

CHILD’S PICTURE

MONTANA FIRST JUDICIAL DISTRICT COURT, LEWIS AND CLARK COUNTY

|  |  |  |
| --- | --- | --- |
| In the Matter of | ) |  |
|  | ) | No. ADN 2019- 001 |
| BOBBY SMITH , | ) |  |
|  | )  ) | **REPORT OF THE CASA ADVOCATE/ GUARDIAN AD LITEM** |
| A Youth In Need of Care | )  ) | **18 MONTH -**  **HEARING**  Date**:** July 28, 2018 |

I,       was appointed as the CASA/GAL to this case on      .

**CHILD’S DATE OF BIRTH**:      **AGE**:

**REMOVED FROM HOME**:       **PLACED WITH SIBLINGS**:  Yes  No

**NUMBER OF PLACEMENTS**:       **IN ORIGINAL SCHOOL**:  Yes  No

**PRESUMED ICWA**:  Yes  No **CONFIRMED ICWA**:  Yes  No

**CHILD IS CONFIRMED TO BE A MEMBER OR ELIGIBLE TO BE A MEMBER OF THE** (*Tribe Name)* **TRIBE**:  Not Applicable

Child has been in foster/kinship care for **18 months**, a total of **552 days**.

# **PERSONS INTERVIEWED, RELATIONSHIP TO SUBJECT AND DATE OF CONTACT:**

Jane Doe, Birth Mother January 22, 2018

# **RECORDS REVIEWED:**

# **HISTORY:**

Keep the case history section brief, perhaps one or two short paragraphs summarizing the reason for removal

# **UPDATE ON CHILD:**

**Childcare/Preschool**

**Extra-Curricular Activities**

**Relationships**

**Visitation**

**Education**

**Medical Needs & Therapy**

**Placement**

**Permanency**

# **CHILD’S EXPRESSED WISHES:** *(If age appropriate)*

*Child’s name* has chosen to communicate with the court (*choose one*):

through the attached letter

through the Guardian ad Litem, he/she has stated “ ….”

In person, “*child’s name* will be in court during this proceeding”.

has chosen not to communicate with the court

# **MOTHER’S PROGRESS:**

*Mother’s Name:*

# **FATHER’S PROGRESS:**

*Father’s Name:*

**ASSESSMENT:**

**ISSUES THAT NEED ADDRESSED:**

# **RECOMMENDATION:**

1. That Temporary Legal Custody be extended an additional 6 months.
2. That overnights start with parents as soon as possible and trial home visit can begin.
3. Foster placement *(should child remain in current foster placement)*
4. The child has been in foster care for       of 22 months and the Permanency goal should be      .

Respectively submitted this 1st day of January, 2019,

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*ADVOCATE NAME, CASA/GAL DATE*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*PAMELA YOUNG, ADVOCATE SUPERVISOR DATE*

**COPIES DISTRIBUTED TO:**

*Name, DN Judge*

*Name*, Child’s Attorney

*Name*, Father’s Attorney

*Name*, Mother’s Attorney

*Name*, Child Protection Specialist

*Name*, Deputy County Attorney

Pamela Young, Co-Executive Director CASA