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**Hall-Dawson CASA Program**

**NORTHEASTERN JUDICIAL CIRCUIT**

**PERMANENCY HEARING REPORT**

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

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

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

1. **ASSESSMENT AND CASA’S RECOMMENDATION**
2. **What is CASA’s recommendation regarding the child’s legal and physical custody?**
3. **What is CASA’s recommendation regarding the plan and goal for permanency?** (Reunification, permanent guardianship with relative, long term foster care, adoption, etc.)
4. **Does CASA believe that termination of parental rights should be filed?**
5. **UPDATE ON THE CHILDREN SINCE LAST COURT HEARING**
6. **Please provide the court with a current picture of the child if available.**
7. **Child’s removal date from home:**
8. **Changes of placement since removal:**
9. **Record CASA’s observations during the last visit with the child.**
10. **Date/Place of visit:**
11. **People present during this visit:**
12. **Were you able to speak with the children in private?**

1. **Please record any changes in the child’s situation and needs on 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 interview; and/or any behavioral issue that the child is exhibiting).
* **Physical Health:** (Please list last check-up date and doctor’s name, if immunizations are up-to-date and CASA’s recommendations).
* **Material Needs:**

1. **Please state child’s wishes regarding custody.**
2. **UPDATE ON THE PARENTS/CUSTODIANS/RELATIVES SINCE LAST HEARING**
3. **Have there been any changes in the parents’ situation regarding housing, employment, drug screens (if applicable), relationship status, etc. since the last court hearing? If so, please explain.**

1. **Have the parents had any issue with law enforcement or participated in a substance abuse treatment program, since the last hearing? If so, please report your findings.**
2. **Does CASA believe that the existing Case Plan and/or Court Order is still the best for the child? If so, please report your findings.**
3. **COMPLIANCE WITH CASE PLAN AND COURT ORDERS**
4. **Does CASA believe that appropriate progress has been made to affect the plan for permanency?**
5. **Please list below the parents’ compliance and non-compliance with the goals listed on the existing Case Plan and Court Orders. Please explain reason for non-compliance, if known.** (Refer to the existing Case Plan Report)
6. **Does CASA believe that the existing Case Plan and Court Order is still appropriate? If not, please report your recommendations.**
7. **UPDATE FROM LAST HEARING REGARDING VISITATION**
8. **Existing visitation schedule:** (Please refer to the existing Case Plan Report and/or Court Order).
9. **Since the last court hearing, have visits been taking place as specified? If not, please report your findings.**
10. **Does CASA recommend any changes in the current visitation schedule?**
11. **ASSESSMENT REGARDING REASONABLE EFFORTS**
12. **Has a Family Team Meeting taken place? Was CASA in attendance?**
13. **Has the Department of Family and Children Services provided the child, his or her foster parents and his or her parents with the required services and resources determined in the existing Case Plan and Court Order? If not, please record your findings.**
14. **Are the parents experiencing any difficulties in taking advantage of the services offered by the Department of Family and Children Services? If not, please record your findings.**
15. **CASA’S REQUESTS AND SIGNATURES**

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| **Requests:** | **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 Evaluation- Visitation Schedules, Court Orders and Case Plan Reports** |  |  |
| **Random Drug Screens** |  |  |

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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)**