

COURT ADVOCACY FORM

CASE/ DP#: (Case Name/Number)

HEARING/DATE: (Type of Hearing/Date of Hearing)

GAL/VS/ATTY: (First Last/ Initials/Initials)

Will volunteer be present: (Y or N?)

SHELTER/NON-SHELTER / DATE: (Take out what does not apply /Date Petition Filed; If case starts are non shelter and then the kids get sheltered, add new date. If a new child is born, add that child in if sheltered.)

Adjudication Date: _____(Note if adjudication was with-held)

Take out the heading if it does not apply/ If more than one child- complete a child section for each child.

Child: (Full Name)

DOB (age): (make sure to put actual age)

Psychotropic Meds: Name; Dosage; consent needed or obtained? (Explain in a brief statement)_____

Medical/ Meds: **Diagnosis/ Treatment plan or known information; Last medical and dental exam or any current medical problem.**

Mental Health: **Individual or Family Therapy: Where/How Often/Progress**

Developmental Disabilities: **Name the problem and list treatment received.**

Educational: **Name of School; progress; grade level; extra curricular activities; IEP; last date &type of contact by GAL**

Independent Living/ Normalcy: (**Jump Vault Training Y or N; Next or last IL staffing date**)

ICWA or immigration issues: **Describe**

Court Attendance: **Confirm child is coming or not; Is the child prepared for court**

Placement: **Type/Name/City (Can add contact information here) Date of last visit**_____

Sibling visitation: **Y or N; Lives with siblings etc. Is there a schedule? Last visit date**

Is Child Receiving Benefits: **SSI/SSA (Master trust)/ Allowance/ Medicaid**

Child's Case Plan Tasks:

- **List tasks from the Case plan/ provider name and contact**
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Mother: **Name (can add contact info here)**

Visitation- **Describe the type of visitation**

Dependency Allegations: **List briefly from petition**

Mx/Case Plan: **Goal and Case Plan Acceptance Date/ Expiration Date as to the mother.**

Tasks/Status:

- **At each bullet, list the task and give a short explanation on progress. For example:**
- **Parenting class; she has completed 3 out of 4 classes. Add contact info on each provider.**
-

Father: **Name (can add contact info here)**

Visitation- **Describe the type of visitation**

Dependency Allegations: **List briefly from petition**

Fx /Case Plan: **Goal and Case Plan Acceptance Date/ Expiration Date as to the father.**

Tasks/Status:

- **At each bullet, list the task and give a short explanation on progress. For example:**
- **Parenting class; she has completed 3 out of 4 classes. Add contact info on each provider.**
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CP/JR Issues: **Statement on if it has been reviewed by CAC. List incorrect information**

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GAL Recommendations for Hearing--**Issues/Concerns/Needs/Facts of Importance/Other:**

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DEPENDENCY COURT NOTES

IN THE INTEREST OF: _____

CASE # _____ **COURT DATE:** _____

TYPE OF HEARING:

- Status of _____ Dep Trial
- Arraignment (fx, mx, both) Mediation Acc. Judicial Review
- TPR Advisory TPR Trial Other: _____

Notes: _____

GAL ATTORNEY: CD VV LDL JS	DCF ATTORNEY: _____
CHILD ADVOCATE COORDINATOR: _____	DCM: _____
GAL VOLUNTEER: _____	Present Y/N
MOTHER: _____	Pres Y/N ATTORNEY:
FATHER: _____	Pres Y/N ATTORNEY:
FATHER: _____	Pres Y/N ATTORNEY:
CHILD(ren): _____	Pres Y/N ATTORNEY:
OTHER: _____	OTHER: _____

Next Court Date: _____ **Time:** _____

- Status of _____ Arraignment (fx, mx, both)
- Mediation Acc. Case Plan Acc. Pre-disposition Judicial Review
- TPR Advisory TPR Trial Other: _____
- Mediation/CP Conf. Dep. Trial

Next Court Date: _____ **Time:** _____

- Status of _____ Arraignment (fx, mx, both)
- Mediation Acc. Case Plan Acc. Pre-disposition Judicial Review
- TPR Advisory TPR Trial Other: _____
- Mediation/CP Conf. Dep. Trial

GALP Follow Up: _____
