

Referral for Truancy Court Appointed Special Advocate

Douglas, Elbert, & Lincoln Counties

PERSON MAKING REFERE	RAL:								
Name:		Case Number:							
Title:	Date of Referral:								
Phone:	Email:								
Please attach NAME OF CHILD(REN) BE	CASAin	sework, school, or otl DEL@adv4children.or A TRUANCY CASA:	•	d submit to					
1				☐ Male	☐ Female				
First		Last	DOB						
2		Last		_ 🔲 Male	☐ Female				
		LdSt	БОВ	□ Malo	☐ Female				
3. First		Last	DOB		□ remale				
RACE: American Indian or Ala Asian Black or African Americ Hispanic or Latino Native Hawaiian/Pacific Two or More Races White PARENT INFORMATION (can c Islander	nts on last page in No	tes section):						
Mother:									
First		Last		Phone					
		Address							
Father:		Last		Phone					
FIISL		Last		Phone					
		Address							
NEXT HEARING:									
Da	ate	Time		Type					

CASEWORKER ASSIGNED:						Ph. #			
Em	ail address:	:	_						
GU	ARDIAN AD	D LITEM:	Ph. #						
Em	ail address:	:				-			
DEFENSE COUNSEL:						_ Ph.#			
Em	ail address:	:				-			
	UCATION: ticipant is o	currently atten	Grade level:						
ME	DICAL AND	SAFETY RISK:							
	No Known	Medical and Sa	afety Concerns						
Safety Concerns (Type as much detail as necessary. Text will wrap):									
Allergies (Type as much detail as necessary. Text will wrap):									
 Me	dical Conce	erns (Type as n	nuch detail as ne	cessary. Text w	ill wrap):				
FAI	MILY HISTO	PRY/DYNAMIC	S (Type as much	detail as neces	sary. Text will v	wrap):			
но	W CAN A C	ASA HELP ON	THIS CASE? (Typ	e as much deta	il as necessary	. Text will wrap):			
	IAT INFORM	MATION ABOL	JT THE CASE CAN	I YOU DISCLOS	E ? (Type as mu	nch detail as necessary. Text			
WH	IAT TYPE O	F CASA WOUL	D YOU PREFER C	ON THIS CASE?					
1.	Gender:	☐ Male	☐ Female						
2.	Age:	□ 21-30	□ 31-40	□ 41-50	□ 50+				
3.	3. Other Specific Requests (Type as much detail as necessary. Text will wrap):								
NO	TES (Type c	as much detail	as necessary. Te	xt will wrap):					