

**HEARING NOTES**

**TYPE OF HEARING**

ADVERSARY  STATUS  INITIAL PERMANENCY  PERMANENCY   
PRE-TRIAL  TRIAL  PLACEMENT REVIEW

Case Name and Cause # \_\_\_\_\_ Ethnicity \_\_\_\_\_

AAL \_\_\_\_\_ DA \_\_\_\_\_

Judge \_\_\_\_\_ CASA \_\_\_\_\_

Caseworker \_\_\_\_\_ Supervisor \_\_\_\_\_

Mom \_\_\_\_\_ Dad \_\_\_\_\_

Mom's Atty \_\_\_\_\_ Dad's Atty \_\_\_\_\_

Other \_\_\_\_\_

Date of This Hearing \_\_\_\_\_ Date of Next Hearing \_\_\_\_\_

**NOTES**

**ORDERS**


Primary Goal \_\_\_\_\_ Concurrent Goal \_\_\_\_\_

Has Goal Changed Since Last Hearing	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CASA Court Report Submitted	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Judge Follows CASA Recommendation	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any CASA Recommendations Different From	DFPS <input type="checkbox"/>	AAL <input type="checkbox"/>