CASA ADVOCATE ACTIVITIES FORM

VOLUNTEER NAME:	GROUP NUMBER:	PAGE: OF:
ACTIVITY REPORT DUE THE 3RD OF EACH MONTH	REPORT MONTH:	DATE SUBMITTED:

ACTIVITY CODES:

1 = Attended ACR
2 = Attended court hearing
3 = Biological parents contacted
4 = Caseworker contacted
5 = CASA/GAL supervisor contacted
6 = Child contacted out of court
7= Collaterals contacted
8= Foster parents contacted
9= Relatives contacted
10= Traveled
11= Wrote reports
12= Other
13= Visitation (Observation)
14= Legal Advocacy
15= Assistance with Immediate Lack of Funds or Short-Term Materials
16= Social Service Advocacy
17= Notification of Crime Victims Compensation
18= Information/Referrals

CONTACT CODES:

1 = Face-to-face **2 =** E-mail **3 =** Phone **4 =** Written **5 =** Other

PERSON CONTACTED	DATE OF ACTIVITY	ACTIVITY CODE	CONTACT CODE	TIME SPENT *(15 MIN INTERVALS)*	MILES DRIVEN	NOTES

Notes:

Entered into Comet by:_____Date:_____