



Teen Comments for Court  
{insert name} Circuit Court  
{insert mailing address}

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 {insert e-mail}.

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](mailto: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?

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

If no, why not?

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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:

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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 two people to be on your case planning team? Yes  No

If no, why not?

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

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

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**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?

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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?

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14. Does it help? Yes  No

If no, please explain:

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**School**

15. Do you go to school? Yes  No

If no, why not?

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If yes, how are you doing in school?

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Which classes do you like best?

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

If no, why not?

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

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

If yes, where and how do you like it?

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### 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:

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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:

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### 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

25. If you are 17 years of age, are you almost ready to live independently?

a. Have you learned to make a budget? Yes  No

b. Do you know how to find and pay for a place to live?  
Yes  No

- c. Do you know how to get medical services?      Yes       No
- d. Do you have someone you can call if you need help?  
Yes       No
- e. Do you know how to get a job?      Yes       No
- f. Do you know about your education options after high school?  
Yes       No

What could you use help with?

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**Goals and Concerns**

26. What is your biggest worry about how things are going?

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27. What are your goals for next year?

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28. What will help you meet your goals?

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**Court Hearings**

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

If not, do you know why not?

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30. Do you usually know when your court hearings are happening?

Yes       No

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

32. Would you like to speak to the judge?      Yes       No

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

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Thank you for completing this form!