



**CASA of Liberty/Chambers Counties
CERTIFICATE OF ACCEPTANCE**

IN THE INTEREST OF:

(First and last name of each child - Case Name)

CAUSE#:

JUDGE: _____

COURT: _____

I, _____, hereby accept appointment as a volunteer Court Appointed Special Advocate/GAL, assigned by CASA of Liberty/Chambers Counties, to the above entitled cause.

As the CASA Guardian ad litem, I will conduct a thorough investigation to determine the best interest of the child(ren). I will obtain and review copies of the child's relevant medical, psychological and school records. I will interview the child and individuals with significant knowledge of the child and family's history and condition.

I will consult with my CASA Advocate Coordinator and agree that any recommendation brought to the court for the best interests of the child(ren) will be with the agreement of the CASA program staff. I will provide court reports for all permanency and review hearings.

All information I receive will be held in strictest confidence.

At such time as this case is closed, either by Court Order, or emancipation of the child(ren), I will return my case file to the CASA office. Or, if for any reason I can no longer fulfill my responsibilities as the CASA Guardian ad litem for this case, I will notify the CASA staff and return my case file to the CASA office in a timely manner.

Signed this _____ Day of _____ 20 _____

CASA Volunteer Advocate

CASA Advocate Coordinator

CC: CASA file
Volunteer Case File
CPS Supervisor