

**C.A.S.A OF SAN BERNARDINO COUNTY
ADVOCATE ACTIVITY REPORT**

Complete with as much detail as necessary to help in writing final reports to the Judge. Please submit to CASA office no later than the 5th of each month.

Case Work Hours _____
Continuing Ed Hours _____
Monthly Hours Total _____

Has the child's placement changed since your last report? Does your child have visitation with siblings? Who currently holds your child's educational rights?

Yes
 No

Yes The schedule is: _____
 No Name/Relation to child _____

Date, Time Spent, Mileage	Type of Activity – child visit, p/c, interview, meeting	Details/Comments/Action Items
<p>Date: _____</p> <p>Duration (Check box or fill in other):</p> <p><input type="checkbox"/> 15 min <input type="checkbox"/> 30 min <input type="checkbox"/> 45 min <input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours <input type="checkbox"/> other (fill in here) _____</p> <p>Mileage: _____</p>	<p><input type="checkbox"/> Visit with child <input type="checkbox"/> Communication with CASA Staff (time estimate OK) <input type="checkbox"/> Phone call to Social Worker/Attorney <input type="checkbox"/> Phone call to parent/relative <input type="checkbox"/> Phone call to foster parent/group home <input type="checkbox"/> Phone call to school <input type="checkbox"/> File review/report writing <input type="checkbox"/> Court hearing <input type="checkbox"/> Meeting – specify with whom <input type="checkbox"/> Continuing Education <input type="checkbox"/> Helped with access to resources (please list in comments sections)</p>	
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CASE ID number: _____

Advocate Signature : _____
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