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**STRENGTHENING THE VOICES OF CASA STATEWIDE**

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**FORM A: CASA COURTESY ASSISTANCE VISIT REQUEST**  
(To be completed by the program requesting assistance.)

**REQUEST INFORMATION**

Case name: \_\_\_\_\_ County of court jurisdiction: \_\_\_\_\_

Program requesting courtesy service: Choose a city \_\_\_\_\_

Making courtesy request to (provider program): Choose a city \_\_\_\_\_

Name of staff making this request: \_\_\_\_\_

Staff title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Is a CASA volunteer assigned to the case? Yes  No

Name of volunteer: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of last visit with child (if applicable): \_\_\_\_\_ How often is a visit required? \_\_\_\_\_

Provide a brief description of the CASA volunteer's time, contact and interaction on case: \_\_\_\_\_

Is the Court Order appointing the CASA attached: Yes  No

Is the most recent CASA court report attached: Yes  No

Date of next court hearing: \_\_\_\_\_

Description of service requested:

One time visit assistance

Ongoing visit assistance

For 3 months, once monthly (new referral required for additional visits after 3 months)

Other: \_\_\_\_\_

Reason for service requested:

Goal or objective of the visit you are requesting:

Safety concerns the program or volunteer has regarding the child(ren) or placement:

Any other critical factual data necessary to support a successful courtesy service:

**PRIORITIZATION MATRIX – Reasons for request (check all that apply)**

**The first six request options marked with \* will be considered priority visits; cases with several items checked may also be considered a priority**

- \*Child(ren) have not been seen by CASA in over 180 days
- \*Recent abuse concerns in placement
- \*Child(ren) had a recent psychiatric hospitalization
- \*Child(ren) had a recent major incident (substance use, had run away, pregnancy, etc.)
- \*Judge ordered a new placement without an approved home study
- \*Placement in danger of disruption
- Child(ren) moving to a new placement that requesting CASA has not visited
- Child(ren) need more in person contact that requesting CASA can provide
- Child(ren) placed in a RTC
- Child(ren) having significant educational difficulties
- Child(ren) having significant emotional difficulties
- Child(ren) with termination of parental rights
- Child(ren) in both juvenile and CPS systems (cross over case)
- Child(ren) expressing desire for new placement
- Other:

**CHILD INFORMATION**

Name: Gender: Male  Female

DOB: TMC  PMC  COS

Caregiver:

Reason for placement:

Length of time in this placement: # Placements in last 12 months:

Important information about this child:

Name: Gender: Male  Female

DOB: TMC  PMC  COS

Caregiver:

Reason for placement:

Length of time in this placement: # Placements in last 12 months:

Important information about this child:

**PLACEMENT INFORMATION**

Type and name of current placement: Choose One

Contact person for placement:

Email: Phone:

Address:

Other information about current placement:

\_\_\_\_\_  
Requesting program staff signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Requesting program ED or PD signature

\_\_\_\_\_  
Date