

# **IMPORTANT CASE INFORMATION**

**Attorney:** \_\_\_\_\_ Phone: \_\_\_\_\_ text

Email: \_\_\_\_\_

**DCYF Case Worker:** \_\_\_\_\_ Phone: \_\_\_\_\_ text

Email: \_\_\_\_\_

**Child Advocate/CASA:** \_\_\_\_\_ Phone: \_\_\_\_\_ text

Email: \_\_\_\_\_

**Assigned Commissioner/Judge:** \_\_\_\_\_

## **WHAT YOU HAVE AGREED TO DO**



*Let your attorney know if there are challenges getting services*

## **WHO DOES WHAT**

### **YOU**

Go to family time visits or call if going to be late/miss  
Pick up bus pass or gas vouchers when issued  
Communicate if you are or are not able to attend services and appointments  
Keep track of the things you do that move your case forward and give proof to your attorney  
Have current medical insurance

### **CFWS WORKER**

- Submits referral to start visits
- Issues bus pass or gas vouchers
- Submits referrals for services your medical insurance doesn't cover like: UA testing, Parenting Assessment, Psychological evaluations, DV classes
- Documents every action and interaction w/ your case
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Next Court Hearing: \_\_\_\_\_  
Date & Time