SCPW-24-0000464

Public First v. Judge Viola

Redacted copy of First Amended and Supplement to the Records of the Family Court, First Circuit, filed 8/6/2024

[CPA Vol 3 of 7]

[redacted] Ariel Sellers, [redacted]
FC-S No.: 18-00280

Child Protective Service is a specialized child welfare service that is time limited. It is not intended to address all of the family's problems, but rather to resolve the most critical problem(s) that will reduce the risk of further harm to the child.

Confidential Report of the Department of Human Services

IN THE FAMILY COURT OF THE FIRST CIRCUIT
STATE OF HAWAII

IN THE INTEREST OF:

[redacted]	[redacted]	)	
Ariel Sellers	**DOB:** [redacted]14	)	**FC-S No: 18-00280**
[redacted]	[redacted]	)	

SHORT REPORT TO COURT

5/07/2019

☒This report is to be read in conjunction with all other reports submitted and dated 11/2/2018 and 2/13/19.

Case Status:

[redacted] Ariel were placed under family supervision. On 2/08/19 [redacted] Ariel Sellers were removed from the home and placed into foster custody [redacted]

Child's current status:

[redacted]

FC No. 18-00280
State's Exhibit 13
In Evidence for Identification:
Rec'd 5/23/19, 20
M Castillo
Clerk

[redacted] Ariel Sellers, [redacted]
FC-S No.: 18-00280

[redacted]

Ariel Sellers: Is a 4-year-old girl that is not attending preschool at this time. A referral for Ariel to be evaluated for special education preschool services was made by mother Melanie Joseph and maternal grandmother Barbara Kumai on 11/29/2018. DOE determined ineligibility for services on the basis that "no evidence or suspicion that Ariel has a disability" services.

On 4/09/2019, DHS SW submitted a referral for re-evaluation to the DOE. On 4/23/19 a Student Service Team meeting was held with DHS SW and DOE Surrogate parent. On 4/23/19 it was determined that DOE would evaluate Ariel to determine if she will qualify for special education services. DOE evaluations are forthcoming.

Ariel receives medical and dental services with Waimanalo Health Center. She is current on all of her immunizations and completed a dental checkup. Resource caregiver reported that Ariel is in good health with no major health concerns. Resource caregiver reported concerns in the Ariel's cognitive abilities and behaviors. Ariel is not able to recall or recite her ABC's, colors or to match animal sounds with pictures.

[redacted]

Parents:

Mother Melanie Joseph: DHS has made reasonable efforts to locate and engage Ms. Joseph in the following Family Service Plan continued from 10/02/2018:

Complete Substance abuse treatment and assessment: No progress to date

- 02/13/19: Ms. Joseph was referred for a substance abuse assessment and ongoing monitoring services to Hina Mauka Services as requested Ms. Joseph. Ms. Joseph reported that she was denied entry into the Women's Way for voluntarily leaving Women's Way before completing the program.

- 02/19/19: Ms. Joseph was contacted by Hina Mauka to schedule an assessment appointment for 02/22/19 at 9:30am. Ms. Joseph later called to reschedule for 03/01/19 at 9:30am and was a no-show/no-call on 03/01/19.

- 03/06/19: Ms. Joseph was referred for a substance abuse assessment and ongoing monitoring services.

- 03/08/19 Ms. Joseph was contacted by Hina Mauka to schedule an assessment appointment for 03/22/19 at 9:30am. Ms. Joseph showed up 3 hours late for the appointment and was rescheduled for 03/29/19 at 11:30am. Ms. Joseph was a no-show/no-call on 03/29/19.

- Hina Mauka Random drug screens: no progress to date

Comprehensive Counseling & Support Services including Parenting education: No progress to date

- 02/22/19: A referral was made to Catholic Charities on 02/22/19 for Ms. Joseph to participate in parenting classes, counseling and DV counseling.

- Catholic Charities attempt to make contact with Ms. Joseph on 2/15/19, 2/19/19 and on 2/20/19, Ms. Joseph did not contact their agency.

- 03/05/19: A referral was made to Catholic Charities on 03/05/19 for Ms. Joseph to participate in parenting classes and counseling.

- Catholic Charities mailed out a letter to contact Ms. Joseph, she did not respond, Ms. Joseph's referral was closed.

Complete Psychological Evaluation and Recommended Treatment: No progress to date

- 02/13/19: A referral was made to Family Programs Hawaii Family Strengthening Center for a psychological evaluation.
- Ms. Joseph was scheduled for a psychological evaluation on 02/19/19. Ms. Joseph was a no-show.
- 03/20/19: A new psychological evaluation was scheduled for Ms. Joseph for 05/22/19.

- 04/11/19: DHS contacted Ms. Joseph through maternal grandmother Barbara Kumai's cell phone to notify mother of the evaluation and via Ms. Joseph's internet phone number. Ms. Joseph has not confirmed her attendance.

DHS reasonable efforts with maternal family members: Partial progress

- Ongoing weekly visitations were established with Ms. Joseph that began in November 2018 and were supervised by the resource caregiver.

[redacted], Ariel Sellers, [redacted]
FC-S No.: 18-00280

- April 2019: DHS provided ongoing supervised visitations with Ms. Joseph. Mother attended the following visitations times: 4/4/19, 4/11/19, 4/18/19, 04/25/19-no show, 5/2/19-no call to confirm/cancelled. Ms. Joseph is required to call to confirm visits at least 24hrs. in advance.

Father Adam Sellers [redacted]:

Location action request was submitted on 04/23/2019, to locate father Adam Sellers (for [redacted] Ariel Sellers) [redacted]

Ohana Conference:
An Ohana Conference meeting was completed on 3/12/19 for Ms. Joseph to discuss service plan, case direction and visitations.

Recommendations:
DHS is moving towards concurrent plan to terminate parental rights. Parents are not able now or in the foreseeable future to provide a safe family home [redacted] even with the assistance of a service plan. Ms. Joseph has had minimal participation in services and has not maintained communication with DHS SW. DHS continues to make consorted efforts to locate father Adam Sellers and alleged unknown natural father.

Respectfully submitted,

Maili Taele 5/7/19

Maili Taele, MSW Date:
EOCWS 10 DHS Worker

5/7/19

Pamela Nakanelua, MSW Date:
EOCWSU4 Supervisor

STATE OF HAWAI'I DEPARTMENT OF EDUCATION	PRIOR WRITTEN NOTICE OF DEPARTMENT ACTION

Date: 04/23/2019 Student's Birthdate: [redacted]/2014

To the Parent(s)/Guardian(s) of Ariel Sellers
Name of Student

From: Noel Richardson
Principal
Waimanalo E/I
School

1. Description of proposed or refused action:

The Department of Education (DOE) proposes to conduct an initial evaluation to determine if Ariel is eligible for special education and related services under the Individuals with Disabilities Education Act (IDEA). The following assessments will be conducted: an adaptive, a cognitive, an academic, and a play-based observation.

2. Explanation of why the action is proposed or refused:

The social worker suspects cognitive delays particularly with memory. Foster parent has been working with Ariel and she is unable to retain the alphabet beyond D, and is only able to name four colors.

3. Description of other options considered:

a) The team had considered a referral for a gross motor assessment based on the Ages & Stages Questionnaire, 3rd edition (ASQ-3) filled out by the foster parent.
b) The team had considered a referral for a fine motor assessment based on the ASQ-3 filled out by the foster parent.
c) The team briefly considered a psychological evaluation.

4. Reasons these options were rejected:

a) Team consider the current ASQ-3. the previous ASQ-3 filled out by the grandmother, and observations of the child from the last meeting and decided there was no gross motor concerns at this time.
b) The team considers the ASQ-3, observations of the child from the last meeting, and the questions the Occupational Therapist had emailed and felt that there was no fine motor concerns at this time.
c) The team agree with the clinical psychologist to not pursue a psychological evaluation because Ariel still seems very sad about not being with her mother. It was felt she was still going through a transition period.

5. Description of the evaluation procedures, test, records, or reports used as a basis for the proposed/refused action:

Social worker reports, ASQ-3 filled out by the foster parent & grandmother, and observations/notes from the November referral and meeting.

6. Other relevant factors:

Ariel has been placed in foster care with a non-family member since February 2019. Social services suspect possible drug exposure during mom's pregnancy with Ariel. Ariel has not attended preschool as previously recommended by the school team.

ATTACHMENTS: Procedural Safeguards Notice (Parent and Student Rights in Special Education and/or Rights of Parents and Students, Section 504)

DISTRIBUTION: School, Parent, District

~~Fed~~ No. ~~18-00284~~
~~State's Exhibit~~ 14
In Evidence for Identification:
Rec'd 5/23/19, 20
M. Castillo
Clerk

OCISS Rev. 7/01
Prior Written Notice Form

As the parent of a student with a disability or suspected of having a disability, you are entitled to the protections described in the attached procedural safeguards notice.

If you have any questions regarding its provisions, you may contact the agencies listed in the notice, or contact

Principal Noel Richardson at 259-0460

ATTACHMENTS: Procedural Safeguards Notice (Parent and Student Rights in Special Education and/or Rights of Parents and Students, Section 504)

DISTRIBUTION: School, Parent, District

CONFERENCE ANNOUNCEMENT

Date: 04/12/2019 Student's Birthdate: [redacted]/2014

To the Parent(s)/Guardian(s) of Ariel Sellers
Name of Student

FROM: Noel Richardson
Principal
Waimanalo E/I
School

We would like to have a conference concerning your child on 04/23/2019 (Date) at 12:00PM (Time)

at Waimanalo School - Office Conference Room (Place).

Your participation in this process is very important. If this date, time and/or place is inconvenient, please contact Karla Kaneshiro, SSC at 259-0460 as soon as possible. Also, please inform us of any special accommodation(s) and/or language interpretation needed.

The conference is for the following purpose(s):

STUDENT NEEDS:
- X Summarize your child's current performance, including strengths and needs.
- X Determine what additional data, if any, is needed to define the needs of your child.
- X Determine if a 504 or IDEA initial evaluation or reevaluation is warranted.

504 or IDEA ELIGIBILITY:
- ____ Discuss the results of a 504 or IDEA initial evaluation or reevaluation.
- ____ Determine eligibility or continued eligibility for 504 or IDEA services.

STUDENT PLAN:
- ____ If 504 eligible, develop a 504 Plan.
- ____ If IDEA eligible, develop an Individualized Education Program (IEP).
- ____ Determine educational placement.
- ____ Review the plan's effectiveness/appropriateness in meeting the needs of your child, review and renew it, if needed.
- ____ Discuss and determine IDEA post-secondary transition service needs. Your child is invited to attend this IEP meeting.

DISCIPLINE:
- ____ Discuss a Manifestation Determination (MD) - Student Discipline.

The following persons, and the agencies they represent, are invited to attend the conference. You are welcome to invite any person(s) you feel has knowledge about your child who might assist you. Please contact us if you plan to bring other persons with you to the conference.

Clinical Psychologist
Student Services Coordinator (SSC)
Principal
Social Worker
Surrogate Parent

FCV No. 18-00780
State's ~~Exhibit~~ 15
In Evidence for Identification:
Rec'd 5/23/19, 20__
M. Castillo
Clerk

ATTACHMENTS: Procedural Safeguards Notice (Parent and Student Rights in Special Education and/or Rights of Parents and Students Section 504)

DISTRIBUTION: School, Parent

Conference Announcement Rev. 10/20/06

STATE OF HAWAI`I DEPARTMENT OF EDUCATION	PRIOR WRITTEN NOTICE OF DEPARTMENT ACTION

Date: 11/29/2018 Student's Birthdate: [redacted]/2014

To the Parent(s)/Guardian(s) of Ariel Sellers
Name of Student

From: Noel Richardson
Principal
Waimanalo E/I
School

1. Description of proposed or refused action:

   The Department of Education (DOE) proposes not to conduct an evaluation to determine if Ariel is eligible for special education under the Individuals with Disabilities Act (IDEA).

2. Explanation of why the action is proposed or refused:

   There was no evidence or suspicion that Ariel has a disability that warrants special education services. There are no developmental/academic concern at this time.

3. Description of other options considered:

   No other DOE options were considered.

4. Reasons these options were rejected:

   Team agreed that Ariel was making adequate developmental progress for her age. Team did recommend Ariel enroll in preschool so that she has opportunities to interact with same age peers.

5. Description of the evaluation procedures, test, records, or reports used as a basis for the proposed/refused action:

   Parent, guardian, and team input and information provided by the Ages & Stages Inventory.

6. Other relevant factors:

   Grandmother suspects a hearing concern; Ariel is scheduled for an appointment on Friday to screen hearing.

As the parent of a student with a disability or suspected of having a disability, you are entitled to the protections described in the attached procedural safeguards notice.

If you have any questions regarding its provisions, you may contact the agencies listed in the notice, or contact

Principal Noel Richardson at 259-0460

FCR No. 18-00780
State's ~~Exhibit~~ 16
In Evidence for identification:
Rec'd 5/23/19, 20
M. Castillo
Clerk

ATTACHMENTS: Procedural Safeguards Notice (Parent and Student Rights in Special Education and/or Rights of Parents and Students, Section 504)

DISTRIBUTION: School, Parent, District

OCISS Rev. 7/01
Prior Written Notice Form

CONFERENCE ANNOUNCEMENT

Date: 11/21/2018 Student's Birthdate: [redacted]/2014

To the Parent(s)/Guardian(s) of Ariel Sellers
Name of Student

FROM: Noel Richardson
Principal
Waimanalo E/I
School

We would like to have a conference concerning your child on 11/28/2018 (Date) at 2:30PM (Time)

at Waimanalo School - Office Conference Room (Place).

Your participation in this process is very important. If this date, time and/or place is inconvenient, please contact _____ at 259-0460 as soon as possible. Also, please inform us of any special accommodation(s) and/or language interpretation needed.

The conference is for the following purpose(s):

STUDENT NEEDS:
- X Summarize your child's current performance, including strengths and needs.
- X Determine what additional data, if any, is needed to define the needs of your child.
- X Determine if a 504 or IDEA initial evaluation or reevaluation is warranted.

504 or IDEA ELIGIBILITY:
- ____ Discuss the results of a 504 or IDEA initial evaluation or reevaluation.
- ____ Determine eligibility or continued eligibility for 504 or IDEA services.

STUDENT PLAN:
- ____ If 504 eligible, develop a 504 Plan.
- ____ If IDEA eligible, develop an Individualized Education Program (IEP).
- ____ Determine educational placement.
- ____ Review the plan's effectiveness/appropriateness in meeting the needs of your child, review and renew it, if needed.
- ____ Discuss and determine IDEA post-secondary transition service needs. Your child is invited to attend this IEP meeting.

DISCIPLINE:
- ____ Discuss a Manifestation Determination (MD) - Student Discipline.

The following persons, and the agencies they represent, are invited to attend the conference. You are welcome to invite any person(s) you feel has knowledge about your child who might assist you. Please contact us if you plan to bring other persons with you to the conference.

Clinical Psychologist
Student Services Coordinator (SSC)
Principal
Speech - Language Pathologist
General Education Teacher

FOR No. 18-00280
State's ~~Exhibit~~ 17
In Evidence for identification:
Rec'd 5/23/19, 20__
M. Carrillo
Clerk

ATTACHMENTS: Procedural Safeguards Notice (Parent and Student Rights in Special Education and/or Rights of Parents and Students Section 504)

DISTRIBUTION: School, Parent

School Name: WAIMANALO [illegible]OOL Complex Area:

Sellers, Ariel Po Evaluation

STUDENT ENROLLMENT FORM SIS-10W *(Revised)*

Student ID No.	Entry Date	Entry Code	Room
3271900691	For school	use only	

INSTRUCTIONS: PRINT YOUR ENTRIES LEGIBLY

Ethnicity/Race Observed: _____ Initial _____ Date

STUDENT PERSONAL DATA

Legal Last Name: Sellers

Legal First Name: Ariel

Middle Initial: P.

Suffix: (Jr, II, III, etc): _____

Gender: ☐ M ☑ F

[redacted]-2014

Grade Level: [illegible]

Verification of DOB: Birth Certificate

☑ Not Homeless ☐ Homeless* ☐ Completed MVA Packet

_____ DOE Representative Signature

_____ Parent/Legal Guardian Signature

*"Homeless" means individuals who lack a fixed, regular and adequate nighttime residence (within the meaning of section 42 USCS §11302(a)(1)) and includes:

(i) children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.

(ii) children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of 42 USCS §11302(a)(2)(C));

(iii) children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle.

If you have any questions regarding the above, please call 1-866-927-7095

PRESCHOOL EXPERIENCE

Preschool Experience ☐ Yes ☑ No

If "Yes" – attended:
☐ less than 6 months
☐ between 6 and 12 months
☐ more than 1 year

Pre-School Program: (if applicable)
☐ EOEL
☐ KALO
☐ PDG

LAST HAWAII PUBLIC SCHOOL ATTENDED

Name: NONE

Last Grade Attended: [illegible] Year: [illegible]

PRIOR SCHOOL ATTENDED (if not Hawaii Public School)

Name: _____ U.S. Phone: _____

Address: _____ U.S. Fax: _____

CITIZENSHIP

Country of Birth: US

If Country of Birth is other than US, give year of arrival: _____

US Citizen: ☑ Yes ☐ No

If not US Citizen, indicate status: Refugee ____ immigrant ____ Non-Immigrant ____

LANGUAGE INFORMATION

Language Codes: (Select a letter from the list and fill in the blanks below)

A Language (Spoken) at Home

A First (Acquired) Language

A Language Most Used

A – English	**F** – Cebuano/Visayan	**K** – Vietnamese	**Q** – Fijian	**V** – Pangasinan	**L** – Other (Specify):
B – Cantonese	**G** – Hawaiian	**M** – Chuukese	**R** – Hmong	**W** – Portuguese	_____
C – Mandarin	**H** – Japanese	**N** – Pohnpeian	**S** – Lao	**X** – Spanish	
D – Ilocano	**I** – Korean	**O** – Cambodian	**T** – Marshallese	**Y** – Thai	
E – Tagalog	**J** – Samoan	**P** – Chamorro	**U** – Pampango	**Z** - Tongan	

Continue on next page

F.V No. 1800280

State's Exhibit 18

In Evidence for identification:

Rec'd 5/23/19, 20

M. Cattalli

Clerk

LEGAL PARENT/GUARDIAN LIVING IN THE HOUSEHOLD WITH STUDENT

SECOND PARENT/GUARDIAN

Check one: ☐ Mr. ☐ Mrs. ☑ Ms. ☐ Other (specify): _____ Relation: Grandmother/Guardian

Marital Status: ☐ Married ☑ Divorced ☐ Separated ☐ Single Custody of Child: ☑ Yes ☐ No

Custody Documentation Submitted: ☐ Yes ☐ No Custody Type: ☐ Sole Custody ☐ Physical Custody ☐ Joint Legal

Legal Last Name	Legal First Name	
Kumai	Barbara	#ID 872031

Home Address: 41-058 Mekia Street APT# / City Waimanalo Zip 96795

Mailing Address (if different from Home Address): S/A

Home Phone #	Cellular Phone #	Pager #	Work Phone # (include ext.)
808-888-2883	~~808-373-0657~~ 808-373-0657		

Email Address: barbzkumai18@gmail.com

Allow this person access to: *(circle all that apply)* mailing / portal (if applicable) / messenger

EMERGENCY CONTACT: *(circle one)* Call Sequence (1) 2

Is this parent/guardian a member of the Armed Services, National Guard or Reserves? ☐ Yes ☑ No

Military Status (check one): ☐ Traditional Reservist / M-Day ☐ Active Duty (Title 10) ☐ Federal Technician (Title 32)

Deployed? ☐ Yes ☑ No

Branch of Service (check one):

☐ Army	☐ Marine	☐ Air National Guard	☐ Navy Reserves
☐ Air Force	☐ Coast Guard	☐ Army Reserves	☐ Marine Reserves
☐ Navy	☐ Army National Guard	☐ Air Force Reserves	☐ Coast Guard Reserves

Does this person work for the Federal Government or work on Federal Property? ☐ Yes ☑ No

PARENT/GUARDIAN NOT LIVING WITH STUDENT

PARENT/GUARDIAN

Check one: ☐ Mr. ☐ Mrs. ☑ Ms. ☐ Other (specify): _____ Relation: Mother

Marital Status: ☐ Married ☐ Divorced ☐ Separated ☑ Single Custody of Child: ☐ Yes ☑ No

Legal Last Name	Legal First Name
Joseph	Melanie

Home Address: 41-543 Hununiki Street APT# / City Waimanalo Zip 96795

Mailing Address (if different from Home Address): S/A

Home Phone #	Cellular Phone #	Pager #	Work Phone # (include ext.)
808-680-5294	808-400-5638		

Email Address: melaniejoseph2016@gmail.com

Allow this person access to: *(circle all that apply)* mailing / portal (if applicable) / messenger

EMERGENCY CONTACT: *(circle one)* Sequence 1 (2) 3

[Continue on next page]

Parents And Children Together

BUILDING THE RELATIONSHIPS THAT MATTER MOST

FAX
Coversheet

To: Maili Taele
FAX: (808) 832-5947
Phone: (808) 832-5450

From: Brittney Gomez
Date: 4/30/19
Pages: 1 including cover page
RE: QPR

Confidentiality Notice

The documents' accompanying this facsimile transmission contains confidential information, which is legally privileged. The information is intended only for the fax recipient named on this coversheet. If you are not the intended recipient, or the person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure or use of the information contained in this transmission is strictly prohibited. If you have received this transmission in error, please contact the sender by telephone at the above number or mail the original transmission back to us.

Aloha Maili,
Attached you will find the [redacted]. Please feel free to contact me at: 808-841-2245 ext. 1153 if you have any questions.

Thank-you!

Brittney Gomez
Family Support Worker
Hoomau Home Visiting Program

1485 Linapuni Street, Suite 105
Honolulu, Hawaii 96819

OFFICE (808) 847-3285
FAX (808) 841-1485
EMAIL admin@pacthawaii.org

ParentsAndChildrenTogether.org

Parents And Children Together

BUILDING THE RELATIONSHIPS THAT MATTER MOST

4/30/19

Aloha,

Attached with this letter is our January-March 2019 Quarterly Progress Report for the child receiving services from our program.

If you have any questions, please feel free to contact me at 841-2245 x 1153.

Thank you.

Sincerely,

Brittney Gomez
Family Support Worker
Hoomau Home Visiting Program

1485 Linapuni Street, Suite 105
Honolulu, Hawaii 96819

OFFICE (808) 847-3285
FAX (808) 841-1485
EMAIL admin@pacthawaii.org

ParentsAndChildrenTogether.org

[redacted]

[redacted]	
[redacted]	
[redacted]	[redacted]
[redacted]	[redacted] [redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
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[redacted]

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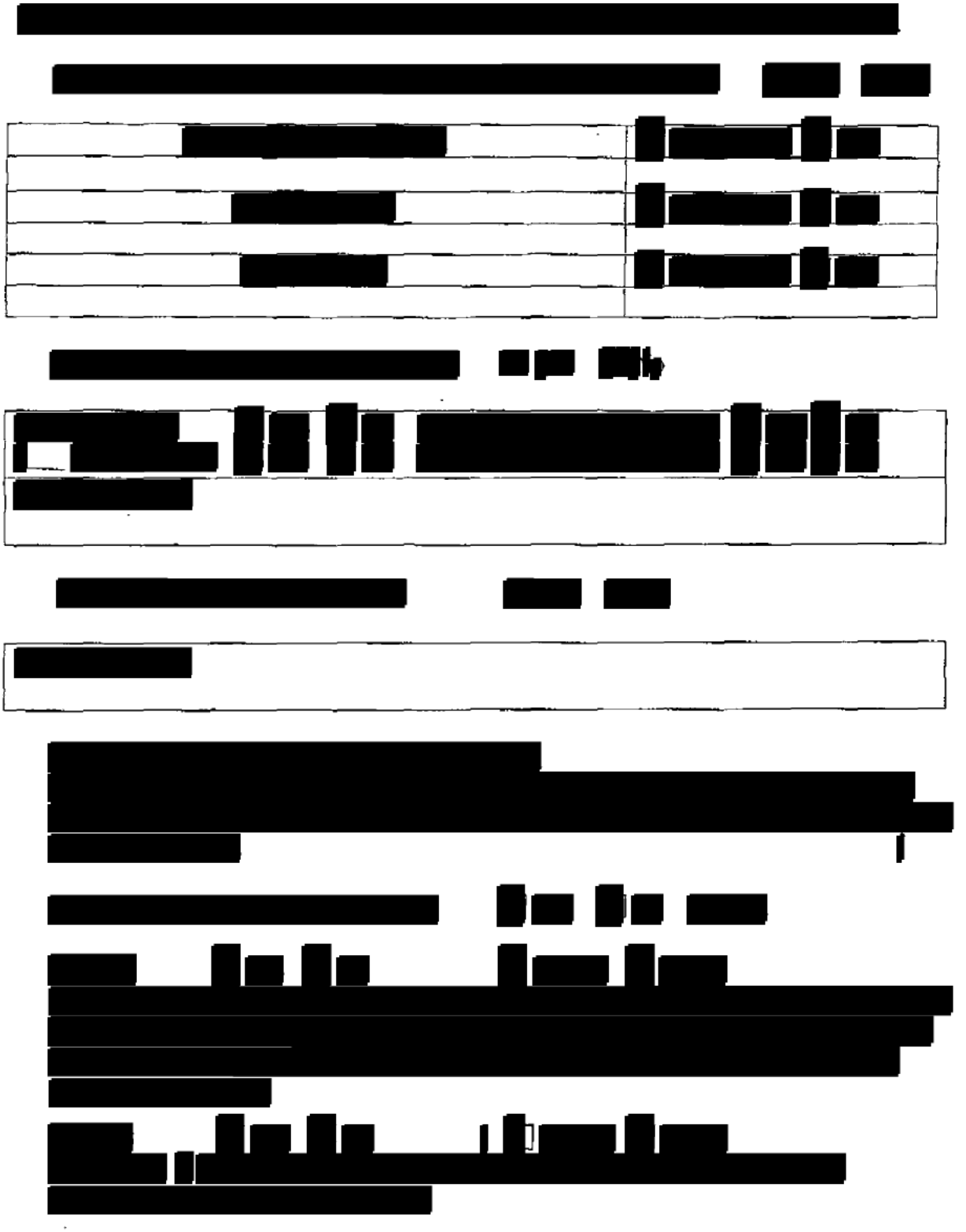
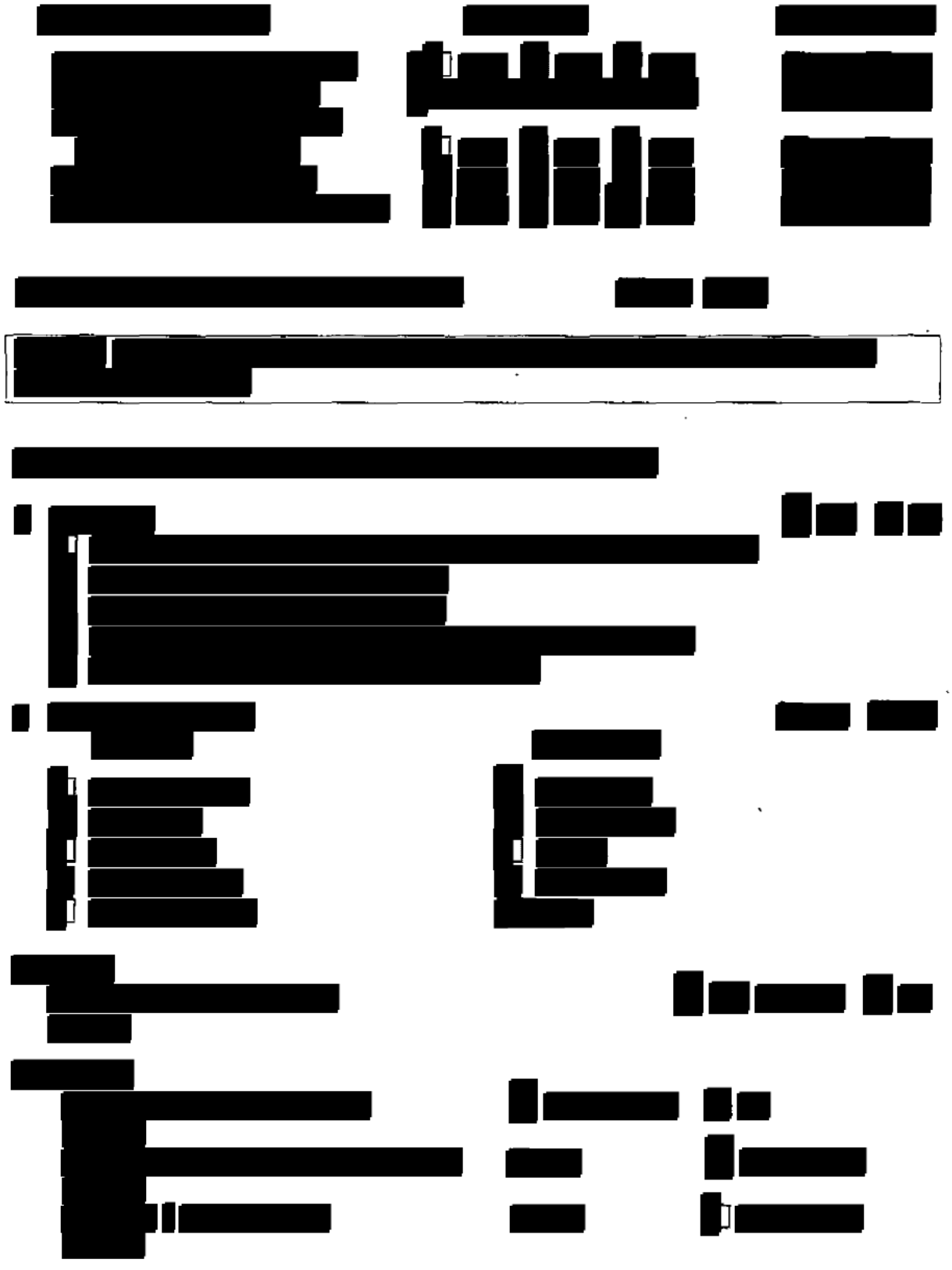
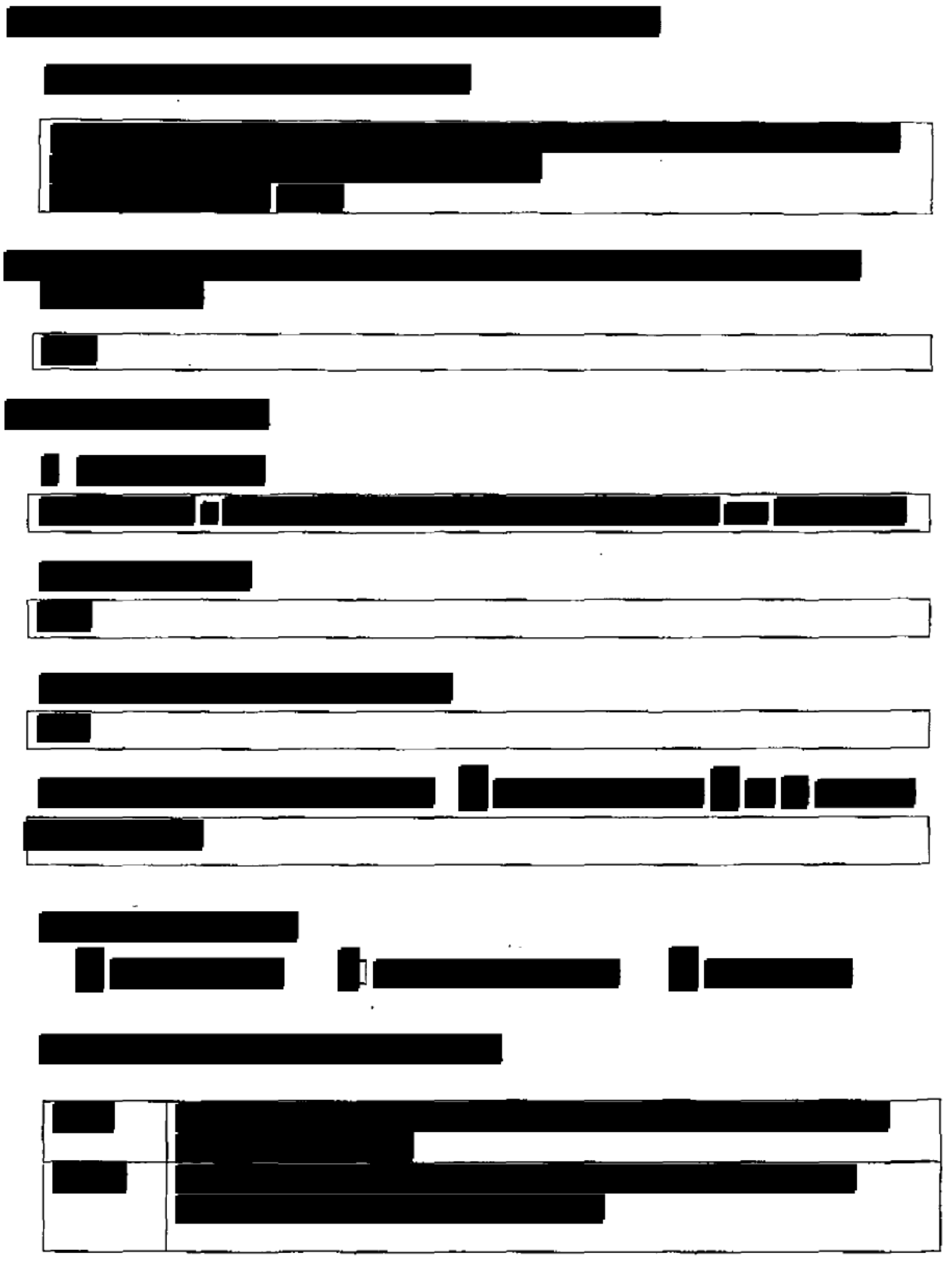
FCS No. 18-00280
State's Exhibit 19
In Evidence for Identification:
Rec'd 5/23/19, 20
M. Castillo
Clerk

Revised May 2018







Submitted by:

	4/30/19		4/30/19
Brittney Gomez	**Date**	**Tess A. Reyes, BA**	**Date**
Family Support Worker		**Program Supervisor**	

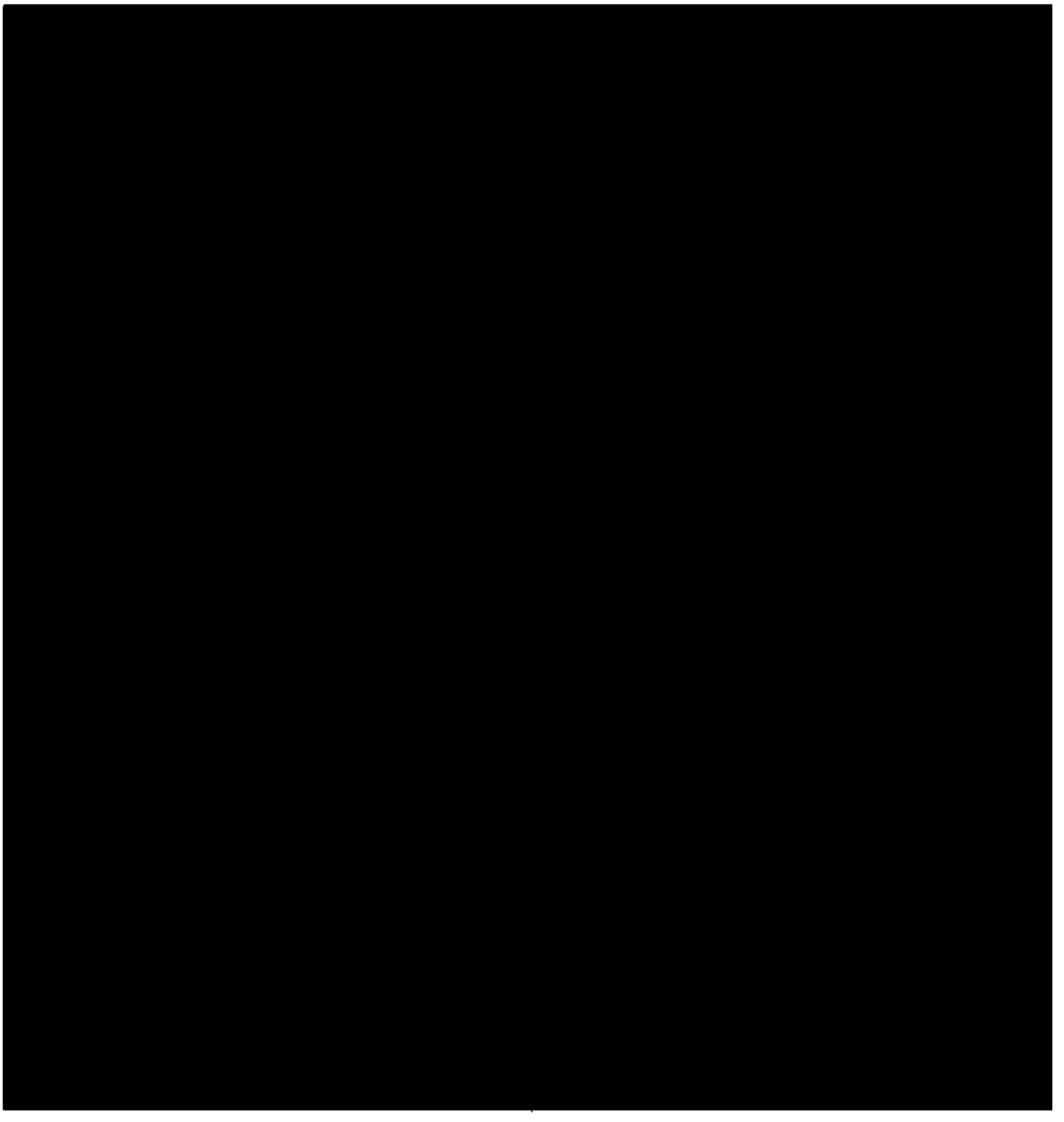
Revised May 2018

[redacted]

1485 Linapuni Street, Suite 105
Honolulu, Hawaii 96819

OFFICE (808) 847-3285
FAX (808) 841-1433
EMAIL admin@pacthawaii.org

ParentsAndChildrenTogether.org



1485 Linapuni Street, Suite 105
Honolulu, Hawaii 96819

OFFICE (808) 847-3285
FAX (808) 841-1485
EMAIL admin@pacthawaii.org

ParentsAndChildrenTogether.org

[redacted]

FCS No. 18 00280
State's Exhibit 20
In Evidence for Identification
Rec'd 5/23/19, 20
M. Carroll
Clerk

20

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]
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[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

07-2009; revised 07-2010; 10-2015; 3-2016; 8-2018

[redacted]

[redacted]

Caregiver/Guardian Signature: _____ [redacted]

[redacted]

Review:

Caregiver/Guardian Signature: _____ **Date:** _____

Caregiver/Guardian Signature: _____ **Date:** _____

Family Support Worker Signature: _____ **Date:** _____

Closure:

Caregiver/Guardian Signature: _____ **Date:** _____

Caregiver/Guardian Signature: _____ **Date:** _____

Family Support Worker Signature: _____ **Date:** _____

07-2009; revised 07-2010;10-2015; 3-2016;8-2018

[redacted]

Meeting Notes

Date	Notes
[redacted]	[redacted]

07-2009; revised 07-2010;10-2015; 3-2016;8-2018

Parents And Children Together

BUILDING THE RELATIONSHIPS THAT MATTER MOST

FAX
Coversheet

To: Maili Taele
FAX: (808) 832-5947
Phone: (808) 832-5450

From: Tess A. Reyes
Date: 2/15/18
Pages: 2 including cover page
RE: CPSS# 121513

Confidentiality Notice

The documents' accompanying this facsimile transmission contains confidential information, which is legally privileged. The information is intended only for the fax recipient named on this coversheet. If you are not the intended recipient, or the person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure or use of the information contained in this transmission is strictly prohibited. If you have received this transmission in error, please contact the sender by telephone at the above number or mail the original transmission back to us.

Aloha Maili!

We received your referral on 2/13/19. The case was assigned to Family Support Worker Brittney Gomez on 2/51/19. She can be reached at 841-2245 x 1153.

Attached is the Intake Assessment.

If you have any added information or want to discuss this referral further, please do not hesitate to call me at 841-2245 x 1150.

Thank you.

Tess A. Reyes, BA
Program Supervisor

1436 Linapuni Street, Suite 105
Honolulu, Hawaii 96819

OFFICE (808) 847-3283
FAX (808) 841-1485
EMAIL admin@pacthawaii.org

ParentsAndChildrenTogether.org

[redacted]

CONTACT CODES:

UHV = Unsuccessful Home Visit	**AP** = Agency / Professional
OWC = Other With Client	**GA** = Group Activity
PC = Phone Contact	**T** = Transport
PA = Phone Attempt	**RF** = Relative / Friend

NEXT SCHEDULED HOME VISIT: TBS

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]			

[redacted]

for: [signature] 2/15/19

Brittney Gomez — Date
Family Support Worker

[signature] 2/15/19

Tess A. Reyes, BA — Date
Program Supervisor

FC No. 18-1-0280
State's Exhibit 21
In Evidence for Identification:
Rec'd 5/23/19, 20__
M. Castillo
Clerk

HINAMAUKA

CLIENT NON-PARTICIPATION IN DRUG MONITORING ORIENTATION/ASSESSMENT

Date: March 29, 2019 Fax: 832-5668

Dear Maile Taele
Social Worker

Re: Melanie Joseph

I spoke with Melanie on March 8, 2019 to schedule her appointment. At that time, she agreed to meet with me on March 22, 2019 at 930am. Client showed three hours later whereas I was not able to see her. At that time, she agreed to meet with me this morning at 1130am. I advised her to ensure to be on time. At 11am, Melanie left me a voicemail sharing she is running late. Sadly, Ms. Joseph did not show for her appointment at any time today.

Before "Re-referring" this client, you must make verbal contact in order to assure future participation. You must indicate on any Re-Referral for services that you have indeed made contact with the client.

Your cooperation is appreciated.

Haunani Ah New
Contract Manager
Hina Mauka

HINAMAUKA

CLIENT NON-PARTICIPATION IN DRUG MONITORING ORIENTATION/ASSESSMENT

Date: March 1, 2019 Fax: 832-5947

Dear Maile Taele
Social Worker

Re: Melanie Joseph

I spoke with Melanie on February 19, 2019 to schedule her appointment. At that time, she agreed to meet with me on February 22, 2019 at 930am. She called later that afternoon to reschedule her appointment. She agreed to meet with me this morning at 930am. Unfortunately, Ms. Joseph did not keep this appointment as well, nor has she called to leave me any message.

Before "Re-referring" this client, you must make verbal contact in order to assure future participation. You must indicate on any Re-Referral for services that you have indeed made contact with the client.

Your cooperation is appreciated.

Haunani Ah New
Contract Manager
Hina Mauka

FCs 18-00780
No.
State's Exhibit 22
In Evidence for Identification:
Rec'd 5/23/19, 20
M. Garfield
Clerk

A nonprofit corporation dedicated to the sensitive treatment of alcoholism and other forms of substance abuse.
45-845 Po'okela Street, Kaneohe, Hawaii 96744
Phone (808) 236-2600 • Fax (808) 235-3554

HINA MAUKA

235-3554

DEPARTMENT OF HUMAN SERVICES
REFERRAL FOR ASSESSMENT & ONGOING MONITORING SERVICES

SECTION 1 TO BE COMPLETED BY SOCIAL WORKER (ALL INFORMATION IS REQUIRED)

☒ NEW CLIENT ☐ RE-REFERRAL COURT SUPERVISED: ☒ YES ☐ NO

CHILDREN IN HOME ☐ YES ☒ NO

☒ Has a previous substance abuse history ☐ Has previously had a positive urinalysis (UA) test

☒ Has been in substance abuse treatment ☐ Has never been drug tested before

☒ Has previously been assessed by a substance abuse/mental health professional with a diagnosis of: Substance Dependence ☒ and/or Substance Abuse ☐

Referral Date: 2/13/19 Test Site: ☒ Kaneohe ☐ Waipahu

Client Name: Melanie Joseph

Client Address: 41-558 Mekia Street, Waimanalo, HI 96795
Client Phone: 400-5638 DOB: [redacted]1988 Gender: F

Collateral Contact Name: Barbara Kumai Collateral Contact Phone: 373-0657

Best Time to Contact Client: day/night Best Time to Contact Collateral: day/night

SECTION 2 TO BE COMPLETED BY SOCIAL WORKER (SUPPORTING DOCUMENTATION IS REQUIRED)
Referrals need a minimum of one supporting document or it cannot be processed and will be returned to the SOCIAL WORKER. More documentation is important as it can increase the client's eligibility for services.

☒ Safe Family Home Guidelines (first few pages as relevant to client services) ☐ Ohana Reports

☐ Narrative report or anecdotal information (social worker observation, client/family member reports, historical information about a client's substance abuse, etc) (TRO report)

☐ Any other documented information that would indicate the client is using drugs, either by actual testing or by behavioral indicators (short narrative is acceptable)

☒ Check here if you request any positive test for your court ordered client (client denies drug use, last date of use exceeds detection period, did not provide medication at time of testing) to be sent out to the lab for confirmation.

Social Worker's Name: Malli Taole

Unit: EOCWSU4 Phone: 832-5450 Fax: 832-5047

FEB 13 2019

SECTION 3 TO BE COMPLETED BY HINA MAUKA ONLY

Referral Received/Confirmation Faxed by: Keumani Q Date:

Ongoing Monitoring Program: (4) 2 1 per month Assessment: (Y) N

Client Contact Dates: 1. 2. 3.

Monitoring Orientation Date: Assessment Scheduled Date:

Client SHOW NO-SHOW Rescheduled Date:

Client Referred Back to Social Worker YES NO Date:

Hina Mauka, DHS Contract Manager's Signature Date

FOS 18-00280
NO. 030117
State's Exhibit 25
In Evidence for Identification:
Rec'd 5/23/19, 20
M. Castillo
Clerk

Transmission Report

Date/Time 03-06-2019 01:19:59 p.m.
Local ID 1 8088325358
Transmit Header Text
Local Name 1 DHS/SSD/CWSB/EOCWSU4

This document : Confirmed
(reduced sample and details below)
Document size : 8.5"x11"

DAVID Y. IGE
GOVERNOR

PANKAJ BHANOT
DIRECTOR

BRIDGET HOLMES
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

SOCIAL SERVICES DIVISION
FACSIMILE COVER SHEET

Today's Date: 03/06/19 Total No. of Pages including Cover Sheet: 29

To: Hina Mauka
Address: Attn: Haunani
Phone Number: Fax Number: (808)235-3554

From: East Oahu Child Welfare Unit 4-section 10, Maili S. Taele, MSW
Address: 420 Waiakamilo Road, Suite 300B Honolulu, HI 96817
Phone Number: 832-5430 Fax Number: 808-832-0247
Subject: Ongoing randoms and assessment CPSS: 118225

REMARKS:
☐ Urgent & Reply By _____ ☐ Info only ☐ Review & Comment By _____

I can be reached at 832-5450, please fax confirmation letter by 12/7/18. Mahalo

- Service plan was continued from November

FC NO. 18-03281
State's Exhibit 24
In Evidence for identification:
Rec'd 12/7/19, 20__
M Castillo
Clerk

Total Pages Scanned : 29
Total Pages Confirmed : 29

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	034	2353554	01:13:41 p.m. 03-06-2019	00:05:11	29/29	1	EC	HS	CP26400

Abbreviations:
HS: Host send
HR: Host receive
WS: Waiting send
PL: Polled local
PR: Polled remote
MS: Mailbox save
MP: Mailbox print
RP: Report
FF: Fax Forward
CP: Completed
FA: Fail
TU: Terminated by user
TS: Terminated by system
G3: Group 3
EC: Error Correct

24

HINA MAUKA

DEPARTMENT OF HUMAN SERVICES
REFERRAL FOR ASSESSMENT & ONGOING MONITORING SERVICES

SECTION 1 TO BE COMPLETED BY SOCIAL WORKER (ALL INFORMATION IS REQUIRED)

☒ NEW CLIENT ☐ RE-REFERRAL COURT SUPERVISED: ☒ YES ☐ NO

CHILDREN IN HOME ☐ YES ☐ NO

☒ Has a previous substance abuse history ☐ Has previously had a positive urinalysis (UA) test

☒ Has been in substance abuse treatment ☐ Has never been drug tested before

☐ Has previously been assessed by a substance abuse/mental health professional with a diagnosis of: Substance Dependence ☐ and/or Substance Abuse ☐

Referral Date: 03/6/19 Test Site: ☒ Kaneohe ☐ Waipahu

Client Name: Melanie Joseph

Client Address: Currently homeless, grandmother's address as contact: 41-558 Mekia St.,Waimanalo , HI 96795

Client Phone: (808) 400-5638 internet phone, maternal grandmother: Barbara Kumai cell: 373-0657
DOB [redacted]/98 Gender: female

Collateral Contact Name: Barbara Kumai Collateral Contact Phone: (808) 373-0657

Best Time to Contact Client: anytime Best Time to Contact Collateral: M-F 7:45-4:30pm

SECTION 2 TO BE COMPLETED BY SOCIAL WORKER (SUPPORTING DOCUMENTATION IS REQUIRED)
Referrals need a minimum of one supporting document or it cannot be processed and will be returned to the SOCIAL WORKER. More documentation is important as it can increase the client's eligibility for services.

☒ Safe Family Home Guidelines ☐ Ohana Reports

☐ Narrative report or anecdotal information (social worker observation, client/family member reports, historical information about a client's substance abuse, etc.)

☐ Any other documented information that would indicate the client is using drugs, either by actual testing or by behavioral indicators (short narrative is acceptable)

☐ Check here if you request any positive test for your court ordered client (client denies drug use, last date of use exceeds detection period, did not provide medication at time of testing) to be sent out to the lab for confirmation.

Social Worker's Name: Maili S. Taele,MSW

Unit: East Oahu CWS #10 Phone: 832-5450 Fax:832-5668

SECTION 3 TO BE COMPLETED BY HINA MAUKA ONLY

Referral Received/Confirmation Faxed by: Date:

Ongoing Monitoring Program: 4 2 1 per month Assessment: Y N

Client Contact Dates: 1. 2. 3.

Monitoring Orientation Date: Assessment Scheduled Date:

Client SHOW NO-SHOW Rescheduled Date:

Client Referred Back to Social Worker YES NO Date:

Hina Mauka, DHS Contract Manager's Signature Date

Staple Exhibit No. 25
In Evidence for Identification: 3/23/21
Rec'd M. Cabili 20 Clerk

030117

HINA MAUKA

DEPARTMENT OF HUMAN SERVICES
REFERRAL FOR ASSESSMENT & ONGOING MONITORING SERVICES

SECTION 1 TO BE COMPLETED BY SOCIAL WORKER (ALL INFORMATION IS REQUIRED)

~~☒ NEW~~ CLIENT ☒ RE-REFERRAL COURT SUPERVISED: ☒ YES ☐ NO

CHILDREN IN HOME ☐ YES ☐ NO

☒ Has a previous substance abuse history ☐ Has previously had a positive urinalysis (UA) test

☒ Has been in substance abuse treatment ☐ Has never been drug tested before

☐ Has previously been assessed by a substance abuse/mental health professional with a diagnosis of: Substance Dependence ☐ and/or Substance Abuse ☐

Referral Date: 03/6/19 Test Site: ☒ Kaneohe ☐ Waipahu

Client Name: Melanie Joseph

Client Address: Currently homeless, grandmother's address as contact 41-558 Mekia St,Waimanalo , HI 96795

Client Phone: (808) 400-6638 internet phone, maternal grandmother: Barbara Kumai cell: 373-0657
DOB [redacted]1/98 Gender: female

Collateral Contact Name: Barbara Kumai Collateral Contact Phone: (808) 373-0657

Best Time to Contact Client: anytime Best Time to Contact Collateral: M-F 7:45-4:30pm

SECTION 2 TO BE COMPLETED BY SOCIAL WORKER (SUPPORTING DOCUMENTATION IS REQUIRED)
Referrals need a minimum of one supporting document or it cannot be processed and will be returned to the SOCIAL WORKER. More documentation is important as it can increase the client's eligibility for services.

☒ Safe Family Home Guidelines ☐ Ohana Reports

☐ Narrative report or anecdotal information (social worker observation, client/family member reports, historical information about a client's substance abuse, etc.)

☐ Any other documented information that would indicate the client is using drugs, either by actual testing or by behavioral indicators (short narrative is acceptable)

☐ Check here if you request any positive test for your court ordered client (client denies drug use, last date of use exceeds detection period, did not provide medication at time of testing) to be sent out to the lab for confirmation.

Social Worker's Name: Malli S. Taele,MSW

Unit: East Oahu CWS #10 Phone: 832-5450 Fax:832-5668

SECTION 3 TO BE COMPLETED BY HINA MAUKA ONLY

Referral Received/Confirmation Faxed by: Tara Date: MAR 6 - 2019

Ongoing Monitoring Program: (4) 2 1 per month Assessment: (Y) N

Client Contact Dates: 1. 2. 3.

Monitoring Orientation Date: Assessment Scheduled Date:

Client SHOW NO-SHOW Rescheduled Date:

Client Referred Back to Social Worker YES NO Date:

Hina Mauka, DHS Contract Manager's Signature Date

FC 18-00780 030117
No.
State's Exhibit 26
In Evidence for identification:
Rec'd 5/29/19, 20
M Cabrilla
Clerk

HINAMAUKA

DEPARTMENT OF HUMAN SERVICES
REFERRAL FOR ASSESSMENT & ONGOING MONITORING SERVICES

SECTION 1 TO BE COMPLETED BY SOCIAL WORKER (ALL INFORMATION IS REQUIRED)

~~☒ NEW~~ CLIENT ☒ RE-REFERRAL COURT SUPERVISED: ☒ YES ☐ NO

CHILDREN IN HOME ☐ YES ☐ NO

☒ Has a previous substance abuse history ☐ Has previously had a positive urinalysis (UA) test

☒ Has been in substance abuse treatment ☐ Has never been drug tested before

☐ Has previously been assessed by a substance abuse/mental health professional with a diagnosis of: Substance Dependence ☐ and/or Substance Abuse ☐

Referral Date: 03/6/19 Test Site: ☒ Kaneohe ☐ Waipahu

Client Name: Melanie Joseph

Client Address: Currently homeless, grandmother's address as contact: 41-558 Mekia St.;Waimanalo , HI 96795

Client Phone: (808) 400-5838 internet phone, maternal grandmother: Barbara Kumai cell: 373-0657
DOB: [redacted]/98 Gender: female

Collateral Contact Name: Barbara Kumai Collateral Contact Phone: (808) 373-0657

Best Time to Contact Client: anytime Best Time to Contact Collateral: M-F 7:45-4:30pm

SECTION 2 TO BE COMPLETED BY SOCIAL WORKER (SUPPORTING DOCUMENTATION IS REQUIRED)
Referrals need a minimum of one supporting document or it cannot be processed and will be returned to the SOCIAL WORKER. More documentation is important as it can increase the client's eligibility for services.

☒ Safe Family Home Guidelines ☐ Ohana Reports

☐ Narrative report or anecdotal information (social worker observation, client/family member reports, historical information about a client's substance abuse, etc.)

☐ Any other documented information that would indicate the client is using drugs, either by actual testing or by behavioral indicators (short narrative is acceptable)

☐ Check here if you request any positive test for your court ordered client (client denies drug use, last date of use exceeds detection period, did not provide medication at time of testing) to be sent out to the lab for confirmation.

Social Worker's Name: Maili S. Taele,MSW

Unit: East Oahu CWS #10 Phone: 832-5450 Fax:832-5888

SECTION 3 TO BE COMPLETED BY HINA MAUKA ONLY

Referral Received/Confirmation Faxed by: Tara Date: MAR 6 - 2019

Ongoing Monitoring Program: (4) 2 3/1 a* b/m per month Assessment: (Y) N

Client Contact Dates: 1. 3/6 pm 2. 3/10 a* b/m 3. 3/8 a* b**

Monitoring Orientation Date: 3/22 10am Assessment Scheduled Date: 3/22 9:30am

Client SHOW NO-SHOW Rescheduled Date:

Client Referred Back to Social Worker YES NO Date:

Hina Mauka, DHS Contract Manager's Signature

a* ns
b** mb full
note has photocopy of her ID.

For Date (8-10-19)
No.
State's Exhibit 27 030117
In Evidence for identification:
Rec'd 5/23/19, 20
M. Cahill
Clerk

CATHOLIC CHARITIES HAWAI'I

COMPREHENSIVE COUNSELING AND SUPPORT SERVICES (CCSS)

FAX TRANSMITTAL

To: Maile Taele

From: Amy Nakanishi, MSCP
CCSS Therapist

Fax: 832-5668

Phone: 527-4624 (office)
721-8933 (cell)

Date: 3/04/19

Total Pages: 3 (including cover)

RE: CPSS#120783 M.J. Closing Letters

Hi Maile,

Attached is a copy of the closing letter mailed to CPSS#120783 M.J.
Attached also is a letter for DHS to confirm this referral closed.

Thank you!
Amy

CATHOLIC CHARITIES HAWAI'I

March 5, 2019

Melanie Joseph
41-558 Mekia Street
Waimanalo, HI 96795

Dear Ms. Joseph,

This letter is to confirm that your referral with the Comprehensive Counseling and Support Services (CCSS) officially closed as of Monday, 3/04/19. This office received a referral for you to participate in the following CCSS services:

_____ Visitation
X____ Parenting Class
_____ Skill Building/Outreach
X____ Counseling

I called and left messages for you at (808)400-5638 on 2/15/19, 2/19/19, and 2/20/19. A letter was mailed to you on 2/21/19, in which it was requested we schedule a face-to-face meeting by Monday, 3/04/19, or your referral would be returned to the DHS office. Since I have not received any response from you, your referral closed. Please speak to your DHS social worker to be re-referred if you are still interested in the recommended services.

Sincerely,

Amy Nakanishi, MSCP
Therapist
CCSS Windward
(808) 527-4624

Forwarded by:

Robyn Kadokawa, MSW
Program Director
CCSS Windward
(808) 527-4622

cc: Maile Taele

FC1 (4-8878)
FAMILY COURT
State's Exhibit 28
In Evidence for Identification:
Rec'd 5/23/19 20
M. Castillo
Clerk

CATHOLIC CHARITIES HAWAI'I

March 5, 2019

Maile Taele
Child Welfare Services
420 Waiakamilo Rd. Ste. 300B
Honolulu, HI 69817

Case Name: Joseph, Melanie
CPSS #120783

Dear Ms. Taele,

This letter is to inform you I am closing the referral with the Comprehensive Counseling and Support Services (CCSS) for Ms. Melanie Joseph. I called and left messages for her at (808)400-5638 on 2/15/19, 2/19/19, and 2/20/19. A letter was mailed to her on 2/21/19, in which it was requested she schedule a face-to-face meeting by Monday, 3/04/19, or her referral would be returned to the DHS office. Since I have not received any response from Ms. Joseph by the advised date, her referral closed.

If you have any questions, feel free to contact me at 527-4624 (office) or 721-8933 (cell). Thank you!

Sincerely,

Amy Nakanishi, MSCP
Therapist
Windward CCSS
(808) 527-4624

Forwarded By,

Robyn Kadokawa, MSW
Program Director
Windward CCSS
(808) 527-4622

cc: file

Fee No. [illegible]
State's exhibit 29
In Evidence for identification:
Rec'd 5/22/19, 20
M. Castillo
Clerk

CATHOLIC CHARITIES HAWAI'I

February 21, 2019

Melanie Joseph
41-558 Mekia Street
Waimanalo, HI 96795

Dear Ms. Joseph,

This office received a referral from your Department of Human Services (DHS) social worker for you to participate in the following Comprehensive Counseling and Support Services (CCSS) services:

_____ Visitation
X_____ Parenting Class
_____ Skill Building/Outreach
X_____ Counseling

I called and left messages for you at (808)400-5638 on 2/15/19, 2/19/19, and 2/20/19. If you are interested in participating in the recommended services, please contact me at 527-4624 (office) or 721-8933 (cell) as soon as possible to schedule a meeting. If we do not schedule a face-to-face meeting by Monday, 3/04/19, your referral will be returned to the DHS office. We would like you to be successful in completing CCSS services and hope to be able to support you in doing so.

Sincerely,

Amy Nakanishi, MSCP
Therapist
CCSS Windward
(808) 527-4624

Forwarded by:
FOR: Elen

Robyn Kadokawa, MSW
Program Director
CCSS Windward
(808) 527-4622

cc: Maile Taele

FEW No. 18-00258
State's Exhibit 30
In Evidence for Identification:
Rec'd 5/23/19, 20
M. Cabrillo
Clerk

CATHOLIC CHARITIES HAWAI'I

COMPREHENSIVE COUNSELING AND SUPPORT SERVICES (CCSS)

FAX TRANSMITTAL

To: Maile Taele

From: Amy Nakanishi, MSCP
CCSS Therapist

Fax: 832-5668

Phone: 527-4624 (office)
721-8933 (cell)

Date: ~~2/21/19~~ 2/22/19

Total Pages: 2 (including cover)

RE: CPSS#120783 M.J. Letter

Hi Maile,

Attached is an unable to contact letter for CPSS#120783 M.J.

Thank you!
Amy

FAMILY PROGRAMS HAWAII
FAMILY STRENGTHENING CENTER
In Affiliation with the Hawaii School of
Professional Psychology at Argosy University

801 South King Street
Honolulu, Hawaii 96813
Telephone: 808.282.0156

NOTIFICATION OF PSYCHOLOGICAL EVALUATION APPOINTMENT

DHS-CWS Worker	DHS Unit	DHS-CWS Worker Contact	Date of Notification
Maili Taele	EOCWSU4	808-832-5450	03/20/19
Name of Client Evaluated	**Date of Evaluation**	**Time of Evaluation**	**Place of Evaluation**
Melanie Joseph	Wednesday 05/22/19	9:00 am	Family Strengthening Center at Family Programs Hawaii

Name of Psychologist Conducting the Psychological Evaluation
Dr. John Wingert

Conditions and Requirement of the Evaluation

1. The psychological evaluation will consist of a clinical interview and completion of several psychological tests.
2. Bring your eye glasses and hearing aids if necessary.
3. There will be no child care at the evaluation site. Do not bring children to the evaluation.
4. The evaluation takes 4 to 6 hours to complete. Do not schedule another appointment on that day.
5. The full evaluation should be completed on the day of your scheduled appointment.
6. If you only complete part of the evaluation, it will be considered incomplete and a partial evaluation will not be sent to the Family Court and DHS. If it is not completed later it will be considered a no show.
7. If you do not show up for your scheduled evaluation, you will not be automatically reschedule and this may negatively affect your case.

No Show & Date(s) _____

Contact Attempt(s) _____

_____

Steven J. Choy, Ph.D. FSC Director _____
Name of Director Signature and Date

State's Exhibit No. 31
In Evidence for Identification: 5/22/19, 20
Rec'd
Clerk

Facilitating Healthy Development of Children by Strengthening Families

FAMILY PROGRAMS HAWAII
FAMILY STRENGTHENING CENTER
In Affiliation with the Hawaii School of
Professional Psychology at Argosy University

801 South King Street
Honolulu, Hawaii 96813
Telephone: 808.282.0156

NOTIFICATION OF PSYCHOLOGICAL EVALUATION APPOINTMENT

DHS-CWS Worker	DHS Unit	DHS-CWS Worker Contact	Date of Notification
Maili Taele	EOCWSU4	808-832-5450	02/19/19
Name of Client Evaluated	**Date of Evaluation**	**Time of Evaluation**	**Place of Evaluation**
Melanie Joseph	Wednesday 02/27/19	9:00 am	Family Strengthening Center at Family Programs Hawaii

Name of Psychologist Conducting the Psychological Evaluation
Dr. John Wingert

Conditions and Requirement of the Evaluation

1. The psychological evaluation will consist of a clinical interview and completion of several psychological tests.
2. Bring your eye glasses and hearing aids if necessary.
3. There will be no child care at the evaluation site. Do not bring children to the evaluation.
4. The evaluation takes 4 to 6 hours to complete. Do not schedule another appointment on that day.
5. The full evaluation should be completed on the day of your scheduled appointment.
6. If you only complete part of the evaluation, it will be considered incomplete and a partial evaluation will not be sent to the Family Court and DHS. If it is not completed later it will be considered a no show.
7. If you do not show up for your scheduled evaluation, you will not be automatically reschedule and this may negatively affect your case.

No Show & Date(s) _____

Contact Attempt(s) _____

_____

Steven J. Choy, Ph.D. FSC Director _____
Name of Director Signature and Date

State Exhibit No. 32
In Evidence for Identification: 2/22/19 20
Rec'd
Clerk

Facilitating Healthy Development of Children by Strengthening Families

'Ohana Time (OT) Observation Form

Family Case Name: Joseph, Melanie		Family Case Number: 118225
Date: 04/25/19	Time: 10	Length of 'Ohana Time: 1.50 hours
Location: Waimanalo library	'Ohana Time: 10-1130	☐ Cancelled ☒ No show Reason:

Name and Role of 'Ohana Time Supervisor: Gerald Toguchi SSA 3, EOCWSU4

☒ DHS staff: Gerald Toguchi SSA3	☐ Provider:
☒ Resource Caregiver: Lehua Kalua	☐ Relative (if not Resource Caregiver):
☐ CASA or GAL:	☐ Therapist:
☐ Other: (please specify)	

Names of Children:	Names of Participants & Relationship to Child:
[redacted] [redacted]	Melanie Joseph (maternal mother)
Ariel Sellers [redacted]/14	Barbara Kumai (maternal GM)
[redacted] [redacted]	

If siblings are in different placements, did they all participate in this 'Ohana Time? ☐ Yes ☐ No

Primary Language of the Family? English

Ethnicity/Culture of the Family? hawaiian mix

1. ARRIVAL
   - Time parents arrived: n/a ☐ On time ☐ Early ☐ Late
   - Time 'Ohana Time supervisor arrived: n/a

2. 'OHANA TIME

Did the parent prepare activities for the 'Ohana Time? If parents planned or brought something to the 'Ohana Time, what did they plan or bring? Check all that apply and specify:

☐ Toys:	☐ Picture taking, viewing:
☐ Arts/Crafts:	☐ Baby items:
☐ Books:	☐ Video games/movies:
☐ Food:	☐ Other activities:

Notes:

3. CLOSING OF 'OHANA TIME Time parents ended: ☐ On time ☐ Early ☐ Late

How did the 'Ohana Time end between the child(ren) and parents?

- ☐ Ready with a ritual to try to end positively and to look forward to the next time
- ☐ Parent worked with 'Ohana Time Supervisor and took cues to end positively
- ☐ Challenging end
- ☐ Other (specify):

FC's No. 18-8 281
State's Exhibit 33
In Evidence for Identification:
Rec'd 5/23/19, 20
M. Cabrild
Clerk

1. General Comments — Please consider these questions in filling out a-d below:

o How did the child(ren) relate to the parent?	o How did the parent relate to the child(ren)?
o Was the parent able to set limits?	o How did the child(ren) respond to the parent?
o Did the parent demonstrate healthy attachment with the child and being nurturing and caring?	o Did the parent demonstrate good knowledge of the child's development and providing good care?

a. Strengths:
maternal mother Ms.Melanie Joseph did txt aid to confirm visit.

however aid received ph call day prior to visit; from foster parent Lehua Kalua, [redacted]

b. Direction or feedback you provided to the parents or children during or after 'Ohana Time:
Aid explained to Ms.Kalua that mother did confirm visit. Aid will ask [redacted] Ariel if they want to go visit their mother on day of visit.

c. Challenges or concerns:
On day of visit aid stopped at RCG to [redacted] ask Ariel if she wanted to visit her mother? Ariel shook her head and said "no." [redacted]

d. Issues needing to be addressed with the parents or children by the caseworker:
[redacted] Ms.Joseph did not show for visitation.

2. Ideas that would help to strengthen future 'Ohana Time

Encourage maternal mother Ms.Joseph to continue to attend visitations.

Gerald Toguchi, SSA 3/EOCWSU4 - 832-5360
'Ohana Time Supervisor's Name

Gerald Toguchi 5/01/19
'Ohana Time Supervisor's Signature and Date

05/01/19 EOCWSU4
Date Copy Sent to DHS Unit

'Ohana Time (OT) Observation Form

Family Case Name: Joseph, Melanie			**Family Case Number:** 118225
Date: 04/18/19	Time: 10		Length of 'Ohana Time: 1.50 hours
Location: Waimanalo library	'Ohana Time: 10-1130	☐ Cancelled ☐ No show Reason:	

Name and Role of 'Ohana Time Supervisor: Gerald Toguchi SSA 3, EOCWSU4

☒ DHS staff: Gerald Toguchi SSA3	☐ Provider:
☒ Resource Caregiver: Lehua Kalua	☐ Relative (if not Resource Caregiver):
☐ CASA or GAL:	☐ Therapist:
☐ Other: (please specify)	

Names of Children:	**Names of Participants & Relationship to Child:**
[redacted] [redacted]	Melanie Joseph (maternal mother)
Ariel Sellers [redacted]/14	Barbara Kumai (maternal GM)
[redacted] [redacted]	

If siblings are in different placements, did they all participate in this 'Ohana Time? ☐ Yes ☐ No

Primary Language of the Family? English

Ethnicity/Culture of the Family? hawaiian mix

1. ARRIVAL
   - Time parents arrived: n/a ☐ On time ☐ Early ☐ Late
   - Time 'Ohana Time supervisor arrived: n/a

2. 'OHANA TIME

Did the parent prepare activities for the 'Ohana Time? If parents planned or brought something to the 'Ohana Time, what did they plan or bring? Check all that apply and specify:

☐ Toys:	☐ Picture taking, viewing:
☐ Arts/Crafts:	☐ Baby items:
☐ Books:	☐ Video games/movies:
☐ Food:	☐ Other activities:

Notes:

3. CLOSING OF 'OHANA TIME Time parents ended: ☐ On time ☐ Early ☐ Late

How did the 'Ohana Time end between the child(ren) and parents?

- ☐ Ready with a ritual to try to end positively and to look forward to the next time
- ☐ Parent worked with 'Ohana Time Supervisor and took cues to end positively
- ☐ Challenging end
- ☐ Other (specify):

1. General Comments — Please consider these questions in filling out a-d below:

o How did the child(ren) relate to the parent?	o How did the parent relate to the child(ren)?
o Was the parent able to set limits?	o How did the child(ren) respond to the parent?
o Did the parent demonstrate healthy attachment with the child and being nurturing and caring?	o Did the parent demonstrate good knowledge of the child's development and providing good care?

a. Strengths:
maternal mother Ms.Melanie Joseph did txt aid to confirm visit.

however aid received ph call from foster parent; [redacted]

[redacted]

b. Direction or feedback you provided to the parents or children during or after 'Ohana Time:

[redacted]

Aid did inform Ms.Joseph of visit cancelllation.

c. Challenges or concerns:

[redacted]

d. Issues needing to be addressed with the parents or children by the caseworker:

[redacted]

2. Ideas that would help to strengthen future 'Ohana Time

[redacted] Aid has already explained rules to Ms.Joseph; during intial

visitation aid instructed Ms.Joseph that there is no whispering or telling secrets

[redacted]. Ms.Joseph did say she understood instructions.

Gerald Toguchi, SSA 3/EOCWSU4 - 832-5360
'Ohana Time Supervisor's Name

Gerald Toguchi 4/18/19
'Ohana Time Supervisor's Signature and Date

04/18/19 EOCWSU4
Date Copy Sent to DHS Unit

Taele, Maili

From: Lehua Kalua <lehuakalua@gmail.com>
Sent: Saturday, March 09, 2019 7:29 PM
To: Taele, Maili
Cc: Lehua Kalua
Subject: Re: Info on visitations

Here's what i have noted down for visits since it started.

*November 9, 2018: I picked [redacted] Melanie called me at 10:00 AM [redacted] Melanie seemed to be high, because dilated pupils, her mouth kept moving and she was talking about stuff i knew nothing about..
*November 10, 2018: Mel texted and asked [redacted] Her pupils was dilated and she kept insisting that she was tired and she needed to sleep, but i knew she was lying to me; because i was once an addict and i know what a drug addict looks like.
*November 11, 2018: Mel text again and [redacted] again she was talking about stuff that i knew nothing about, she kept insisting she was tired, but she looked wide awake to me. so again i immediate thought, oh no she's high again.
*November 12, 2018: I notified Melanie that [redacted]
*November 15, 2018: Mel arrived at 4:48PM [redacted]. Again i felt like she was high, she kept giving me excuses why she was late and if she could stay later since she came late, which i told her per CPS worker, you're visit times are 4-5pm.
*November 19, 2018: Mel arrived at 4:24 PM, she was quiet this day and she [redacted]
*November 20, 2018: Mel arrive at 4:23 PM, on this day she seemed and acted lost, [redacted]
*November 22, 2018: Mel arrived [redacted]
*November 26, 2018: Mel arrived at 4:15 PM this day [redacted]
*November 27, 2018: Mel arrive at 4:16 PM on this day she seemed like she was somewhere else even though she was with us. I asked her what was wrong and she said she just was worried.
November 29, 2018: Mel arrived to visit at 4:26 PM, [redacted] When Jackie left, Melanie did tell me that Jackie doesn't like her and that she's mean. I told Melanie i don't think it's you, [redacted]

F.S 18 00280

No.

State's Exhibit 34

In Evidence for Identification:

Rec'd 7/21/09, 20

M Gillo

Clerk

Melanie did say well what about m[redacted]nd what i'm going through. I told Me[redacted]e that she can talk to the CPS worker..

***December 3, 2018: Melanie arrived at 4:49 PM and was asking if she could stay later, but i told her per the CPS worker her visits are from 4-5 PM

*December 4: Melanie arrived at 4:30 PM On this day she was talkative and things she was saying made me feel like she was on drugs, because everything she said made no sense.

*December 6, 2018: Melanie arrives at 4:22 PM, on this day she was dolled up like she was going somewhere fancy, she asked if she could stay longer and i informed her per CPS worker your visits are from 4-5 and i told her she could talk to CPS if she wanted more time. Again she was acting weird like she was high on drugs.

*December 10, 2018: Melanie arrives at 4:29 PM. On this day [redacted]

*December 11, 2018: Melanie arrives at 4:26 PM, she kept to herself and [redacted]

*December 13, 2018: Melanie arrive at 4:26 PM on this day she just reminded me that she could always come over on other days if i needed help [redacted] I told her yes i know, but we got it under control.

*December 17, 2018: Melanie arrives at 4:34 PM. Her pupils was dilated, she looked tired, but wide awake and pale like a ghost, but she said she was fine. I told her just to let you know i was once in your shoes high on drugs, lost, lonely, empty, confused and clueless as to what to do with my life. She looked shock like, what are you saying? So i told her yes 20 years ago i was high on ice and praying to God to make a way to save my life and with my hubby and God i am still clean and sober. But i told Mel, you got to want to change, you got to be ready to change for yourself and no one else. She looked at me and said yes i am high and i am sorry i came to visits high more than once and i said i know. She said she wants to change, but she's not ready.

*December 18, 2018: Melanie arrives at 4:19 PM on this day she kept to [redacted]

*December 20, 2018: Melanie arrives at 4:29 PM, she asked if she could come more days or stay longer, but i told her again that she had to call our CPS worker to ask them, that i am only doing what they tell me to do.

*December 24 & 25, 2018: Melanie was a no show for visit, she said she was sick.

*December 27, 2018: Melanie arrives at 4:31 PM. [redacted]

*December 31, 2018 Melanie arrives at 4:32 PM. [redacted]

*January 1, 2019: Melanie arrives at 4:28 PM, on this day [redacted]

*January 3, 2019: Melanie arrives at 4:21 PM. On this day Melanie [redacted]

*January 7, 2019: Melanie arrives at 4:16 PM. On this day Mel [redacted] As always i told her to call our CPS worker.

*January 8, 2019: Melanie arrives at 3:49 PM. Melanie came early because she stated she didn't want to be late and she figure she could get more time in. She also seemed high, with dilated eyes, sweaty, talkative about things that doesn't make sense.

*January 10, 2019: Melanie arrives at 4:39 PM. [redacted]

*January 14, 2019: Melanie arrives at 4:21 PM. She was all over the place on what she was saying, [redacted] To me it seemed like she was high and needed to sleep.

*January 15, 2019: Melanie arrives at 4:43 PM, again she asked for more time since she came late. Which i explained to her again that she would have to contact our CPS worker to arrange for more time. I did explain to her that her visits are from 4-5 PM and she stated that she tries, but sometimes its hard to come on time. I did remind her that she never came on time, but sometimes i feel like she doesn't listen to me.

*January 17, 2019: Melanie arrive[redacted]t 4:22 PM. During visit [redacted]

*January 21, 2019: Melanie arrives at 4:32 PM. During visits Melanie didn't say one word. [redacted]

*January 22, 2019: Melanie arrives at 4:50 PM. She wanted to stay longer since she came late, but again i informed her that she needed to be here on time. I also told her that her visits are from 4-5 PM.

*January 24, 2019: Melanie arrives at 4:40 PM. [redacted]

*January 28, 2019: Melanie arrives at 4:38 PM. [redacted]

*January 29, 2019: Melanie arrives at 4:17 PM. Melanie looked and acted like she was high. when she caught us glaring at her, she would say sorry i'm tired and i need to walk around, but we knew she wasn't tired she just didn't want us to see her dilated eyes.

*January 31,2019: Melanie arrives at 4:16 PM. Mel came and didn't talk or said anything but hi. [redacted].

**February 4, 2019: Melanie arrived at 4:22 PM. [redacted]

*February 5, 2019: Melanie arrived at 4:30 PM. [redacted]

*February 7, 2019: Melanie arrives at 4:19 PM. During visit she was saying she had a interview for drug treatment on Friday. [redacted]

February 8, 9 & 10, 2019: [redacted]

*February 11, 12, 14 & 18, 2019: Melanie was a no show for visits.

*February 19, 2019: (Visits with all 3 kids) My brother told Melanie that i'll be at his wedding and if I could reschedule day or time. My brother told her to call me, but she never called or texted. so i waited at home until 4:50 PM in which i jumped in my car to make my brothers wedding at sherwoods which started at 5:00 PM. She ends up calling me at 4:50 PM and [redacted] and by the time she made it to my house it'll be 5 PM, but she still insisted so i told her lets change the time to 5-6 PM. she called at 6:40 PM and she wanted to come and do visits, i told her that we agreed on 5-6 PM, but she said can i just come for a few minuets. so i told her that she could come, but she had to leave at 7:20 PM. because [redacted] i mention to her a handful of times no whispering i need to know what shes saying. [redacted] She also kept asking Ariel (are you happy here)(You can tell mommy and i can get you out of here), she would repeat that over and over. She also kept saying (you can tell me if they're hurting you), i did tell Mel why are you saying those things and no ones hurting no one here. On this day she was high, sweaty, stink and dirty. 7:20 PM came and she didn't leave, i told her Mel visits are over and she wouldn't move. She didn't leave to 7:46PM after me telling her over and over [redacted]

*February 21, 2019: ([redacted] Melanie arrives at 4:19 PM. Prior to visits i called Maile to inform her and ask her to change visits from my house to DHS since i was already having problems with Melanie listening to me [redacted] and i had a feeling it would get worse. Maile called me during visit to confirm changing of visits and to better understand what happened. After visits with mom, [redacted] Ariel would cry for mommy for hours, saying she wants to go and live in the bushes.

**Since we last ended visits with Melanie [redacted] Ariel has grown and improved on her numbers, colors and animals. when she came she couldn't count to 5 without our help. She didn't know animals or sounds. She also could say the names of colors without our help. We're still working on her ABC's.

[redacted]

I hope this helps. Thank you for everything, Lehua

On Thu, Mar 7, 2019 at 4:56 PM Taele, Maili <mtaele@dhs.hawaii.gov> wrote:

Aloha Lehua,

Thanks for being so cooperative and working with DHS. I really appreciate that you opted for visitations at your home in the beginning of the case. Now that visitations are going to occur with DHS, I hope this will relieve some of the pressure.

Here is what I will need:

-Date and times visits since it started

-Note down any late starts or cancellations for the visits, length of visit, if visits [redacted]

-if you took notes during each visit, please jot it down [redacted], your observations, was it positive? Was there concerns?, etc.) during the visits, please note it down under that date.

Also:

-List if visit was done with mother only, mother/grandmother, etc.

-If there was days that she appeared to be high and you want to state that, you need to "describe" her behaviors that made her appear to be high.

Hope this helps you out.

Mahalo

Maili S. Taele, MSW

East Oahu Child Welfare Services Unit 4

420 Waiakamilo Rd., Ste. 300B

Honolulu, HI 96817

Office phone: (808) 832-5450

Work cell: (808) 220-8650

Unit 10: (808) 832-5424

FAX: (808) 832-5668

mtaele@dhs.hawaii.gov

INVO/Hasek
4/22/19

STATE OF HAWAII, DEPARTMENT OF SOCIAL SERVICES AND HOUSING, INVESTIGATIVE AND RECOVERY SERVICES OFFICE

Date Received by I&RS	LOCATE ACTION REQUEST	I&RS Number

CASE NAME (Last, First, Middle)	Public Assistance Case Number(s)
JOSEPH, MELANIE	

PERSONAL HISTORY OF SUBJECT OF LOCATE ACTION

Relationship to Case Name & Reason For Request

[redacted]

SUBJECT'S Name (Last, First, Middle):	Maiden Name/Other Names/Aliases:
UKNOWN NATURAL FATHER	N/A

SEX M F	HEIGHT	WEIGHT	COLOR HAIR	COLOR EYES	RACE	Place of Birth : Honolulu, Hawaii
(X) ( )	Unknown	Unknown	Unknown	Unknown	Unknown	

Social Security Number	Date of Birth(Or Approx Age, If Unknown)	Subject on Welfare? ( ) Yes (Where/When?) NO ( ) unknown
Unknown		

SUBJECT'S Last Known Address/Telephone/Date?	SUBJECT US Citizen? ( ) YES ( ) NO (Explain)
Waimanalo, HAWAII	

If SUBJECT'S Last Known Address in not in Hawaii, Did SUBJECT Ever Reside in Hawaii? ( ) YES (Where/When?) NO ( )

SUBJECT'S Military Service Status: (xx) NONE ( ) Enlisted ( ) Officer ( ) Now Active ( ) Reserve or National Guard ( ) Retired ( ) Discharged ( ) Air Force ( ) Army ( ) Coast Guard ( ) Marines ( ) Navy	Dates SUBJECT was in service (From-To)
Last known Military Unit/ Address/Date: UNKNOWN	SUBJECT'S Rank, Rate, or Pay Grade: UNKNOWN

SUBJECT'S Last Known Employer (Address/Telephone/Date):

UNKNOWN

SUBJECT'S Usual Occupation(s): UNKNOWN	SUBJECT Have Medical Health Plan?

SUBJECT'S Mother's Name/Maiden Name/Address/Telephone:

UNKNOWN

SUBJECT'S Father's Name/Address/Telephone:
UNKNOWN

SUBJECT'S Brother/Sister/Other Relatives (Name/Address/Telephone):

UNKNOWN

SUBJECT'S Children (Name/Address/Telephone):

[redacted]

SUBJECT'S Friends/Associates (Name/Address/Telephone):

MOTHER MELANIE JOSEPH

FCS 18.0328

NO. _____

State's Exhibit 35

In Evidence for Identification:

Rec'd 5/23/19, 20___

M. Griffith

Clerk

(CONTINUED ON REVERSE)

LOCATE ACTION REQUEST (continued)

SUBJECT'S membership in Unions/Clubs/Organizations (Address/Where/When) UNKNOWN	SUBJECT Arrested? (Where/When/Why)
SUBJECT Have a Driver's License? ( ) YES ( ) NO. If "YES", What State? UNKNOWN	
SUBJECT Automobile(s) (Make/Model/Year/Color/License Plate Number/Other Description): UNKNOWN	
SUBJECT Borrowed Money? For What? From What Company? Where/When? UNKNOWN	
SUBJECT Have Credit Cards? What Company? When/Where? UNKNOWN	
SUBJECT Receive Payments From Any of the Following? (Past or Present - if "YES", Where/When?) ( ) Veterans' Administration (VA) ( ) Social Security ( ) Workmen's Compensation ( ) Disability Payments ( ) Retirement Pension ( ) Insurance Settlement	

Signature of Requestor/Supervisor (Date)	Unit Name/Number	Date Response Required	Photograph of SUBJECT is attached ( ) YES ( ) NO
[signature] 9/16/19	EOCWSU4	6/1/19	

List of Previous Locate Actions/Additional Information About SUBJECT/Remarks:

STATE OF HAWAII, DEPARTMENT OF SOCIAL SERVICES AND HOUSING, INVESTIGATIVE AND RECOVERY SERVICES OFFICE

Date Received by I&RS	LOCATE ACTION REQUEST	I&RS Number

CASE NAME (Last, First, Middle)	Public Assistance Case Number(s)
JOSEPH, MELANIE	

PERSONAL HISTORY OF SUBJECT OF LOCATE ACTION

Relationship to Case Name & Reason For Request
FATHER [redacted]

SUBJECT'S Name (Last, First, Middle):	Maiden Name/Other Names/Aliases:
SELLERS, ADAM	N/A

SEX M F	HEIGHT	WEIGHT	COLOR HAIR	COLOR EYES	RACE	Place of Birth : Honolulu, Hawaii
(X) ( )	Unknown	Unknown	Unknown	Unknown	Unknown	

Social Security Number	Date of Birth(Or Approx Age, If Unknown)	Subject on Welfare? ( ) Yes (Where/When?) NO ( ) unknown
Unknown	[redacted]1984	

SUBJECT'S Last Known Address/Telephone/Date?	SUBJECT US Citizen? (xx) YES ( ) NO (Explain)
Waimanalo beach park-homeless	

If SUBJECT'S Last Known Address in not in Hawaii, Did SUBJECT Ever Reside in Hawaii? ( ) YES (Where/When?) NO ( )

SUBJECT'S Military Service Status: (xx) NONE ( ) Enlisted ( ) Officer ( ) Now Active ( ) Reserve or National Guard ( ) Retired ( ) Discharged ( ) Air Force ( ) Army ( ) Coast Guard ( ) Marines ( ) Navy	Dates SUBJECT was in service (From-To)
Last known Military Unit/ Address/Date: UNKNOWN	SUBJECT'S Rank, Rate, or Pay Grade: UNKNOWN

SUBJECT'S Last Known Employer (Address/Telephone/Date):
UNKNOWN

SUBJECT'S Usual Occupation(s):	SUBJECT Have Medical Health Plan?
UNKNOWN	

SUBJECT'S Mother's Name/Maiden Name/Address/Telephone:
UNKNOWN

SUBJECT'S Father's Name/Address/Telephone:
UNKNOWN

SUBJECT'S Brother/Sister/Other Relatives (Name/Address/Telephone):
UNKNOWN

SUBJECT'S Children (Name/Address/Telephone):
[redacted] ARIEL SELLERS, [redacted]

SUBJECT'S Friends/Associates (Name/Address/Telephone):
MOTHER MELANIE JOSEPH

FTS No. 18-05280
State's Exhibit 36
In Evidence for Identification:
Rec'd 8/23/19, 20
M. Castillo
Clerk

(CONTINUED ON REVERSE)

LOCATE ACTION REQUEST (continued)

SUBJECT'S membership in Unions/Clubs/Organizations (Address/Where/When)	SUBJECT Arrested? (Where/When/Why)
UNKNOWN	HONOLULU, HAWAII ----CASE VIEW ATTACHED TO LAR

SUBJECT Have a Driver's License? ( ) YES ( ) NO. If "YES", What State?
UNKNOWN

SUBJECT Automobile(s) (Make/Model/Year/Color/License Plate Number/Other Description):

UNKNOWN

SUBJECT Borrowed Money? For What? From What Company? Where/When?
UNKNOWN

SUBJECT Have Credit Cards? What Company? When/Where?
UNKNOWN

SUBJECT Receive Payments From Any of the Following? (Past or Present - if "YES", Where/When?)

( ) Veterans' Administration (VA)

( ) Social Security

( ) Workmen's Compensation

( ) Disability Payments

( ) Retirement Pension

( ) Insurance Settlement

Signature of Requestor/Supervisor (Date)	Unit Name/Number	Date Response Required	Photograph of SUBJECT is attached ( ) YES ( ) NO
9/16/19	EDCWS U4	6/1/19	

List of Previous Locate Actions/Additional Information About SUBJECT/Remarks:

PRINTABLE CASE VIEW

Generated: 16-APR-2019 11:07 AM

Search Criteria: Case ID or Citation Number: 1FFC-18-0000773

1 record(s) total

Case ID: 1FFC-18-0000773 - State v. Adam D Sellers **Type:** FC - Family Court Criminal **Status:** ACTIVE - Active Case **Last Updated:** 19-Feb-2019	**Filing Date:** TUESDAY, JULY 3, 2018 **Court:** FIRST CIRCUIT **Location:** ALAKEA	

BAIL/BOND INFORMATION

Defendant	CC	Bail Information	Notes
Adam D Sellers	All Counts	$1,000.00 Release Decision: CA-Released On Cash Bail, Date: 06/23/2018 Release Status: CA-Released On Cash Bail, Date: 06/23/2018 Postee: ADAM SELLERS	PER HPD ARREST REPORT #18236913-001, BAIL $1,000.
Adam D Sellers	All Counts	$1,000.00 Release Decision: CA-Released On Cash Bail, Date: 06/23/2018 Release Status: CA-Released On Cash Bail, Date: 06/23/2018 Postee: Adam D. Sellers	
Adam D Sellers	All Counts	Release Decision: OR-Released On Own Recognizance, Date: 07/09/2018 Release Status: OR-Released On Own Recognizance, Date: 07/09/2018	BAIL $1,000 CASH S/A. DFT. W/CONDS OF BAIL: DFT. SHALL REMAIN ARREST FREE, REMAIN IN THE STATE OF HAWAII, UNLESS OTHERWISE AUTHORIZED BY THE COURT, KEEP IN CONTACT WITH ATTORNEY, COMPLY WITH ALL EXISTING COURT ORDERS, APPEAR IN COURT FOR ALL PROCEEDINGS AND FIREARMS PROVISION IS INVOKED. FURTH A&P: 7/16/18, 8:30 A.M., 8C.
Adam D Sellers	All Counts	$11,000.00 Release Decision: BW-Bench Warrant Issued, Date: 07/16/2018 Release Status: BW-Bench Warrant Issued, Date: 07/16/2018	BENCH WARRANT ISSUED FOR FAILURE TO APPEAR FOR ARRAIGNMENT AND PLEA ON 7-16-18.
Adam D Sellers	All Counts	$11,000.00 Release Decision: CS-Custody, Date: 07/23/2018 Release Status: OT-Other, Date: 07/23/2018 Detention Facility: HPD Cell Block	EXECUTED BENCH WARRANT RECEIVED; BAIL CONFIRMED AT $11,000.00; HEARING SET FOR 7-23-18 AT 8:30 A.M.

State's Exhibit No. 37
In Evidence for Identification
Rec'd 4/19/19, 20__
Clerk

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Adam D Sellers	All Counts	Release Decision: OR-Released On Own Recognizance, Date: 07/23/2018 Release Status: OR-Released On Own Recognizance, Date: 07/23/2018	BAIL SET ASIDE AND DEFT IS RELEASED ON OWN RECOGNIZANCE IN 8C. CONDITIONS OF BAIL/RELEASE: DEFT SHALL REMAIN ARREST FREE, REMAIN IN THE STATE OF HAWAII UNLESS OTHERWISE AUTHORIZED BY THE COURT, KEEP IN CONTACT WITH ATTORNEY, COMPLY WITH ALL EXISTING COURT ORDERS, APPEAR IN COURT FOR ALL PROCEEDINGS AND FIREARMS PROVISION IS INVOKED
Adam D Sellers	All Counts	$2,000.00 Release Decision: BW-Bench Warrant Issued Release Status: BW-Bench Warrant Issued, Date: 02/19/2019	02/19/2019: BW ISSUED PER M/SET ASIDE DEFERRAL W/BAIL SET AT $2000.00; JUDGE SOUZA

Offenses

ID: @1741332	Name: Adam D Sellers	JUV: N	Party Status: AC-Active
A bench warrant is pending on this defendant.			

Ct	Offense Details	Plea	Disposition	Sentencing	Offense Notes
1	HRS 709-906(1) - Abuse of family and household members Severity: MD - Misdemeanor Ofs Dt : 06/22/2018 Citation/Arrest #: 18236913-001	Not Guilty-07/09/2018 No Contest-07/13/2018		DANCP (Deferred Acceptance of Nolo Contendere) for 1 Year(s) subject to mandatory terms and conditions - 07/13/2018 Spcl. Cond. 2 Day(s) Jail - 07/13/2018 *WITH CREDIT FOR TIME SERVED*	
	The following special conditions apply: 1)Serve a term of imprisonment of 2 DAYS, with credit for time already served. - 07/13/2018 2)[You shall report to your probation officer as ordered by the Court or by your probation officer.] You shall appear in person at the Adult Client Services Branch (ACSB), 777 Punchbowl Street, 2nd Floor, Honolulu, Hawai'i, by 3:00 p.m. ON 8-13-18, for your intake interview with a probation officer, and you shall keep all subsequent appointments. - 07/13/2018 3)You shall undergo domestic violence intervention at your expense, as directed by your probation officer. - 07/13/2018				

Related Cases

No related cases were found.

Case Event Schedule

Event	Defendant	Date	Time	Room	Location	Judge	Appearance Disposition
Trial	Adam D Sellers	08/13/2018	00:00:00	Honolulu Courtroom 8C	ALAKEA	Viola , JUDGE Matthew J.	NGP
Calendar Call	Adam D Sellers	08/13/2018	08:30:00	Honolulu Courtroom 8C	ALAKEA	Viola , JUDGE Matthew J.	
Return on Bench Warrant	Adam D Sellers	07/23/2018	13:30:00	Honolulu Courtroom 8C	ALAKEA	Viola , JUDGE Matthew J.	NGP
Arraignment and Plea	Adam D Sellers	07/16/2018	08:45:00	Honolulu Courtroom 8C	ALAKEA	Viola , JUDGE Matthew J.	
Arraignment and Plea	Adam D Sellers	07/09/2018	08:30:00	Honolulu Courtroom 8D	ALAKEA	Wong, Frances Q. F.	NGP

Case Parties

Seq#	Assoc	Expn Date	Type	ID	Name//Aliases
1			Plaintiff	SOHCR1	State of Hawaii - Criminal First Circuit Prosecution
2			Plaintiff	SOHCR1DVM	C&C Honolulu Prosecutors-DOMESTIC VIOLENCE - Misd.
3			Defendant	@1741332	Sellers, Adam D *SELLERS, ADAM D*
4		12/31/2018	Other	DTC13	First Circuit Court-13th Division
5			Deputy Public Defender	OPD-OAFC	OPD Oahu Family Court
6			Other	DTC20	First Circuit Court-20th Division

Date	Docket	Defendant	Party
07/03/2018	Complaint EFile Document upload of type Complaint	Adam D Sellers	C&C Honolulu Prosecutors-DOMESTIC VIOLENCE - Misd.
07/06/2018	Bail Receipt (Cash,Bond,Lost) $1,000.00 cash; hrg 07/09/18 8:30 am; family - alakea	Adam D Sellers	
07/09/2018	Order	Adam D Sellers	
07/09/2018	Affidavit AFFIDAVIT REGARDING LOST BAIL RECEIPT	Adam D Sellers	

Date	Docket	Defendant	Party
07/09/2018	Minutes SD 9:10-9:12A. DEFENSE COUNSEL MADE AN ORAL MOTION FOR RELEASE. AFTER HRG ORAL ARGUMENTS OF COUNSEL, THE COURT GRANTED THE ORAL MOTION. BAIL $1,000 CASH S/A. DFT. W/CONDS OF RELEASE. COURT COMMITTED DFT. TO THE JURISDICTION OF THE FAMILY CIRCUIT COURT AND ORDERED DFT.TO APPEAR FOR FURTHER ARRAIGNMENT AND PLEA ON 7/16/18, 8:30 A.M., COURTROOM 8C. EO ENTERED. Defendant Present Served Written Complaint Orally Arraigned Waived Reading of the Charge(s) Demanded Jury Trial Informed of Rights, Penalties and Immigration Consequences	Adam D Sellers	DPA K Seto DPD J Foster JUDG Wong, Frances Q. F. CLK Yamashita, Patricia
07/16/2018	Bench Warrant Ordered	Adam D Sellers	First Circuit Court 13th Division
07/16/2018	Bench Warrant Family Criminal BENCH WARRANT ISSUED FOR FAILURE TO APPEAR FOR CALENDAR CALL ON 7-16-18 Docket entry for the letter produced on 16-JUL-2018 by JICTVNOMURA, BW# FI11801084.	Adam D Sellers	
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INVOLUNTARY
4/23/18

STATE OF HAWAII, DEPARTMENT OF SOCIAL SERVICES AND HOUSING, INVESTIGATIVE AND RECOVERY SERVICES OFFICE

Date Received by I&RS	LOCATE ACTION REQUEST	I&RS Number

CASE NAME (Last, First, Middle)	Public Assistance Case Number(s)
JOSEPH, MELANIE	

PERSONAL HISTORY OF SUBJECT OF LOCATE ACTION

Relationship to Case Name & Reason For Request
FATHER [redacted]

SUBJECT'S Name (Last, First, Middle):	Maiden Name/Other Names/Aliases:
SELLERS, ADAM	N/A

SEX M F	HEIGHT	WEIGHT	COLOR HAIR	COLOR EYES	RACE	Place of Birth : Honolulu, Hawaii
(X) ( )	Unknown	Unknown	Unknown	Unknown	Unknown	

Social Security Number	Date of Birth(Or Approx Age. If Unknown)	Subject on Welfare? ( ) Yes (Where/When?) NO ( ) unknown
Unknown	[redacted]/1984	

SUBJECT'S Last Known Address/Telephone/Date?	SUBJECT US Citizen? (xx) YES ( ) NO (Explain)
Waimanalo beach park-homeless	

If SUBJECT'S Last Known Address in not in Hawaii, Did SUBJECT Ever Reside in Hawaii? ( ) YES (Where/When?) NO ( )

SUBJECT'S Military Service Status: (xx) NONE ( ) Enlisted ( ) Officer ( ) Now Active ( ) Reserve or National Guard ( ) Retired ( ) Discharged ( ) Air Force ( ) Army ( ) Coast Guard ( ) Marines ( ) Navy	Dates SUBJECT was in service (From-To)
Last known Military Unit/ Address/Date: UNKNOWN	SUBJECT'S Rank, Rate, or Pay Grade: UNKNOWN

SUBJECT'S Last Known Employer (Address/Telephone/Date):
UNKNOWN

SUBJECT'S Usual Occupation(s):	SUBJECT Have Medical Health Plan?
UNKNOWN	

SUBJECT'S Mother's Name/Maiden Name/Address/Telephone:
UNKNOWN

SUBJECT'S Father's Name/Address/Telephone:
UNKNOWN

SUBJECT'S Brother/Sister/Other Relatives (Name/Address/Telephone):
UNKNOWN

SUBJECT'S Children (Name/Address/Telephone):
[redacted] ARIEL SELLERS, [redacted]

SUBJECT'S Friends/Associates (Name/Address/Telephone):
MOTHER MELANIE JOSEPH

(CONTINUED ON REVERSE)

LOCATE ACTION REQUEST (continued)

SUBJECT'S membership in Unions/Clubs/Organizations (Address/Where/When)	SUBJECT Arrested? (Where/When/Why)
UNKNOWN	HONOLULU, HAWAII ----CASE VIEW ATTACHED TO LAR

SUBJECT Have a Driver's License? ( ) YES ( ) NO. If "YES", What State?
UNKNOWN

SUBJECT Automobile(s) (Make/Model/Year/Color/License Plate Number/Other Description):

UNKNOWN

SUBJECT Borrowed Money? For What? From What Company? Where/When?
UNKNOWN

SUBJECT Have Credit Cards? What Company? When/Where?
UNKNOWN

SUBJECT Receive Payments From Any of the Following? (Past or Present - if "YES", Where/When?)

( ) Veterans' Administration (VA)

( ) Social Security

( ) Workmen's Compensation

( ) Disability Payments

( ) Retirement Pension

( ) Insurance Settlement

Signature of Requestor/Supervisor (Date)	Unit Name/Number	Date Response Required	Photograph of SUBJECT is attached ( ) YES ( ) NO
9/16/19	EDCWS U4	6/1/19	

List of Previous Locate Actions/Additional Information About SUBJECT/Remarks:

PRINTABLE CASE VIEW

Generated: 16-APR-2019 11:07 AM

Search Criteria: Case ID or Citation Number: 1FFC-18-0000773

1 record(s) total

Case ID: 1FFC-18-0000773 - State v. Adam D Sellers **Type:** FC - Family Court Criminal **Status:** ACTIVE - Active Case **Last Updated:** 19-Feb-2019	**Filing Date:** TUESDAY, JULY 3, 2018 **Court:** FIRST CIRCUIT **Location:** ALAKEA	

BAIL/BOND INFORMATION

Defendant	Cc.	Bail Information	Notes
Adam D Sellers	All Counts	$1,000.00 Release Decision: CA-Released On Cash Bail, Date: 06/23/2018 Release Status: CA-Released On Cash Bail, Date: 06/23/2018 Postee: ADAM SELLERS	PER HPD ARREST REPORT #18236913-001, BAIL $1,000.
Adam D Sellers	All Counts	$1,000.00 Release Decision: CA-Released On Cash Bail, Date: 06/23/2018 Release Status: CA-Released On Cash Bail, Date: 06/23/2018 Postee: Adam D. Sellers	
Adam D Sellers	All Counts	Release Decision: OR-Released On Own Recognizance, Date: 07/09/2018 Release Status: OR-Released On Own Recognizance, Date: 07/09/2018	BAIL $1,000 CASH S/A. DFT. W/CONDS OF BAIL: DFT. SHALL REMAIN ARREST FREE, REMAIN IN THE STATE OF HAWAII, UNLESS OTHERWISE AUTHORIZED BY THE COURT, KEEP IN CONTACT WITH ATTORNEY, COMPLY WITH ALL EXISTING COURT ORDERS, APPEAR IN COURT FOR ALL PROCEEDINGS AND FIREARMS PROVISION IS INVOKED. FURTH A&P: 7/16/18, 8:30 A.M., 8C.
Adam D Sellers	All Counts	$11,000.00 Release Decision: BW-Bench Warrant Issued, Date: 07/16/2018 Release Status: BW-Bench Warrant Issued, Date: 07/16/2018	BENCH WARRANT ISSUED FOR FAILURE TO APPEAR FOR ARRAIGNMENT AND PLEA ON 7-16-18.
Adam D Sellers	All Counts	$11,000.00 Release Decision: CS-Custody, Date: 07/23/2018 Release Status: OT-Other, Date: 07/23/2018 Detention Facility: HPD Cell Block	EXECUTED BENCH WARRANT RECEIVED; BAIL CONFIRMED AT $11,000.00; HEARING SET FOR 7-23-18 AT 8:30 A.M.

Adam D Sellers	All Counts	Release Decision: OR-Released On Own Recognizance, Date: 07/23/2018 Release Status: OR-Released On Own Recognizance, Date: 07/23/2018	BAIL SET ASIDE AND DEFT IS RELEASED ON OWN RECOGNIZANCE IN SC. CONDITIONS OF BAIL/RELEASE: DEFT. SHALL REMAIN ARREST FREE, REMAIN IN THE STATE OF HAWAII UNLESS OTHERWISE AUTHORIZED BY THE COURT, KEEP IN CONTACT WITH ATTORNEY, COMPLY WITH ALL EXISTING COURT ORDERS, APPEAR IN COURT FOR ALL PROCEEDINGS AND FIREARMS PROVISION IS INVOKED.
Adam D Sellers	All Counts	$2,000.00 Release Decision: BW-Bench Warrant Issued Release Status: BW-Bench Warrant Issued, Date: 02/19/2019	02/19/2019: BW ISSUED PER M/SET ASIDE DEFERRAL W/BAIL SET AT $2000.00; JUDGE SOUZA

Offenses

ID: @1741332	Name: Adam D Sellers	JUV: N	Party Status: AC-Active	
A bench warrant is pending on this defendant.				

Ct	Offense Details	Plea	Disposition	Sentencing	Offense Notes
1	HRS 709-906(1) - Abuse of family and household members Severity: MD - Misdemeanor Ofs Dt : 06/22/2018 Citation/Arrest #: 18236913-001	Not Guilty-07/09/2018 No Contest-07/13/2018		DANCP (Deferred Acceptance of Nolo Contendere) for 1 Year(s) subject to mandatory terms and conditions - 07/13/2018 Spcl. Cond. 2 Day(s) Jail - 07/13/2018 *WITH CREDIT FOR TIME SERVED*	
	The following special conditions apply: 1)Serve a term of imprisonment of 2 DAYS, with credit for time already served. - 07/13/2018 2)[You shall report to your probation officer as ordered by the Court or by your probation officer.] You shall appear in person at the Adult Client Services Branch (ACSB), 777 Punchbowl Street, 2nd Floor, Honolulu, Hawai`i, by 3:00 p.m. ON 8-13-18, for your intake interview with a probation officer, and you shall keep all subsequent appointments. - 07/13/2018 3)You shall undergo domestic violence intervention at your expense, as directed by your probation officer. - 07/13/2018				

Related Cases

No related cases were found.

Case Event Schedule

Event	Defendant	Date	Time	Room	Location	Judge	Appearance Disposition
Trial	Adam D Sellers	08/13/2018	00:00:00	Honolulu Courtroom 8C	ALAKEA	Viola , JUDGE Matthew J.	NCP
Calendar Call	Adam D Sellers	08/13/2018	08:30:00	Honolulu Courtroom 8C	ALAKEA	Viola , JUDGE Matthew J.	
Return on Bench Warrant	Adam D Sellers	07/23/2018	13:30:00	Honolulu Courtroom 8C	ALAKEA	Viola , JUDGE Matthew J.	NGP
Arraignment and Plea	Adam D Sellers	07/16/2018	08:45:00	Honolulu Courtroom 8C	ALAKEA	Viola , JUDGE Matthew J.	
Arraignment and Plea	Adam D Sellers	07/09/2018	08:30:00	Honolulu Courtroom 8D	ALAKEA	Wong, Frances Q. F.	NGP

Case Parties

Seq #	Assoc	Expn Date	Type	ID	Name / Aliases
1			Plaintiff	SOHCR1	State of Hawaii - Criminal First Circuit Prosecution
2			Plaintiff	SOHCR1DVM	C&C Honolulu Prosecutors-DOMESTIC VIOLENCE - Misd.
3			Defendant	@1741332	Sellers, Adam D *SELLERS, ADAM D*
4		12/31/2018	Other	D1C13	First Circuit Court-13th Division
5			Deputy Public Defender	OPD-OAFC	OPD Oahu Family Court
6			Other	D1C20	First Circuit Court-20th Division

Date	Docket	Defendant	Party
07/03/2018	Complaint EFile Document upload of type Complaint	Adam D Sellers	C&C Honolulu Prosecutors-DOMESTIC VIOLENCE - Misd.
07/06/2018	Bail Receipt (Cash,Bond,Lost) $1,000.00 cash; hrg 07/09/18 8:30 am; family - alaken	Adam D Sellers	
07/09/2018	Order	Adam D Sellers	
07/09/2018	Affidavit AFFIDAVIT REGARDING LOST BAIL RECEIPT	Adam D Sellers	

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EPIC ʻOHANA CONFERENCING
1130 N. Nimitz Highway, Suite C-210 • Honolulu, HI 96817
PHONE: 808-838-7752 • FAX: 808-838-1653
epic@epicohana.org • www.epicohana.org

JOSEPH
ʻOHANA CONFERENCE SUMMARY

CPSS #: 118225 DATE: 03/12/19

This ʻOhana Conference is for **Melanie Joseph**, mother of the children, and the Department of Human Services / Child Welfare Services / Child Protective Services (DHS/CWS/CPS). **Adam Sellers**, father of the children, was unable to be reached for this conference, but he can request a conference at any time.

CHILDREN'S NAMES:	DATES OF BIRTH:
[redacted]	[redacted]
Ariel Sellers	[redacted]/14
[redacted]	[redacted]

PURPOSE OF CONFERENCE:

- Build Partnerships to Support the Children
- Review Well-Being of Children
- Review Legal Timelines
- Discuss Service Plan
- Discuss Visitation Plan
- Discuss Case Direction
- Identify Placement Options
- Support Family Connections

FC No. 19-0281
State's Exhibit 38
In Evidence for Identification:
Rec'd 5/22/19, 20
M. Cahill
Clerk

CWS GOAL: Family Reunification

CWS CASE STATUS: Foster Custody

Date Case Opened: 10/16/17 (Initially with Voluntary Case Management and then returned to CWS)
[redacted]
Date Ariel [redacted] **Removed:** 02/08/19
Date of Next Court Hearing: 05/23/19 at 8:30 am

CHILDREN:

Where Children Are Living At This Time:

[redacted] Ariel [redacted] placed in February 2019. Previous to this placement and CWS involvement, [redacted] living with mother Melanie and maternal grandmother Barbara.

Other Siblings:

[redacted]

Family Connections:

[redacted] Family friend, Liz, was present at today's 'Ohana Conference and is a support to [redacted] mother Melanie.

Melanie's extended maternal family support includes uncle Derrick, aunts Alysa, Royclyn, and Harley, great grandmother Linda, grand aunt Lannette, cousins Alena, Amber and Ashley and her husband Shane. They all love [redacted] and want the best for them.

How Children Appear To Be Doing Physically And Emotionally At This Time:

[redacted]

Ariel (age 4) is friendly, loving, bright, and honest and can definitely be hard head sometimes, though she does respond well to direction if it is given with loving authority. She likes to share, cuddle, and loves animals. She is working on learning her colors, numbers, and her alphabet. She loves girly clothes and getting dressed up. She has a very healthy appetite and Lehua and Sonny are working with her to eat more fruits and vegetables to get her weight down. She is scheduled for an evaluation through the Department of Education (DOE) to see if she qualifies for preschool.

[redacted]

Services and Other Needs for Children:

MEDICAL/DENTAL

- [redacted]

EDUCATION

- [redacted]
- Ariel - Scheduled for an evaluation through the Department of Education to see if she qualifies for preschool

[redacted]

[redacted]

WOMEN INFANTS AND CHILDREN (WIC)

- Nutritional education and subsidy program
- Connected to benefits

HOPES AND DREAMS FOR CHILDREN:

- Have a good future and a good life
- Get an education
- Have dreams and be able to follow them
- Be happy together as a family
- Able to ask any questions when they have them
- Have a strong relationship with their mother
- Enjoy their childhood and not worry about adult stuff
- Keep learning alive and grow their confidence
- See growth
- Be happy and healthy
- Know they are loved and have a place in the family
- Maintain family connections with their extended family
- Maintain their culture
- Feel well cared for

FAMILY STRENGTHS:

- There is lots of love and support from extended family
- Maternal grandmother is a strong support [redacted]
- Mother Melanie is a good mother; [redacted]
- Melanie's family believes in her and her ability to maintain sobriety
- Everyone wants [redacted] to stay together and reunify with Melanie

FAMILY & CWS CONCERNS:

- Support for Melanie to begin treatment and maintain sobriety
- Status of father, Adam
- Potential placement
- Maintaining family connections and visits

DISCUSSION:

Legal Timelines: Foster Custody

The legal status of this case is Foster Custody with CWS and the Family Court. Under federal and state laws, if the parents are unable to provide the children with a safe family home within a reasonable period of time up to one year, even with a service plan, parental rights may be subject to termination.

If the children are not in a relative placement the family will need to provide CWS with the names and numbers of family members or friends who might be able to provide the children with foster placement. These placements need to meet CWS foster licensing requirements.

Case Direction

The current case status is Foster Custody and the CWS goal is reunification. Before reunification can be recommended, the current concerns need to be address and resolved. CWS will stay involved to offer services to parents and will monitor their progress in services as well as visits.

For Melanie, CWS will be specifically looking to see that she attends her substance abuse assessment with Hina Mauka on 03/22/19 and engages in any recommended treatment. Melanie and CWS shared they anticipate that she may be recommended to complete residential treatment. CWS will be looking to see that Melanie receives a clinical discharge from her program. In addition, they will be looking to see that she is able to maintain healthy relationships free from domestic violence and provide a safe and stable home for the children.

CWS reviewed the legal timelines and Melanie was encouraged to engage in services as soon as possible [redacted] CWS shared that Melanie's priority should be substance abuse treatment, but they have also referred her for other services that may be covered under the Hina Mauka program or that Melanie may need to complete once she is in an outpatient setting.

Status of Father, Adam

CWS has not been able to reach the father of the children, Adam Sellers. He will also be offered service and visitation in support of reunification. [redacted]

Potential Placement

[redacted] Maternal second cousin Ashley Neal [redacted] is completing the classes to become a licensed foster parent. CWS shared [redacted] but encouraged Ashley to continue with the licensing process. [redacted]. Lehua shared they are very supportive of family connections [redacted]

SERVICE PLAN FOR PARENTS:

For all services (1) actively participate; (2) successfully complete; (3) follow through on recommendations and services until clinically discharged; and (4) demonstrate skills learned.

Melanie Joseph, mother, is recommended to:

1. COMPLETE A SUBSTANCE ABUSE ASSESSMENT:
   a. Scheduled with Hina Mauka for 03/22/19 at 9:30 am
   b. Follow recommended treatment; Melanie shared she anticipates they will recommend residential treatment

2. SUBSTANCE ABUSE TREATMENT:
   a. Begin treatment recommended by the substance abuse assessment at Hina Mauka
   b. Engage in treatment until clinical discharge

3. RANDOM URINALYSIS (UAs)
   a. Participate in random UAs as scheduled by Hina Mauka
   b. Will begin after assessment and orientation on 03/22/19

4. AA/NA MEETINGS:
   a. Participate in AA/NA meetings as recommended by treatment

5. PARTICIPATE IN A PSYCHOLOGICAL EVALUATION
   a. Referral will be made by CWS to Family Programs Hawaii
   b. Psychological evaluation will make diagnosis (if applicable) and recommendations for services

6. COMPLETE A DOMESTIC VIOLENCE ASSESSMENT / PROGRAM
   a. CWS has submitted a referral to Catholic Charities
   b. Melanie has their phone number and will call them back today

7. PARTICIPATE WITH COMPREHENSIVE COUNSELING SUPPORT SERVICES (CCSS)
   a. CWS will submit a referral to CCSS for services to be started after or simultaneously with treatment:
      i. Parenting Class
      ii. Hands-on parenting
      iii. Outreach counseling

8. SIGN AND GIVE CONSENT to share information with all service providers identified at this 'Ohana Conference so that the service providers can discuss progress with social worker.

9. APPLY FOR / MAINTAIN MEDICAL INSURANCE
   a. Medical insurance may be paying for some of the services in your plan and/or for your children.

10. CALL CWS SOCIAL WORKER Maili Taele at 832-5450
    a. To let social worker know how services and/or visitations with the children are going
    b. Inform social worker of any changes in address, phone number, services, or visitation. *(If CWS social worker does not answer, leave a detailed message updating social worker.)*

Visitation:

Visitation was previously worked out between the resource caregivers, mother Melanie, and maternal grandmother Barbara, but CWS will now be taking over supervised visits. [redacted] It is important that Melanie and Barbara communicate directly with CWS about visits and not resource caregivers at this time.

CWS is waiting to hear back from their aide about scheduling. Melanie should expect a phone call from a CWS aide soon to schedule their weekly visit.

It is important that Melanie is on time and consistent with visits. She needs to call the CWS aide 24 hours in advance to confirm that she will be attending the visit each time.

Although CWS' priority is visitation between the children and Melanie, they shared that maternal grandmother Barbara can attend some of the visits. She will need to call social worker Maili to determine how often she will be able to attend each month.

Visitation Agreement:

Between Melanie [redacted]

1. Must be supervised
   a. Will be supervised by whom: CWS
2. When: CWS will be calling Melanie soon to determine a location
3. Where: CWS will be calling Melanie soon to determine a time
4. Transportation: CWS will transport

CWS SOCIAL WORKER RESPONSIBILITIES:

Social Worker: Maili Taele **Phone #:** 832-5450 **Supervisor #:** 832-5418 (Pam)
CWS Hotline #: 832-5300 (Oahu); 1-888-380-3088 (Neighbor Islands)

The role of the social worker includes making an assessment of any safety concerns for the children; developing a service plan with the parents; making referrals for services and assessing the effectiveness of all services; reporting to court; setting up visitation; and monitoring the family situation by home visits, office visits and/or telephone contacts.

CWS SOCIAL WORKER TASKS:

1. Follow up with psychological evaluation and CCSS referrals
2. Provide bus pass to Melanie

NEXT STEPS:

- Melanie will:
  - Attend Hina Mauka assessment on 03/22/19
  - Family friend Liz will take her to get her bus pass from the Waiakamilo CWS office
  - Call back Catholic Charities regarding domestic violence assessment
  - Keep in communication with CWS aide regarding scheduling visits
- Next Court Date: 05/23/19
- Next Ohana Conference:
  - EPIC will check-back in 05/2019 about a re-conference to discuss:
    - Updates on Melanie's progress in services
    - Updates on the children
    - Updates on case direction

`OHANA CONFERENCE LOCATION: Waimanalo Public Library

FAMILY/FRIEND PARTICIPANTS:

Melanie Joseph	Mother
Barbara Kumai	Maternal Grandmother
Liz Cornel	Family Friend/Support
Lannette Idao	Maternal Grand Aunt
Ashley Neal	Maternal Second Cousin
Lehua	Family Friend/ Resource Caregiver
Isaac 'Sonny'	Family Friend/Resource Caregiver

NON-FAMILY PARTICIPANTS:

Maili Taele	CWS Social Worker
Jessie Addison	Court Appointed Special Advocate (CASA) Social Worker
Allison Schuler	EPIC Facilitator
Beverly Nakamoto	EPIC Recorder

Case Name: Melanie Joseph

118225
3/12/19
3:00 pm
page ___

PURPOSE OF NEXT 'OHANA CONFERENCE *(to be filled in by EPIC facilitator)*

- ☒ Support Communication and Partnerships Between Family and CWS
- ☒ Review Well-Being of Child/ren
- ☒ Review Legal Timelines
- ☒ Review/Update Service Plan
- ☒ Update Visitation Plan
- ☒ Develop/Review Reunification Plan
- ☒ Discuss/Review Case Direction
- ☐ Identify Placement Options
- ☐ Discuss Guardianship/Adoption
- ☐ Mediation
- ☐ Case Closing
- ☐ Develop Support/Safety Plan
- ☒ Discuss Post Permanency Concerns
- ☒ Support Family Connections
- ☐ Other

SIGNATURES

By signing below:

- I acknowledge that I participated in today's `Ohana Conference discussion and have reviewed the posted easel notes
- I agree to maintain the confidentiality of today's `Ohana Conference

MOTHER'S SIGNATURE	FATHER'S/PARTNER'S SIGNATURE
left had to leave early	
CASE MANAGER'S/SOCIAL WORKER'S SIGNATURE	

The summary reflecting the content of this `Ohana Conference will be created by EPIC staff following this conference. `Ohana Conference participants reserve the right to contact EPIC to discuss any discrepancies or inaccuracies they feel are contained in the summary. Requests for additional summaries can be made through the main EPIC office.

			Present	
(1) Isaac 'Sonny' Kalua	Family Friend/ Resource Caregiver	41-610 Puha St. Waimanalo, HI 96795 email: lehuakalua@gmail.com	✓	APR - 8 2019 m
(2) Ashley Neal / Lannette Ichao	~~Pat~~ mat. Mat. 2nd Cousin / Mat. Grand Aunt	95-304 Kaaona Place Mililani, HI 96789 email: Ashleyneal2008@gmail.com	✓	APR - 8 2019 m
(3) Mauli Tuele /	CWS SW	on file mtuele@dhs.hawaii.gov	✓	APR - 8 2019 m
(4) Melanie Joseph /	Mother	please write address) mailing: 41-543 Humuniki Street LIVING: SHERWOODS melaniejoseph2016@gmail.com	✓	APR - 8 2019 m
(5) Barbara Kumaj	Maternal Grandmother	~~41-558 Meka St.~~ Waimanalo, HI	no email	APR - 8 2019 m
Lehua Kalua /	Family Friend/ Resource Caregiver	'same as Sonny'	✓	
(6) Jessie Addison /	CASA	On file Jessie.u.addison@courts.hawaii.gov	✓	APR - 8 2019 m
(7) Liz Cornel /	Family Friend	1655 Makaloa St #2017 no email	✓	APR - 8 2019 m
(8) Pamela Nakanelua	CWS Supervisor	on file	Pnakanelua@dhs.hawaii.gov ✓	APR - 8 2019 m

[CONFIDENTIAL]
DO NOT DUPLICATE
EPIC, Inc.

STATE OF HAWAII FAMILY COURT OF THE FIRST CIRCUIT	EXHIBIT LIST	CASE NUMBER FC-S No. 18-00280

IN THE INTEREST OF

[redacted]

ARIEL SELLERS, Born on [redacted] 2014;

[redacted]

Jacquelynn Levien, CASA
COURT APPOINTED SPECIAL ADVOCATES PROGRAM
4675 Kapolei Parkway
Kapolei, Hawaii 96707
(808) 954-8124

DATE OF HEARING(S)/PREPARING CLERK(S): May 23, 2019, 8:30 a.m. M. CASTILLO

JUDGE BODE A. UALE Presiding

EXHIBIT NO. IDENTIFY NO. CODE CASA's	OFFERED FOR IDENTIFICATION	RECEIVED IN EVIDENCE	WITHDRAWN	OVER OBJECTION	DESCRIPTION OF EXHIBIT	DATE R = RETURNED D = DESTROYED OTHER COMMENTS
2		X			Transmittal Memorandum with the Court Appointed Special Advocate's Second Report to the Court dated May 13, 2019.	

FOR OFFICE USE ONLY

LOCATION OF EXHIBITS

☐ Attached
☐ Shelf No. _____
☐ Code No. _____
☐ Other _____

FIRST CIRCUIT COURT
STATE OF HAWAII
FILED
2019 MAY 24 PM 3:45
J. GANAD
CLERK

DATE	RECEIVED	PAGE 1 OF 1 PAGES

16c

First Judicial Circuit — Juvenile Client Services Branch • Specialized Services Section
THE JUDICIARY • STATE OF HAWAI'I • Ronald T.Y. Moon Kapolei Courthouse • 4675 Kapolei Parkway
KAPOLEI, HAWAI'I 96707 • TELEPHONE (808) 954-8190 • FAX (808) 954-8187 • www.courts.state.hi.us

Lori Ann M. Okita
CHIEF COURT ADMINISTRATOR

Nathan D. Foo
SOCIAL SERVICES MANAGER

Cheryl R. Marlow
DEPUTY CHIEF COURT ADMINISTRATOR

Cheryl S. Higuchi
COURT ADMINISTRATOR

COURT APPOINTED SPECIAL ADVOCATES PROGRAM
TRANSMITTAL MEMORANDUM

TO: Dennis Castro, Court Officer
Michael Domingo, DAG
Maili Taele, DHS SW
Melanie Joseph, Mother
Korrine Oki, Mother's Attorney
Adam Sellers, Father
Jacquelynn Levien, CASA

FAMILY COURT
FIRST CIRCUIT COURT
STATE OF HAWAII
2019 MAY 16 PM 3:11

FROM: Jessie U. Addison
CASA Program Social Worker

DATE: May 13, 2019

RE: [redacted] **ARIEL SELLERS** [redacted]
FC-S No. 18-00280

ENCLOSED ARE THE FOLLOWING:

Court Appointed Special Advocate's Second Report to the Court.

TRANSMITTED TO YOU:

( )	FOR YOUR APPROVAL	( )	PER YOUR REQUEST
( )	FOR YOUR INFORMATION	(X)	FOR YOUR FILES
( )	FOR SIGNATURE AND RETURN	( )	FOR FILING
( )	FOR SIGNATURE AND FORWARD	( )	FOR CORRECTIONS
( )	FOR REVIEW AND COMMENT	( )	PER OUR CONVERSATION
( )	SEE REMARKS BELOW		

REMARKS:

FC-S No. 18-00280
CASA's ~~State's~~ Exhibit 2
In Evidence for Identification:
Rec'd 5/21/19, 20__
M Cachola
Clerk

Jacquelynn Levien, CASA
Court Appointed Special Advocates Program
4675 Kapolei Parkway
Kapolei, HI 96707
Telephone: (808) 954-8124

Court Appointed Special Advocate for Children

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAII

In the Interest of [redacted] ARIEL SELLERS, Bron on [redacted] 2014. [redacted]	FC-S No. 18-00280 COURT APPOINTED SPECIAL ADVOCATE'S SECOND REPORT TO THE COURT HEARING DATE: May 23, 2019 TIME: 8:30 a.m. PRESIDING JUDGE

COURT APPOINTED SPECIAL ADVOCATE'S SECOND REPORT TO THE COURT

DATE OF CASA APPOINTMENT: 11/7/18

TYPE OF CASE: Threat of abuse, threat of neglect

TYPE OF HEARING: Periodic Review

TOTAL NUMBER OF MONTHS IN FOSTER PLACEMENT:

As to [redacted] Ariel: 3.5 months (since 2/8/19)

[redacted]

NUMBER OF MONTHS IN CURRENT FOSTER PLACEMENT:

As to [redacted] Ariel: 3.5 months (since 2/8/19)

[redacted]

CASA'S RECOMMENDATION REGARDING LEGAL STATUS OF CASE:

Continue foster custody to the DHS.

RECOMMENDATIONS:

1. Continue foster custody to the DHS.
2. Continue placement with RCGs Lehua and Isaac Kalua.
3. Continue supervised visits with Mother.

SUMMARY OF CASA'S FINDINGS:

[redacted] Ariel, [redacted] doing very well in RCG's care. [redacted]

ASSESSMENTS:

CHILDREN:

[redacted]

[redacted]

[redacted]

Ariel Sellers, age 4:

HOME/PLACEMENT:

This writer visited Ariel at RCG's home on 2/11/19 and 3/29/2019. Ariel was distressed at having been recently placed with RCG during the 2/11/19 visit, but has adjusted very well and appeared happy, healthy, and more responsive to rules, structure, and routines during this writer's 3/29/19 visit. She continues to be a very friendly, talkative, and energetic girl. RCG reported that Ariel no longer screams, cries, nor has to be torn away from Maternal Grandmother when she visits. On 3/29/19 Ariel was the most well-behaved this writer has ever seen her; she [redacted] was responsive to everything RCG said or asked of her. She seems very well-adjusted to being at RCG's house and RCG reported that she has been eating healthier (fruits and veggies, whereas she used to eat a lot of sugary foods and cereal at Maternal Grandmother's house), appears to have lost some weight, is sleeping an appropriate amount, and is learning to share and play with kids her age (such as [redacted] RCG's 4-year old nephew who

lives in the house).

EDUCATION:

Ariel was scheduled to be assessed on 5/7/19 at Waimanalo Elementary to have placement for school. However, this appointment was cancelled because Ariel was sick. As of this writing the appointment has not yet been rescheduled. She will also be evaluated for special education services.

HEALTH:

Ariel has not had a physical exam since the one she received before she was placed with RCG on 2/8/19. RCG has reported that many members of their household, including Ariel, have been sick over the last 3 months.

MENTAL HEALTH NEEDS:

There are no service providers at this time.

VISITATION:

Ariel has been having scheduled visitation with Mother, which takes place at Waimanalo Library and is supervised by the DHS.

CHILD'S WISHES:

Ariel expressed to this writer that she is happy living at RCG's house.

[redacted]

[redacted]

PARENTS:

Melanie Joseph, mother:

Mother did not arrive at the scheduled time for the hearing on 2/26/19 at 8:30 a.m. She instead arrived at 11:20 a.m., after the hearing had concluded, and was referred to her attorney. Mother participated in the Ohana Conference on 3/12/19. At the Ohana Conference, Mother indicated she had a substance abuse assessment with Hina Mauka scheduled for 3/22/19. According to Hina Mauka's report, Mother showed up 3 hours late for her appointment, could

not be seen at that time by Hina Mauka staff, rescheduled her appointment for 3/29/19, and did not show up for that appointment.

Adam Sellers, alleged natural father:

There has been no contact with Mr. Sellers. To this writer's knowledge, the DHS has not served Mr. Sellers.

PARENTS' COMPLIANCE/NON-COMPLIANCE TO SERVICE PLANS/COURT'S ORDERS:

At the Ohana Conference on 3/12/19, Mother indicated she had a substance abuse assessment with Hina Mauka scheduled for 3/22/19. According to Hina Mauka's report, Mother showed up 3 hours late for her appointment, could not be seen at that time by Hina Mauka staff, rescheduled her appointment for 3/29/19, and did not show up for that appointment.

Mother was a no-show for a psychological evaluation on 2/19/19. Another appointment has been scheduled for 5/22/19.

It is this writer's understanding based on DHS's 5/7/19 report, that Mother has not made progress with respect to any portions of her service plan.

DEPARTMENT OF HUMAN SERVICES:

The DHS social worker has been sufficiently responsive.

DEPARTMENT OF HEALTH:

N/A

WOULD THIS CASE BENEFIT FROM FACILITATIVE/CONSULTATIVE SERVICES:

An Ohana Conference took place on 3/12/19.

CHILDREN'S PARTICIPATION IN COURT:

[redacted]

EDUCATIONAL STABILITY:

[redacted]

[redacted]

CASA FOLLOW UP PLANS:

This writer will continue to monitor the children's safety and wellbeing.

DATED: Kapolei, Hawaii, May 13, 2019.

By Jacquelynn Levien
CASA Guardian Ad Litem

Reviewed by Jessie U. Addison
CASA Program Social Worker

Reviewed by Amphay M. Champathong
CASA Program Manager

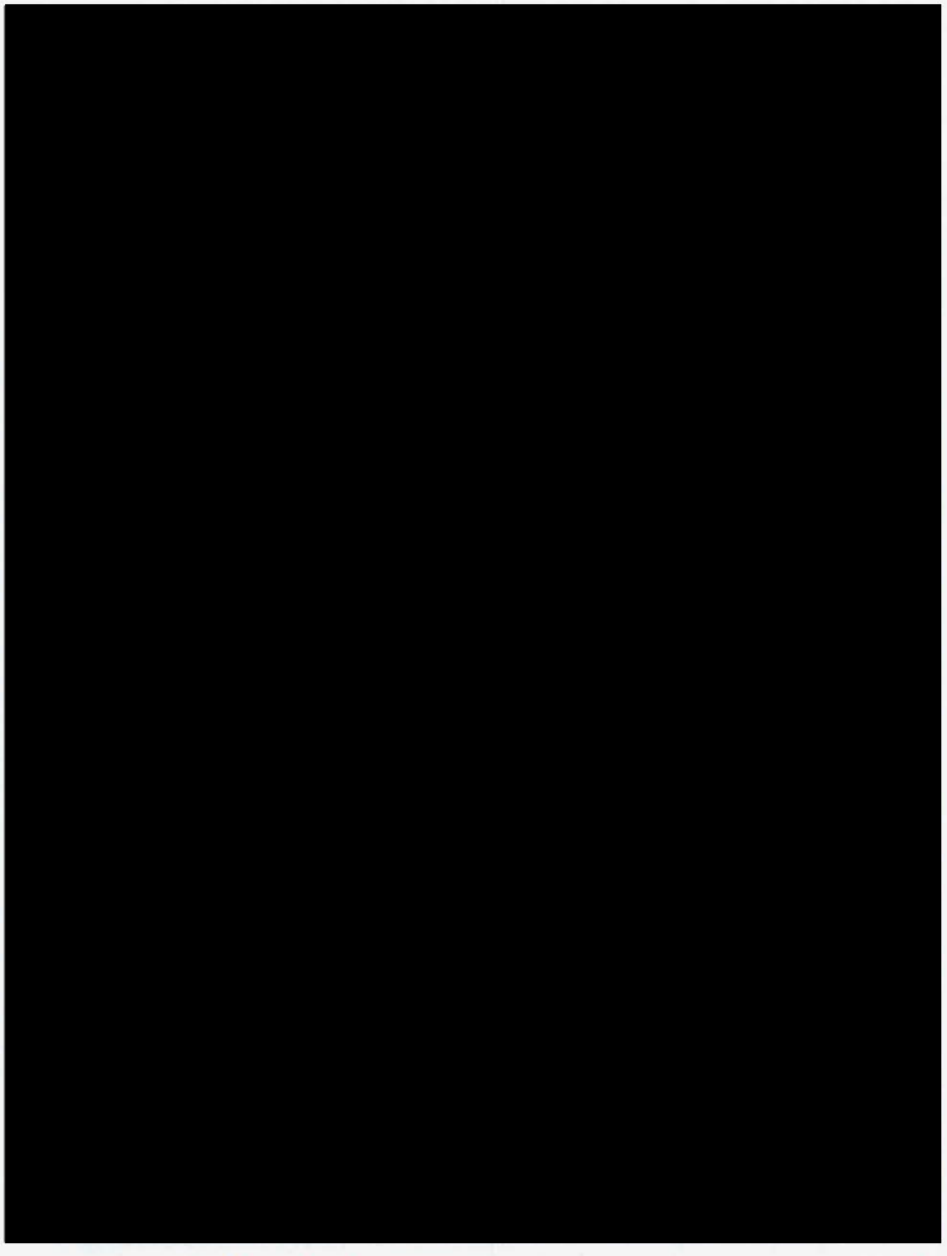
Contact Report

SELLERS / JOSEPH/FC-S 18-00280

3/1/2019 To 5/13/2019

Person's Interviewed	Title/Relationship	Date(s) of Contact	Method of Contact
Ariel Sellers	Child	3/29/2019	Home Visit
[redacted]			
Lehua and Isaac Kalua	Interested Party	3/29/2019	Field Visit
Lehua and Isaac Kalua	Interested Party	3/29/2019	Home Visit
Lehua and Isaac Kalua	Interested Party	4/25/2019	Telephone Contact
Lehua and Isaac Kalua	Interested Party	5/6/2019	Telephone Contact

Left to right: Ariel Sellers (4), [redacted]



[redacted] Ariel Sellers (4)

D.C 11/7/19 JW

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	**ORDER APPOINTING COUNSEL FOR** [X] **MOTHER** [ ] **FATHER** [ ] **OTHER:** _____	CASE NUMBER FC-S No. 18-00280

IN THE INTEREST OF

[redacted]
[redacted]
Ariel Sellers
Born on [redacted] 2014
[redacted]
[redacted]

ATTORNEY'S NAME, JD #, ADDRESS, & PHONE NO.:

Rebecca S. Lester #8208
888 Mililani St., Suite 300
Honolulu, Hawaii 96813
Ph: 523-9900

APPOINTED FOR (Name & relationship to minor(s)):

Melanie Joseph

Good cause appearing, IT IS ORDERED that, pursuant to HRS §§ 571-8.5(8) and 578A-17, private counsel, Rebecca Lester is appointed under the [X] professional services contract [ ] 60/90 contract to represent the person named above until the final disposition of the case unless the case unless sooner discharged by the court.

IT IS ALSO ORDERED that said counsel shall serve effective June 1, 2019,

[X] without bond [ ] without compensation

[ ] and receive reasonable fees and expenses. The court will assess the costs of this action. The costs may be payable in whole or in part by an individual or agency, or by the court as the circumstances may justify and in an amount to be determined by the court.

[ ] IT IS FURTHER ORDERED that any matters relating to the HRS Ch. 587A Petition filed in this case are consolidated with FC-_____ No. _____.

DATE	JUDGE'S SIGNATURE
JUN - 4 2019 Kapolei, Hawai'i	PRINT JUDGE'S NAME: Bode A. Uale

cc: Fiscal
Prof Svc Contract Prog Specialist/Juv Client Svcs Branch Special Svcs Section
Court Officer: Dennis Castro
Mother's Atty: Rebecca Lester
Father's Atty: _____
GAL: Jessie Addison
DAG: Michael Domingo
Others: _____

1ST CIRCUIT COURT
STATE OF HAWAII
FILED
2019 JUN -4 PM 1:51
J. SANTIAGO
CLERK

DC 11/7/19

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	**ORDER APPOINTING COUNSEL FOR** [X] **MOTHER** [ ] **FATHER** [ ] **OTHER:** _____	CASE NUMBER FC-S No. 18-00280

IN THE INTEREST OF	ATTORNEY'S NAME, JD #, ADDRESS, & PHONE NO.:
[redacted] [redacted] Ariel Sellers Born on [redacted] 2014 [redacted] [redacted]	Rebecca S. Lester #8208 888 Mililani St., Suite 300 Honolulu, Hawaii 96813 Ph: 523-9900
	APPOINTED FOR (Name & relationship to minor(s)): Melanie Joseph

Good cause appearing, IT IS ORDERED that, pursuant to HRS §§ 571-8.5(8) and 578A-17, private counsel, Rebecca Lester is appointed under the [X] professional services contract [ ] 60/90 contract to represent the person named above until the final disposition of the case unless the case unless sooner discharged by the court.

IT IS ALSO ORDERED that said counsel shall serve effective July 1, 2019,

[X] without bond [ ] without compensation

[ ] and receive reasonable fees and expenses. The court will assess the costs of this action. The costs may be payable in whole or in part by an individual or agency, or by the court as the circumstances may justify and in an amount to be determined by the court.

[ ] IT IS FURTHER ORDERED that any matters relating to the HRS Ch. 587A Petition filed in this case are consolidated with FC-_____ No. _____.

DATE	JUDGE'S SIGNATURE
JUL 30 2019 Kapolei, Hawai'i	PRINT JUDGE'S NAME: Bode A. Uale

cc: Fiscal
Prof Svc Contract Prog Specialist/Juv Client Svcs Branch Special Svcs Section
Court Officer: Dennis Castro
Mother's Atty: Rebecca Lester
Father's Atty: _____
GAL: Jessie Addison
DAG: Michael Domingo
Others: _____

FIRST CIRCUIT COURT
STATE OF HAWAII
FILED
2019 JUL 30 PM 2:34
M. N. TANAKA
CLERK

FAMILY COURT
FIRST CIRCUIT COURT
STATE OF HAWAII

2019 OCT 22 AM 11: 19

FILED K. Siobal
CLERK

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAII

In the Interest of [redacted] Ariel P. Sellers [redacted]/2014 [redacted]	FC-S No. 18-00280 NOTICE OF RESCHEDULED HEARING DATE Judge: Bode A. Uale Hearing Date: November 7, 2019 New Hearing Date: November 5, 2019 8:30 a.m.

NOTICE OF RESCHEDULED HEARING DATE

TO: Deputy Attorney General, Michael Domingo
via court jacket

CASA Program
via internal mail

Mother's attorney, Rebecca Lester
via court jacket

Dept. of Human Services
via Deputy Attorney General

The Periodic Review and Permanency Hearing and continue Return Hearing scheduled for November 7, 2019 at 8:30 a.m. has been rescheduled by the court. All parties are ordered to appear for a Periodic Review and Permanency Hearing and continued Return Hearing on

November 5, 2019 at 8:30 a.m.

DATED: Kapolei, Hawaii OCT 22 2019.

BODE A. UALE
JUDGE OF THE ABOVE-ENTITLED COURT

cc: Juvenile Calendar Clerks

CLARE E. CONNORS 7936
Attorney General

SIMEONA A. MARIANO 8093
Deputy Attorney General
Department of the Attorney
General, State of Hawaii
Kapolei Building
1001 Kamokila Blvd., Suite 211
Kapolei, Hawaii 96707
Telephone: 693-7081

Attorneys for Department of
Human Services

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAII

In the Interest of [redacted] ARIEL SELLERS, Born on [redacted] 2014; [redacted]	FC-S No. 18-00280 ORDERS CONCERNING CHILD PROTECTIVE ACT [ ] EXHIBIT "A" JUDGE: Bode A. Uale DATE: November 5, 2019 8:30 a.m.

ORDERS CONCERNING CHILD PROTECTIVE ACT

The following parties were present:

[ ] Melanie Joseph, mother;
[ ] Adam Sellers, father of [redacted] Ariel;
[ ] [redacted];
[ ] [redacted];
[X] Maili Taele, DHS social worker;

Also present were:

[X] Rebecca Lester, counsel for mother;
[ ] _____, counsel for father;
[ ] _____, _____;
[X] Isaac Kalua, resource caregiver;
[X] Jessie Addison, CASA program social worker;
[X] Jacquelynn Levien, CASA, guardian ad litem CASA;
[X] Simeona A. Mariano, deputy attorney general.

The following parties were not present at the hearing:

[X] Melanie Joseph who was defaulted at the hearing on February 26, 2019 and the default is continued;

[X] Adam Sellers (Father) who was/were not served, however, a reasonable effort has been made to locate him/her/them and it would not be in the best interests of the child(ren) to postpone the proceedings until service can be completed;

[redacted] who was/were not served, however, a reasonable effort has been made to locate him/her/them and it would not be in the best interests of the child(ren) to postpone the proceedings until service can be completed;

[ ] _____ who was/were excused;

[X] Melanie Joseph (Mother) for whom three calls were made with no response [ ] and were reserved;

[X] Adam Sellers (Father) for whom three calls were made with no response [X] and were reserved;

[redacted] for whom three calls were made with no response [X] and were reserved.

Based upon the record and/or the evidence presented, the Court finds that:

A Under the circumstances that are presented in this case, DHS has made reasonable efforts to finalize the concurrent permanency plan which in this case is [X] reunification [ ] adoption;

B Each party present at the hearing understands that unless the family is willing and able to provide the child(ren) with a safe family home, even with the assistance of a service plan, within a reasonable period of time stated in the service plan, their parental and custodial duties and rights shall be subject to termination;

_ Each term, condition, and consequence of the service plan dated October 31, 2019 [ ] as modified, has been explained to and is understood by each party present at the hearing;

C [redacted]

D [redacted] Ariel's date of entry into foster care was February 9, 2019;

E The Children's current placement is safe and appropriate;

F The projected date for [X] reunification [X] adoption [ ] legal guardianship [ ] permanent custody is April of 2020;

G The parties [ ] have made progress toward resolving the problems that necessitated placement [X] have not made progress toward resolving the problems that necessitated placement;

H The current resource family was given actual notice of this hearing [ ] by written notice [X] when they were present at the last court hearing;

I The child/ren in foster care was/were given actual notice of this hearing [ ] by written notice [X] when they were present at the last court hearing;

___ _____ was/were served with a summons and certified copy of the petition in open court;

___ The DHS has made reasonable efforts to complete or have the child(ren)'s parents complete:
[ ] the medical information form for father;
[ ] the medical information form for mother;
[ ] the medical records release form for father;
[ ] the medical records release form for mother; and
[ ] a signed release from mother to receive a copy of all of her medical records relating to the birth of the child(ren);

___ The Indian Child Welfare Act ("ICWA") does not apply to this case because no party to this case has indicated that the child/ren is/are an Indian child/ren and no information has been discovered that suggests that the child/ren is/are an Indian child/ren;

___ _____

___ _____

___ _____

___ _____

THEREFORE, IT IS HEREBY ORDERED THAT:

1 Foster custody is continued;

___ The service plan dated October 01, 2019 [ ] as modified, is ordered by the Court and attached as Exhibit "A" and made a part of this order;

2 All parties are ordered to appear at a [X] periodic review hearing [X] order to show cause hearing [X] continued return hearing as to Father, Adam Sellers, [redacted] on February 25, 2020 at 8:30 a.m., before the presiding judge;

3 The DHS report and plan are due on February 10, 2020 and the GAL report is due on February 18, 2020;

4 All prior consistent orders shall remain in full force and effect until further order of the Court;

___ Any psychological or psychiatric evaluations prepared in connection with this matter, shall only be distributed to the DHS social worker, the Deputy Attorney General, the Guardian Ad Litem, and counsel for the parents. The evaluation or copy of the evaluation shall not be provided to the parents or any other party without prior authorization from the Court;

___ The DHS social worker is authorized to release copies of the psychological and/or psychiatric evaluations to service providers on this case;

___ All parties are ordered to appear at a trial on _____ _____ at _____; pretrial statements, exhibit lists and witness lists are due by _____;

___ _____ is/are defaulted for failure to appear and notice of future hearings is waived;

___ The entry of default against _____ is set aside prospectively only, provided that, no prior orders are set aside;

___ _____ may be permitted reasonable supervised or unsupervised visitation with the child(ren) at the discretion of the DHS in consultation with the guardian ad litem ("GAL");

___ _____, counsel for _____, is discharged effective _____ because _____ _____, [ ] subject to recall;

___ _____, counsel for _____, is discharged effective _____ because _____ _____, [ ] subject to recall;

5 Mother's next visit may occur in the community as previously scheduled and arranged, and all other future visits shall be held at a DHS office

6 The DHS may set the hearing on Motion to Terminate Parental Rights, if said motion is timely filed.

DATED: Kapolei, Hawaii, NOV 05 2019.

JUDGE OF THE ABOVE-ENTITLED COURT

APPROVED AS TO FORM:

Jessie Addison (left before signing)

COURT CLERK: Merle