

**CASA OF UMATILLA COUNTY
ADVOCATE ACTIVITY REPORT**

Month _____ Year _____

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

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