

You can fill out this form to help the judge make better decisions about your life. You do not have to give any information if you don't want to. You can answer some questions and skip others.

Shared information.

Under the law, information you write here will be given to your parents and other adults in your case. If you don't want to share information with all of these people, talk to your lawyer.

You have the right to be told of your court dates and to be driven to your hearings.

THE COURT DOESN'T WANT TO MAKE DECISIONS ABOUT YOU, WITHOUT YOU!

Child Comments for Court (Age 8-12)

1. Your name: _____
Age: _____ Today's date: _____
Date of next court hearing: _____
Names of people who helped you fill out this form:

2. Your situation

Are you happy with where you live?
 Yes No If not, why not?

Do you feel safe where you live?
 Yes No If not, why not?

Are you getting enough to eat? Yes No
Do you have enough clothing? Yes No
Is anyone hurting you? Yes No
Is there anything you need that you aren't getting?
 Yes No

What is it?:

Where would you like to live until you are grown up, and why? _____

What do you like to do in your free time? _____

3. Your Health

Have you seen your doctor this year? Yes No
Have you seen a dentist this year? Yes No
Are you taking any medicine? Yes No
Does it help? Yes No

If no, please say why: _____

4. School

Do you go to school? Yes No

If no, why not? _____

If yes, how are you doing in school? _____

Which classes do you like best? _____

Do you do sports, music, or something else that's fun? Yes No

If no, why not? _____

If yes, what are you doing and how is it going? _____

5. Support systems

Who have you seen or talked to in the last month? Mom Dad Foster parent
 Brother/Sister Caseworker Therapist Grandparent Other:

Is there someone you'd like to talk to? Yes No

If yes, please say who:

Are there any adults you trust to talk to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you see your caseworker at least once a month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your caseworker help you when you need help?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

What could you use help with? _____

7. Goals and Concerns

What is your biggest worry about how things are going?

8. Court Hearings

Have you been to any of your court hearings? Yes No

Do you want to go to your court hearings? Yes No

Would you like to speak to the judge? Yes No

If you cannot go to your hearing, what else would you like the judge to know?

Thank you for completing this form! Please give or send it to your caseworker, CASA, attorney or mail it to:

Coos County Courthouse
250 N. Baxter
Coquille, OR 97423