IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF JACKSON

JUVENILE DEPARTMENT

In the matter of:

Child’s Name Petition #: 16JUXXXX

Child’s Name XXXXXXX

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. Include the name(s) and age(s) of the child(ren), the names of the parents, and the reason for 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, ODHS Caseworker

 Name, Attorney for child

 Name, Attorney for mother

 Name, Attorney for father

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

DOJ