



Information Gathering

Stacey Thompson, Advocate Supervisor  
April 2023

# Information Gathering

- \* Cases generally last 9-12 months
- \* First 6 – 8 weeks typically more time than remainder
- \* About 75 – 100 hours over the course of a full case (2 reports and trial appearance)

# What CASA is NOT

- \* A government agency (Not CPS)
- \* The attorney for any party, including the child
- \* An advocate for either parent or any generalized advocacy agenda
- \* “Investigators” or law enforcement
- \* Professionals/Experts with qualifications to diagnose or make professional findings
- \* Friends of the family or child

# CASA Gets Appointed



Judge Poydras, KCSC

# Case Screening & Summary



# Your Case File via DropBox

- \* Order of Appointment
- \* Pleadings and Documents
- \* CASA Overview of Services
- \* Step By Step Guide \* w sample questions
- \* Administrative forms (contact log)
- \* Forms (ROIs)
- \* Domestic Violence information
- \* Resources to help you



# Step 1: Mtg/Call w Your Supervisor



- Review OofA; main issues of concern
- Is your alias, email account, and contact log set up?
- Plan first steps of the case; start the Step by Step Guide
- Any initial concerns?
- Any questions re Role, Overview or Code of Conduct?
- Any question about timeline or due date for report?



# Order of Appointment

## SUPERIOR COURT OF WASHINGTON, COUNTY OF KING

In re: [REDACTED]

Petitioner(s),

and [REDACTED]

Respondent(s).

No. [REDACTED]

Order Appointing Family Law CASA

☒ Clerk's Action Required

IT IS ORDERED that Family Law CASA of King County ("Family Law CASA") be appointed to assign a lay-person volunteer court appointed special advocate to gather information for and report to the court about the best interests of the child(ren) named below. **The parties are ordered to immediately provide Family Law CASA with a copy of this Order of Appointment and any other Temporary Orders entered on the same date. (Email the CASA Program Attorney, Ann-Marie Croy, at [annmarie@familylawcasa.org](mailto:annmarie@familylawcasa.org))** The parties are further ordered to give the Family Law CASA Office timely notice of all hearings, depositions, settlement conferences, defaults, presentations, and other proceedings pursuant to court rules. It is further ordered that Family Law CASA shall be given copies of all proposed agreed orders or parenting plans for review and signing and notice of any requested hearing or trial date continuance prior to entry with the court.

It is further ordered that the volunteer may use a pseudonym pursuant to RCW 26.12.175 to identify themselves in all communications with the parties and court, and in all aspects of the case, including but not limited to: the CASA report, declarations/affidavits, depositions, interrogatories and testimony in court.

Family Law CASA accepts cases contingent upon the availability of a volunteer appropriate for the case within the timeline provided by the court. Family Law CASA retains the right to accept or deny a case before the appointment of a volunteer advocate.

Family Law CASA CANNOT accept the following cases: 1) Those in which the parents' combined gross income is greater than \$80,000 per year; 2) Those in which all parties reside

Order Appointing Family Law CASA Cover Page

16300 Christensen Rd. Ste. 306 Tukwila, WA 98188  
206-748-9700 | [annmarie@familylawcasa.org](mailto:annmarie@familylawcasa.org)

## ACCESS TO THE CHILDREN AND INFORMATION

Family Law CASA is allowed reasonable access to the children, and to all records and people with information that affects the children, including:

- Child care providers
- Medical, mental health care, treatment and service providers of both the children and the parents
- Schools, preschools and other educational institutions

Order Appointing Family Law CASA

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- Law enforcement agencies, Child Protective Services, and the Department of Social and Health Services (or equivalent agencies if outside Washington). CASA shall follow all statutory requirements regarding confidentiality of CPS/DCYF/DSHS records. CASA shall not re-release CPS/DCYF/DSHS records without a court order.

## RELEASE OF INFORMATION

The parties (or their lawyers, if any) have the right to inspect and copy the CASA's file of data gathered during the investigation, including the names of everyone the CASA consulted.

**Exception:** Information in the CASA's file that is confidential by law, received by CASA pursuant to an authorization to release information, or sealed by a court shall **not** be shared with the parties or their lawyers without a court order.

## FAMILY LAW CASA'S REPORT

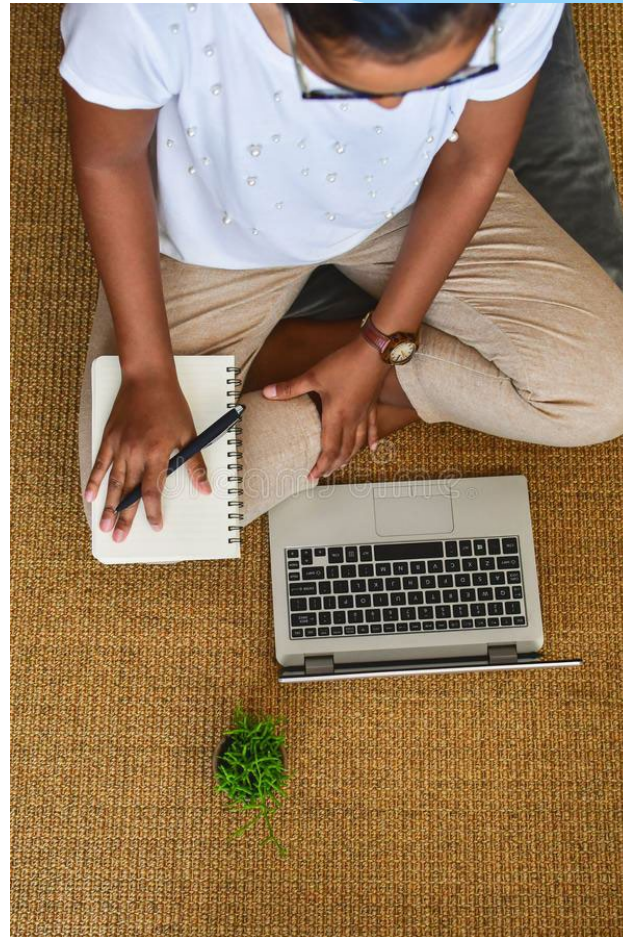
Family Law CASA requires a minimum of 120 days to produce and distribute an interim report to the parties and a minimum of 150 days is required to produce and distribute a report timely for trial. If, despite best efforts, Family Law CASA is unable to find an appropriate volunteer for the case due to time constraints, Family Law CASA reserves the right to request a continuance or decline the case. Family Law CASA will inform the court and the parties of the inability to accept the case via letter, a copy of which shall be filed with the court.



# Step 2: Call the Parties



# Step 3 Prep for Interviews



# Call Supervisor w Questions/Concerns



# Step 4: Home Visits



Check Your  
Bias



# Parent/Child Observation

- \* Observation should be a natural and regular activity to the family. For example, preparing a family meal.
- \* The activity should not involve TV or electronics. This should be made clear to the parent when scheduling the visit.
- \* Take detailed notes and remind the parent you are there only to observe, not to participate and not to discuss the case in front of the child(ren).
  - \* How does the child interact with this parent?
  - \* Are they talking to one another? Are they taking turns allowing each other to speak?
  - \* Is the parent directing the activity or following the child's lead or both?
  - \* Do they look at or away from one another?
  - \* Is there a feeling of normalcy or is the activity stilted and awkward?
  - \* Is there a relaxed atmosphere or tension?
  - \* Does anything stand out as unusual or noteworthy?
  - \* Focus on how you will describe the behaviors and interactions rather than an interpretation or opinion about the interaction.

# ROI (release of information)



Family Law CASA of King County  
16300 Christensen Road, Suite 306 Tukwila, WA, 98188  
PHONE: 206-748-9700 FAX: 206-748-9707

## AUTHORIZATION FOR SERVICE PROVIDER TO RELEASE INFORMATION TO CASA

\*Use Separate Form for Each Service Provider/Client/Patient\*

Patient's/Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Service Provider: \_\_\_\_\_

Service Provider Address: \_\_\_\_\_

Service Provider Phone No.: \_\_\_\_\_ Service Provider Fax No.: \_\_\_\_\_

My Relationship to Patient/Client (please circle): Self Parent Other: \_\_\_\_\_

With my signature below, I hereby authorize and give my permission for the above named service provider to make the following disclosures to Family Law CASA of King County and/or its employee(s), volunteer court appointed advocate(s), intern(s), extern(s) or authorized agent(s) ("CASA"):

1. **Authorization/Permission:** I authorize the above named service provider to release records, share information and talk with CASA. I understand that I waive my right to confidentiality to allow the above named service provider to release records, share information and talk with CASA. I am requesting that the above named service provider cooperate with CASA's request(s) for information. I understand this authorization applies only to CASA and I do not waive my right of confidentiality pursuant to this authorization as to any other entity or party.

I understand that authorizing the disclosure of this information is voluntary. I understand that I am specifically authorizing the release of sensitive information that may appear in my medical record including records for mental health treatment including pain management; sexually transmitted diseases; AIDS/HIV treatment and records for alcohol/drug treatment program. I understand that any disclosure of information carries with it the potential for further release or distribution by the recipient that may not be protected by confidentiality laws.

By checking either of these boxes, I authorize all relevant records to be released: ☐ Mental Health ☐ Substance Use

2. **Nature of Information to be Disclosed:** I authorize release of all records, assessments, analyses, evaluations and/or other information requested by CASA from THE DATE OF SERVICE UNTIL PRESENT  
OR  
THIS SPECIFIED DATE RANGE: \_\_\_\_\_ to \_\_\_\_\_

3. **Purpose of My Authorization:** The purpose of my authorization is to enable CASA to gather information for a report to King County Superior Court about a parenting plan where the safety/well-being of a child has been alleged to be at risk.

4. **Manner in Which I Authorize Information to be Disclosed:** I authorize the above named service provider to provide all information described above and/or requested by CASA by producing paper or electronic copies and/or by verbal or written communication. All released information may be mailed, delivered, faxed, transmitted electronically and/or provided orally in-person or by telephone to CASA.

5. **Expiration/Cancellation of My Authorization:** This authorization form is effective on the date signed below and will expire one year after my signature date or upon discharge of CASA. I understand I may revoke, cancel or withdraw my authorization/permission in writing at any time, except to the extent the service provider has already taken substantial action in reliance on this authorization.

6. **Services Not Conditional Upon Signing:** Treatment, payment, enrollment or eligibility for benefits will not be conditioned on whether I sign this authorization.

7. **Court Order Required for CASA to Re-Release:** I understand that CASA will not re-release records, assessments, evaluations, analyses or documents to anyone, even my own records/information to me or my attorney, without court order except as required by law to report child abuse/neglect to CPS. I understand that CASA may summarize any/all information obtained, shared or received in a written report to the court and that report will be shared with all named-parties in my pending legal action. I further understand that once CASA's report is shared with the court and named parties in my pending legal action, CASA has no control over the respective parties' actions in sharing the CASA report with others.

8. A copy of this form shall have the same force and effect as the original.

9. I agree to accept responsibility for any costs for production of records; CASA CANNOT/WILL NOT PAY FOR RECORDS.

BY MY SIGNATURE, I CONSENT TO THE RELEASE OF INFORMATION AS DESCRIBED ABOVE:

DATE: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name Clearly: \_\_\_\_\_



Family Law CASA of King County  
16300 Christensen Road, Suite 306 Tukwila, WA, 98188  
PHONE: 206-748-9700 FAX: 206-748-9707

## AUTORIZACIÓN PARA LA LIBERACIÓN DE INFORMACIÓN DEL PROVEEDOR DE SERVICIOS PARA FAMILY LAW CASA

\*Utilice un formulario separado para cada proveedor de servicios/cliente/paciente\*.

Nombre del paciente/cliente: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_

Proveedor de servicios: \_\_\_\_\_

Dirección del proveedor de servicios: \_\_\_\_\_

Número de teléfono del proveedor de servicios: \_\_\_\_\_ Número de fax del proveedor de servicios: \_\_\_\_\_

Mi relación con el paciente/cliente (marque con un círculo): Soy yo Padre/Madre Otro: \_\_\_\_\_

Firmando este documento yo autorizo y doy permiso al citado proveedor de servicios a realizar la liberación de información para Family Law CASA of King County y/o a sus empleado(s), voluntario(s) defensores asignado(s) por la corte, interno(s), externo(s) o agentes(s) autorizado(s) (FL CASA):

1. **Autorización/Permiso:** Autorizo al proveedor de servicios arriba mencionado a liberar registros, compartir información y hablar con Family Law CASA. Entiendo que renuncio a mi derecho a la confidencialidad para permitir que el proveedor de servicios arriba mencionado libere registros, comparta información y hable con Family Law CASA. Solicito que el proveedor de servicios antes mencionado coopere con la(s) solicitud(es) de información de Family Law CASA. Entiendo que esta autorización se aplica sólo a Family Law CASA y no renuncio a mi derecho de confidencialidad en virtud de esta autorización en cuanto a cualquier otra entidad o parte.

Entiendo que autorizar la divulgación de esta información es voluntaria. Entiendo que estoy autorizando específicamente la liberación de información sensible que puede aparecer en mi expediente médico, incluyendo expedientes para tratamiento de salud mental, incluyendo manejo del dolor; enfermedades de transmisión sexual; tratamiento de SIDA/VIH y expedientes para programas de tratamiento de alcohol/drogas. Comprendo que cualquier liberación de información conlleva la posibilidad de que el destinatario la divulgue o distribuya posteriormente, lo cual puede no estar protegido por las leyes de confidencialidad. Al marcar cualquiera de estas casillas, autorizo que se liberen todos los registros pertinentes: ☐ Salud Mental ☐ uso de Sustancias

2. **Naturaleza de la información que se va a liberar:** Autorizo la liberación de todos los registros, valoraciones, análisis, evaluaciones y/u otra información solicitada por CASA desde

LA FECHA DEL SERVICIO HASTA EL PRESENTE

O  
EL INTERVALO DE FECHAS ESPECIFICADO: \_\_\_\_\_ a \_\_\_\_\_

3. **Propósito de mi autorización:** El propósito de mi autorización es permitir que Family Law CASA reúna información para un informe que se presentará a la Corte Superior del Condado de King sobre un plan de crianza donde se haya discutido que la seguridad/bienestar de un niño está en riesgo.

4. **Manera en que doy autorización para que se libere la información:** Autorizo al proveedor de servicios mencionado anteriormente, a proporcionar toda la información descrita arriba y/o solicitada por CASA con copias en papel o electrónicas y/o mediante comunicación verbal o escrita. Toda la información liberada puede ser enviada por correo, entregada, enviada por fax, transmitida electrónicamente y/o proporcionada oralmente en persona o por teléfono a Family Law CASA.

5. **Expiración/cancelación de Mi autorización:** Este formulario de autorización es efectivo en la fecha firmada a continuación y expirará un año después de la fecha de mi firma, o al ser dado de alta de Family Law CASA. Entiendo que puedo revocar, cancelar o retirar mi autorización/permiso por escrito en cualquier momento, excepto en la medida en que el proveedor de servicios ya haya tomado medidas sustanciales basándose en esta autorización.

6. **Servicios no condicionados a la firma:** El tratamiento, el pago, la inscripción o la elegibilidad para recibir beneficios no estarán condicionados a que yo firme esta autorización.

7. **Se requiere orden judicial para que Family Law CASA vuelva a liberar la información:** Entiendo que Family Law CASA no volverá a liberar registros, exámenes, evaluaciones, análisis o documentos a nadie, ni siquiera mis propios registros/información a mí o a mi abogado, sin una orden judicial, excepto cuando sea requerido por la ley para reportar abuso/negligencia infantil a Servicios de Protección para la Infancia (CPS-Child Protective Services). Entiendo que Family Law CASA puede resumir cualquier/toda información obtenida, compartida o recibida en un reporte escrito a la corte y ese reporte será compartido con todas las partes interesadas en mi acción legal pendiente. Además entiendo que una vez que el reporte de Family Law CASA sea compartido con la corte y las partes interesadas en mi acción legal pendiente, Family Law CASA no tendrá control sobre las acciones de las respectivas partes interesadas en compartir el reporte con otros.

8. Una copia de este formulario tendrá la misma validez y efecto que el original.

9. Estoy de acuerdo en aceptar la responsabilidad de cualquier costo para la producción de registros; FAMILY LAW CASA NO PUEDE/NO PAGARÁ POR LOS REGISTROS.

CON MI FIRMA, DOY MI CONSENTIMIENTO PARA QUE SE LIBERE LA INFORMACIÓN DESCRITA ANTERIORMENTE:

FECHA: \_\_\_\_\_ Firma: \_\_\_\_\_

Escriba su nombre claramente: \_\_\_\_\_

# Notes; Update Report Template; Check-in w Supervisor

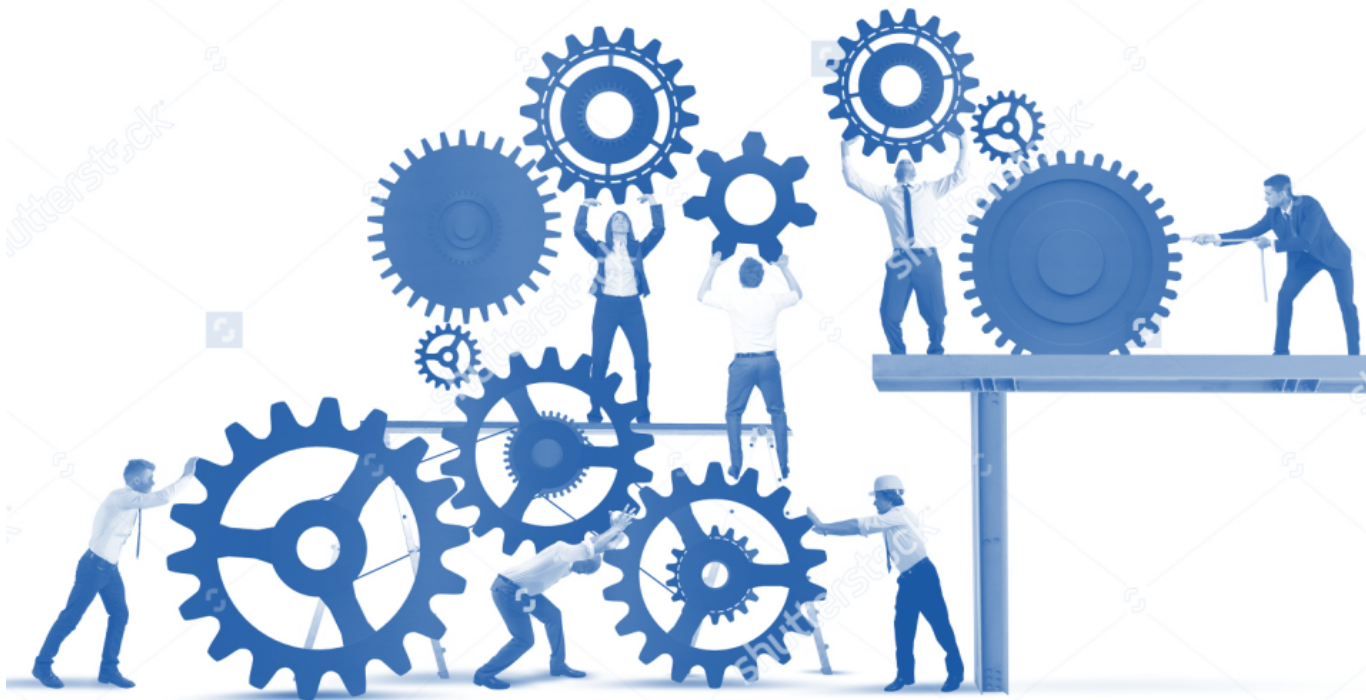




# Step 5: Personal Collaterals



# Notes; Update Report Template; Check-in w Supervisor



# Step 6: Professional Collaterals



# Notes; Update Report Template; Check-in w Supervisor

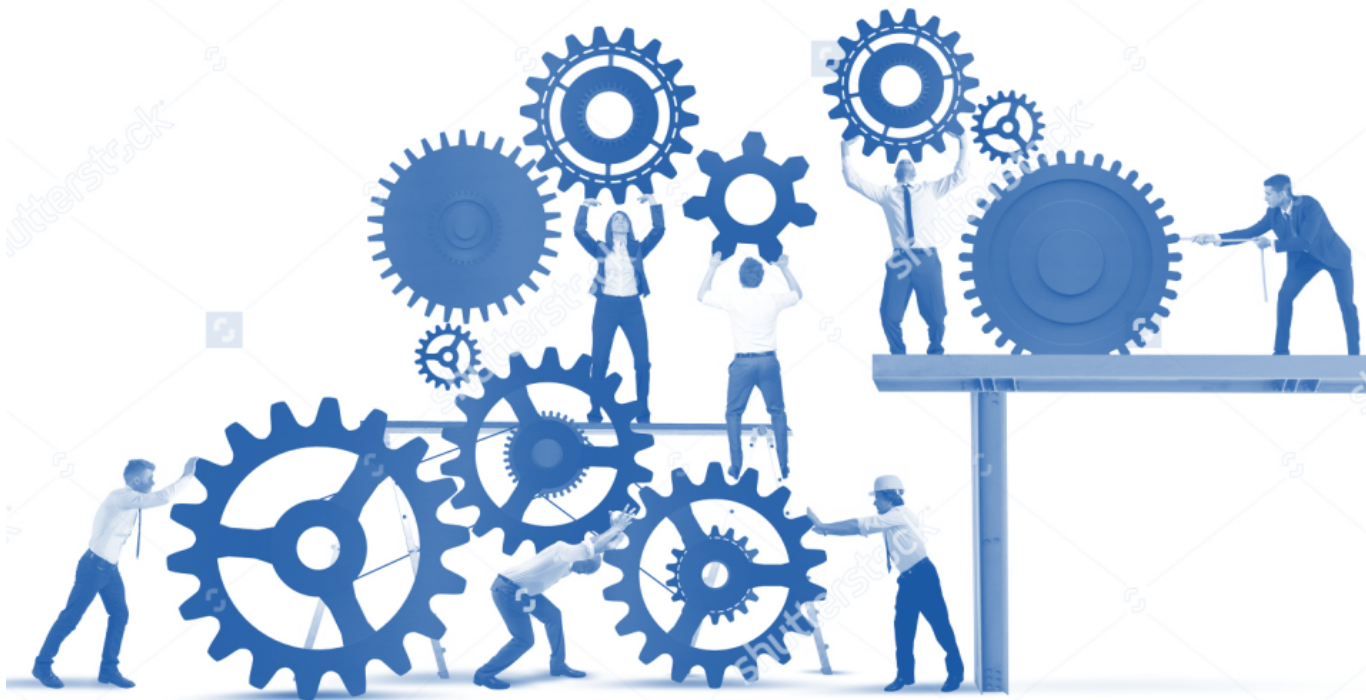




# Step 7: Records, Reports & Documents



# Notes; Update Report Template; Check-in w Supervisor



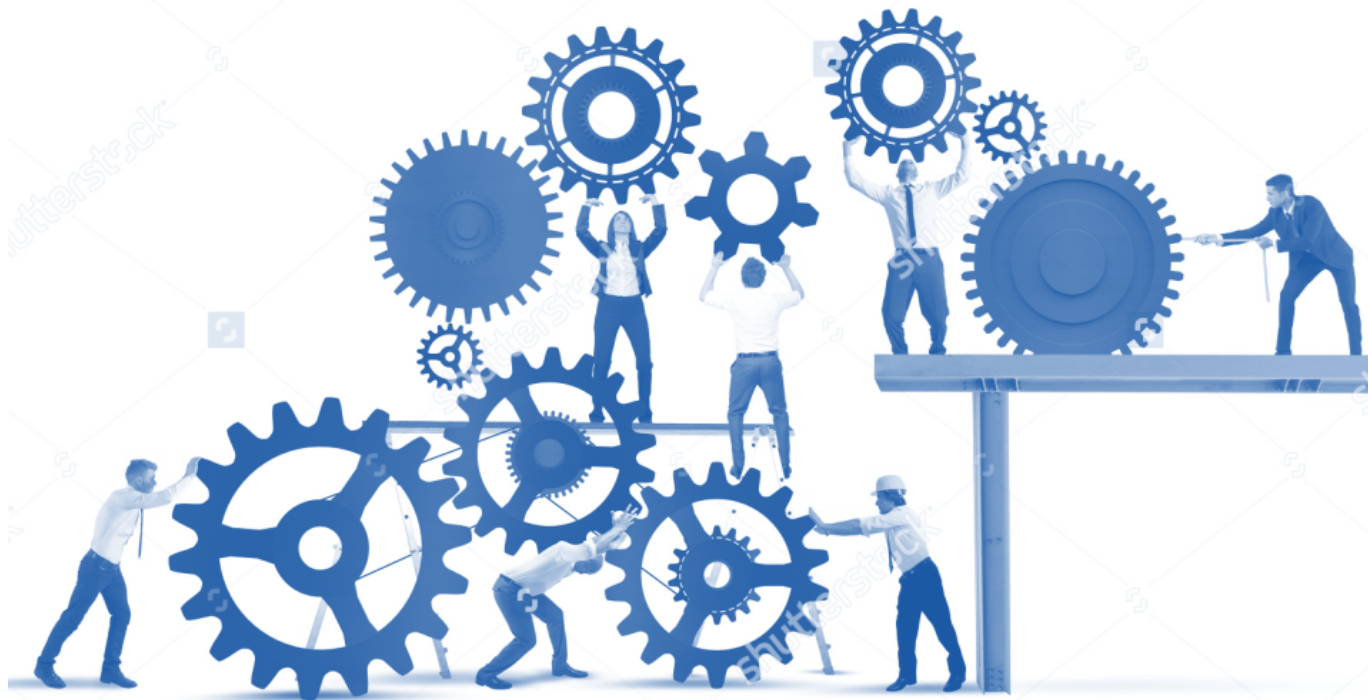
# Step 8: Compete Written Report



\*\*\*CASA Due Date is crucial for getting report admitted into evidence. Meaning judges and commissioners have to toss out late submissions.



# Editing; Final Approval; Signature; Distribution of Report



# Step 9: Court



# Step 10: Debrief



# Next Steps/Closure/Feedback



# Completing a Case

