

ALAMEDA COUNTY BAR ASSOCIATION

Request for CAAP Social Worker

Confidential Attorney Referral Form

Time frames for services: (1) Client Intake + Attorney Conference = 5 business days
(2) Mitigation Letter/Reentry Plan = 2 to 3 weeks from intake date
(3) Social History* = 30 to 45 days

Request Date: _____ Attorney: _____

Client Name: _____ Case & Petitioner No: _____

Co-Defendants (if any) _____

Client Address _____

Age: _____ DOB: _____ Gender: _____ Ethnicity/Race: _____

Phone Number: _____ Email: _____

School: _____ Special Education Student: yes no Grade: _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone Number(s): _____ Email: _____

Interpreter needed for: Minor and/or Parents Language: _____

Mental Health / Psychiatric Issues (attach evaluations): _____

Substance Abuse Issues: _____

300 Status: yes no Current Charges _____

602 History (if applicable): _____

Arrest Date: _____ Custody in out Unit #: _____

P.O. Name: _____ P.O. Phone Number: _____ P.O. email: _____

Probable P.O. Recommendation: _____

Next Court Date: _____ Dept: _____ Time: _____ Type of Hearing: _____

Collateral Contact information that you know of:

Natural supports (relative, family friend): _____

School counselor: _____

Other: _____

Has this youth worked with a youth advocate or other provider? If so, which? _____

SERVICE(S) REQUESTED: (can check more than one)

- Education Advocacy (e.g. IEP, School Placement)
- Release Plan
- Alternative Disposition Report
- Case Management
- Home Visit / Relative Assessment
- 654 Assistance
- In Custody Support
- Case Management Coordination
- 707(b) fitness evaluation / report / advocacy
- Other:

*a report detailing the youth's familial, occupational, educational, and community background—the various aspects of the juvenile's life that may be relevant to an evaluation of the juvenile at or before disposition. This is prepared separate from probation and in addition to probation's report. This report will also include any relevant mental health or social service needs the youth or family may have

Client name: _____ Attorney: _____

Please describe basis for referral; how will the requested services impact client's case? (Feel free to attach sheet)

Please indicate your goals for the client and the court's goals: (Feel free to attach sheet)

Please attach the intake report and other collateral information you might have.