

**STATE OF HAWAII
REQUISITION & PURCHASE ORDER**

DEPARTMENT OF HUMAN SERVICES

FAMILY & ADULT SERVICES - HAWAII BRANCH
ORGANIZATION

Social Services
FUNCTION AND ACTIVITY

NOTICE TO VENDORS

Conditions of purchase are listed on the back side of this purchase order. Please read carefully. Payments may be delayed if all steps are not followed.

CHRISTOPHER E. BARTHEL, III, Ph.D.

P.O. Box 1811

Kamuela, Hawaii 96743

The State of Hawaii is an EQUAL EMPLOYMENT OPPORTUNITY and AFFIRMATIVE ACTION employer. We encourage the participation of women and minorities in all phases of employment.

TE J. **21219660**

Date **11/07/91**

Deliver Before _____

DELIVERY ADDRESS

BILLING ADDRESS

**Dept. of Human Services
Family & Adult Services Division
HI Child Welfare Services II (70)
P.O. Box 1562
Hilo, HI 96721-1562**

QUAN.	UNIT	DESCRIPTION	OBJECT	UNIT PRICE	AMOUNT
	1)	Psychological review/report on GMSH/Kama Children Cases: Jaylin Acol/CPSS #10780	7110	\$135.20	

REQUISITIONER

TELEPHONE

VOUCHER NUMBER

AUTHENTICATED BY:

[Signature]
Social Services Section Administrator

GOODS/SERVICES RECEIVED IN GOOD ORDER AND CONDITION BY _____ DATE _____

FOR DEPARTMENT USE ONLY

REQUISITION NO.

VENDOR

NUMBER

SFX

XXXXXXXXXXXX

XX

SFX	TC	F	YR	APP	D	OBJECT	CC	PROJ NO.	PH	ACT	ESTIMATED COST	ACTUAL COST	M	R	OPT DEPT DATA
01	621	0	92	101	K	7110	8512			300	135.20	135.20			CPSS #10780

Christopher E. Barthel, III, Ph. D.
P. O. Box 1811
Kamuela, Hawaii 96743
November 2, 1991


[Redacted]
Hawaii Branch Administrator
Attention: [Redacted] Social Worker
Family and Adult Services Division
P. O. Box 1562
Hilo, Hawaii 96721-1562

Re: [Redacted] & Kema Children
FC-S No. [Redacted] & 91-48

For report for review hearing on November 27, 1991, as follows:

Review and report-writing,
2 hours @ \$65/ hour.....\$130.00
4% tax..... 5.20
Total Balance Due.....\$135.20

THANK YOU


Christopher E. Barthel, III, Ph. D.
Psychologist, Licensed Hawaii

Family & Adult Svs. Div. - Hawaii Branch
P.O. No. 71219660
Date Goods Rec'd 11/5/91
Date Inv. Rec'd 11/5/91
Date Inv. Sent to SIS 11/2/91
P.O. Control Incompi _____
I certify the satisfactory receipt of goods and services.
[Redacted Signature]
Signature

MESSAGE

To



M

Johelyn Acal

of

Telephone #

Please return call

Will call again

Came in

Returned your call

Important

See me

Message

Called to

cancel meeting (2:00) today

Date

11/6

Time

11:05

Taken by



MEMORANDUM/ROUTE FORM

State of Hawaii
Department of Human Services

To: [Redacted]

From: [Redacted]

Date: 11-5-91 12:28 pm. Subject: [Redacted]

REMARKS:

- Approval
- Comments
- Discussion
- Information
- Action
- See me
- Signature
- Circulate
- Return
- File

Miss Acol asked if I could transport her [Redacted] to their apartment for tomorrow's scheduled 2:00 pm. visit I have w/ them - I told her no & that she/ Mr. Kema needed to make their own efforts. She'll be calling you on this -
Thanks -

CONSENT TO RELEASE INFORMATION

I/We consent to the Queen Lili'uokalani Children's Center, Lili'uokalani Trust,

providing information on OUR involvement in the NURTURING PROGRAM
Jaylin ACOO, PETER KEMA, PETER KEMA JR, (specify kinds of information)
regarding [REDACTED] including professional opinions
parent + (child's name)
to DEPT. of HUMAN SERVICES
(agency or individual)

X Peter J. Kema father Nov-1-1991
Signature Legal Relationship To Child Date
X [Signature] mother Nov. 1, 1991
Signature Legal Relationship To Child Date
282926 Kumuula St. N-14, Pepeekeo, HI 96783
Address

WITNESS [REDACTED] DATE 11/1/91

Effective Date: 10-31-91 [] one time only
[+] through NOVEMBER 8, 1991

THIS CONSENT MAY BE WITHDRAWN AT ANY TIME (EITHER VERBALLY OR IN WRITING)

INTERNAL

Suspense

COMMUNICATION FORM

DEPARTMENT OF HUMAN SERVICES

Subject: Courtesy Supervision Services [REDACTED] Kema Children
Case: Jaylin Acol/CPSS #10780

Originator: [REDACTED]

To: WHSSSA

From: A-EHSSSA
CWSII (70)

Date: 10/25/91

Memo No. 1

REQUEST:

Provide courtesy supervision services for [REDACTED] in placement: [REDACTED]
[REDACTED], and Peter Kema Jr. bd 5/1/91, [REDACTED] whom are intended for placement
with [REDACTED]

HISTORY:

[REDACTED] and [REDACTED] were placed in the care [REDACTED] in May of 1991
due to allegations of physical abuse by Mr. Peter Kema, mother's boyfriend and father of Peter
Kema Jr.

[REDACTED] were returned to the care of their mother, Jaylin Acol, and boyfriend Peter Kema in
June of 1991, under courtesy supervision with CPS in Hilo. On August 11, 1991, Peter Kema Jr.
was admitted to Hilo Hospital and subsequently revealed significant skeletal damage due to child
abuse. [REDACTED] and [REDACTED] were placed in foster care on August 12, 1991, and Peter Jr. was
placed in foster care immediately upon his release from the hospital on August 16, 1991.

Services to the family have been continuous since May 8, 1991. Possibility of visits with [REDACTED]
[REDACTED] have been virtually unlimited, except for the need of supervision, as the foster parents
willingly arranged visits in their home. The parents rarely visited, and frequently did not appear
after visits were arranged. They have not participated to any satisfactory degree with the Service
Plan dated September 7, 1991, or any prior service plans or referrals.

It is the current assessment of both the DHS social worker, and the Guardian ad Litem, Edith K.
Radl that the children should have the benefit of their parents' contact, or [REDACTED]

[REDACTED] Leaving the situation static deprives them of both. Therefore, placement with [REDACTED]
[REDACTED] is requested as soon as is practical.

[REDACTED] qualify for Title IVE funding, therefore [REDACTED] can be paid regular foster
board, if they are licensed as foster parents for [REDACTED]. Such a request was made by phone
from Hilo to Kona on October 25, 1991. Should Kona CWS find it advisable to provisionally
license [REDACTED] until formal licensure is available, Hilo CWS would concur.

Subject: Courtesy Supervision Services- [REDACTED] /Kema Children
Case: Jaylin Acol/CPSS #10780

Originator: [REDACTED]

To: WHSSSA

From: A-EHSSSA
CWSII (70)

Date: 10/25/91

Memo No. 1

The actual physical transfer of [REDACTED] from Hilo to Kona will be arranged among the current foster parents [REDACTED] and Hilo social worker as soon as Kona CWS advises Hilo to proceed.

Clear guidelines for visits by the parents and forms for logging contacts with parents will be provided by Hilo. A dummy file is included with all pertinent reports and service plans.

[REDACTED]

Supervisor
Child Welfare Services II

Approved by:

[REDACTED]

Acting East Hawaii Social Services
Section Administrator

[REDACTED]

Enclosure



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

Family and Adult Services Division
P.O. Box 1562
Hilo, Hawaii 96721-1562
Telephone: 933-4251

September 30, 1991

When replying, please address
to Hawaii Branch Administrator

Mr. Lance Niimi, Director
Queen Liliuokalani Children's Center
919 Ululani Street
Hilo, Hawaii 96720

RE: [REDACTED] & Kema Children
FC-S No. [REDACTED] & 91-48

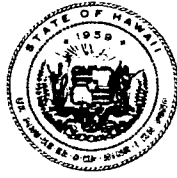
Dear Dr. Niimi:

The attached documents, Service Plan and Agreement (SPA) and Family Court Order, are provided to you to assure the family has a reasonable opportunity to participate in and benefit from the services ordered by the Court. The Service Plan is intended to provide the family with a "guide" toward providing a safe home for the children, and as a means of delineating and coordinating services to the family.

The Family Court Order requires that you, as a provider of services to the family, make periodic reports to the Department of Human Services in order that adequacy and utilization of all services can be assessed, and in order that the Court be kept fully informed of progress or problems with the family.

As you know, these documents are confidential. They should be available to, and discussed with, only those staff members who need to know specifically what has been ordered. They can, of course, be discussed with your client and the attorneys of the parties to the Family Court action named in the Family Court Order.

Your time and cooperation in assisting this family are appreciated. The Family Court review hearing for this family is scheduled for November 27, 1991, at 9:00 a.m. The Department of Human Services (DHS) is required to provide the Court and all parties with a written report no later than 15 days prior to this hearing. In order to address your report, and incorporate concerns expressed, the DHS needs to receive your report no later than 5 days prior to our report deadline, or November 7, 1991.



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

Family and Adult Services Division
P.O. Box 1562
Hilo, Hawaii 96721-1562
Telephone: 933-4251

September 30, 1991

When replying, please address
to Hawaii Branch Administrator

Dr. Christopher Barthel, Ph.D.
56 Waianuenu Avenue
Hilo, Hawaii 96720

RE: [REDACTED] & Kema Children
FC-S No. [REDACTED] & 91-48

Dear Dr. Barthel:

The attached documents, Service Plan and Agreement (SPA) and Family Court Order, are provided to you to assure the family has a reasonable opportunity to participate in and benefit from the services ordered by the Court. The Service Plan is intended to provide the family with a "guide" toward providing a safe home for the children, and as a means of delineating and coordinating services to the family.

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DEPT. OF HUMAN SERVICES
Family & Adult Services Division



Receivables Management
Services
TRW Information
Systems Group

100 Pauahi Street
Suite 214
Hilo, HI 96720
808.961.3089

SEP 24 1991

EH Social Services Section
Hilo, Hawaii

Hilo, Hawaii
September 23, 1991

TO: STATE OF HAWAII
Department of Human Services
Family and Adult Services Division
P. O. Box 1562
Hilo, Hawaii 96721

The following is a list of accounts assigned to this office against
JAYLIN ACOL.

CLINICAL LAB OF HAWAII:

Acct #31-00766192	\$122.26 + \$2.00 Int	Total due \$135.36
61-00738988	105.87 + 1.59 Int	Total due \$107.46
61-00739008	66.30 + .99 Int	Total due \$ 67.29
61-0079263	32.15 + .48 Int	\$10. paid 1/25/90, Balance due \$22.63
61-00798523	36.40 + 1.93 Int	Total due \$38.33
31-00796039	34.94 + 1.78 Int	\$20 paid 7/12/90 \$10 paid 2/12/91 Balance due \$6.72

Enclosed are copies of our client's itemized charges.

TRW RECEIVABLES MANAGEMENT SERVICES

R. Miyahira
R. Miyahira

91 SEP 25 48:07

DHS-PW-HILO



HAWAII ISLAND YWCA
 DEPT. OF HUMAN SERVICES
 Family & Adult Services Division
FAMILY SUPPORT SERVICE
 c/o HILO HOSPITAL
 1190 WAIANUENUE AVENUE
 HILO, HAWAII 96720
 (808) 961-3877
 EH Social Services Section
 Hilo, Hawaii

SEP 25 1991
iw

September 17, 1991

Family and Adult Services Division
 P. O. Box 1562
 Hilo, HI 96721-4301

Attention: [REDACTED]
 Re: Jaylin Acol and Peter Kema

Dear [REDACTED]

This letter is to inform you that the above named client has been closed from our Family Support Services MIST program as of August 30, 1991. This was due to your recommendation and clients' request.

Please feel free to call me at 961-3877 if you have any concerns. Thank you very much for your time and receptiveness to our MIST team.

Sincerely,

Yvonne Tavares

Yvonne "Cooky" Tavares
 Hilo MIST Outreach Worker

Horace Black

Horace Black
 MIST Manager

YT:HB/kle



A United Way Agency

MEMORANDUM/ROUTE FORM

State of Hawaii
Department of Human Services

To

From

Date:

9/19/91

12:25pm

Subject:

ACOL, JAYLIN

REMARKS:

- Approval
- Comments
- Discussion
- Information
- Action
- See me
- Signature
- Circulate
- Return
- File

Dig this -
 I gotta' call from Asst. Manager
 named "Stan" from Rent-A-Center
 that good ol' Miss Acol used
 me as a reference to rent a VCR
 of course, I exploded. Haven't
 talked to Miss Acol yet.
 Can you dismiss me from the
 case? Apparently I not doing
 family justice... Thanks

HAWAII ELECTRIC LIGHT CO., INC.

LEDGER RECORD

TRAN
PAGE 01

02 325 763 12
ACOL*JAYLIN M

PEPEEKEO BLDG

Q26

TRAN	BILL	TRAN	DEBIT	CREDIT	BILL	ACCOUNT
DATE	DATE	CODE	ADJSMT	ADJSMT	AMOUNT	BALANCE
03/12/91		3453	10.00			10.00
03/14/91	03/14	OPEN			100.00	110.00
04/04/91		CASH		100.00-		10.00
04/04/91	04/03	BILL			58.09	68.09
05/03/91	05/02	BILL			78.40	146.49
05/03/91		LPAY	.68			147.17
05/06/91		CASH		40.00-		107.17
06/04/91	06/03	BILL			65.74	172.91
06/04/91		LPAY	1.07			173.98
07/05/91	07/03	BILL			73.61	247.59
07/05/91		LPAY	1.74			249.33
07/24/91		CASH		108.24-		141.09
08/02/91	08/01	BILL			64.73	205.82
08/02/91		LPAY	1.41			207.23
08/06/91		CASH		100.00-		107.23

... MORE ...

PF18: VIEW ALL TRANSACTIONS.

PF19: SCROLL BACKWARD.

PF20: SCROLL FORWARD.

91 SEP 19 M1:02

DHS-PW-HILO

TRANSACTION HISTORY DETAIL

02 325 763 12
ACOL*JAYLIN M

PEPEEKEO BLDG

Q26

DATE: 03/12/91 TIME: 14:54:23 SCRN: STRT ADD OPR: HC3 AS: 73 AA: 00 DA: 00
 STR1 03/14/91 ACOL*JAYLIN M GENERAL DELIVERY 96783 AAA 2 0100 01
 STR2 1 1 0 PEPEEKEO HI
 3453 03/12 03 10.00
 FM01 03/12 A12 576803649 000000000
 CMMT UNEMPLOYED
 CMMT ACOL*JAYLIN M/SS PHONE

DATE: 03/14/91 TIME: 15:00:14 SCRN: MISC ADD OPR: HC3 AS: 30 AA: 00 DA: 00
 FW84 03/14/91 77513
 CMMT HM/SS

DATE: 03/14/91 TIME: 16:25:15 SCRN: BTCH ADD OPR: IBM AS: 30 AA: 00 DA: 00
 OPEN 03/14 100.00

DATE: 03/18/91 TIME: 10:50:53 SCRN: BREG ADD OPR: HB3 AS: 30 AA: 00 DA: 00
 FM01 03/18 A01 282926 KUMULA ST GENERAL DELIVERY
 FM01 03/18 A02 APT Q 26

... MORE ...

PF18: VIEW LEDGER RECORDS. PF19: SCROLL BACKWARD. PF20: SCROLL FORWARD.

HAWAII ELECTRIC LIGHT CO., L

TRANSACTION HISTORY DETAIL

TRAN
PAGE 02

02 325 763 12
ACOL*JAYLIN M

PEPEEKEO BLDG

Q26

DATE: 03/18/91 TIME: 10:50:53 SCRN: BREG ADD OPR: HB3 AS: AA: DA:
CMMT SELF/RN
CMMT APPLIED FOR DEPOSIT THRU DSSH

DATE: 04/04/91 TIME: 18:11:19 SCRN: BTCH ADD OPR: IBM AS: 30 AA: 00 DA: 00
CASH 04/04 04 9375 38649 100.00-
BILL 04/03 58.09

DATE: 05/03/91 TIME: 16:50:12 SCRN: BTCH ADD OPR: IBM AS: 30 AA: 00 DA: 14
BILL 05/02 04/04/91 78.40
LPAY 05/03 05 04/04/91 .68

DATE: 05/06/91 TIME: 16:37:08 SCRN: BTCH ADD OPR: IBM AS: 30 AA: 00 DA: 14
CASH 05/06 05 9375 38482 40.00-

DATE: 05/15/91 TIME: 12:26:40 SCRN: COLL ADD OPR: HB3 AS: 30 AA: 00 DA: 15
FM01 05/15 T09 052291 000000
CMMT RN

02 325 763 12
... MORE ...

PF18: VIEW LEDGER RECORDS. PF19: SCROLL BACKWARD. PF20: SCROLL FORWARD.

HAWAII ELECTRIC LIGHT CO. 1

TRANSACTION HISTORY DETAIL

TRAN
PAGE 03

02 325 763 12
ACOL*JAYLIN M

PEPEEKEO BLDG

Q26

DATE: 06/04/91 TIME: 17:01:17 SCRN: BTCH ADD OPR: IBM AS: 30 AA: 00 DA: 14
BILL 06/03 05/03/91 65.74
LPAY 06/04 06 05/03/91 1.07

DATE: 06/26/91 TIME: 13:16:54 SCRN: BREG ADD OPR: HB3 AS: 30 AA: 82 DA: 15
FM01 06/26 E10 Z
CMMT RN
CMMT APPLIED ECI \$108.24

DATE: 07/05/91 TIME: 17:16:59 SCRN: BTCH ADD OPR: IBM AS: 30 AA: 00 DA: 14
BILL 07/03 06/04/91 73.61
LPAY 07/05 07 06/04/91 1.74

DATE: 07/22/91 TIME: 15:18:43 SCRN: BREG ADD OPR: HC4 AS: 30 AA: 82 DA: 15
FM01 07/22 E10 Z
CMMT SM
CMMT ECI \$108.24

... MORE ...

PF18: VIEW LEDGER RECORDS.

PF19: SCROLL BACKWARD.

PF20: SCROLL FORWARD.

HAWAII ELECTRIC LIGHT CO., INC.

TRANSACTION HISTORY DETAIL

02 325 763 12
ACOL*JAYLIN M

PEPEEKEO BLDG

Q26

TRAN
PAGE 04

DATE: 07/24/91 TIME: 16:33:03 SCRN: BTCH ADD OPR: IBM AS: 30 AA: 82 DA: 15
CASH 07/24 07 9355 36781 108.24-

DATE: 07/31/91 TIME: 08:10:20 SCRN: COLL ADD OPR: HB2 AS: 30 AA: 00 DA: 00
FW82 07/31/91 080291
CMMT LA 02 325 763 12
CMMT PARTY WILL CLEAR BILL ON 8-2-91

DATE: 08/02/91 TIME: 14:34:18 SCRN: COLL ADD OPR: HC6 AS: AA: DA:
CMMT PYMT .00 100.00 100.00 100.00 .00 41.09 HC6 002

DATE: 08/02/91 TIME: 16:32:28 SCRN: BTCH ADD OPR: IBM AS: 30 AA: 00 DA: 00
BILL 08/01 07/05/91 64.73
LPAY 08/02 08 07/05/91 1.41

DATE: 08/06/91 TIME: 16:33:27 SCRN: BTCH ADD OPR: IBM AS: 30 AA: 00 DA: 00
CASH 08/06 08 9368 36327 100.00-

... MORE ...

PF18: VIEW LEDGER RECORDS.

PF19: SCROLL BACKWARD.

PF20: SCROLL FORWARD.

TRANSACTION HISTORY DETAIL

TRAN
PAGE 05

02 325 763 12
ACOL*JAYLIN M

PEPEEKEO BLDG

Q26

DATE: 09/04/91 TIME: 16:33:23 SCR: BTCH ADD OPR: IBM AS: 30 AA: 00 DA: 14
BILL 09/03 08/02/91 67.60
LPAY 09/04 09 08/02/91 1.07

DATE: 09/09/91 TIME: 08:40:32 SCR: COLL ADD OPR: HC4 AS: 30 AA: 00 DA: 14
FM01 09/09 C14 9645623 0000000
FM01 09/09 C16 9350005 0000000
FM01 09/09 T09 091991 0000000
CMMT SELF/RN PERSN 02 325 763 12
CMMT PYMT .00 40.00 40.00 40.00 .00 135.90 HC4 001
CMMT PD \$40 TODAY. 9-19 TO PAY \$135.90

DATE: 09/10/91 TIME: 16:32:02 SCR: BTCH ADD OPR: IBM AS: 30 AA: 00 DA: 14
CASH 09/10 09 9365 39336 40.00-

PF18: VIEW LEDGER RECORDS. PF19: SCROLL BACKWARD. PF20: SCROLL FORWARD. LAST PAGE

CONFIDENTIAL

Circuit Court of the Third Circuit
State of Hawaii

**BENCH WARRANT
AFTER INDICTMENT**

CASE NUMBER
CR. NO. 91-121K

STATE OF HAWAII VS (DEFENDANT)

PETER J. KEMA

POLICE REPORT NUMBER
D-47189/KN

STATE OF HAWAII TO: ANY LAW ENFORCEMENT OFFICER AUTHORIZED BY
LAW TO EXECUTE WARRANTS OF ARREST IN THE STATE OF HAWAII

The Grand Jury of this court has duly PRESENTED AND FILED AN INDICTMENT against the above named defendant charging said defendant with committing the offense indicated.

YOU ARE COMMANDED to arrest and bring the defendant before this court FORTHWITH

NOTE: This warrant shall not be executed between the hours of 10:00 p.m. and 7:00 a.m. on premises not open to the public, unless authorized in writing by a Judge of this court.

CHARGE IN INDICTMENT
I-BURGLARY IN THE SECOND DEGREE, in violation of Section 708-811, HRS, as amended
II-THEFT IN THE SECOND DEGREE, in violation of Sections 708-831(1)(b) and 708-830(1), HRS, as amended

SPECIAL INSTRUCTIONS

BAIL SET AT \$ 2,000.00
\$1,000 each count
 DEFENDANT MAY BE RELEASED ON OWN RECOGNIZANCE AFTER ARREST.

POLICE DEPARTMENT:
Defendant shall be given Court date within 5 days of release on bail. Court is available for A & P at either 8:00 a.m. or 1:00 p.m., Monday through Friday. Inform Prosecutor's Office of date given to Defendant.

DEFENDANT: If you are released from custody by this Court Order, with or without bail, it is upon condition that you will subsequently appear in Court for all proceedings in connection with the charge(s) in this case. FAILURE TO APPEAR MAY SUBJECT YOU TO PROSECUTION FOR BAIL JUMPING which can be a felony with a five-year term of incarceration.

I hereby certify that this is a full, true and correct copy of the original on file in this office.

S. Mook Chew
Clerk, Third Circuit Court, State of Hawaii

HHS-PW 1111
OCT -1 P 2:02

DEFENDANT TO APPEAR BEFORE:

JUDGE RONALD IBARRA COURTROOM THIRD CIRCUIT - KONA

LOCATION Keakealani Building (Old Kona Hospital), Kealahou, Kona, HI

DATE ISSUED
AUG 15 1991

JUDGE
Ronald Ibarra (seal)

OFFICER'S RETURN

DEFENDANT WAS ARRESTED AS INDICATED

DATE OF ARREST TIME PLACE

DATE ARRESTING OFFICER

ISSUED
91 AUG 19 AM 8:27
THIRD CIRCUIT COURT
STATE OF HAWAII
CLERK

JON R. ONO 1101
Prosecuting Attorney
County of Hawaii
34 Rainbow Drive
Hilo, Hawaii 96720
Tel. No. 961-0466

THIRD CIRCUIT COURT
STATE OF HAWAII
FILED

91 JUL 18 AM 8:51

LINDALANI K. MOOK CHEW
CLERK

Attorney for State of Hawaii

IN THE CIRCUIT COURT OF THE THIRD CIRCUIT

STATE OF HAWAII

STATE OF HAWAII)

CR. NO. 91-121K

vs.)

INDICTMENT

PETER J. KEMA,)

(Kona)

Defendant.)
_____)

INDICTMENT

The Grand Jury charges:

COUNT I (D-47189/KN)

During the month of August 1990, the exact date being unknown, in the County and State of Hawaii, PETER J. KEMA did intentionally enter and remain unlawfully in a building in Kaloko subdivision belonging to JOHN BURCHARD, with the intent to commit therein theft, a crime against property rights, thereby committing the offense of Burglary in the Second Degree, in violation of Section 708-811, Hawaii Revised Statutes, as amended.

COUNT II (D-* /KN)

During the month of August 1990, the exact date being unknown, in the County and State of Hawaii, PETER J. KEMA, did

I hereby certify that this is a full, true and correct copy of the original on file in this office.

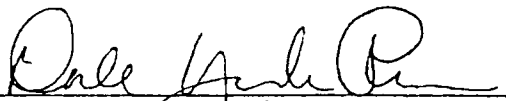
L. Mook Chew

Clerk, Third Circuit Court State of Hawaii

intentionally obtain or exert control over clothing, stereos, tools, compact discs and other items, the property of MARCO BIANCARDI and LEON ROSNER having a value exceeding \$300.00, with the intent to deprive MARCO BIANCARDI and LEON ROSNER of the property, thereby committing the offense of Theft in the Second Degree, in violation of Sections 708-831(1)(b) and 708-830(1), Hawaii Revised Statutes, as amended.

Dated: Kona, Hawaii, July 16, 1991, 1991.

A TRUE BILL



Deputy Prosecuting Attorney
County of Hawaii

/s/ Gerald Earwood

Foreman

INTERNAL
COMMUNICATION FORM
DEPARTMENT OF HUMAN SERVICES

Suspense

Subject: Wrap-Around Funds for
[REDACTED] Kema Reunification

Originator: [REDACTED]

To: HBA

From: A-EHSSSA

Date: 09/05/91

Memo No. 1

REQUEST:

Approval for temporary use of wrap around funds per Manual Section 17-913-6.

PURPOSE:

Funds to be used to "bridge" 2 to 3 month period of reduced or eliminated family income as a result of childrens' placement in foster care, thereby terminating [REDACTED]. Short term goal is to maintain family intact briefly until they generate sufficient income to maintain themselves. Long term goal is to maintain parents sufficiently to have a family available with which to reunify the children, as that becomes appropriate.

HISTORY:

The Safe Home Guidelines attached dated August 13, 1991, provide a sufficient history of DHS involvement. Page 6, paragraph 4 addresses the instant request. The Service Plan dated August 17, 1991, is scheduled to be heard before Judge Gaddis on September 17, 1991, and is being revised to specifically address the financial and employment issues. These issues have been discussed at length with Ms. Acol and Mr. Kema. The DHS has stated clearly to the family, GAL and counsel that any financial support is intended as a short term bridge, and will not extend beyond 3 months maximum.

The amount of foster board available for conversion is \$1,587.00 per month (3 children x \$529.00), not including any special service costs associated with Peter Jr.

The current "budget" for the [REDACTED] Kema family is attached. Specific approval for payment of the auto loan as shown (arrears and current month), and for apartment rent as shown, each on a month by month approval, not to exceed 3 months. Also, specific approval is sought for payment of all arrears on the telephone, \$422.32. If approved, the first month total conversion would include rent, telephone arrears, and auto payment and arrears for a total of \$806.32. The total per month, for the next 2 months if necessary, would be \$304.00.

JUSTIFICATION:

This young couple is severely estranged from their extended families, and are not able to seek support from them. The extended family has contributed to the stress on this young couple in the past. The couple has no source of income other than General Assistance, as noted. The couple has

Subject: Wrap-Around Fund
Kema Reunification

O. _ _ _ _ _
_ _ _ _ _

To: HBA

From: A-EHSSSA

Date: 09/05/91

Memo No. 1

been advised they are responsible for maintaining themselves, and this DHS assistance is for 2 or 3 months maximum while they secure employment. Without this short term financial assistance, it appears probable the couple will lose their housing and vehicle. With no phone, no house, and no car, the task of reunification becomes almost insurmountable, even if it is appropriate. Considering the couple is young and [REDACTED] reunification is likely with services. The period of service provision necessary to determine whether reunification or termination is appropriate can be drastically reduced if the parents are available and able to participate in services. Their availability can significantly reduce the anticipated cost of foster care by facilitating the reunification/termination decision.

[REDACTED]

Acting East Hawaii Social Services
Section Administrator

Approved Denied

[REDACTED]

Hawaiian Branch Administrator

[REDACTED]

**STATE OF HAWAII
REQUISITION & PURCHASE ORDER**

DEPARTMENT OF HUMAN SERVICES

FAMILY & ADULT SERVICES - HAWAII BRANCH
ORGANIZATION

Social Services
FUNCTION AND ACTIVITY

NOTICE TO VENDORS

Conditions of purchase are listed on the back side of this purchase order. Please read carefully. Payments may be delayed if all steps are not followed.

ROBERT M. DI NAURO, M.D.

The Audiology Group, Inc.
95-1030 Kalia Road, Suite 404
Honolulu, HI 96742

The State of Hawaii is an EQUAL EMPLOYMENT OPPORTUNITY and AFFIRMATIVE ACTION employer. We encourage the participation of women and minorities in all phases of employment.

SE
..O. **21219681**

Date **01/03/92**

Deliver Before _____

DELIVERY ADDRESS

BILLING ADDRESS

Dept. of Human Services
Family & Adult Services Division
HI Child Welfare Services II (70)
P.O. Box 1562
Hilo, HI 96721-1562

QUAN.	UNIT	DESCRIPTION	OBJECT	UNIT PRICE	AMOUNT
	1)	Examination/Consultation fee for Peter Kama, Jr. Case: Jaylin Acol/CPSS #10780	7110	\$100.00	

REQUISITIONER: _____ TELEPHONE: _____

VOUCHER NUMBER: _____ AUTHENTICATED BY: _____

GOODS/SERVICES RECEIVED IN GOOD ORDER AND CONDITION BY: _____ DATE: _____

Social Services Section Administrator

REQUISITION NO.	FOR DEPARTMENT USE ONLY
VENDOR	
NUMBER	SFX
XXXXXXXXXX	XX

SFX	TC	F	YR	APP	D	OBJECT	CC	PROJ NO.	PH	ACT	ESTIMATED COST	ACTUAL COST	M	R	OPT DEPT DATA
XX	XXX	X	XX	XXX	XX	XXXX	XXXX	XXXXXXXX	XX	XXX	XXXXXXXXXXXX	XX	X	X	XXXXXXXXXXXX
01	621	0	92	101	K	7110	8510			100	100.00	100.00			CPSS #10780



Kapiolani Medical Center For Women and Children

Richard Davi
President

Walter L. Behn
Executive Vice President / CEO

September 13, 1991

[Redacted]

Child Welfare Services
Department of Human Services
P. O. Box 1562
Hilo, Hawaii 96720

RE: CONSULTATION FEE FOR PETER KEMA, JR.

Dear [Redacted]

My fee for reviewing the radiographs, CT examination of the brain and consultation in the case of PETER KEMA, Jr., is \$100.00.

Thank you,

Robert M. Di Mauro, M.D.
Radiologist

RDM:ja

Family & Adult Svs. Div. - Hawaii Branch	
P.O. No.	21219681
Date Goods Rec'd	9/91
Date Inv. Rec'd	12/29/91
Date Inv. Sent to FIS	12/30/91
P.O. Compl.	<input checked="" type="checkbox"/> Incompl. <input type="checkbox"/>
I certify the satisfactory receipt of goods and services	
[Redacted Signature]	
Signature	

This is to certify that this is an original claim.

MEMORANDUM/ROUTE FORM

State of Hawaii
Department of Human Services

To: [REDACTED]

From: [REDACTED]

Date: 12/18/91

Subject: acor ty

REMARKS:

- Approval
- Comments
- Discussion
- Information
- Action
- See me
- Signature
- Circulate
- Return
- File

Please supplement \$700.00
when ty returns. Supplement
is for child care.
Still pending Nov. pymts

**DEPARTMENT OF SOCIAL SERVICES AND HOUSING
SOCIAL SERVICES PAYMENT - FORM A**

***EXCEPTIONS AS NOTED**

ACTIVE GRANT

196

4

POOL TYPE	CASE NUMBER	SUB. CAT.	CASE NAME LAST	FIRST	MI	CO. NO.	UNIT NO.	WORKER NO.	DATE OF LAST CHANGE
	502	503				504	505	506	
CROSS REFERENCE NUMBERS						CENSUS TRACT	RESIDENCE	ADDRESS	CITY
510	511	512	513	514	515				
NAME OF MALE ADULT LAST		FIRST	MI	IND.	BIRTHDATE				
					00 0				
516		517	519						
NAME OF FEMALE ADULT LAST		FIRST	MI	IND.	BIRTHDATE				
					04-10-70				
526				527	529	04-10-70			
GUARDIAN/PROTECTIVE PAYEE/OTHER /EXTRA ADDRESS				IND.	MAILING ADDRESS			CITY AND STATE	ZIP CODE
536	537	538	539	540					

ACTION TAKEN TYPE	REASON	EFFECTIVE DATE
533	534	535 12-18-91

HOLD DATE
568 #

AUTHORIZATION TO CANCEL WARRANT

WARRANT AMOUNT

WARRANT NUMBER

WARRANT DATE		
MO.	DAY	YR.

REASON FOR CANCELLATION (CHECK):

- | | | |
|---|--|---|
| <input type="checkbox"/> CHANGE IN MARITAL STATUS | <input type="checkbox"/> NO RECEIPT | <input type="checkbox"/> PAID BY RECIPIENT |
| <input type="checkbox"/> CHILD OUT OF HOME | <input type="checkbox"/> SUPPORT FROM RELATIVES | <input type="checkbox"/> DUPLICATE PAYMENT |
| <input type="checkbox"/> DEATH | <input type="checkbox"/> HOSPITALIZED | <input type="checkbox"/> MOVED TO ANOTHER ISLAND |
| <input type="checkbox"/> DECREASE IN NEEDS | <input type="checkbox"/> ADMITTED TO INSTITUTION | <input type="checkbox"/> WHEREABOUTS UNKNOWN |
| <input type="checkbox"/> INCREASED INCOME | <input type="checkbox"/> LEFT THE STATE | <input type="checkbox"/> REMOVED FROM FOSTER CARE |
| <input type="checkbox"/> EMPLOYMENT | <input type="checkbox"/> INELIGIBLE | <input type="checkbox"/> OTHER: _____ |

WORKER'S SIGNATURE _____ SUPERVISOR'S (IF WORKER SIGNATURE UNAUTHORIZED) _____ DATE _____

SERVICE COSTS FOR ADULT MALE

SERVICE COSTS FOR ADULT FEMALE

REHAB. TRANSPORTATION	WORK TRAINING	CHORE	ADULT FC SPEC. SER.	ADULT DAY CARE COST	REHAB. TRANSPORTATION	WORK TRAINING	CHORE	ADULT FC SPEC. SER.	ADULT DAY CARE	SERVICE PAYMENT
657	658	659	660	662	663	664	665	666	667	668 / 58 / 00

AFC SPEC. CARE
672

TRANS. ASST.
675

AFC SPEC. CARE
686

TRANS. ASST.
689

ADULT MALE ELIG. EFF. DATE	STATUS CAT.
681	682

ADULT FEMALE ELIG. EFF. DATE	STATUS CAT.
695	696

WORKER'S SIGNATURE _____ DATE 12/18/91 DATA ENTRY OPERATOR _____

CLEARANCE REQUIRED

H. ... DEPARTMENT OF SOCIAL SERVICES ... JUSING
SOCIAL SERVICES - FORM B

PROG. TYPE 0	CASE NUMBER K 034315652	SUB. CAT. 2	CASE NAME LAST ACOL	FIRST JAYLIN	MI	CO. NO. 1	UNIT NO. 70	WORKER NO. B
1	2	3	4	5	6			

DATE OF LAST CHANGE
12-12-91

F.M. NAME LAST C	FIRST	MI	SEX M	RACE H	BIRTH DATE
10	11	12	13	14	
CHILD'S SOCIAL SECURITY ACCOUNT NUMBER 22	23		TITLE XX ESH 24		25
CHILD CARE 34	CHILD CARE 35	RES. REHAB. 36	FOSTER CARE BOARD 37	SPECIAL NEEDS 38	TITLE XX FC SPEC. SERVICE 40
	12500			52900	
TOTAL 41 65400					ELIGIBILITY STATUS CAT. 42 F
					EFF. DATE 08-20-91
CHILD CARE TYPE 56		CHILD CARE TYPE 57			
		M			

ADDED OR REMOVED DATE
IND. A 08-91
32 33

F.M. NAME LAST D	FIRST	MI	SEX F	RACE H	BIRTH DATE
10	11	12	13	14	
CHILD'S SOCIAL SECURITY ACCOUNT NUMBER 22	23		TITLE XX ESH 24		25
CHILD CARE 34	CHILD CARE 35	RES. REHAB. 36	FOSTER CARE BOARD 37	SPECIAL NEEDS 38	TITLE XX FC SPEC. SERVICE 40
	22500			52900	
TOTAL 41 75400					ELIGIBILITY STATUS CAT. 42 F
					EFF. DATE 08-20-91
CHILD CARE TYPE 56		CHILD CARE TYPE 57			
		K			

ADDED OR REMOVED DATE
IND. A 08-91
32 33

F.M. NAME LAST E KEMA	FIRST JR PETE	MI	SEX M	RACE H	BIRTH DATE 05-01-91
10	11	12	13	14	
CHILD'S SOCIAL SECURITY ACCOUNT NUMBER 22	23		TITLE XX ESH 24		25
CHILD CARE 34	CHILD CARE 35	RES. REHAB. 36	FOSTER CARE BOARD 37	SPECIAL NEEDS 38	TITLE XX FC SPEC. SERVICE 40
	35000			52900	
TOTAL 41 87900					ELIGIBILITY STATUS CAT. 42 F
					EFF. DATE 08-20-91
CHILD CARE TYPE 56		CHILD CARE TYPE 57			
		K			

ADDED OR REMOVED DATE
IND. A 08-91
32 33

SOCIAL SERVICES FINANCIAL PLAN

See behind for supp. for Nov

Arch. Jaylin
Case Name

BO 34315652
Case. & No.

Effective Month and Year	I		II		III	
	PO	Cash	PO	Cash	PO	Cash
12/91						
Specify Type of Service Cost Budgetted	I Amount		II Amount		III Amount	
Foster Bd [redacted]		1587.00				
Total Service Cost Requirements & Payment		1587.00				
Cash Payment to: [redacted]		1587.00				
Supplementary Service Payment		12/91 \$700.00				
EXPLANATIONS OF SERVICE ITEMS BUDGETED (ADDITIONAL SPACE FOR EXPLANATIONS ON BACK OF FORM)						
Examples:	I		II		III	
Name of person for whom costs approved; approval period:	[redacted] + Peter effective Foster Bd 12/91 Foster care \$529 Per child					
Days in week transportation services required; computations of costs or rates;	Fost. Bd \$1587 Total					
Name of child care facility; hours care is required.	[redacted] stay-home effective 12/91					
Social Worker Authorizing Payment	[redacted]					
Date	12/12/91					

NOTE: Per ASO-BP's request, this bill is being resubmitted. Original payment (with P.O. #21218487) which was made to Kapiolani Medical Center was cancelled because Dr. DiMauro is to be paid through "The Radiology Group, Inc." (see note below)

THE RADIOLOGY GROUP, INC.

98-1238 KAAHUMANU STREET, SUITE 404
PEARL CITY, HAWAII 96782
(808) 486-4199

12/18/91

Please send payment to the address above as Dr. DiMauro is with The Radiology Group, Inc.

DEPT. OF HUMAN SERVICES
Family & Adult Services Division

The Radiology Group, Inc.

DEC 20 1991

EH Social Services Section
Hilo, Hawaii

**STATE OF HAWAII
REQUISITION & PURCHASE ORDER**

DEPARTMENT OF HUMAN SERVICES

FAMILY & ADULT SERVICES - HAWAII BRANCH
ORGANIZATION

Social Services
FUNCTION AND ACTIVITY

NOTICE TO VENDORS

Conditions of purchase are listed on the back side of this purchase order. Please read carefully. Payments may be delayed if all steps are not followed.

**KAPIOLANI MEDICAL CENTER FOR WOMEN
AND CHILDREN**
1319 Punahoa Street
Honolulu, HI 96826

The State of Hawaii is an EQUAL EMPLOYMENT OPPORTUNITY and AFFIRMATIVE ACTION employer. We encourage the participation of women and minorities in all phases of employment.

STATE ID. **21218487**

Date **10/02/91**

Deliver Before _____

DELIVERY ADDRESS

BILLING ADDRESS

**Dept. of Human Services
Family & Adult Services Division
HI Child Welfare Services II (70)
P.O. Box 1562
Hilo, HI 96721-1562**

QUAN.	UNIT	DESCRIPTION	OBJECT	UNIT PRICE	AMOUNT
	1)	Examination/Consultation fee for Peter Kama, Jr. Case: Jaylin Acol/CPSS #10700	7110	\$100.00	

REQUISITIONER

TELEPHONE

VOUCHER NUMBER

AUTHENTICATED BY:

GOODS/SERVICES RECEIVED IN GOOD ORDER AND CONDITION BY _____ DATE _____

FOR DEPARTMENT USE ONLY
Social Services Section Administrator

REQUISITION NO. _____

VENDOR

NUMBER	SFX
XXXXXXXXXX	XX

SFX	TC	F	YR	APP	D	OBJECT	CC	PROJ NO.	PH	ACT	ESTIMATED COST	ACTUAL COST	M	R	OPT DEPT DATA
01	621	G	92	101	K	7110	8510			300	100 00	100 00			CPSS #10700

SEP 19 1991

EH Social Services Section
Hilo, Hawaii



Celebrating
100
Years of Service

Kapiolani Medical Center For Women and Children

Richard Davi
President

Walter L. Behn
Executive Vice President / CEO

September 13, 1991

[REDACTED]
Child Welfare Services
Department of Human Services
P. O. Box 1562
Hilo, Hawaii 96720

RE: CONSULTATION FEE FOR PETER KEMA, JR.

Dear [REDACTED]

My fee for reviewing the radiographs, CT examination of the brain and consultation in the case of PETER KEMA, Jr., is \$100.00.

Thank you,

Robert M. Di Mauro, M.D.
Radiologist

RDM:ja

Family & Adult Svs. Div. - Hawaii Branch	
P.O. No.	21218487
Date Goods Rec'd	9/91
Date Inv. Rec'd	9/19/91
Date Inv. Sent to CIS	9/20/91
P.O. Compl.	<input checked="" type="checkbox"/> Incompl. <input type="checkbox"/>
I certify the satisfactory receipt of goods and services	
[REDACTED]	
Signature	



SEP 13 1991

EH Social Services Section
Hilo, Hawaii

Kapiolani Medical Center
For Women and Children

Richard Davi
President

Walter L. Behn
Executive Vice President / CEO

September 13, 1991

Child Welfare Services
Department of Human Services
P. O. Box 1562
Hilo, Hawaii 96720

RE: PETER KEMA, JR.

Films of the long bones, chest and skull done at Hilo Hospital on 8/11/91 are reviewed. There is extensive periosteal new bone formation along the shafts of both humeri. The periosteal new bone is most extensive proximally. There are small avulsion fractures of the proximal metaphyses of the humeri. There are also small corner fractures involving the metaphyses of the femurs and tibiae at the knee. There is a small corner fracture of the medial metaphysis of the proximal right femur. There probably is also a bucket handle-type fracture of the distal metaphysis of the left tibia. There is also a small amount of periosteal new bone formation along the shaft of the left ulna. There are healing fractures of the axillary portions of the left 6th, 7th, and 8th ribs. The left first rib may also be somewhat thickened. The skull appears normal. No other definite bony abnormalities are seen.

The skeletal fractures may have occurred at different times. The left rib fractures and the fractures involving the proximal humeri are approximately one-month-old. The fractures about the knees and the left ankle maybe more recent. The appearance and distribution of these fractures is characteristic of child abuse.

IMPRESSION: 1. Multiple fractures involving the long bones and left ribs. The appearance and distribution of these fractures is characteristic of child abuse.

CT SCAN OF THE BRAIN: An unenhanced CT examination of the brain done at Hilo Hospital on 8/11/91 is reviewed. The ventricular system is normal in size and

position. A cavum septum pellucidum is present. The brain is otherwise unremarkable. Specifically, there is no evidence of brain edema, intracranial hemorrhage or subdural effusions. No skull fractures are seen.

IMPRESSION: 1. Normal, unenhanced, CT examination of the brain.



Robert M. Di Mauro, M.D.
Radiologist

RDM:ja

cc: Dr. Brian Wilson - Hilo Hospital

MEMORANDUM/ROUTE FORM

State of Hawaii
Department of Human Services

To: [Redacted]

From: [Redacted]

Date: 9/10/91 7:42 am.

Subject: ACOF, JIN XLIN

REMARKS:

- Approval
- Comments
- Discussion
- Information
- Action
- See me
- Signature
- Circulate
- Return
- File

Ran into client in hallway. She asked if I've made payments towards her bills yet. Told her DHS waiting to hear from Kauhale Old Apartments & phone for originals. get this! She told me she has another bill - electric - she has a disconnection notice for 9/19/91. Told her why she hadn't turned all this in a.s.a.p. instead of "horsing around."
She said Mr. Kama began working F/T w/ Labor Services today.

Jaylin Acol
282926 Kumula Apt. Q 26
Pepeekeo, HI 96783

Pay schedule for purchase of:

1980 Buick 4 Dr station wagon
License HBX - 512
Serial # 4H35WAZ127797

Purchase price	1295.00
Trade 1974 Ford Van	<u>200.00</u>
Balance	1095.00
State Tax 4.17%	45.66
License	55.20
Tow charge for trade	<u>35.00</u>
Balance Brought Forward	1230.86
Cash Payment	<u>200.00</u>
Balance	<u>1030.86</u>
Interest 18% - 8 mos.	<u>123.70</u>
Balance	1154.56

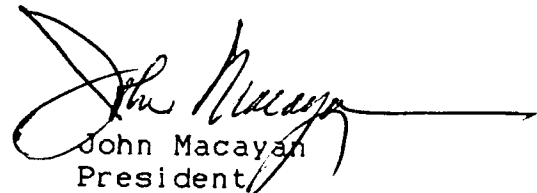
Schedule of payments:

7 monthly payments of 150.00	1050.00
1 final payment of 104.56	<u>104.56</u>
Total	1154.56

Payments made:

August 03, 1991	<u>120.00</u>
Balance Due	1034.56

Macayan Motors, Inc.
709 Kanoelehua Ave.
Hilo, HI 96720


John Macayan
President

SEP 10 09:16

DHS-FA-111

Jaylin Acol
282926 Kumula Apt. Q 26
Pepeekeo, HI 96783

Pay schedule for purchase of:

1980 Buick 4 Dr station wagon
License HBX - 512
Serial # 4H35WAZ127797

Purchase price	1295.00
Trade 1974 Ford Van	<u>200.00</u>
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Balance Brought Forward	1230.86
Cash Payment	<u>200.00</u>
Balance	<u>1030.86</u>
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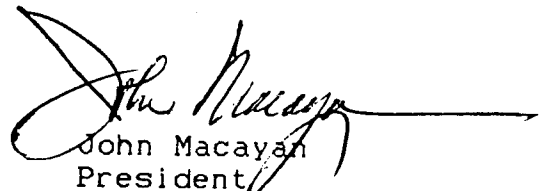
Schedule of payments:

7 monthly payments of 150.00	1050.00
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August 03, 1991	<u>120.00</u>
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Macayan Motors, Inc.
709 Kanoelehua Ave.
Hilo, HI 96720


John Macayan
President

91:6V 01 JES 16.

DHS-FN-SHD

JOHN WAIHEE
GOVERNOR



WINONA E. RUBIN
DIRECTOR

LYNN N. FALLIN
DEPUTY DIRECTOR

LESLIE S. MATSUBARA
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Family and Adult Services Division
P.O. Box 1562
Hilo, Hawaii 96721-1562
Telephone: (808) [REDACTED]

September 11, 1991

Mr. Peter Kema
Ms. Jaylin Acol
28-2926 Kumula St. Q 26
Pepeekeo, Hawaii 96783

RE: [REDACTED] & Kema Children
FC-S No. [REDACTED] & 91-48

Mr. Kema and Ms. Acol:

This is to confirm the conversation with Ms. Acol in my office on the morning of September 10, 1991, concerning the Nurturing Program at Queen Liliuokalani Children's Center (QLCC).

The program begins on September 18, 1991. It will be held on Wednesdays, from 5:00 pm until 8:00 p.m., at the QLCC offices at 919 Ululani Street, Hilo, phone number 935-9381.

Dinner is provided by QLCC. [REDACTED] will be transported to and from the sessions by the foster family. The foster family will not stay at QLCC during the sessions. [REDACTED] are not to be removed from the QLCC offices by any one other than the foster family or DHS personnel. For emergencies, DHS personnel can be reached by calling Hilo Police at 935-3311, and requesting Child Protective Services.

You are expected to attend and participate in each scheduled session of the program. If neither of you are able to attend, please contact the DHS social worker and/or the foster parent prior to the scheduled meeting. Should you not attend a scheduled meeting, and not inform the DHS and/or the foster parent beforehand, transportation of [REDACTED] to the sessions may be permanently terminated.

Sincerely,

[REDACTED]
SW
Child Welfare Services Unit II

Approved by:

[REDACTED]
Supervisor
Child Welfare Services Unit II

cc: Tim Desilva, Esq.
Celia Urion, Esq.
Edith Radl, GAL
Lettie Galloway, QLCC
[REDACTED]

See [REDACTED]

AN EQUAL OPPORTUNITY AGENCY

Jaylin Acol
282926 Kumula Apt. Q 26
Pepeekeo, HI 96783

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License HBX - 512
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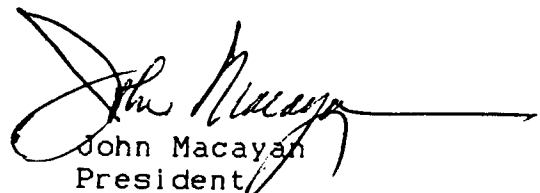
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Macayan Motors, Inc.
709 Kanoelehua Ave.
Hilo, HI 96720


John Macayan
President

91:6V 01 JES 16.

DHS-FA 16

/ TUNE

CS/R1 LC/M4964 MSD/9:
JAYLIN ACOL
APT Q26
28-2926 KUMULA
PEPEEKEO HI 96783

BD/AUG 01 1991 TN/E 4-5623 NP

S
BILLING SUMMARY

PREVIOUS BILL 226.59
PAYMENTS, THANK YOU 100.00-

BALANCE 126.59

DUPLICATE

NEW CHARGES--
HAWAIIAN TEL 73.24
MCI 15.58
AT&T 54.93

TOTAL NEW CHARGES 143.75

PLEASE PAY BEFORE AUG 16

AMOUNT DUE 270.34

payment 8/2/91 50.00

220.34

60: 14 23 09V 16.
91 AUG 23 PM 10:09

DHS-RW-BILO

reconnection before on Aug. 23 28.00
" after on Aug. 23 105.50

PAYMENTS RECEIVED

07/04 8483 100.00-

DUPLICATE

HAWAIIAN TEL NEW CHARGES

LATE PAYMENT CHARGE						
RCOL	1	12.2500		12.25		.20 F
LOCAL SERVICE-						
R TC LN EQ	1	1.6500		1.65		
CENTRAL OFFICE LINE	1	@ 12.25		12.25		
NP	1	1.1000		1.10		
TOUCH CALL SERVICE	1	@ 1.65		1.65		
LUP	1	.0000		.00		
CPE 3*PHMTE2900	1	.0000		.00		
NON-PUB LISTING	1	@ 1.10		1.10		
LOCAL SERVICE TO		SEP 01-91				15.00
INTERSTATE SUBSCRIBER LINE CHG		SEP 01-91				3.50
TAXABLE 18.50 F		.00 S1		.00 L1		
TAXABLE .00 S2		.00 L2		.00 L3		
0703 CHANGE OR MOVE SERVICE		- ORDER 028719				
LOC SVC CREDIT JUL 03 TO AUG 01 @		3.25/MO				2.93-FS
NET TOTAL OTHER CHARGES AND CREDITS				2.93-		
002 PHONE PURCHASE W/4.17% TAX 06-04-91						53.73
DATECALL TOHRMINPA TELNO MINPLCPTS		FROM		REFERENCE		
0627HONDLHI14518085487645	4	4104		<000001451		1.21
0710HONDLHI09288089551550	1	4104		<000000928		.40
		SUBTOTAL		1.61		
TOTAL LONG DISTANCE CHARGES				1.61		

DIRECTORY ASSISTANCE SERVICE THROUGH JUL 22
 8 CALLS @ .20

HEARING IMPAIRED RELAY SVC FEE	1 LINE(S) AT	.08		.08		
TAXABLE .08 F	.00 S1		.00 L1			
F 3.00% FEDERAL EXCISE TAX	ON	19.06		.57		
S1 4.00% STATE TAX-NONREGULATED SALES TAX		2.90-		.12-		

HAWAIIAN TEL NEW CHARGES 73.24

THIS BALANCE IS PAST DUE AND MUST BE PAID IMMEDIATELY.
 SEE REVERSE SIDE OF BILL FOR IMPORTANT INFORMATION.
 -322- BILLING FOR MCI

MCI NEW CHARGES

JAYLIN ACOL

CALLS BILLED TO 964-5811

DATECALL	TOHRMINPA	TELNO	MINPLCPTS	FROM	REFERENCE
0604BUREA	16279007760400	4	410J		0007900445 14.88
				SUBTOTAL	14.88
TOTAL LONG DISTANCE CHARGES					14.88

R1	1.68% STATE TAX - HAWAII INCOME	ON	14.88	.25
F	3.00% FEDERAL EXCISE TAX	ON	14.88	.45

MCI NEW CHARGES 15.58

-298- BILLING FOR AT&T

AT&T NEW CHARGES

DATECALL	TOHRMINPA	TELNO	MINPLCPTS	FROM	REFERENCE
0627FRESNCA	15242094565900	10	410Q		<000001524 2.49
0718900SE	19499002884227	2	410Q		<000001949 50.00
				SUBTOTAL	52.49
TOTAL LONG DISTANCE CHARGES					52.49

R1	1.66% STATE TAX - HAWAII INCOME	ON	52.49	.87
F	3.00% FEDERAL EXCISE TAX	ON	52.49	1.57

AT&T NEW CHARGES 54.93

DUPLICATE

RAPID INFORMATION SYSTEMS CORPORATION/KAR KREDIT
3229 Fitzgerald Road, Suite B
Rancho Cordova, CA 95742
916-635-9959

August 19, 1991


Re: 808-964-5623

Dear Mr. Acol :

We regret that you were unable to purchase a vehicle through our program or had to call our multiquest phone number more than once.

This letter is to authorize your local telephone company to give you a credit of \$50.00 against your call(s) to multiquest service 900-288-4227.

Please present this letter to your local telephone company. If there are any questions, we can be contacted at the above phone number between 8:30 a.m. and 2:30 p.m. pacific time.

Your authorization code# is 

Sincerely,



Mike Miller

copy

AS 1 Car

BUYER'S ORDER

MACAYAN MOTORS Order No.

Please enter my order for one AS IS 1980 Buick Century

Cash Delivered Price	<u>Aug.</u>	<u>1295 -</u>
Extra Equipment	<u>Aug.</u>	

TOTAL		<u>1295 -</u>
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Used Car - Year	<u>1974</u>	Make	<u>Ford</u>	Model	<u>Van</u>	
						<u>200 -</u>
						<u>1095 -</u>
						<u>4566</u>

Net Pay Off		
Number Plate - Transfer		<u>5520</u>

Insurance		
Insurance		

Credit Life	Life	A&H	
TOTAL			<u>1230 86</u>

Cash Payment		<u>200 -</u>
PRICE IS SUBJECT TO CASH PAYMENT ON DELIVERY	Balance	<u>1030 86</u>

Differential A.P.R. %
 (Finance Charge Rebate Based on Rule of 78)
 Amount of Contract

Payable in	monthly installments of \$	each
	monthly installments of \$	each
	monthly installments of \$	each
TOTAL		

Installments Commencing Contract Date
 Mileage When Sold

The selling dealer hereby expressly disclaims all warranties, either express or implied, including any implied warranties of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this vehicle. Buyer shall not be entitled to recover from the selling dealer any consequential damages, damage to property, damages for loss of use, loss of time, loss of profits, or income, or any other incidental damages.

I acknowledge that I am purchasing a AS IS used car and that no free repairs or service will be given after delivery.

Vendee
 Salesman

Commission Date 7-19-91

Accepted 7-19 91
 MACAYAN MOTORS

Serial No.
 Motor No. 4H35WA212774
 MM No.

91 AUG 23 P 1:09

DHS-PW-HILO

Date July 19, 1991

Radiator		
Motor—Ignition System		
Tune Up		
Valves		Rings
Overhaul		
Differential		
Transmission		
Clutch		
Steering		
Brakes	Hand	Foot
Lights		
Battery		
Upholstery		
Headlining	Arm Rest	Floor Rug
Instruments		
Body—Woodwork		
Body—Sheet Metal		
Steam Clean		
Axles		
Top		
Glass, Windshield	Body	Door
Paint		
Springs		
Wheels		
Tires		
Bumpers		
Wash, Polish, Oil & Grease		
Shock Absorbers		
Tools		
Radio		
Licenses		
Miscellaneous		
Total Reconditioning		

Hour Recorded _____
 Make Buick
 Model Fox 4w
 Year 1980
 Eng. No. _____
 Ser. No. 4435WA2127797
 Mileage 64032
 Salesman _____
 Remarks V-8 Cut A/S

Percent Value of Tires:			
LF	LR	SP.	
RF	RR	SP.	

ALLOWANCE ESTIMATE			
Resale Price			
Overhead (20% R-P)			
Reconditioning			
Allowance Value		1295	
Actual Allowance			
Against Sale of			
Appraised by			

License No. HBX 512
 Owner Jaylin M. Acoul
 Address 282926 - KUMULA AVE B22
 Napua, HI

ODOMETER DISCLOSURE STATEMENT

Federal Law (and State Law, if applicable) requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

I, JAYLIN M. ACOL state that the odometer
Transferor's (SELLER'S) Name, Print
 now reads 64032 (no tenths) miles and to the best of my knowledge that it reflects
 the actual mileage of the vehicle described below, unless one of the following statements is checked.

- (1) I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.
- (2) I hereby certify that the odometer reading is NOT the actual mileage. WARNING: ODOMETER DISCREPANCY.

MAKE	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER	YEAR
Buick	Century	4/Door	4435WA2127797	1980

BUYERS GUIDE

IMPORTANT: Spoken promises are difficult to enforce. Ask the dealer to put all promises in writing. Keep this form.

BUICK CENTURY 1980 4H351NA2127797
VEHICLE MAKE MODEL YEAR VIN

DEALER STOCK NUMBER (optional)

1295⁰⁰

WARRANTIES FOR THIS VEHICLE:

AS IS - NO WARRANTY

YOU WILL PAY ALL COSTS FOR ANY REPAIRS. The dealer assumes no responsibility for any repairs regardless of any oral statements about this vehicle.

WARRANTY

FULL **LIMITED WARRANTY.** The dealer will pay _____% of the labor and _____% of the parts for the covered systems that fail during the warranty period. Ask the dealer for a copy of the warranty document for a full explanation of warranty coverage, exclusions, and the dealer's repair obligations. Under state law, "implied warranties" may give you even more rights.

SYSTEMS COVERED:

DURATION:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SERVICE CONTRACT. A service contract is available at an extra charge on this vehicle. Ask for details as to coverage, deductible, price, and exclusions. If you buy a service contract within 90 days of the time of sale, state law "implied warranties" may give you additional rights.

PRE PURCHASE INSPECTION: ASK THE DEALER IF YOU MAY HAVE THIS VEHICLE INSPECTED BY YOUR MECHANIC EITHER ON OR OFF THE LOT.

SEE THE BACK OF THIS FORM for important additional information, including a list of some major defects that may occur in used motor vehicles.