

CASE INFORMATION SHEET

Case Name and CV # _____

Reason for Removal: Physical Abuse Sexual Abuse Neglect

Date CASA Assigned _____

Advocate: _____ Phone #: _____

Child's Name	DOB/Age	Gender	Ethnicity
1) _____	_____	M F	_____
2) _____	_____	M F	_____
3) _____	_____	M F	_____
4) _____	_____	M F	_____
5) _____	_____	M F	_____
6) _____	_____	M F	_____

Placement Name	Address	Phone	Type
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CASA Advocate Coordinator: _____
Phone #: _____
e-mail: _____

DFPS Caseworker: _____
Phone #: _____
e-mail: _____

DFPS Supervisor: _____
Phone: Number: _____
e-mail: _____

Attorney ad Litem: _____
Phone #: _____
e-mail: _____

Mother's Attorney: _____
Phone #: _____
e-mail: _____

Father's Attorney: _____
Phone #: _____
e-mail : _____

Mother: _____
Address: _____
Phone #: _____

Father: _____
Address: _____
Phone#: _____

Father: _____
Address: _____
Phone: _____

Hearing Dates: Adversary _____
Status _____
Init. Permanency _____
Permanency _____
Trial _____

VOCA: Yes No If yes, Crime Victim's information provided Yes No
Police Report Yes No