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STATE OF HAWAII

Electronically Filed
FIRST CIRCUIT
1CC191001419
19-DEC-2025
10:27 PM
Dkt. 554 EXH

IN THE CIRCUIT COURT OF THE FIRST CIRCUIT
STATE OF HAWAII

JOHN ROE NO. 121,

Plaintiff,

vs.

STATE OF HAWAII; JOHN A. TEIXEIRA;
JOHN DOES 1-10; DOE CORPORATIONS
1-10; DOE PARTNERSHIPS 1-10; DOE
NON-PROFIT ENTITIES 1-10; and DOE
GOVERNMENTAL ENTITIES 1-10,

Defendants.

CIVIL NO.: 1CC191001419
(Other Non-Motor Vehicle Tort)

JOINT TRIAL EXHIBIT 16

Judge: Honorable Kevin T. Morikone
Trial: April 22, 2024

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) which 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:

H [REDACTED] R [REDACTED],

Born on [REDACTED] Redacted

FC-S No: 88-0933

C [REDACTED] M [REDACTED],

Born on [REDACTED] Redacted

FC-S No: 88-0932

M [REDACTED] CHILDREN:

FC-S No: 95-04111

A [REDACTED],

Born on [REDACTED] Redacted

T [REDACTED], JR.,

Born on [REDACTED] Redacted

I [REDACTED] R [REDACTED],

Born on [REDACTED] Redacted

FC-S No: 95-04112

K [REDACTED] F [REDACTED],

Born on [REDACTED] Redacted

FC-S No: 95-04113

SAFE FAMILY HOME REPORT

October 30, 1996

THE DEPARTMENT BELIEVES THAT REASONABLE EFFORTS MUST BE MADE TO PRESERVE THE FAMILY UNIT, TO PREVENT UNNECESSARY PLACEMENT OF A CHILD, AND RETURN THE CHILD TO THE FAMILY BY PROVIDING APPROPRIATE, AVAILABLE SERVICES TO THE FAMILY MEMBERS IN A TIMELY MANNER

The following information concerns the current situation relevant to each of the 14 guideline criteria set forth in HRS 587-25. (Numbers in () indicate numbers as set forth in statute)

This report is intended to be reviewed in conjunction with each of the prior reports submitted in this case.

CONFIDENTIAL-SUBJECT TO PROTECTIVE ORDER

SOH 002283

I. CHILDREN: (1-3)

a. Current Situation: (1)

B [REDACTED] R [REDACTED], age 13 and 8 months, is currently living with his mother, B [REDACTED] M [REDACTED]. B [REDACTED] is failing all of his classes at Waianae Intermediate School. B [REDACTED] recently assaulted a fellow student. He allegedly hit a student in the face and was subsequently expelled from school for one week. The parents of the child did not want to file charges and no police report was made. B [REDACTED] has displayed other serious behavior problems in the past including glue sniffing, marijuana use and truancy. He has attended school sporadically this semester. B [REDACTED] attended only 6 days of school from September 3, 1996 to October 17, 1996. The Department of Education (DOE) has requested to become a party on this Department of Human Services (DHS) case. School outreach counselor, Lindsey Ho, has tried to motivate B [REDACTED] to improve his attendance, but has thus far been unsuccessful. Mr. Ho believes that if Ms. M [REDACTED] is given consequences for getting her son to school, B [REDACTED]'s attendance might improve.

A medical update was provided by Dr. Ronald Hino's office. Straub nurse, Lourdas Amasol, stated that B [REDACTED] has not been seen since May 1995 when he was seen for a DHS foster placement physical. B [REDACTED] was referred to psychiatrist Dr. Mark Bernstein at Ms. M [REDACTED]'s recommendation due to his behavior. B [REDACTED] and his mother did not show up for the appointment. In a recent conversation with Ms. M [REDACTED], she agreed to bring B [REDACTED] in to see Dr. Bernstein and also have B [REDACTED] get a physical. She is also aware that Mr. Ho will be attending the upcoming hearing.

T [REDACTED] M [REDACTED] Jr., age 6 and 11 months, was placed with a friend and former neighbor of Ms. M [REDACTED]. The foster mother, T [REDACTED] K [REDACTED], reported that T [REDACTED] has had his ups and downs behaviorwise. At home, T [REDACTED]' behavior is much better than it was initially, and he has taken on some responsibility in the form of small chores. Ms. K [REDACTED] was reportedly frustrated with the school system because she wanted T [REDACTED] referred for special education testing and it was put on hold.

The referral was made in January 1996, but then withdrawn. Makaha Elementary school counselor, Jill Arakaki, explained that the school felt that T [REDACTED] needed mental health services at that time and referred him to the Children's Team. The school now feels that the

special education testing should be completed. T [REDACTED] teacher, Wanda Oshiro, reported that T [REDACTED] has potential but he is not meeting it at this time. He takes a long time to complete tasks and gets distracted at times. T [REDACTED] had been attending the first grade at Waianae Elementary School, but he was not able to do grade level work in spite of his foster parent's attempts to help him with it at home.

Waianae Children's Team case manager, Gabby Pule, indicated that the case was recently closed because T [REDACTED] behavior had improved greatly. A treatment plan has been requested to explain the details of this decision, but it has not yet been received by DHS.

T [REDACTED] is currently under the Straub medical plan, but his foster parent has requested the another plan which will allow her to take T [REDACTED] to the Waianae Coast Comprehensive Health Center (WCCHC). He has been treated there in past. He had [REDACTED] this past summer. There were no complications reported. He is up-to-date with his shots. It was recommended by the Straub Clinic that he be tested for [REDACTED]. T [REDACTED] dental needs are being addressed.

The foster mother for C [REDACTED], A [REDACTED], I [REDACTED] and K [REDACTED], I [REDACTED] P [REDACTED], has recently begun assisting DHS with visits. The foster parent reported that the visits have been going well. There have been no concerns reported for the children regarding the children's health or academic needs at this time. Ms. P [REDACTED] has also requested that the children's medical be changed. DHS is looking into this. Medical services are provided by Dr. Hino at the Straub Pali Momi Clinic. All shots are up-to-date and there are no concerns about the children's health at this time. The children are treated for their dental needs at the Leeward Dental Clinic. The children had some overdue dental needs in the past and their needs are being met at this time.

A [REDACTED] age 8, is described by her foster mother as being a boisterous child. She is currently a third grader at Nanakuli Elementary. Grade reports will be distributed to all parties if available by the next hearing. Denise Sakaue is A [REDACTED]'s teacher. A [REDACTED] was almost held back in the second grade, but it was decided that it would be best to have her stay with her class and enter the third grade. She was in a reading program over this past summer. Counselor, Lynn Hasegawa, stated that A [REDACTED] had just completed an academic assessment (WRAT Test) to determine whether a referral for diagnostic testing would be appropriate. Ms.

Hasegawa will be making a referral for testing to determine if A [REDACTED] is in need of special education services. She is currently in the Title I reading program.

Straub nurse, Ms. Amasol, stated that A [REDACTED] had a physical in November 1995. She was also seen at the WCHC in the past. She also needs a [REDACTED] test. Her other shots are up-to-date. A [REDACTED] was seen at Pali Momi on August 15, 1996, for sunburn on her body and cold sores on mouth. She has recovered fully.

C [REDACTED], age 9, is also attending the second grade. He reportedly was held back in the first grade. Ms. Hasegawa will be seeing C [REDACTED] in a counseling group due to his inappropriate behaviors in class. He is described as "playful," but he chooses inappropriate times to behave this way. Grades will not be available until November 15, 1996.

Ms. P [REDACTED] reported that C [REDACTED] can be stubborn and has a bad temper at times. He may benefit from the recent referral to school counseling. The children attend the Boy's and Girl's Club after school.

I [REDACTED], age 5, attends kindergarten at Nanakuli Elementary school and Carol Miwa is his teacher. Grades were not available at the time of this writing.

K [REDACTED], who will be three in December, is described by his foster mother as a "good kid" who needs love and attention. He listens well and has been "talking up a storm". I [REDACTED] reportedly has a father who is successful. His whereabouts are unknown to DHS. K [REDACTED] has not had noticeable long-term effects from the hammer blow to his head that was inflicted by his mother.

K [REDACTED] is not yet toilet trained and the foster parents have not yet enrolled him into a preschool program. Headstart is being looked into at this time.

The visits between the children and Ms. M [REDACTED] are now going well. Ms. M [REDACTED] was free to visit T [REDACTED] at his foster home up until this summer when she failed to keep a regular schedule causing emotional harm to T [REDACTED]. She stopped seeing T [REDACTED] for several months. She has recently become more consistent with supervised visits. She brought the children gifts from her Las Vegas trip and they were temporarily happy. Mother has canceled visits in the past. T [REDACTED]' father, T [REDACTED] M [REDACTED], Sr., has not seen him for several months. Mr. [REDACTED] recently contacted this worker after several messages were left

for him and a letter was sent. His parole officer (PO) recently told him to call his DHS social worker and he did. Mr. M [REDACTED] continues to want visitation on Saturdays. This worker explained to him that DHS did not provide weekend visits. This worker referred Mr. M [REDACTED] to the Parents and Children Together Visitation Center (PACT). The program offers Saturday visits for clients that are on probation or parole and need supervised visits with their children. Mr. M [REDACTED]'s PO stated that Mr. M [REDACTED] does not work full-time and he could make an effort to see his children during the week. This worker acknowledged that Mr. M [REDACTED] has not made the effort and visitations could be given once a week at the Waianae Child Welfare office in Waipahu. Mr. M [REDACTED] stated that he only wants to work toward getting his two boys, C [REDACTED] and T [REDACTED], returned. He would like A [REDACTED] to be placed with his half-sister, D [REDACTED]. He agreed to have her call DHS.

b. Harm (2) :

The threat of harm exists based on the parents' history of violence and substance abuse. Ms. M [REDACTED] has been working on these issues and needs to continue to show progress if she intends on creating a safe home for her children. Out of all of the fathers involved with this case, only Mr. M [REDACTED] has shown any interest in cooperating with DHS. Mr. M [REDACTED] has a long way to go before he could even be considered as a safe home for his children.

c. Placement (3) :

DHS assumed placement responsibility on October 2, 1995 when E [REDACTED] was placed by DHS into a DHS Emergency Shelter Home (ESH). He ran from his placement on the following day and a runaway report was filed. He was not found until he ran back to his mother sometime prior to the last hearing. Juvenile Services Division (JSD) officer, Art Ledward, reported that E [REDACTED] is no longer on runaway status. The case was closed through an absentee booking. He was arrested in July 1996 and placed into his mother's custody. DHS chose to leave him in his mother's care since the risk of abuse was low due to his age and also since he refused to remain in any DHS placement. Foster Custody of E [REDACTED] was granted to DHS on October 11, 1995. DHS will request Family Supervision to be retroactive to June 1, 1996.

DHS assumed placement responsibility of K [REDACTED] on September 25, 1995, after a report was received that on September 23, 1995, mother allegedly hit K [REDACTED] on the

head with a hammer because the child was crying. K [REDACTED] was placed into an ESH on September 25, 1995, after his release from Kapiolani Medical Center. K [REDACTED] was placed in the DHS licensed home of H [REDACTED] and I [REDACTED] P [REDACTED] on November 21, 1995, through the present. Foster Custody of K [REDACTED] was granted to DHS on October 11, 1995.

DHS assumed placement responsibility of C [REDACTED], A [REDACTED], and I [REDACTED] on October 2, 1995, and they were placed into DHS Emergency Shelter homes. The children were then placed into the P [REDACTED] home on November 21, 1995, where they remain. Foster Custody of K [REDACTED] was granted to DHS on October 11, 1995.

DHS assumed placement responsibility of T [REDACTED] Jr. on October 2, 1995, into a DHS Special Licensed home of Ms. M [REDACTED]'s former neighbor, T [REDACTED] K [REDACTED].

II. FAMILY: (4-10, 13)

Mother: B [REDACTED] M [REDACTED]

a. Background: (4)

See Safe Family Home Guidelines dated November 8, 1995, for an extensive family history of mother. Ms. M [REDACTED] was involved with DHS from September 1987 to June 1991 due to the confirmed threatened neglect and threatened abuse of B [REDACTED] and C [REDACTED]. It is unknown whether Ms. M [REDACTED] has ever apologized for the harm she has caused her children. There has never been a non-perpetrator in the home that could be protective of these children.

Mother has a history of substance abuse. The father of K [REDACTED], W [REDACTED] F [REDACTED], stated in 1995 that Ms. M [REDACTED] smoked [REDACTED] on the average of two times per week. Ms. M [REDACTED] had a positive urinalysis test for [REDACTED] in August 1996. Ms. M [REDACTED] underwent a drug abuse assessment in January 1996 at the Salvation Army's Addiction Treatment Services. The assessment indicated that Ms. M [REDACTED] was in the dependence stage of addiction. It was recommended that Ms. M [REDACTED] attend AA/NA meetings at least three times per week and abstain from all drugs. Ms. M [REDACTED] claimed that she attended AA meetings, but she did not produce any proof of that to DHS.

A psychological evaluation was requested by DHS in September 1995, but it was never completed. Ms. M [REDACTED] has been involved in the past with psychiatric treatment and an evaluation will be requested if she remains in treatment.

Mother does have a history of being violent toward her children and her significant others. She is now involved in an anger management group.

There is no positive family network known to DHS that could be available to these children.

b. Current Situation: (5-10, 13)

B [REDACTED] continues to live with her sister, B [REDACTED], and B [REDACTED]'s two children. They live in W [REDACTED]'s home in Waianae. Mr. F [REDACTED], K [REDACTED]'s father, moved to Las Vegas, Nevada sometime over this past summer.

B [REDACTED] told this worker that she thought about moving to Las Vegas to join Mr. F [REDACTED], but she visited him instead and returned home this past summer.

Ms. M [REDACTED] stated that she began attending an anger management group again under Hyimeen Grilho's direction. Ms. Grilho is concerned that Ms. M [REDACTED] does not have the self-esteem to face her dependency issues. She may do better with the proper support system. She first began the anger management program in November 1995, but dropped out.

Ms. M [REDACTED] asked to be referred to the Waianae Parents Anonymous group and her progress report has been attached to this report.

Ms. M [REDACTED] was scheduled for weekly supervised visits with her children. She had missed one to two visits per month since November 1995, and then stopped completely in July 1996. During the visits, B [REDACTED] made a good effort with her children. The assistant who supervises her visits reported, however, that Ms. M [REDACTED] could not handle all the children at once and had difficulty coping with the stress when K [REDACTED] got upset.

Father: T [REDACTED] M [REDACTED]

a. Background: (4)

Mr. M [REDACTED] has an extensive criminal history. He was incarcerated at the time of the last hearing. He was arrested on December 10, 1987, for stabbing Ms. M [REDACTED] in the shoulder with a screwdriver. That was dismissed. At hearing. He was arrested on December 10, 1987, for stabbing Ms. M [REDACTED] in the shoulder with a screwdriver. That was dismissed. He was charged with Abuse of Family and Household Members on June 25, 1988, for punching Ms.

M [redacted] in the face, kicking her stomach and hitting her on the head with a beer bottle as well as dragging her down some stairs. He was then returned to prison for violating parole. He remained incarcerated until February 28, 1991. He was arrested again for evaluation on March 8, 1995, for the parole board. Carlan Robinson, Ph.D. evaluated Mr. M [redacted]. There was no evidence of depression or psychosis found. Mr. M [redacted] denied any drug use at that time, but acknowledged a history of drug abuse. He reportedly is living in his own apartment in Kaneohe. Since he is on parole, he is required to take drug screen urinalyses regularly. Thus far, the screens have been negative for drugs.

While on parole, Mr. M [redacted] would occasionally visit his children, C [redacted], A [redacted], and T [redacted] Jr., at Mr. F [redacted]'s home. He had also been scheduled for weekly supervised visits with his children through this Department. According to the assistant supervising these visits, Mr. M [redacted] visits have gone well. He talks to his children in an encouraging manner, and provides snacks and drinks for them. Mr. M [redacted] wanted to have visits provided by the Child and Family Services Visitation Center, but he did not keep in contact with DHS so a referral could be made. The previous DHS case manager felt that Mr. M [redacted] was not being fully forthright and that he would need to cooperate fully if he wanted services to be provided to him.

Mr. M [redacted] reportedly was living in the Palolo Valley for a short time with the mother of his son, S [redacted] M [redacted] (age 14).

b. Current Situation: (5-10, 13)

According to his new Parole Officer, Manny Obena, Mr. M [redacted] was released from prison on January 11, 1996. He is currently in compliance with his probation requirements. He is working as an on-call laborer. His last random urinalysis, taken on September 27, 1996, was found to be negative. Mr. Obena stated that Mr. M [redacted] has an alcohol abuse problem. Mr. Obena has warned his client that if he keeps abusing alcohol, he will be ordered to attend an outpatient treatment program. It was also recommended by Mr. Obena that Mr. M [redacted] attend AA meetings. If he does not comply on his own, he may be ordered to do so at a later date.

Father: W [redacted] F [redacted]

There has been no new information on Mr. F [REDACTED] who moved to Las Vegas, NV, in February 1996. He has had no contact with DHS during the last six months. He did not show up for his psychological evaluation with Russell Loo, Ph.D., as scheduled by this Department on November 17, 1995. He maintains contact with E [REDACTED] M [REDACTED] and she reportedly visited him for one week this past summer. Mr. F [REDACTED] spoke with his son, K [REDACTED], by telephone during a recent visit with his mother.

Father: D [REDACTED] R [REDACTED]

There has been no contact made with Mr. R [REDACTED]. Ms. M [REDACTED] reported that I [REDACTED]'s father, Mr. R [REDACTED], moved to the mainland. Other sources maintain that he currently lives in Waipahu and owns a business.

E [REDACTED] R [REDACTED]'s father is deceased.

III. SERVICES (11, 12)

a. Compliance to service plan (11)

Ms. M [REDACTED] did not show up for her psychological evaluation with Russell Loo, Ph.D., on November 24, 1996, as arranged by DHS. She stated that she has been seeing a Straub psychiatrist, Dr. John Guo, on a bi-monthly basis since her release from Queen's Hospital's Kekela Unit in September 1995. [REDACTED] were prescribed for her. The [REDACTED] is to help her deal with anxiety.

Ms. [REDACTED] began attending an anger management group in Waianae in August 1996 after dropping out for many months. She was terminated in May 1996 because she stopped attending classes. She was reportedly doing well up until that time. The program facilitator, Ms. Grilho, of Ha'aheo O' Wahine, reported that Ms. M [REDACTED] began attending the program in November 1995 and she almost completed the program before dropping out.

Ms. M [REDACTED] maintained that she attended bi-monthly sessions with psychiatrist, John Guo, but she, in fact, did not. Dr. Guo reported that Ms. M [REDACTED] was last seen in January 1996. She has missed several appointments since then. Dr. Guo reported that Ms. M [REDACTED] was diagnosed with [REDACTED] and rule out [REDACTED], meaning that more information is needed to fully diagnose the disorder. Dr. Guo agreed to continue working with Ms. M [REDACTED] if she was willing to work and not in denial about her issues. He stated that Ms. M [REDACTED] was pleasant during visits and she did not appear intoxicated. Dr. Guo believes that Ms. M [REDACTED] has issues to work out and she needs therapy. This worker also

spoke to referral specialist, Shirley Rickert, at Straub in order to ascertain the process for Ms. M [REDACTED] to get into a drug treatment program. Ms. M [REDACTED] was informed at least five times in the past and again less than one week ago that she would need to return to Dr. Guo or her regular primary doctor in order to get approval for drug treatment from one of Straub's contracted programs. Ms. M [REDACTED]'s last appointment was on May 31, 1996, but she did not show.

Ms. M [REDACTED] and Mr. F [REDACTED] were briefly involved with the Parents and Children Together (PACT) Home Builders program. Don Hull, the assigned therapist, closed his case because mother began avoiding him and she was occupied with her relationship and subsequent breakup with Mr. F [REDACTED]. Mr. Hull worked primarily with B [REDACTED], but also worked on some parenting issues with Ms. M [REDACTED]. A report was requested and it will be attached to this report if available.

She has also maintained some contact with her children through supervised visits, albeit sporadically. She underwent a drug abuse assessment at the Salvation Army, but has not followed through with any ongoing treatment. B [REDACTED] discontinued attendance at AA meetings one to two months ago.

She has not, to this worker's knowledge, moved in the direction of gainful employment or educational/vocational training. She claims to have remained drug and alcohol free, but has not been tested for substances for some time. She failed to attend a DHS psychological evaluation with Russell Loo, Ph.D., saying that she sees a different psychiatrist and did not need to see Dr. Loo. B [REDACTED] states she would like to attend a parenting class, such as the one offered by Parents Anonymous, but has not yet been referred for this service.

M [REDACTED] had no formal service plan requirements, other than to contact DHS should he have concerns regarding his children. He has been regular and consistent in his weekly visits with the children.

W [REDACTED] F [REDACTED] has not complied with conditions set forth in the service plan dated November 8, 1995. He has, instead, chosen to relocate to Las Vegas, NV. He maintains contact with Ms. M [REDACTED], but not with this Department.

b. Risk/safety issues (12)

The safety issues for these children are domestic violence, physical abuse toward the children, insufficient parenting skills and substance abuse.

Ms. M [REDACTED] has not fully cooperated with services designed to address these risk issues. She has not been consistent and has only recently begun to comply with services again. Mr. M [REDACTED] has not been fully assessed for these risk factors. The Department is continuing its attempts at engaging the parents in services and continuing to assess whether these parents are willing or able to establish and maintain safe, secure homes for their children.

IV. ASSESSMENT (14):

Since the last court hearing on May 21, 1996, B [REDACTED] M [REDACTED] has been inconsistent in her attempt at participation in services. She is only recently began being consistent in visiting her children after a several month period of being unavailable. Reports from the DHS support staff have been positive regarding Ms. M [REDACTED]'s parenting ability. She had a difficult time at first, but she now is able to mediate between the children when they fight and she generally demonstrates positive parenting skills.

Ms. M [REDACTED] will need to continue her participation in anger management as she failed to graduate the last time she was involved in the Ha'aheo O' Wahine program. She has been negligent in her participation in psychiatric services. She stated that she cannot get to town and wants to change to a psychiatrist at Straub's Pali Momi clinic in Aiea.

Ms. M [REDACTED] was encouraged to work closely with her newly assigned DHS case manager and thus far she has been compliant. She felt that this worker was too "firm" and that he did not understand her history. When this worker first met Ms. M [REDACTED] in September 1996, she wanted to give up her parental rights and she stated that drug treatment would not help her. She did have a relapse in August 1996. She has reportedly not used illegal drugs since that time and she now agrees to get into an outpatient drug program.

Ms. M [REDACTED] must demonstrate that she can maintain responsibility for her children. She can demonstrate that by caring for her oldest child, B [REDACTED], who is in her care. B [REDACTED] has failed his last two semesters of school and he allegedly has a substance abuse problem. Ms. M [REDACTED] is responsible for B [REDACTED] and she can begin to show her ability to parent by improving B [REDACTED]'s current situation.

In this worker's assessment, it does not appear that Ms. M [REDACTED] will be able to parent all six of her children in the foreseeable future. Steps need to be taken to pursue permanent custody of the younger children with appropriate relatives or non-relative sources if the former are not available. There is no doubt that Ms. M [REDACTED] loves all of her children and she is now making some progress. The problem is that Ms. M [REDACTED] is running out of time and her children cannot wait in limbo while she finds out if she can finally succeed. This worker hopes that Ms. M [REDACTED] can demonstrate the ability to have all of her children returned, but that prospect is unlikely given her history of drug abuse and violence.

Prior to the last hearing, Mr. M [REDACTED] expressed an interest in gaining custody of his children, with the exception of A [REDACTED]. He wanted his daughter to live with his half-sister, D [REDACTED] M [REDACTED]. He has not been in contact with this worker even after several messages were left and a letter was sent to him. It is unknown what his current wishes are with his children. This worker does not feel that Mr. M [REDACTED] would be a suitable resource for the care of the M [REDACTED] children as demonstrated by his past criminal history, alleged continued alcohol abuse and his lack of contact with his children.

V. RECOMMENDATION:

It is recommended that Foster Custody of C [REDACTED] M [REDACTED], A [REDACTED] M [REDACTED] and T [REDACTED] M [REDACTED] Jr., I [REDACTED] R [REDACTED] and K [REDACTED] F [REDACTED] and that Family Supervision of B [REDACTED] R [REDACTED] remain with the Department of Human Services and that Service Plan #3 be ordered.

Respectfully submitted,

Lawrence Dolan

Lawrence Dolan, MSW
DHS Social Worker

I have reviewed this document.

Ed Leong 11/14/12
Ed Leong, Supervisor Date
Representing the Department of Human Services

John Roe 121 v. State of Hawai'i, et al.

Civil No.: **1CC191001419**

Defendant's Exhibit: **JT16**

Marked for Identification: _____

Received into Evidence: _____

Clerk, First Circuit Court