**GUARDIAN *ad Litem* REPORT TO COURT**

**CASA KANE COUNTY**

**CASE NUMBER(S)**:

**HEARING DATE**:

**PURPOSE OF HEARING**: *Include what status is being covered, i.e., Status of Services, etc.*

**IN THE MATTER OF:** *Oldest child listed first*

 DOB AGE

First Name Last Name

First Name Last Name

**FINDINGS UPDATE RELATED TO THE CHILD(REN):**

*Utilize only the topics that are applicable to what is being reviewed.*

**First Name Last Name** (age)

Child Description and Developmental Observations

Placement/Living Situation

Daycare/School

Medical and Health

*Immunizations, Dental check-ups, optometric, chronic medical conditions, medical appointments, current prescriptions, any psychiatric diagnosis etc.*

Services

*Counseling, life skills / mentoring services, substance abuse, occupational and physical therapy etc.*

Visitation (with parent[s] and with sibling[s])

*If the Status Hearing is for the parent(s), complete the section below. Utilize only the topics that are applicable to what is being reviewed.*

**FINDINGS UPDATE RELATED TO THE PARENT(S):**

*Utilize only the topics that are applicable to what is being reviewed.*

**First Name Last Name** (title)

Living Situation *include description of who else is living in the home*

Employment

Medical/Mental Health Diagnosis

Services *include referrals made, started, attended, not attended, progress*

Visitation *include obstacles to visitation, i.e., transportation*

**RECOMMENDATIONS:** *Include only if the recommendation is being changed since the last court hearing.*

1.

2.

3.

Respectfully submitted by CASA/GAL: First Name Last Initial Date: