LEGAL AID CENTER of Southern Nevada Since 1958

CHILDREN'S ATTORNEYS PROJECT
CFT / Treatment Team / Meeting Notes

Client: _____ **Case No:** _____
Date of Meeting: _____ **Atty Covering:** _____
Location: _____

Type of Meeting:
- ❑ CFT
- ❑ Treatment Team
- ❑ TPR / AH / Negotiation
- ❑ Meeting of Professionals
- ❑ IEP
- ❑ Other: _____

Attendees:
DA: _____ **Others:** _____
DFS: _____
CPS: _____
CASA: _____
Parents: _____
_____

Goal or Purpose of Meeting:

Notes:

Time: _____
Next Meeting Calendared? _____