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STATE OF HAWAI'I

**Electronically Filed**  
**FIRST CIRCUIT**  
**1CC191001419**  
**19-DEC-2025**  
**10:27 PM**  
**Dkt. 579 EXH**

IN THE CIRCUIT COURT OF THE FIRST CIRCUIT  
STATE OF HAWAI'I

JOHN ROE NO. 121,

Plaintiff,

vs.

STATE OF HAWAI'I; 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 41

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

State of Hawaii  
DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION

REFERRAL OF PROSPECTIVE FOSTER HOME FOR SPECIFIC CHILD

To: Licensing Unit

Date: 06/02/98

From: CWS Unit AU

Worker: Julie Toulouli

Phone: 832-5474

PROSPECTIVE FOSTER PARENT(S)

Check one:

☒ Special Licensed Home (SLH)

Specify how this family knows this child: [redacted] introduced [redacted] to [redacted]

☐ Special Licensed Relative (SLR)

Specify how this family is related to this child: \_\_\_\_\_

(Eg. man is brother of child's mother; maternal grandparents; woman is cousin of child's father)

Man (Last, First, Initial) [redacted]

Woman (Last, First, Initial) n/a

If the birth/legal parent of the foster child(ren) resides with the prospective foster parent, in whose name is the home rented or owned n/a

[Title IV-E requires that the home not be in the birth/legal parent's name.]

SPECIFIC CHILD

Name (Last, First, Initial) M [redacted] T [redacted] Jr.

DOB: [redacted]

Redacted

M/F: M

Case Name: M [redacted] T [redacted]

Reason for Placement: ☒ Physical Abuse ☐ Sex Abuse ☒ Neglect  
☒ Threatened Harm (eg. Drug Exposed Infant)

Characteristics and Special Needs to be considered in placement:

[redacted] is a very needy and emotionally disturbed little boy. He displays behavioral problems, such as aggression, swearing at adults, biting adults and is uncontrollable. He is on a waiting list at Kahi Mahalo's acute care unit, and is scheduled to undergo a psychiatric evaluation on 6/4/98.

The following forms must be attached in order for this referral to be processed: eval on 6/4/98.

☒ Signed and dated Foster Home Application (DHS 1583) and Supplement (DHS 1585)

☒ Requirements for Provisional Approval (DHS 1586)

The following were given to the foster parents on this date: 6/2/98

☒ Letter informing foster parents of licensing process

☒ Criminal History Record Clearance Consents (DHS 1623) and Instructions (DHS 1623A)

☒ Medical Reports (DHS 1536)

☒ Foster Board Reimbursement Sheet

DHS 1554 (3/97)

PROVISIONAL APPROVAL OF HOMES FOR SPECIFIC CHILDREN

Name of Foster Family: J. [redacted] T. [redacted]

Name of Foster Child: T. [redacted] M. [redacted] Jr.

- ♦ Prior to placing a child in a home (relative or non-relative) which is not currently licensed, make a homevisit and have a face-to-face interview with the prospective foster parents to assess the appropriateness of the family and to begin the approval process.
- ♦ The family must meet all 12 criteria with a "Y" (Yes), before the child can be placed.
- ♦ If any criteria is checked "N" (No), do not place the child in the home.
- ♦ If any exceptions are being made, justification must be provided to explain why this issue does not pose a risk to the child.

PART I. PLACEMENT WORKER COMPLETES:

1. [Y] There is no history of Child Abuse/Neglect or Institutional Abuse. (Ask Applicant and check CPSS NS01, NS02 and the unit that has information on institutional abuse reports. On Oahu, that is CI-3) Findings:  
none.
2. [N] There is no history of criminal history involving violence (eg., assaults, domestic violence, robbery, rape) or other offenses (eg. theft, forgery, burglary, prostitution) that could pose a risk to children or raise questions about the individual's character. (Ask applicant and do State clearance check). State offenses, if any:  
03/23/92 shoplifting. Guilty \$25. (felony)  
04/06/83 Theft 1. Guilty. 100 hours community service, 5
3. [Y] There are no reports or evidence of illegal activities in the home. Comments: yes. probat (felony). Mr. T. [redacted] has been a licensed foster parent.
4. [Y] There are no reports or evidence of substance abuse by any family member. Comments: for T. [redacted] with the Judiciary. Veronica Edwards expresses no conc about it.
5. [Y] Family members report that they do not have TB or any other communicable disease and about 11 are in good health. (This will be verified later with medical reports.) Notes/Comments: home. Ms. Edwards is a CN at Family Court.
6. [Y] The family has a source of income to meet their own needs. In addition, the family has adequate resources to provide for the foster child until foster payments are received. (Inform foster parents of retroactive board payments and mileage and clothing reimbursements) Comments:
7. [Y] The home is physically safe and has adequate space for the child.
8. [Y] The sleeping arrangement for the child does not pose a health or safety risk to the child. (Licensing rules: No child over 1 year of age shall sleep regularly in the same room with a married couple or an adult of the opposite sex. No child over 6 years shall sleep in the same room with children over 6 years old of the opposite sex unless an exception is approved by the department. Each child shall have an individual bed, except that two brothers or two sisters may share a double bed, preferably for a temporary



period.) Describe the sleeping arrangement:

Would share room with K [redacted] 13 y.o.  
(bunk beds); 2 foster children in each room.

9. [Y]

The prospective foster parents do not have a history of mental illness and are emotionally stable and appear to have positive family relationships. (eg.w/spouse, w/partner, w/children) Notes/Comments:

10. [Y]

The family has reliable child care arrangements for the children, if the foster parents both work, and/or when they go out.

(Licensing rules: Employed foster parents or caregivers caring for children under the age of three years should have one parent remaining in the home with the children unless approval is given for both to be employed out of the home at the same time. No more than two related children under the age of 2 years shall be cared for in the home unless there is additional help approved by the agency.) Describe Arrangement:

Mother would care for T [redacted]  
[redacted] T [redacted] licensed to be J [redacted]'s mother.

11. [Y]

The prospective foster parents agree not to use physical discipline and any other forms of discipline which endanger the child's physical or emotional well-being. Notes/Comments:

Never used physical discipline.

12. [Y]

The prospective foster parents understand the need to protect the child from his/her parents and are willing to cooperate with the department in implementing service plans. Notes/Comments:

Would take T [redacted] to therapy.  
Dr. Walker, psychologist

SOCIAL WORKER'S ASSESSMENT AND RECOMMENDATION ON WHY THIS HOME IS APPROPRIATE FOR THIS CHILD, INCLUDING JUSTIFICATION IF ANY ANSWERS ABOVE WERE "NO": (Use separate sheet if necessary)

Mr. T [redacted] is licensed by the Judiciary to care for children, and transferred to DHS in 1998. He has fostered very challenging children with success. [redacted] met Mr. T [redacted] and thoroughly enjoyed interacting with the farm animals. Mr. T [redacted] is aware of [redacted] behavior and will take T [redacted] to therapy. Mr. T [redacted] is best and last chance to obtain placement in a safe home at this time. The home of [redacted] is provisionally approved as a foster

Foster Parents' Full Name [redacted] M [redacted] Dr.  
boarding home/relative home for the placement of [redacted]

from the date of application 08/02/98 to 08/01/98 (no more than 60 days)  
mo/ day/ yr mo/ day/ yr

SOCIAL WORKER [redacted] Date 06/03/98

APPROVED BY SUPERVISOR: [redacted] Date 06/09/98

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

Civil No.: **1CC191001419**

Defendant's Exhibit: **JT41**

Marked for Identification: \_\_\_\_\_

Received into Evidence: \_\_\_\_\_

\_\_\_\_\_  
Clerk, First Circuit Court