

 **COURT APPOINTED SPECIAL ADVOCATES**

**(CASA) OF FRANKLIN COUNTY**

373 SOUTH HIGH STREET, 15TH FLOOR

COLUMBUS, OH 43215

VERIFY# Type Your Phone Number

Date: Type Today’s Date

THE TRANSMISSION OF THIS EMAIL IS INTENDED FOR RECEIPT ONLY BY THE BELOW NAMED PERSON AND CONTAINS CONFIDENTIAL INFORMATION WHICH MAY BE COVERED UNDER THE ATTORNEY/ CLIENT PRIVILEGE. IF THIS TRANSMISSION IS RECEIVED IN ERROR, PLEASE CONTACT **Type Your Phone Number** IMMEDIATELY.

**SENT TO:** NCH Medical Records

**ORGANIZATION:** CASA of Franklin County

**FROM:** Type Your Name and Title (ex. Tanisha Smith, Volunteer Guardian ad Litem)

**IN RE:** Type Child’s Name as it appears on Appt Order - **DOB:** Type Child’s DOB as it appears on Appt Order

**REQUEST DETAILS:**

**FULL LEGAL RECORD**

**FROM DATE**: Type the child’s DOB

**TO DATE**: PRESENT

Please review the order of appointment for the children listed above. **Records can be emailed to** type your email address.

Thank you kindly!