



My thoughts  
and feelings  
about Cafcass



**To be completed by FCA**

ECMS Number:

FCA's Name:

Date Complete:

Name .....

I am ..... years old.

Before I met my Cafcass worker I felt:

My Cafcass worker made me feel:

During my case:

I got to say what happened:

Yes       No       Not sure

The Cafcass worker told the court what I wanted:

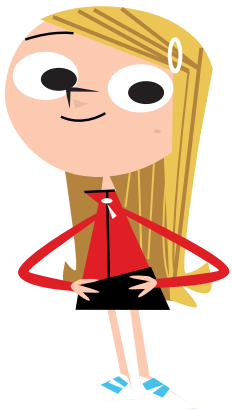
Yes       No       Not sure

The court did what I wanted:

Yes       No       Not sure

Did Cafcass make a difference for me?

Yes       No       Not sure



Since my case ended I have felt:

I think Cafcass is:

Good       Not sure       Not good

Anything else I want to say:



