

Court of Common Pleas

Juvenile Division
Lucas County, Ohio

Denise Navarre Cubbon, Administrative
Judge Judge Linda M. Knepp

Court Appointed Special Advocates Department



Therapist/Counselor Inquiry Form

GAL Complete:

Therapist/Counselor Name: _____ Therapist Email (**required*): _____

Child's Name: _____ Child's DOB: _____

Assigned CASA/GAL Name: _____ Date sent to therapist: _____

I have a specific question, please call me at 419-213-6753 OR Please complete section below

The Lucas County Juvenile Court (LCJC) through its Court Appointed Special Advocate/Guardian ad Litem (CASA/GAL) department, appoints GAL advocates as Officers of the Court, pursuant to Ohio Revised Code 2151.281. Children involved in civil cases in the LCJC will have a GAL appointed to investigate and make recommendations to the Judge regarding the child's best interest. I am required to do an independent investigation of the child's past and current circumstances and report to the Judge. I am asking for your assistance. Please complete this form and return it to the CASA Office as soon as possible. Your input is critical and will affect this CASA/GAL's recommendations to the Judge and the orders of the Court regarding this child's welfare. I have a signed Journal Entry of Appointment from the Judge presiding over this case.

I have attached my Journal Entry of Appointment (PDF) to this email The Journal Entry (JE) has been sent to your office

The JE is on file with the CASA/GAL Office. If you would like a copy sent to you before responding to this request, please call the CASA/GAL Office at 419-213-6753 and they will Email or Fax you the document immediately.

Therapist- Please Complete: Today's Date: _____ I am in private practice I work for: _____

I am I am NOT the first therapist or counselor this child has had. This child was first seen by me on: _____

Child's sessions are to take place: Daily 2 x per week Once a week Bi-monthly Monthly As necessary

Please list family members and/or others included in sessions: _____

Types of sessions (*please check all that apply*): Individual Group Family Other: _____

Child's attendance: Excellent Good Fair Poor Family/Parent attendance: Excellent Good Fair Poor

Comments about attendance:
(space limited to box)

Diagnoses:

Treatment plan:
(space limited to box)

Progress:
(space limited to box)

Therapist/Counselor's Name: _____ CASA- please phone me at: _____

Please Save and Attach this completed form to an email addressed to: casafoms@co.lucas.oh.us