



## REQUEST FOR COURT APPOINTED SPECIAL ADVOCATE (CASA)

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REQUIRED	Dependency Case Number:	Department:	Next Hearing Date:
	In the Matter of:		Date of Birth:
	Is the child/youth/NMD currently placed in Los Angeles County? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>**Please note that CASA <u>only</u> accepts referrals for minors and NMDs placed in LA County.          **Referrals for NMDs require a completed Non-Minor Dependent Consent Form.</i>		

<b>Referral Submitted By:</b> <input type="checkbox"/> CLC <input type="checkbox"/> DCFS <input type="checkbox"/> LADL <input type="checkbox"/> Caregiver/Relative/NREFM <input type="checkbox"/> CASA Staff <input type="checkbox"/> Youth/Self <input type="checkbox"/> Other	<b>Referent Agency/Organization:</b> (if applicable)
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<b>Referent Name:</b>	<b>Referent Phone Number:</b>	<b>Referent Email:</b>
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**Race/Ethnicity:**  African-American  Asian  Caucasian/Non-Latino  Hawaiian/Pacific Islander  Hispanic/Latino  
 Multi-Racial  Native American  Other  Unknown

<b>Gender Identity:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Boy/Man <input type="checkbox"/> Trans Girl/Woman <input type="checkbox"/> Non-binary <input type="checkbox"/> Unknown/Youth has not shared <input type="checkbox"/> _____	<b>Preferred Pronouns:</b>
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CASE PARTIES	Name of Dependency Attorney:	CLC Firm #:	Phone Number:	Email:
	Name of Social Worker:		Phone Number:	Email:
	Name of Defense Attorney: (if applicable)		Phone Number:	Email:

**Bilingual CASA requested** (e.g. the child/youth, parent(s) or caregiver's primary language is not English):  No  Yes (language needed): \_\_\_\_\_

SPECIALIZED POPULATIONS (check all that apply)	REASON(S) FOR REFERRAL (check all that apply)
<input type="checkbox"/> Early Childhood (ages 0-5) <input type="checkbox"/> Transitional Age Youth (TAY) (ages 12-17) <input type="checkbox"/> Non-Minor Dependent (NMD) <input type="checkbox"/> Youth Justice (or Dual Status Youth) <input type="checkbox"/> Expectant & Parenting Youth (EPY) <input type="checkbox"/> CSEC identified <input type="checkbox"/> LGBTQIA+ related support	<input type="checkbox"/> Support family reunification <input type="checkbox"/> Permanency planning and/or long-term connections <input type="checkbox"/> Guardian Ad Litem <input type="checkbox"/> Immigration needs <input type="checkbox"/> Physical health needs  <input type="checkbox"/> Mental health needs <input type="checkbox"/> Education needs <input type="checkbox"/> Developmental needs <input type="checkbox"/> Educational rights holder needed <input type="checkbox"/> Developmental services decision maker needed

**Please describe the child, youth, or NMD's needs:**

The Court hereby refers this Request for Court Appointed Special Advocate to the CASA of Los Angeles Program.

**DATE** \_\_\_\_\_ **SIGNATURE OF JUDICIAL OFFICER (required)** \_\_\_\_\_

Once this Request for CASA 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](mailto:referrals@casala.org) with questions regarding referrals. 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.