

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number, and Address</i>) TELEPHONE NO: EMAIL ADDRESS:	FOR COURT USE ONLY
Superior Court of California, County of San Francisco Juvenile Justice Center 375 Woodside Avenue, Room 101, San Francisco, CA 94127 Civic Center Courthouse 400 McAllister Street, Room 402, San Francisco, CA 94102	
CASE NAME: PIN (<i>if applicable</i>):	
REQUEST FOR COURT APPOINTED SPECIAL ADVOCATE (CASA) AND/OR EDUCATIONAL RIGHTS HOLDER REFERRAL	PETITION NUMBER:

1. Name of Youth: _____ Date of Birth: _____
2. Gender Identity: _____ Race: _____ Ethnicity: _____
3. Current Placement City: _____ Primary language(s): _____
4. Current HSA-FCS PSW and/or JPD PO or SW: _____
5. Attorney(s) for Youth: _____ Anticipated Disposition Date: _____
6. City and/or District Attorney: _____
7. Court Proceedings Stage and Current Case Plan: _____
8. Prior CASA assignment/experience: Yes No (*Briefly describe*): _____
9. Reason(s) for Referral (*please check all applicable*):

<input type="checkbox"/> Severity of maltreatment <input type="checkbox"/> Length of time in foster care (<i>APPLA as permanent plan</i>) <input type="checkbox"/> Mental health involvement <input type="checkbox"/> Gang involvement <input type="checkbox"/> Immigration issues <input type="checkbox"/> Witness to/Victim of a violent crime <input type="checkbox"/> CSEC <input type="checkbox"/> Other (<i>please explain</i>): _____	<input type="checkbox"/> Re-entry to foster care as a minor <input type="checkbox"/> Health or physical disability issues <input type="checkbox"/> Education issues <input type="checkbox"/> EFC (<i>Signed consent by NMD must be attached</i>) <input type="checkbox"/> Absence of permanency/permanent connections <input type="checkbox"/> Juvenile justice involvement <input type="checkbox"/> Social isolation
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10. Please describe the Youth's Personality, Interests, Strengths and Needs (*assists with matching*):

I am requesting a: CASA Educational Rights Holder Date: _____

Applicable parties noticed: Attorney for Dependent/Ward HSA-FCS JPD Attorney(s) for parent(s)
 City and/or District Attorney

 Name of Referent and Relationship to Youth (*Print*)

Signature of Referent

The Court hereby orders the approval of this Request for CASA and/or Educational Rights Holder through the San Francisco Court Appointed Special Advocate Program.

Date

Judge, Unified Family Court



SFCASA PROGRAM GRIEVANCE POLICY

Every effort should be made to solve problems cooperatively and informally before presenting them as a formal grievance. We encourage anyone to contact the SFCASA office and ask to speak with the Program Director (or authorized to speak on their behalf) to discuss any concerns. Should informal efforts fail, the following policy is set forth in order to provide an outlet for complaints and a systematic means to resolve grievances.

If the grievance concerns a CASA volunteer or staff member please send a letter, along with supporting documents to:

SFCASA Executive Director, 2535 Mission Street, San Francisco, CA 94110

- Once received the matter shall be assigned to a staff member as appropriate. The Executive Director will have final say in the matter.
- Documentation of any grievance filed against a volunteer shall be retained in the volunteer's file.

If the grievance pertains to the Executive Director, please send a letter, along with supporting documents to:

SFCASA Board President, 2535 Mission Street, San Francisco, CA 94110

Once received the matter shall be reviewed by the Board President. The Board President shall have final say in the matter.