Advocate Monthly Hours Report

Advocate Name: 
Case Name: 
Hours for Month of: 

Non-Case Related Hours

<table>
<thead>
<tr>
<th>In-Service Training</th>
<th>Date (mm/dd/yyyy)</th>
<th>Hours (Cumulative)</th>
<th>Type</th>
<th>Topic Brief Description</th>
<th>Cost</th>
</tr>
</thead>
</table>

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

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

Key for Type of Contact with Child/Family Codes

<table>
<thead>
<tr>
<th>Type of Contact:</th>
<th>Face to Face</th>
<th>Phone</th>
<th>Email</th>
<th>Written</th>
<th>Transport to Appt.</th>
<th>Court</th>
<th>FCRB</th>
<th>CFTM</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use This Code:</td>
<td>F</td>
<td>P</td>
<td>E</td>
<td>W</td>
<td>T</td>
<td>C</td>
<td>FC</td>
<td>CF</td>
<td>O</td>
</tr>
</tbody>
</table>

Comments: 

For CASA Supervisor Use Only

Date Received: 
Updated: 
Supervisor: 

Date Received: 
Date Reviewed: 

CASA Program Director Use Only

Date Received: 
Date Reviewed: 

Revised 10/2012 THL