

Court of Common Pleas

Juvenile Division
Warren County, Ohio



Joseph Kirby, Judge

Court Appointed Special Advocate Department

CASA- Please Complete:

Teacher/Administrator's Name: _____ Teacher's Email: _____

Student's Name: _____ **DOB:** _____ **School:** _____

Assigned CASA/GAL Name: _____ Date form sent to teacher: _____

The Warren County Juvenile Court (WCJC) 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 WCJC 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) is on file in your school's 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 513-695-1356 and they will Email or Fax you the document immediately.

Teacher pls Complete: Child's Current Grade: _____ Grade is Age Appropriate: _____ If H.S., on target to graduate? _____

Child's Grades/GPA are a Concern: _____ Child's Behavior/Social Skills are a Concern: _____ Child has School Friends: _____

Type of Classroom: _____ If 'Other' please explain:
(space limited to box)

Grades/Schoolwork have recently: _____

Child has an IEP? _____ Child has a 504 Plan? _____ Parent demonstrates interest in child's education: _____

Name Specialized Educational Needs Not Yet Met: _____

Does student have a State Support Team trained Parent Surrogate? _____ Days Absent this School Year: _____

Days Tardy this School Year: _____ Days Suspended this School Year: _____ Student has been Expelled this Year: _____

Reason for Suspension/Expulsion: _____

Comments (space limited to box)

If you would like the CASA to call you, please enter your phone number and best time to call _____

You may also fax to CASA office: 513-695-2948. Thank you