



Teen Comments for Court
Coos County Circuit Court
250 N. Baxter
Coquille, OR 97423

Please fill out this form to help the judge make better decisions about your life. Completion of this form is optional, and you are welcome to answer some questions and skip others. When you are finished, please give this form to your lawyer or caseworker or CASA or mail this form to the post office box above or scan this form and send it via email to coo.juvenile@ojd.state.or.us

Name: _____

Date: _____ Age: _____

Date of next court hearings: _____

Names of people who helped you fill out this form:

After you finish reading this cover page, please initial below to confirm your understanding of the following points:

Under the law, **information you write here will be given to your parents if they are involved in the case, the lawyers in the case, and your case worker.** If you don't want to share information with all of these people, talk to your lawyer.

Initial: _____

You have the right to be told of your hearing dates and to be driven to your hearings. Your lawyer and your caseworker should talk to you about your rights. You may contact the Foster Care Ombudsman to report problems at 1.855.840.6036 or fco.info@state.or.us.

Initial: _____

Next →

Please answer the following questions:

Living Conditions

1. Are you happy where you live? Yes No

If no, why not?

2. Do you feel safe where you live? Yes No

If no, why not?

3. Are you getting enough to eat? Yes No

4. Do you have enough clothes? Yes No

5. Is there anything you need? Yes No

Please explain:

6. Your case worker has made a case plan for you and your family. Have you read your case plan? Yes No

7. Were you able to choose people to be on your case planning team? Yes No

Yes No

If no, why not?

8. Where would you like to live permanently and why?

9. What do you like to do in your spare time?

Health

10. Do you have any medical or dental problems? Yes No

11. If yes, are you receiving treatment? Yes No

If no, why not?

12. Are you prescribed any medicine? Yes No

13. Are you taking any medicine or supplements (prescribed or not)?
Yes No

If yes, what is it?

14. Does it help? Yes No

If no, please explain:

School

15. 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?

16. Do you do sports, music, or other activities? Yes No

If no, why not?

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

17. If you are old enough, do you work? Yes No

If yes, where and how do you like it?

Support Systems

18. Who have you seen or talked to in the last month?

Mom Dad Foster Parent Brother/Sister Caseworker
 Therapist Grandparent Other: _____

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

If yes, please explain:

20. Are there any adults you trust to talk to? Yes No

21. Do you see your caseworker at least once a month? Yes No

22. Does your caseworker help you when you need help? Yes No

Please leave additional comments:

Preparing for Adulthood

A Comprehensive Transition Plan is a written plan to help you get ready to live on your own after you leave foster care. The plan includes goals for finishing school, finding a job, getting housing, and managing your money. You should help your caseworker write this plan.

23. Did you have a Comprehensive Transition Plan Yes No

24. Did you help write it? Yes No

33. If you cannot go, what would you like the judge to know?

Thank you for completing this form!