



# 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](mailto: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):*

\_\_\_\_\_