

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address) TELEPHONE NO: EMAIL ADDRESS (Optional):	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: _____ 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. Reason(s) for Referral (please check all applicable):

<input type="checkbox"/> Severity of maltreatment <input type="checkbox"/> Length of time in foster care (APPLA as permanent plan) <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"/> LGBTQIA <input type="checkbox"/> Other (please explain below): _____	<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 (Signed consent by NMD must be attached) <input type="checkbox"/> Absence of permanency/permanent connections <input type="checkbox"/> Juvenile justice involvement <input type="checkbox"/> Social isolation <input type="checkbox"/> Incarcerated parent(s)
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
9. 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 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