

**REQUEST FOR CASA**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requested by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Case Number: JD-\_\_\_\_\_\_\_ DHS Caseworker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phase of Case (circle one): Show Cause Adjudication Disposition Review Other

Next Hearing Date: Time: Type:

Details:

Return to Canadian County CASA, Inc.

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