

NEXT HEARING:

Referral for Truancy Court Appointed Special Advocate

Arapahoe County

PERSON MAKING REFERRAL: Name: _____ Case Number: _____ ______ Date of Referral: _____ Title: Phone: _____ Email: _____ ☐ Yes ☐ No ACE Court paperwork is complete, student is officially added to the ACE Court Problem **Solving Docket** Please attach a copy of recent casework, school, or other reports and submit to: CASAinArapahoe@adv4children.org NAME OF CHILD(REN) BEING REFERRED FOR A TRUANCY CASA: ☐ Male ☐ Female ☐ Male ☐ Female ☐ Male ☐ Female RACE: ☐ American Indian or Alaska Native □ Asian ☐ Black or African American ☐ Hispanic or Latino ☐ Native Hawaiian/Pacific Islander ☐ Two or More Races ☐ White **PARENT INFORMATION (**Add additional parents on last page in Notes section): Mother: _____ Address Father: Address

Time

CASEWORKER ASSIGNED:						Ph. #	
Em	ail address:	:				_	
GUARDIAN AD LITEM:						Ph. #	
Em	ail address:	:				-	
DEFENSE COUNSEL:						_ Ph.#	
Em	ail address:	:				-	
EDUCATION: Participant is currently attending						Grade level:	
ME	DICAL AND	SAFETY RISK:					
☐ No Known Medical and Safety Concerns							
Safety Concerns (Type as much detail as necessary. Text will wrap):							
Allergies (Type as much detail as necessary. Text will wrap):							
Medical Concerns (Type as much detail as necessary. Text will wrap):							
FAMILY HISTORY/DYNAMICS (Type as much detail as necessary. Text will wrap):							
HOW CAN A CASA HELP ON THIS CASE? (Type as much detail as necessary. Text will wrap):							
	IAT INFORI I wrap):	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.	Other Specific Requests (Type as much detail as necessary. Text will wrap):						
NO	TES (Type o	as much detail	as necessary. Te	xt will wrap):			