

Advocate Monthly Hours Report

Advocate Name: _____
 Case Name: _____
 Hours for Month of: _____

For CASA Supervisor Use Only	
Date Received: _____	
Updated: _____	
Supervisor: _____	

Non-Case Related Hours

In-Service Training	Date <i>mm/dd/yyyy</i>	Hours <i>Cumulative</i>	Type	Topic <i>Brief Description</i>	Cost

Casework Hours (Volunteer Hours per Child or Family Group Served)

Child/Family Name	Date <i>mm/dd/yyyy</i>	Hours <i>Cumulative</i>	Type <i>(see code key)</i> <i>of contact</i>	Activity <i>Brief Description</i>

Key for Type of Contact with Child/Family Codes									
<i>Type of Contact:</i>	Face to Face	Phone	Email	Written	Transport to Appt.	Court	FCRB	CFTM	Other
<i>Use This Code:</i>	F	P	E	W	T	C	FC	CF	O

Comments: 	CASA Program Director Use Only Date Received: _____ Date Reviewed: _____
--------------------------	---