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 **Hall-Dawson CASA Program**

**NORTHEASTERN JUDICIAL CIRCUIT**

**DEPENDENCY HEARING REPORT**

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| **CASE LAST NAME:** | **CASE #:** | **HEARING DATE:** | **COUNTY:** |

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| --- | --- | --- |
| **CASA VOLUNTEER:** | **CASA SUPERVISOR:** | **CHILD’S ATTORNEY:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **CHILD’S NAME** | **AGE** | **DOB** | **GENDER**  |
|  |  |  |   |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD’S CURRENT PLACEMENT**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Foster Care**

|  |  |
| --- | --- |
| Home \_\_ | Group Home \_\_ |

 | **Relative Placement**

|  |  |
| --- | --- |
| Maternal \_\_ | Paternal \_\_ |

 | **Third Party Placement**

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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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1. **ASSESSMENT AND CASA’S RECOMMENDATION**
2. **What problems necessitated the child’s removal initially?** (Please refer to the allegations in the Dependency Removal Order or Petition)
3. **Based on CASA’s findings do you believe that the child is dependent? If so, do you believe that protective custody is in the best interest of the child?**
4. **DATA REGARDING THE CHILD**
5. **Please provide the court with a current picture of the child if available.**
6. **Child’s removal date from home:**
7. **Changes in placement since removal:**
8. **Record CASA’s observations during the last visit with the child.**
9. **Date/Place of visit:**
10. **People present during this visit:**
11. **Were you able to speak with the children in private?**

1. **Please record your findings regarding the child’s situation and needs in the following areas:**
* **Education:** (Please include school and grade child is attending, and any other relevant information. Also include your recommendations if any, for evaluations that the child may need, Independent Living Program/ILP for children over 14, tutoring, etc.).
* **Emotional/Behavioral/Psychological:** (Please report how the child is adjusting to his/her placement; recommendations for evaluations and counseling services, forensic interviews; and/or any behavioral issue that the child is exhibiting).
* **Physical Health:**
* **Material Needs:**
1. **Please state child’s wishes regarding custody, if known.**
2. **Please list name and age of other siblings, if any, not included in the Dependency Removal Order.**
3. **DATA REGARDING THE PARENTS/CUSTODIANS/RELATIVES**
4. **Have you visited with the parents at their home? If so, please answer the following:**
* **Date of Visit:**
* **Address:**
* **How long have the parents lived at this address?**
* **Was the child removed from this address?**
* **Is this a rental property or own? If the parents are renting are their names on the rental agreement?**
* **List the names of the individuals (adults and children) currently living at this address?**
* **Does CASA believe that this home is well suited for the child? If not, please explain.**

1. **Please list names and contact information of relatives or third party individuals that are interested in providing placement or support to the family, if any.**
2. **Please list the services and/or evaluations that CASA would like for the court to include in the Case Plan and Court Order.** (For example: Housing; Employment; Transportation; Evaluations on: Psychological, Psychiatric, Substance Abuse; Random Drug Screens; Classes on: Parenting, Domestic Violence, Anger Management; DNA testing, Legitimation, Bonding Assessment, CCFA, etc.)
3. **RECOMMENDATION AND DATA REGARDING VISITATION:**
4. **Please report your recommendations regarding visits between the child and his/her parents?** (Please specify if they are to be supervised, length and frequency of the visits, and any additional pertinent information.)
5. **Have visits between the child and his parents been scheduled? If yes, please record any pertinent information regarding the visits.** (Please record if you have observed any parent/child visit and your comments).
6. **Please provide the court with the name and contact information of any additional individual that you recommend to visit with the child and the reason for your recommendation.**
7. **CASA’S REQUESTS AND SIGNATURES**

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| --- | --- | --- |
|  | **Yes** | **No** |
| **To participate at all Citizens Panel Reviews** |  |  |
| **Announced and unannounced visits from CASA** |  |  |
| **All parties to keep CASA informed about the Case – including Family Team Meetings- Changes of Placements- Results of Evaluations- Visitation Schedules, Court Orders and Case Plan Reports** |  |  |
| **Random drug screens, if applicable.**  |  |  |

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| --- | --- |
| **CASA VOLUNTEER:** | **SIGNATURE AND DATE:** |
| **CASA SUPERVISOR:** | **SIGNATURE AND DATE:** |

**The CASA volunteer has been appointed by the juvenile court judge pursuant to O.C.G.A. §§ 15-11-104(d) and 15-11-106(a) (2).  This report is submitted according to the duties of the appointed GAL as described by O.C.G.A. § 15-11-105(c) (15).  The CASA volunteer reserves the right to amend this report based on additional information obtained in the court hearing.  This report as well as any and all records and information acquired or reviewed by the GAL during the court of his or her appointment shall be deemed confidential and shall not be disclosed except as ordered by the court or applicable statute.  O.C.G.A. § 15-11-105(f)**