

**CASA OF UMATILLA COUNTY
ADVOCATE ACTIVITY REPORT**

Please submit to the CASA
office no later than the **5th of each month.**

Month _____ Year _____

CHILD NAME: _____ **Case ID Number:** _____
CHILD NAME: _____ **Case ID Number:** _____
CHILD NAME: _____ **Case ID Number:** _____
CHILD NAME: _____ **Case ID Number:** _____

Has the child’s placement changed since the last report? Yes No

Foster Parents _____ **Relative placement** Yes No

Date	Event (Hearing, CRB, Observation, etc.)	F/P	Time	Miles

*Please attach second sheet if needed

Total Monthly Hours _____

Advocate Name: _____

Advocate Signature: _____

Date Received (Office Use Only) _____
Boomer