

"\*" indicates required fields

**Email \***

A copy of your responses will be emailed to the address you provided.

**Referring attorney's name \***

First

Middle

Last

**Referring attorney's email \***

**Referring attorney's phone \***

**How would you like your CAFES to contact/update you?**

- Via phone
- Via text
- Via email
- Face-to-face
- Other:

**Referred case name: \***

**JD number: \***

**Department: \***

- 405
- 406
- 425

**Identified client's name: \***

First

Middle

Last

**Age of dependent(s)**

**Client:**

- Mother
- Father
- Minor(s)
- Non minor dependent (NMD)
- Legal guardian
- De facto parent

**Referred client's race (select all that apply):**

- Black/African American
- American Indian or Alaska Native

- Asian
- Hawaiian or other Pacific Islander
- White
- Hispanic/Latino
- Unknown or not disclosed
- Other:

Other

**Client's first language spoken:**

- English
- Spanish
- Mandarin
- Cantonese
- Tagalog
- Vietnamese
- Arabic
- Russian
- Other:

Other

**Petition date:**

mm/dd/yyyy



**Dependency petition allegations about the parent:**

- Physical abuse
- Sexual abuse
- General neglect
- Mental health
- Substance abuse
- Emotional abuse/other safety concerns

**Current phase of proceedings:**

- Pre-Jurisdiction/disposition
- Disposition to 6-month review
- 6-month to 12-month review
- 12-month to 18-month review
- Family Maintenance
- Non Minor Dependent (NMD)
- Other:

Other

**Returning case?**

- There has been a previous dependency case filed on this child
- There has been a previous dependency case filed on a sibling
- Non minor dependent seeking reentry
- Failed guardianship
- Failed adoption
- No prior history
- Other:

Other

**Is the client currently a participant of FTC?**

- Yes
- No
- Referral pending

**Prior CPS history/allegations:**

**Current FCS PSW (protective service worker) name:**

**Current FCS PSW (protective service worker) number:**

**Current placement type for the child/ren:**

- In home
- Relative provider
- Foster Family Agency (FFA)
- City and county foster home
- Therapeutic foster home
- Residential treatment
- Short term residential treatment program (STRTP)
- High level/locked facility
- Fost-Adopt home
- Unknown
- Other:

Other

**County of current placement for the child/ren:**

- San Francisco
- Alameda
- Contra Costa
- Marin
- Sonoma
- Napa
- Stanislaus
- San Mateo
- San Joaquin
- Sacramento
- Fresno
- Other:

Other

**Number of placements for the child/ren:**

- 1
- 2
- 3
- 4
- 5-10
- 10+

**Current school/s attended by the child/ren or N/A:**

**Educational support needed for the child/ren?**

- IEP (in place or assessment needed)
- 504 (in place or assessment needed)
- Educational rights (assistance needed)
- Credit recovery assistance needed
- School of origin issue
- Assist parent in advocating for child's educational rights
- N/A
- Other:

Other

**Your client's mental health concerns:**

- Client diagnosed (ie. bipolar, schizophrenia, PTSD, ADHD, etc.)
- Client needs an assessment (psych eval, CANS, regional, or other)
- Current symptoms but no history
- No symptoms or history or N/A
- Client in therapy
- Other:

Other

**Your clients substance abuse concerns:**

- Needs referral for residential or outpatient treatment
- Currently participating in residential treatment
- Currently participating in outpatient treatment
- History/signs of abuse, needs assessment
- History of sobriety or N/A
- Involved in Family Treatment Court (FTC)
- Open case in homeless prenatal program (HPP)
- Other:

Other

**Parenting education for your client:**

- Completed program
- Partial completion of program
- Needs assistance with referral
- N/A

**Domestic violence history for your client:**

- Client was a victim
- Client was a perpetrator
- Minor/s witnessed domestic violence
- Client has received DV assessment
- Client needs DV assessment and/or treatment
- Client currently attending DV treatment program
- N/A
- Other

Other

**Ancillary legal issues for your client:**

- Adult criminal case open (DUI, physical abuse, sexual abuse, drug possession, etc.)
- Delinquency case open
- Immigration
- Restraining order
- N/A
- Other:

Other

**Current visitation for your client:**

- Therapeutic
- Supervised
- Monitored
- Unsupervised

**Visitation for the child is needed:**

- With mother
- With father
- With siblings
- With relatives
- Issues with getting face to face visits
- N/A
- Other

Other

**Case goals:**

- Assist in communication between client-attorney and client-department
- Identifying appropriate service providers- advocating for best match possible
- Visitation- advocating for less restrictive/face to face
- Housing- locating programs for client to make self referral
- Incarcerated parent- encouraging participation and appropriate contact
- Advocacy for transportation to necessary appointments and visits
- Child welfare system navigation and explaining court process
- Advocacy to assist dependency litigation
- Intimate partner violence- encouraging clients to complete program
- Termination pending- support family in understanding process
- Case planning- support client in completing case plan and advocating for changes when warranted
- Permanency- assist minors with finding permanency/family finding
- Assist in formulating recommendations (ie. mental health issues, SOP questions, etc.)
- Assist attorneys in highlighting lack of reasonable efforts made by HSA
- Attend any collaborative meetings to advocate for client's needs (ie. CFTs, mediation, etc.)
- Assist in school meetings/IEPs/educational support
- Assist client in case plan compliance
- Develop legal strategy for case
- Assessing/analyzing therapeutic needs of minor and advocating for treatment
- Assist client/s in LGBTQ issues
- Assist attorneys in assessing competency/cognitive, and unaddressed mental health issues
- Assist attorney by completing F/F visit/s with client/s to gather information and assess needs
- Other:

Other

**Summary of current concerns and specific objectives that you would like addressed. Include any urgent needs with deadlines, and what you think needs to be prioritized.**

**Next court date/type of hearing:**

**Do you have any preferences that you think would be a good fit for this case? (eg. race, gender, name(s), expertise of who might be the best fit for this parent)**

**\*\*This selection is NOT guaranteed. We will do our best to accommodate preferences/best fit.\*\***

Submit

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