

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 | )  ) | **HEARING**  Date**:** |

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

**CHILD’S DATE OF BIRTH**: **AGE**:

**DATE REMOVED FROM HOME**: **PLACED WITH SIBLINGS**:

**NUMBER OF PLACEMENTS**: **IN ORIGINAL SCHOOL:**

**ICWA STATUS**:

**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

# **HISTORY:**

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

# **UPDATE ON CHILD:**

**Childcare/Preschool** *Examples: Where does this child attend? Are there any reports from staff about how this child is doing?*

**Extra-Curricular Activities** *Examples: Is this child involved in any activities? Does this child have any specific interests or hobbies?*

**Relationships** *Examples: Does this child have positive relationships with family members, friends, or peers?*

**Visitation** *Examples: Is visitation taking place between this child and his/her parents? Other family members? How often is it happening? Is it supervised or unsupervised?*

**Education** *Examples: Does this child attend school? What grade is he or she in? How is this child doing in school? Are there any reports from the child’s teacher or school personnel worth noting?*

**Medical Needs & Therapy** *Is the child receiving therapy? Does he or she have other medical needs? How are they being addressed?*

**Placement** *Where is the child currently placed? Are there other individuals who would like to be considered as a placement?*

**Permanency** *What is the current permanency plan for this child? (This will usually be reunification)*

# **MOTHER’S PROGRESS:**

*Mother’s Name:*

# **FATHER’S PROGRESS:**

*Father’s Name:*

**ASSESSMENT:** *Example: your overall assessment of how the case is going at this point. Based on the above information, do you have any concerns for this child or this family? Are there positive aspects of the case you would like to note?*

**ISSUES THAT NEED TO BE 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      .

Respectfully submitted this 1st day of January, 2019,

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

*ADVOCATE NAME, CASA/GAL DATE*

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

*SARA HESS, 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

Sara Hess, CASA Advocate Supervisor