



# Referral for Juvenile Delinquency Court Appointed Special Advocate *Arapahoe County*

**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  
[CASainArapahoe@adv4children.org](mailto:CASainArapahoe@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+

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

\_\_\_\_\_

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

\_\_\_\_\_