

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address) 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 (if applicable):	
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/Pronouns: _____ Race/Ethnicity: _____
3. Current Placement City: _____ Confidential Placement
4. Primary language(s): _____
5. Current HSA-FCS PSW and/or JPD PO/SW: _____
6. Court Proceedings Stage/Current Case Plan: _____ Prior CASA Assignment: Yes No _____
7. Reason(s) for Referral (please check all applicable):

<input type="checkbox"/> Educational Advocacy Needs <input type="checkbox"/> Sibling(s) in Foster Care <input type="checkbox"/> Mental/Behavioral Health Advocacy Needs <input type="checkbox"/> Family Treatment Court <input type="checkbox"/> CSEC Concerns <input type="checkbox"/> Developmental Disability Advocacy Needs <input type="checkbox"/> Other (please explain): _____	<input type="checkbox"/> Re-entry to Foster Care <input type="checkbox"/> Health Advocacy Needs <input type="checkbox"/> History of Sexual Abuse <input type="checkbox"/> AB12/Transitional Planning Needs <input type="checkbox"/> Absence of Community Connections <input type="checkbox"/> Juvenile Justice Involvement
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8. Describe the Youth's Personality, Interests, Strengths and Needs (Please update SFCASA with new information such as placement and case plan changes to support best fit and timely matching by emailing ProgramAssistant@sfcasa.org)

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

Parties noticed: Attorney for Dependent/Ward HSA-FCS JPD Attorney(s) for Parent(s)
 City and/or District Attorney
 For youth age 10 and older I have spoken with the youth about a CASA's role and they want to be matched with a CASA.

 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 SFCASA.
 Approval of this request does not guarantee assignment of either.

Date _____

 Judge, Unified Family Court, Superior Court of San Francisco



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, 1663 Mission Street, Suite 700, San Francisco, CA 94103

- 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, 1663 Mission Street, Suite 700, San Francisco, CA 94103

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