed?

| **Court Order, Case Plan Item & Brief Description** | **Status** |
| --- | --- |
| **John Doe, Dad** |  |
| Counseling (Individual) |  |
| Drug Screening |  |
| Housing |  |
| Parenting Skills |  |
| Supervised Visitation |  |
| Home Visit |  |
|  |  |
| Counseling (Individual) |  |
| Counseling (Individual) |  |

Other Relevant Information Concerning Parents, Relatives or Others Involved:

Anything that parents, fosters, relatives have expressed. If unable to reach a parent, include that information under this section. CASA tried to call, text, visit and has been unable to reach(name)

List Family Strengths

Child Concerns and Wishes:

Reflect in this section on the child’s own thoughts and wishes for their future including most importantly where and with whom they would like to live. The child’s wishes should be clearly stated, even if they do not agree with what your are recommending as in the child’s best interest. Also include educational or career aspirations particularly for older children. If the child is very young or significantly developmentally disabled and unable to express their wishes indicate briefly the reason that you are unable to represent their wishes.

CASA Conclusions & Recommendations:

Try to answer the following questions:

 a. Should the child remain in the current placement?

 b. What would be a good placement for the child?

 c. What, if anything, needs to be done to meet the child’s

 educational needs?

 d. What needs to be done, if anything, to meet the child’s medical

 needs.

 e. What needs to be done to meet the child’s emotional/psychological

 needs.

 f. Are the family visitations adequate?

 g. What community resources need to be accessed for this child?

 (job training, camps, mentor programs, tutoring, etc.)

Respectfully Submitted:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CASA Volunteer Advocate Supervisor

Submitted: date Executive Director

​​CERTIFICATE OF SERVICE

I, Melanie Allen, do hereby certify that a true and correct copy of the foregoing has been furnished by electronic mail on this 11th day of August 2022 to:

· Michael Moats, Attorney ad Litem:

 michael.moats@arcourts.gov

· Whitney Lee, DCFS Family Service Worker Supervisor:

 Whitney.Lee@dhs.arkansas.gov

· Marla Nelson, DCFS County Supervisor:

 Marla.Nelson@dhs.arkansas.gov

· Casey Copeland, OCC Attorney

 Casey.Copeland@dhs.arkansas.gov

·DCFS Family Service Worker

 @dhs.arkansas.gov

*Electronically Signed:*

Melanie Allen

Advocate Supervisor