



Court Stamp Here

Referral Submitted By (required):

CLC Attorney Judicial Hearing Officer County Counsel
 DCFS LADL CASA

Referent Name (please print) _____ Phone Number / Email Address (preferred) _____

REQUEST FOR COURT APPOINTED SPECIAL ADVOCATE (CASA) – MINOR

REQUIRED	Case Number: _____	Department: _____	Next Hearing Date: _____								
	In the Matter of: _____		Date of Birth: _____								
	Is the minor currently placed within Los Angeles County? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please note that CASA <u>only</u> accepts referrals for minors placed in Los Angeles County.</i>										
Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Trans Boy/Man <input type="checkbox"/> Trans Girl/Woman <input type="checkbox"/> Unknown/Youth has not shared _____											
Pronouns Used: _____											
Bilingual CASA requested (e.g. the minor, caregiver or biological parent(s) primary language is not English): <input type="checkbox"/> No <input type="checkbox"/> Yes (language needed): _____											
Parties:											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">Name of Minor's Attorney</td> <td style="width: 15%; border-bottom: 1px solid black;">CLC #</td> <td style="width: 25%; border-bottom: 1px solid black;">Phone Number</td> <td style="width: 30%; border-bottom: 1px solid black;">Email</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Name of Minor's Social Worker</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">Phone Number</td> <td style="border-bottom: 1px solid black;">Email</td> </tr> </table>				Name of Minor's Attorney	CLC #	Phone Number	Email	Name of Minor's Social Worker		Phone Number	Email
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REASON(S) FOR REFERRAL (please check all applicable)											
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The Court hereby refers this Request for Court Appointed Special Advocate to the CASA of Los Angeles Program.

DATE _____ **SIGNATURE OF JUDICIAL OFFICER (required)** _____

Please allow up to thirty (30) days for CASA of Los Angeles to respond to a request. Once the request has been reviewed, an Update on Request for CASA Form will be submitted to Court. Please contact the CASA office at (323) 859-2888 or referrals@casala.org with questions regarding the submission of a referral or to follow up about the status of a referral.

CASA of Los Angeles promotes equal opportunity for all referrals. In doing so, we comply with local, state and federal laws and regulations to ensure an equal opportunity for everyone. We do not discriminate in opportunities or practices on the basis of race, ancestry, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, citizenship, military service obligation, veteran status or any other basis protected by federal, state or local laws. Our policies and practices are intended to ensure that all are treated equally and our decisions are made to further the principle of equal opportunities.