



VOLUNTEER MONTHLY CASE REPORTING

Month/Year _____ Volunteer's Name: _____

Family Name: _____

Please submit one form per case to your CASA Supervisor by the 1st of each month.

SERVICE COORDINATION:

- 1) How much time was spent writing court reports? **Hours:** _____
- 2) List time spent collaborating with the CASA Volunteer Supervisor. **Hours:** _____

Total # of Service
Coord. **Hours:**

FAMILY ADVOCACY:

Type of Meeting	# Of Hours Spent:
FTM	
IEP meeting	
Meeting with DFCS Case Manager	

Total # of Family
Adv. **Hours:**

CHILD CONTACTS (for each child):

Place of Contact	# Of Hours Spent:	Was contact Face-to-Face/Phone/Other?
Foster Home/Placement		
School		
Court		
DFCS office		
Visitation observation		

Total # of Child
Hours:

LEGAL ADVOCACY:

- 1) Did this case go to court/panel this month? **(Yes/No)** _____

Total # of Legal
Adv. **Hours:**

FOLLOW UP CONTACTS (Meaningful contact with each of the following):

Relative Contacts

Relationship	# Of Hours:
Mother	
Father	
Non-Placement Relatives	
Other:	

Non-Relative Contacts

Relationship	# Of Hours:
Foster Parent/Placement	
Teacher/Daycare Provider	
Therapist/Counselor	
Medical professional	
Other:	

Total # of Follow
Up **Hours:**

MONTHLY CASE UPDATE:

TOTAL HOURS for Month: _____ **TOTAL MILES** for Month: _____ **TOTAL TRAINING Hours** _____