

# Court of Common Pleas

Juvenile Division  
Lucas County, Ohio

Denise Cubbon, Administrative Judge  
Connie Zimmelman, Judge

Court Appointed Special Advocate Department



## GAL- Please Complete:

Therapist/Counselor Name: \_\_\_\_\_ Therapist Email (\*required): \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Assigned CASA/GAL Name: \_\_\_\_\_ Date sent to therapist: \_\_\_\_\_

I have a specific question, please call me at 419-213-6753 OR  Please complete section below

The Lucas County Juvenile Court (LCJC) through its Court Appointed Special Advocate/Guardian ad Litem (CASA/GAL) department, appoints GAL advocates as Officers of the Court, pursuant to Ohio Revised Code 2151.281. Children involved in civil cases in the LCJC will have a GAL appointed to investigate and make recommendations to the Judge regarding the child's best interest. I am required to do an independent investigation of the child's past and current circumstances and report to the Judge. I am asking for your assistance. Please complete this form and return it to the CASA Office as soon as possible. Your input is critical and will affect this CASA/GAL's recommendations to the Judge and the orders of the Court regarding this child's welfare. I have a signed Journal Entry of Appointment from the Judge presiding over this case.

I have attached my Journal Entry of Appointment (PDF) to this email  The Journal Entry (JE) has been sent to your office

The JE is on file with the CASA/GAL Office. If you would like a copy sent to you before responding to this request, please call the CASA/GAL Office at 419-213-6753 and they will Email or Fax you the document immediately.

**Therapist- Please Complete:** Today's Date: \_\_\_\_\_  I am in private practice  I work for: \_\_\_\_\_

I am  I am NOT the first therapist or counselor this child has had. This child was first seen by me on: \_\_\_\_\_

Child's sessions are to take place:  Daily  2 x per week  Once a week  Bi-monthly  Monthly  As necessary

Please list family members and/or others included in sessions: \_\_\_\_\_

Types of sessions (please check all that apply):  Individual  Group  Family Other: \_\_\_\_\_

Child's attendance:  Excellent  Good  Fair  Poor Family/Parent attendance:  Excellent  Good  Fair  Poor

Comments about attendance: \_\_\_\_\_  
(space limited to box)

Diagnoses: \_\_\_\_\_

Treatment plan: \_\_\_\_\_  
(space limited to box)

Progress: \_\_\_\_\_  
(space limited to box)

Therapist/Counselor's Name: \_\_\_\_\_  CASA- please phone me at: \_\_\_\_\_

Please Save and Attach this completed form to an email addressed to: [casaforms@co.lucas.oh.us](mailto:casaforms@co.lucas.oh.us)