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STATE OF HAWAII

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FIRST CIRCUIT
1CC191001419
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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 62

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

04/30/08

Date _____

Mr. J [REDACTED] T

46680

Redacted

CPSS# / PWS-5#

T M

Primary Recipient / Category	Amount	Source
...

Redacted

Primary Recipient / Category

- 17-835-23: Termination of Permanency Assistance: (1) The child has reached the age of majority - 18 yrs. and has graduated from high school.

After the fair hearing, you have the right to be represented by a lawyer, friend, relative, or any other person you wish. If you wish, the Department can give you information about a local Legal Aid Office or community agency which will provide advice or representation at no cost.

832-3454
Phone

Joint Trial Exhibit 62 - Page 1 of 3

Legal Guardian(s): J [REDACTED] T [REDACTED]

Child's Name: M [REDACTED] T [REDACTED]

DOB: [REDACTED]

FEB 22 2007

PERMANENCY ASSISTANCE REVIEW

PLEASE CHECK APPROPRIATE ANSWER BOXES AND EXPLAIN AS REQUESTED

1. Is the child still in your home and under your legal guardianship or permanent custody?

☒ Yes

☐ No (If No, explain circumstances surrounding departure and give date of departure)

2. Is the child receiving any direct benefits, e.g., VA, SSI, etc. that have not been previously reported to the Department or has there been any increase in reported benefits since last year?

☐ Yes (If Yes, list source, amount and effective date or increase in such benefits.)

☒ No

3. Is the amount of the monthly subsidy payment from the department satisfactory?

☒ Yes

☐ No, and discussion with the Department is requested.

4. Are medical and hospital insurance still available to cover child's health care needs?

☒ Yes

☐ No (If No, explain.)

DHS 1664

-2-

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SOH 002623

5. Do you now have medical or hospital insurance not previously reported that would cover child's health care needs?

☐ Yes (If Yes, give name of company, type of coverage, policy number and date child became eligible for coverage.)

☒ No

6. I/We are requesting permanency assistance be continued beyond the child's eighteenth birthday this year or beyond the his/her graduation from high school this year:

☐ No

☐ Yes, because the child will not graduate this year and is eligible to remain in high school until _____ (date) I/We are attaching a letter from the high school with projected graduation date.
or

☐ Yes, because the child will be attending an accredited institution of higher education on a full time basis and I/we are attaching verification of enrollment.
Name of School _____

We, (I), the undersigned, declare that the information contained on this document is true, correct, and complete to the best of our (my) knowledge and belief.

 _____
Legal Guardian

Date

Legal Guardian

Date

For Department Use:

Reviewed by


Caseworker


Date

-3-DSSH-1664 (11-2001)

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SOH 002624

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

Civil No.: **1CC191001419**

Defendant's Exhibit: **JT62**

Marked for Identification: _____

Received into Evidence: _____

Clerk, First Circuit Court