IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF JACKSON

JUVENILE DEPARTMENT

In the matter of:

Child’s Name Petition #: XXXXXXJ\_

Child’s Name XXXXXXJ\_

Child(ren).

**JUDICIAL REVIEW HEARING**

 CASA Court Report

 Date of Hearing

**Total Months in Care:**

**Total Number of Placements:**

Brief statement identifying the reason for the Review Hearing.

Brief paragraph about the case; name, age and ethnicity of child(ren), reason for wardship, length of time of wardship.

**I. RECOMMENDATIONS** (these usually relate to the reason for the review hearing)

**II. CONCLUSION**

(Paragraph supporting recommendations)

Respectfully submitted,

Your Name, CASA

Cc: Name, DHS Caseworker

 Name, Attorney for child

 Name, Attorney for mother

 Name, Attorney for father

 Name, Tribal Representative (if ICWA applies to your case)