

	Referral Submitted By (required):						
	☐ CLC Attorney	☐ Judicial Hearing Officer	□ County Counsel				
	□ DCFS	□ LADL	☐ CASA Program				
Court Stamp Here	Referent Name (please p	<u>print</u>) Phone Number / En	Phone Number / Email Address (preferred)				

REQUEST FOR COURT APPOINTED SPECIAL ADVOCATE

(CASA) - NON-MINOR DEPENDENT

If you are submitting a referral for a non-minor dependent, please attach a completed **Consent by Non-Minor Dependent Form** available for download at www.casala.org/referachild.

	Case Number:		Department:		Next Hearing D	ate:		
REQUIRED	In the Matter of:			Date of Birth:				
REC	Is the non-minor dependent currently placed within Los Angeles County?							
Gender Identity: Female Non-binary Trans Boy/Man Trans Girl/Woman Unknown/Youth has not shared Pronouns Used:								
Bilingual CASA requested (e.g. the non-minor dependent's primary language is not English): No Yes (language needed):								
Parties:								
Name of Non-Minor Dependent's Attorney CLC# Phone Number Email								
Name	e of Non-Minor Dependent's Social V	Vorker	Phone Number		Email			
REASON(S) FOR REFERRAL (please check all applicable)								
SAFETY		PERMA	PERMANENCY		WELL-BEING			
	 □ Safety in placement □ Appropriate placement match in meeting non-minor dependent's needs □ Support permanency plant term connections (include housing/SILP) □ Transitional Aged Youth (T □ Immigration status concern 		outh (TAY) support	 Educational concerns Developmental delay or disability concerns Emotional-behavioral health concerns Physical health concerns LGBTQIA+ related support 		ay or disability concerns ral health concerns ncerns		
Please describe the non-minor dependent's needs: □ Essential History □ GAL □ Youth Justice □ EPY								

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 referral@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.