**IN THE COURT OF COMMON PLEAS
LUCAS COUNTY, OHIO
JUVENILE DIVISION**

**Report and Recommendations of
Court Appointed Special Advocate (CASA) Guardian ad Litem (GAL)**

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| **In The Matter Of:** | **Case Identifier/Number:** Click to enter Case # |
|  |  | **Case Status:** Click to Choose Status |
| **Child’s Name** | **Date of Birth** | **CASA/GAL Name:** Click to enter Your Name |
| Child1 Name | Click to enter Child1 DOB |  | 1801 Spielbusch Avenue |
| Child2 Name | Click to enter Child2 DOB |  | Toledo, Ohio 43604 |
| Child3 Name | Click to enter Child3 DOB |  | Telephone: 419.213.6753 |
| Child4 Name | Click to enter Child4 DOB |  | Fax: 419.213.6785 |
| Child5 Name | Click to enter Child5 DOB |  |  |
| Child6 Name | Click to enter Child6 DOB |  |  |
|  |  |  |  |
| **Basis for Court Involvement:** Click to Choose |
| **Type of Hearing:** Click to Choose |
| **Date of Complaint/Petition:** Click to enter Date. |
| **Date of GAL Appointment:** Click to enter Date. |
| **Assigned Judge:** Click to Choose Judge |
| **Assigned Magistrate:** Click to Choose Magistrate |
| **Prior CASA/GAL Reports Filed:** Click to Choose |
| **CASA/GAL has Attended all Hearings Since Appointment:** Click to Choose |
|  |
| **The *Guardian ad Litem* report shall be provided to the Court, unrepresented parties, and legal counsel.  Any other disclosure of the report must be approved in advance by the Court.  Unauthorized disclosure of the report may be subject to court action, including the penalties for contempt, which include fine and/or incarceration.** |
|  |
| **Case History:** |
| Click to enter Case History Narrative |
|  |
| **Documents Reviewed:** |
| **Agency** | **Type of Document** | **RE: Who?** |
| Click to enter Agency | Click to enter Document | Click to enter Who Document Refers to |
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| **Placement History:** |
| **Date:** | **Child’s First Name** | **Moved To** | **Comments RE: This Move (Optional)** |
| Click to enter Date | Click to enter Name | Click to enter Location | Click to enter Narrative |
| Click to enter Date | Click to enter Name | Click to enter Location | Click to enter Narrative |
| Click to enter Date | Click to enter Name | Click to enter Location | Click to enter Narrative |
| Click to enter Date | Click to enter Name | Click to enter Location | Click to enter Narrative |
| Click to enter Date | Click to enter Name | Click to enter Location | Click to enter Narrative |
| Click to enter Date | Click to enter Name | Click to enter Location. | Click to enter Narrative |
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| **Persons Interviewed:** |
| **Name** |  | **Relationship to Child** |
| Click to enter Name |  | Click to enter Relationship to Child |
| Click to enter Name |  | Click to enter Relationship to Child |
| Click to enter Name |  | Click to enter Relationship to Child |
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| **Dates of Contact with Child:** |
| **Name** | **Date** | **Location** |
| Click to enter Name | Click to enter Date | Click to enter Location |
| Click to enter Name | Click to enter Date | Click to enter Location |
| Click to enter Name | Click to enter Date | Click to enter Location |
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| Click to enter Name | Click to enter Date | Click to enter Location |
| Click to enter Name | Click to enter Date | Click to enter Location |
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| **Child(ren)’s Well Being:** |  |  |  |  |
| 1. **Physical Health**
 | Click to enter Narrative |
| 1. **Are Children on Target Developmentally?**
 | Click to enter Narrative |
| 1. **Mental Health**
 | Click to enter Narrative |
| 1. **Process *(does child understand situation?)***
 | Click to enter Narrative |
| 1. **Safety *(does child fee safe in current environment?)***
 | Click to enter Narrative |
| 1. **Financial Needs or Special Financial Circumstances**
 | Click to enter Narrative |
| 1. **Are Children Visit Parents, Siblings and Appropriate Relatives?**
 | Click to enter Narrative |
| 1. **Are Parties in Compliance with Court Orders?**
 | Click to enter Narrative |
| 1. **Are Case Plan Services Arranged?**
 | Click to enter Narrative |
|  |
| **CASA/GAL Investigation:** |
| Click to enter Investigation Narrative |
|  |
| **School Status:** |
| **Name** | **Comments** |
| Child1 Name. | Click to enter Narrative |
| Child2 Name | Click to enter Narrative |
| Child3 Name | Click to enter Narrative |
| Child4 Name | Click to enter Narrative |
| Child5 Name | Click to enter Narrative |
| Child6 Name | Click to enter Narrative |
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| **Wishes and Concerns of Each Child as Expressed to the CASA/GAL:** |
| Click to enter Child1’s Wishes and Concerns |
| Click to enter Child2’s Wishes and Concerns |
| Click to enter Child3’s Wishes and Concerns |
| Click to enter Child4’s Wishes and Concerns |
| Click to enter Child5’s Wishes and Concerns |
| Click to enter Child6’s Wishes and Concerns |
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|  |
| **Family Strengths:** |
| Click to enter Family Strengths Narrative |
| **CASA/GAL Concerns Not Addressed Elsewhere in this Report (Optional):** |
| Click to enter Your Concerns that are not Addressed Elsewhere |
| **Recommendations of CASA/GAL in the Best Interest(s) of the Child(ren):** |
| Click to enter Your Recommendations |
| In addition, the CASA/GAL request the Court restrict access and place this report under seal to preserve the privacy, confidentiality, and safety of the parties and the best interest of the child(ren).This guardian affirms that he/she has met all of the responsibilities of Rule 48 of the Rules of Superintendence for the Courts of Ohio, as detailed above or has provided notice to the court of any deficiency and the reason therefor. |
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|  |  |  | **Respectfully Submitted,** |  |
|  |  |  |  **CASA/GAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
|  |  |  |  | Click to Type Your Name |
|  |  |  |  |  |
|  |  |  |[ ]  By checking this box, I attest that I am the aforementioned CASA/GAL and this report is my work product. |
|  |
| In addition, by placing your initials in the box below, you also consent and agree that your use of a key pad, mouse, or other device to select an item, button, icon, checkbox, to enter text, or perform a similar act/action while using this document/form constitutes your signature, acceptance and agreement as if actually signed by you in writing. You further acknowledge and agree that the taking of any such actions by you evidence your intent to sign any such document/form. You also agree that no certification authority or other third party verification is necessary to the validity of your electronic signature; and that the lack of such certification or third party verification will not in any way affect the enforceability of your signature. |
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|  |  |  |  | Preparer’s Initials: Click to Enter Initials |
|  |
| Office Use Only |  |  |  |  |
| Current Date: Click to enter Date |
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