



Referral for Juvenile Delinquency Court Appointed Special Advocate

Douglas, Elbert, & Lincoln Counties

PERSON MAKING REFERRAL:

Name: _____ Case Number: _____
Title: _____ Date of Referral: _____
Phone: _____ Email: _____
Division: _____

Please attach a copy of recent caseworker and/or pre-trial reports and submit to
CASainDEL@adv4children.org

NAME OF YOUTH AND PLACEMENT:

Youth: _____ Male Female
First Last DOB
Placement: _____
First Last Phone

Address

PARENT INFORMATION *(Add additional parents on last page in Notes section):*

Mother: _____
First Last Phone

Address

Father: _____
First Last Phone

Address

NEXT HEARING: _____
Date Time Type

CASE NAME: _____

CASEWORKER ASSIGNED: _____ Ph. # _____

Email address: _____

GUARDIAN AD LITEM: _____ Ph. # _____

Email address: _____

PRE-TRIAL CASE MANAGER: _____ Ph. # _____

Email address: _____

DEFENSE COUNSEL: _____ Ph. # _____

Email address: _____

DISTRICT ATTORNEY: _____ Ph. # _____

Email address: _____

HOW CAN A CASA HELP ON THIS CASE? *(Type as much detail as necessary. Text will wrap):*

WHAT INFORMATION ABOUT THE CASE CAN YOU DISCLOSE? *(Type as much detail as necessary. Text will wrap):*

WHAT TYPE OF CASA WOULD YOU PREFER ON THIS CASE?

1. **Gender:** Male Female
2. **Age:** 21-30 31-40 41-50 50+

2. **Other Specific Requests** *(Type as much detail as necessary. Text will wrap):*

NOTES *(Type as much detail as necessary. Text will wrap):*
