**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:](#Casenumber" \o "Located at the top of the Complaint.)** Click to enter Case # | | |
| **[Child’s Initials](#ChildsInitials" \o "First two letters of Child's first name and first letter of Child's last name.)** | | **Date of Birth** | | | | | | **Case Status:** Click to Choose Status | | |
| Child1 Initials | | Click to enter Child1 DOB | | | | | | **[CASA/GAL Name:](#CASAGALname" \o "Your CASA Name)** Click to enter Your Name | | |
| Child2 Initials | | Click to enter Child2 DOB | | | | | |  | | 1801 Spielbusch Avenue |
| Child3 Initials | | Click to enter Child3 DOB | | | | | |  | | Toledo, Ohio 43604 |
| Child4 Initials | | Click to enter Child4 DOB | | | | | |  | | Telephone: 419.213.6753 |
| Child5 Initials | | Click to enter Child5 DOB | | | | | |  | | Fax: 419.213.6785 |
| Child6 Initials | | Click to enter Child6 DOB | | | | | |  | |  |
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| **[Basis for Court Involvement:](#Basisforcourtinvolvement" \o "Found on the Complaint, in the caption.)** | | | Click to Choose | | | | | | | |
| **[Type of Hearing:](#Typeofhearing" \o "Found on hearing notice.)** Click to Choose | | | | | | | | | | |
| **[Date of Complaint/Petition:](#Dateofcomplaint" \o "The file stamped date on the Complaint. (top right corner))** Click to enter Date. | | | | | | | | | | |
| **[Date of GAL Appointment:](#DateofGALappointment" \o "File stamped date on top of JE. (Top right corner))** Click to enter Date. | | | | | | | | | | |
| **[Assigned Judge:](#Assignedjudge" \o "This can be found at the bottom of your JE underneath the Judge's signature.)** Click to Choose Judge | | | | | | | | | | |
| **[Assigned Magistrate](#Assignedmagistrate" \o "Found on the hearing notice.):** Click to Choose Magistrate | | | | | | | | | | |
| **[Prior CASA/GAL Reports Filed:](#Priorreportsfiled" \o "First report will always be No. Every report thereafter will be Yes.)** Click to Choose | | | | | | | | | | |
| **[CASA/GAL Has Attended All Hearings Since Appointment:](#Attendedallhearings" \o "This answer is always yes. Prior to you being assigned, a Staff Attorney attended on your behalf.)** Click to Choose | | | | | | | | | | |
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| **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.** | | | | | | | | | | |
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| **[Case History:](#Casehistory" \o "Summarize the information from the original Complaint filed by LCCS, starting with paragraph #4. At the end of the section, include the ESCH date, who was awarded custody, and where the child is placed.)** | | | | | | | | | | |
| Click to enter Case History Narrative | | | | | | | | | | |
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| **[Documents Reviewed:](#Documentsreviewed" \o "All documents you've seen.)** | | | | | | | | | | |
| **[Agency](#Documentsreviewedagency" \o "Examples: LCCS, Harbor, Zepf Center, Toledo Public Schools, etc.)** | | | | | **[Type of Document](#Documentsreviewedtype" \o "Examples: File, Report, Test Results, Records, etc.)** | | | | **[RE: Who?](#Documentsreviewedwho" \o "Examples: Mother, Parents, Family, Child-1, etc.)** | |
| Click to enter Agency | | | | | Click to enter Document | | | | Click to enter Who Document Refers to | |
| Click to enter Agency | | | | | Click to enter Document | | | | Click to enter Who Document Refers to | |
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| **[Placement History:](#Placementhistory" \o "Child's placement. Start with first removal (Moved to should list identifier Maternal Grandmother/Foster Home/Father) . If child was never removed, then put when Protective Supervision began and where.)** | | | | | | | | | | |
| **Date:** | **Child’s Identifier** | | | | **Moved To** | | | | **Comments RE: This Move (Optional)** | |
| Click to enter Date | Click to enter Child | | | | Click to enter Location | | | | Click to enter Narrative | |
| Click to enter Date | Click to enter Child | | | | Click to enter Location | | | | Click to enter Narrative | |
| Click to enter Date | Click to enter Child | | | | Click to enter Location | | | | Click to enter Narrative | |
| Click to enter Date | Click to enter Child | | | | Click to enter Location | | | | Click to enter Narrative | |
| Click to enter Date | Click to enter Child | | | | Click to enter Location | | | | Click to enter Narrative | |
| Click to enter Date | Click to enter Child | | | | Click to enter Location. | | | | Click to enter Narrative | |
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| **[Persons Interviewed:](#Personsinterviewed" \o "List everyone you spoke to and their relationship to the child. Your CASA Child(ren) should always be listed first, no matter their age. Foster Parent names are \"Name Confidential\".)** | | | | | | | | | | |
| **Name** | | | | |  | **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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| **Attempted Contacts – Unsuccessful:** | | | | |  |  | | | | | |
| **Name** | | | | |  | **Relationship to Child** | | | | | |
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| **[Dates of Contact with Child:](#Datesofcontact" \o "List all visits with the Child(ren) on this case in order. If multiple children were seen at the same time and place, please list them together. If this is not the AD report, list your contact with the Children since your last report.)** | | | | | | | | | | |
| **Child’s Identifier** | | | | | **Date** | | | | **Location** | |
| Click to enter Child | | | | | Click to enter Date | | | | Click to enter Location | |
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| **[Child(ren)’s Well Being:](#Childrenswellbeing" \o "Summarize your responses in this area. If more than one child is on the case, answer for each child. If there are no concerns, write No concerns.)** | |  | |  |  | | | |  | |
| 1. **[Physical Health](#Physicalhealth" \o "Example: Child-1 is diagnosed with asthma, but is treating with a daily inhaler. No concerns for Child-2.)** | | | | | | | Click to enter Narrative or write No Concerns | | | |
| 1. **[Are Children on Target Developmentally?](#Ontargetdevelopmentally" \o "Example: Child-1 is on an IEP for learning disabilities addressing reading comprehension. No concerns for Child-2.)** | | | | | | | Click to enter Narrative or write No Concerns | | | |
| 1. **[Mental Health](#Mentalhealth" \o "Example: Child-1 attends weekly therapy sessions for anxiety. No concerns for Child-2.)** | | | | | | | Click to enter Narrative or write No Concerns | | | |
| 1. **[Process](#Process" \o "Example: Child-1 understands the situation. Child-2 is an infant and too young to understand.) *[(does child understand situation?)](#Process" \o "Example: Child-1 understands the situation. Child-2 is an infant and too young to understand.)*** | | | | | | | Click to enter Narrative or write No Concerns | | | |
| 1. **[Safety](#Safety" \o "Example: Children both seem comfortable and well cared for in their current environment.) *[(does child fee safe in current environment?)](#Safety" \o "Example: Children both seem comfortable and well cared for in their current environment.)*** | | | | | | | Click to enter Narrative or write No Concerns | | | |
| 1. **[Financial Needs or Special Financial Circumstances](#Financialneeds" \o "Example: Maternal Grandmother (Placement) is in need of financial assistance for daycare.)** | | | | | | | Click to enter Narrative or write No Concerns | | | |
| 1. **[Are Children Visiting Parents, Siblings, and Appropriate Relatives?](#Visitingrelatives" \o "Example: Father has visits established at LCCS, but is not exercising his time.)** | | | | | | | Click to enter Narrative or write No Concerns | | | |
| 1. **[Are Parties in Compliance with Court Orders?](#Partiesincompliance" \o "Example: Mother has not been leaving urine screens.)** | | | | | | | Click to enter Narrative or write No Concerns | | | |
| 1. **[Are Case Plan Services Arranged?](#Caseplanservices" \o "Example: Father is participating in parenting classes. Mother has refused all services.)** | | | | | | | Click to enter Narrative or write No Concerns | | | |
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| **[CASA/GAL Investigation:](#Investigation" \o "Tell the court about what you have learned. Remember to say This CASA instead of using pronouns to identify yourself. Be sure to use Identifiers for anyone you mention (Maternal Aunt, Paternal Grandmother, Mother's Boyfriend, etc).)** | | | | | | | | | | |
| Click to enter Investigation Narrative | | | | | | | | | | |
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| **[School Status:](#Schoolstatus" \o "Name should always be Child-1, Child-2, etc. Comment should state what grade the Child is in, how they are doing and any concerns not listed elsewhere.)** | | | | | | | | | | |
| **Child’s Identifier** | | [**Comments**](#Schoolstatuscomment) | | | | | | | | |
| Child1 | | Click to enter Narrative | | | | | | | | |
| Child2 | | Click to enter Narrative | | | | | | | | |
| Child3 | | Click to enter Narrative | | | | | | | | |
| Child4 | | Click to enter Narrative | | | | | | | | |
| Child5 | | Click to enter Narrative | | | | | | | | |
| Child6 | | Click to enter Narrative | | | | | | | | |
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| **[Wishes and Concerns of Each Child as Expressed to the CASA/GAL:](#Wishesofchild" \o "List the wishes of each child as they were expressed to you. If they're too young to express, write \"Child is an infant and unable to express wishes.\" **If any Child's wishes differ from your recommendations, please notify the CASA Office**)** | | | | | | | | | | |
| 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:](#Familystrengths" \o "Find something positive to say about the family. When filing a report for Permanent Custody, this section must be left blank.)** | | | | | | | | | | |
| Click to enter Family Strengths Narrative | | | | | | | | | | |
| **[CASA/GAL Concerns Not Addressed Elsewhere in this Report (Optional):](#Concernsnotaddressed" \o "Only list concerns that were NOT mentioned in your Investigation.)** | | | | | | | | | | |
| Click to enter Your Concerns that are not Addressed Elsewhere | | | | | | | | | | |
| [**Recommendations of CASA/GAL in the Best Interest(s) of the Child(ren):**](#Recommendations) | | | | | | | | | | |
| Click to enter Your Numbered Recommendations | | | | | | | | | | |
| In addition, the CASA/GAL requests 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 | |
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|  | |  | |  | Click to Enter Initials | | | | By inserting my initials, I attest that I am the aforementioned CASA/GAL and this report is my work product. | |
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| 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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| Office Use Only | |  | |  |  | | | |  | |
| Current Date: Click to enter Date | | | | | | | | | | |
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