

TENANT CERTIFICATION

**WARNING:** Section 1001 of Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

**STATEMENT REQUIRED BY THE PRIVACY ACT:**  
The Farmers Home Administration (FmHA) is authorized by Title V of the Housing Act of 1949, as amended (42 U.S.C. 1471 et. seq.), to solicit the information requested on this form. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information may result in a delay in the processing of your eligibility or rejection, except that it is unlawful for FmHA to deny eligibility because of the refusal to disclose the Social Security Account Number.

**ROUND ALL MONETARY FIGURES TO THE NEAREST DOLLAR**  
(decimals .50 and above are rounded up)

Project Name:  
(Optional) *KAUHALE OLU III*

The principal purposes for collecting the requested information are to determine eligibility for occupancy in the FmHA financed rental project and to determine the amount of tenant contribution for rent. The information collected on this form may be released to appropriate Federal, State, and Local Agencies when relevant to civil, criminal or regulatory proceedings.

**PART I - TENANT HOUSEHOLD INFORMATION**

1. Household Member Name (Last, First and Middle Initial)	2. Sex	3. Date of Birth	4. Minor, Disabled, Handicapped or Full-Time Student 18 or Older.	5. Elderly, Disabled or Handicapped	6. Race/National Origin of Tenant
<i>Acole, Jaylin M.</i>	<input checked="" type="checkbox"/> F	<i>MMDDYY</i> <i>04/10/70</i>	<input type="checkbox"/>	<input type="checkbox"/>	1 - White, Non Hispanic 2 - Black, Non Hispanic 3 - Asian, Pacific Isld. 4 - American Indian Alaskan Native 5 - Hispanic
<i>Kema, Peter</i>	<input type="checkbox"/> M	<i>08/14/70</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>[REDACTED]</i>	<input type="checkbox"/> M	<i>[REDACTED]</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Kema, Jr., Peter J.</i>	<input type="checkbox"/> F	<i>05/10/91</i>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> M		<input type="checkbox"/>	<input type="checkbox"/>	
1.a. Number of Foster Children (if any) <input type="checkbox"/> 0			3 Total (Line 4)		<input type="checkbox"/> Elderly Status

**PART II - UNIT IDENTIFICATION**

7. Unit Number

8. Unit Type

**PART III - ASSET INCOME**

9. Net Family Assets (NOTE: If Line 9 does not exceed \$5,000, enter zero on Line 10.)

10. Imputed Income from Assets (Bank Passbook Savings Rate (-) x Line 9.)

11. Income from Assets

**PART IV - INCOME CALCULATIONS**

2. Income	13. Adjustments to Income
a. Wages, Salaries, etc. \$ <i>9,120</i>	a. \$480 x total of Line 4 \$ <i>1440</i>
b. Soc. Sec., Pensions, etc. \$	b. \$400 if elderly status \$
c. Public Assistance \$	c. Medical exceeding 3% of Line 12.f. (if elderly, handicapped or disabled) \$
d. Income Contributed by Assets (Greater of Line 10 or Line 11) \$	d. Child Care \$
e. Other \$	e. Total Adjustments \$ <i>1440</i>
f. Annual Income \$ <i>9,120</i>	14. Adjusted Annual Income (Line 12.f. minus Line 13.e.) \$ <i>7680</i>

**PART V - INCOME LEVELS**

5. Number of Household Members

17. Date of Initial Project Entry *MMDDYY*  
*03/17/91*

6. Current Eligibility Income Level (Enter Code)

18. Eligibility Income Level at Initial Project Entry (Enter Code)

**PART VI - CERTIFICATION BY TENANT**

We certify that the information in PARTS I through VI is true and correct to the best of my/our knowledge and belief. Inquiries may be made to verify this formation.

Date: <i>MMDDYY</i> <i>06/27/91</i>	b. Soc. Sec. No. <i>[REDACTED]</i>	c. Tenant Signature <i>Jaylin M. Acole</i>
Date: <i>MMDDYY</i> <i>06/27/91</i>	e. Soc. Sec. No. <i>[REDACTED]</i>	f. Co-Tenant Signature <i>Peter J. Kema</i>

**PART VII - PRELIMINARY CALCULATION**

Adjusted Monthly Income (Line 14 ÷ 12)	a. \$	<u>67.0</u>	x .30	= b. \$	<u>19.2</u>
Monthly Income (Line 12.f. ÷ 12)	a. \$	<u>76.0</u>	x .10	= b. \$	<u>7.6</u>
21. Designated Monthly Welfare Shelter Payment				\$	<u>8</u>
22. Highest of Line 19.b., Line 20.b., or Line 21.				\$	<u>19.2</u>
24. Gross Market Rent				\$	<u>56.9</u>
Gross Basic Rent					
a. Basic Rent	\$	<u>39.0</u>			
b. Utility Allowance	\$	<u>7.2</u>			
c. (Line 23.a. + Line 23.b.)	\$	<u>46.2</u>			
		<u>88</u>			
		<u>478</u>			
a. Market Rent	\$	<u>56.9</u>			
b. Utility Allowance	\$	<u>7.2</u>			
c. (Line 24.a. + Line 24.b.)	\$	<u>64.1</u>			
		<u>88</u>			
		<u>657</u>			

**PART VIII - PRELIMINARY GROSS TENANT CONTRIBUTION (PGTC)**

Decision: (check one)

A. If tenant *Receives rental assistance (RA)* enter Line 22 on Line 25 below.

B. If tenant *does not receive RA* and this project receives Plan II Interest Credit, enter the greater of Line 22 or Line 23.c. (but not to exceed Line 24.c.) on Line 25 below.

C. If tenant *does not receive RA* and this project is a Plan I, Full Profit or Labor Housing project complete Lines C.1. thru C.3. and enter Line C.3. on Line 25.

C.1. Enter Line 24.c	\$	<u>46.2</u>	25. PGTC	\$	<u>19.2</u>
C.2. Add Plan I Surcharge (if any)	\$				
C.3. Total (enter on Line 25)	\$				

**PART IX - DOES PGTC BECOME FINAL GROSS TENANT CONTRIBUTION?**

Decision: (check one) If you check Decision A, B, C, or D, Enter Line 25 on Line 26 Below

A. Tenant initially occupied the project on or after October 1, 1986.

B. You checked Decision B in PART VIII and entered Line 23.c. on Line 25.

C. You checked Decision C in PART VIII.

D. The most recently completed PART XIV, "Tenant Certification Worksheet" indicated this tenant is no longer subject to the Tenant Contribution Increase Limits.

E. None of the above apply. IF YOU CHECK THIS BOX, YOU MUST COMPLETE PART XIV, "Tenant Certification Worksheet", enter the answer from Line G-1 of Part XIV on Line 26 of Part X.

**PART X - DETERMINING NET TENANT CONTRIBUTION (NTC)**

26. Gross Tenant Contribution	\$	<u>19.2</u>
27. Utility Allowance (Line 23.b. or Line 24.b.)	\$	<u>7.2</u>
28. Preliminary NTC (Line 26 minus Line 27)	\$	<u>12.0</u>

Decision: (check one)

A. If you checked Decision A in PART VIII (PGTC) enter Line 28 on Line 29 below and compare Line 23.a. and Line 28. If Line 23.a. is smaller, return to Decision A and check Decision B since this tenant will not receive RA.

B. If you checked Decision B in PART VIII (PGTC), enter the greater of Line 23.a. or Line 28 (but not to exceed Line 24.a.) on Line 29 below.

C. If you checked Decision C in PART VIII (PGTC) enter Line 28 on Line 29 below.

29. Final NTC (amount Tenant pays Borrower for rent) (If Line 29 is negative, Borrower pays difference to Tenant for utilities)	\$	<u>104</u>
---	----	------------

*Handwritten: 286 RA-270*

**PART XI - PROJECT IDENTIFICATION**

30. Project Case Number: 61-91-0930748334

31. Project Number: 94-4

**PART XII - CERTIFICATION BY BORROWER**

I certify that the information on this form has been verified as required by federal law and the tenant household  is eligible to live in the unit, or  has been granted ineligible occupancy by FmHA.

a. Effective Date: 08/01/91

b. Signature of Borrower or Borrower's Representative: *Sharon Williams*

c. Date Signed: 08/01/91

**PART XIII - CERTIFICATION BY FmHA**

Based on information provided by the Borrower, the calculations for this form are correct.

a. Date: 08/01/91

b. Signature of FmHA Representative: *[Signature]*

APARTMENT

RENT EFFECT  
SEPT 1, 1991

8/191	ACOL / KEMA	Q 26	104-	8/1/91	8/31/91				Cash	157 571	104	0	0
DATE	NAME	APT NO	MONTHLY RENTAL CHARGE	FROM	THRU	SECURITY DEPOSIT	KEY DEPOSIT	NON-REF CLEAN FEE	PAYMENT CREDITED TO	RECEIPT NO.	TOTAL AMOUNT RECEIVED	BAL. DUE	PREVIOUS BALANCE

THIS IS YOUR RECEIPT FOR AMOUNT SHOWN

RECEIPT 157571

KAUHALE OLU APTS.  
P. O. Box 812  
Pepeekeo, HI 96783

THANK YOU

Received By Laura Pippinger  
THANK YOU

60 1d 22 09V 16

DHS-PW-HILO

HOUSING ALLOWANCES FOR  
UTILITIES AND OTHER PUBLIC SERVICES

Kauhale Olu I, II, III Apts.  
NAME OF BORROWER (Rockwood Hawaii Oreg.  
Pepeekeo, HI Ltd.)  
LOCATION AND IDENTIFICATION OF PROJECT

PART I

UTILITY OR SERVICE	Monthly Dollar Allowances					
	0-BR	1-BR	2-BR	3-BR	4-BR	5-BR
HEATING	:	:	:	:	:	:
a. Natural Gas	:	:	:	:	:	:
b. Bottle Gas	:	:	:	:	:	:
c. Electric	:	:	:	:	:	:
d. Oil	:	:	:	:	:	:
AIR CONDITIONING	:	:	:	:	:	:
COOKING	:	:	:	:	:	:
a. Natural Gas	:	:	:	:	:	:
b. Bottle Gas	:	:	:	:	:	:
c. Electric	:	:	:	:	:	:
OTHER ELECTRIC LIGHTING, REFRIGERATION, ETC.	:	:	:	:	:	:
WATER HEATING	:	:	:	:	:	:
a. Natural Gas	:	:	:	:	:	:
b. Bottle Gas	:	:	:	:	:	:
c. Electric	:	:	:	:	:	:
d. Oil	:	:	:	:	:	:
WATER	:	:	:	:	:	:
SEWER	:	:	:	:	:	:
TRASH COLLECTION	:	:	:	:	:	:
OTHER (Specify)	:	:	:	:	:	:
TOTAL ALLOWANCE (Round to next highest dollar)	:	50	60	88	:	:

PREPARED BY: Commonwealth Management Corp. Harold H. Makimoto 2-25-1991  
Borrower or Agent Title Signature Date

APPROVED BY FARMERS HOME ADMINISTRATION

HAROLD H. MAKIMOTO, Acting Director Harold H. Makimoto Date July 11, 1991  
Name Title Director Signature Date

AMENDMENT TO LEASE

The Lease in effect as of 8-1-91, between Kauhale Olu Apartments and

Gaylin A. Gode / Pate Kema Sa  
is amended as follows:

I RENTAL DATA

- 3. \$ 104 Tenant's share of mo/rent
- + 4. \$ 88 Utility Allowance
- = 5. \$ 192 Gross Tenant Mo. Contrib.

The current Tenant Certification FmHA Form 1944.8 and the current Housing Allowance for Utilities and other Public Services FmHA Form 1944-E, Exh. A-5, are hereby made part of this Amendment, effective date: 8-1-91.

\_\_\_\_\_  
Landlord signature Date: \_\_\_\_\_

\_\_\_\_\_  
Tenant signature Date: \_\_\_\_\_

\_\_\_\_\_  
Co-Tenant signature Date: \_\_\_\_\_

Unit # Q-26

NOTIFICATION OF FOSTER CARE PLACEMENT AND REMOVAL

TO: [Redacted] Date: 4/23/98  
FROM: Unit: 86 Worker: [Redacted] Supervisor: [Redacted]  
Child's Name: [Redacted] Birthdate: [Redacted] SS #: [Redacted]

Alias Names of Child: \_\_\_\_\_  
Case Name: Kennedy Taylor CPSS #: 10780

Parent(s) Name(s) Father: Peter Kennedy (Tel #) 934-9545  
Mother: Jennifer Kennedy (Tel #) \_\_\_\_\_

Reason for Notification: bad father [Redacted]

1. Information of the Child:  
Date of Removal: 4/22/98 Voluntary Placement? (Y/N) NO  
Initial Placement: (Y/N) NO  
Child removed from:  
Name(s) Taylor / Peter Kennedy  
Address 133 Puhilly St (Kennedy / 11 Wilder Rd.)  
Hilo Tel # \_\_\_\_\_  
Relationship to the child: bio-mom & step-dad  
Reason for removal: Parent of home violation of missing sibling

2. Placement of the Child: 4/22/ Send medical cards to this address: YES  NO   
Date of Placement: \_\_\_\_\_  
Substitute Caretaker Information:  
Name(s) [Redacted]  
Address [Redacted] Tel # [Redacted]  
Relationship to the Child: [Redacted]

Type of facility: (circle one)  
CFH SLH SLR UNL IDH ADO OTH

3. Change in Case Status: Case closed effective: \_\_\_\_\_  
Reason: \_\_\_\_\_

4. Other Changes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER INFORMATION: (Include information on other siblings in foster care - names and placed with whom)  
[Redacted]

SUBSTITUTE CARETAKER INFORMATION (For FHCU use only):  
Certification/Approval Type: \_\_\_\_\_ Date of Certification/Approval: \_\_\_\_\_  
General \_\_\_\_\_  
Special \_\_\_\_\_  
Relative \_\_\_\_\_

NOTE: INSTRUCTIONS ARE ON THE BACK OF THIS FORM

NOTIFIC. OF FOSTER CARE PLACE. AND REMOVAL

TO: [Redacted] Date: 4/23/98  
FROM: Unit: 36 Worker: [Redacted] Supervisor: [Redacted]

Child's Name: [Redacted] Birthdate: [Redacted] SS # [Redacted]

Alias Names of Child: \_\_\_\_\_

Case Name: Kenna Taylor CPSS #: 10780

Parent(s) Name(s) <sup>Step</sup> Father: Peter Kenna Sr (Tel #) 934-9545  
Mother: JAYLW Kenna (Tel #) "

Reason for Notification: his father [Redacted]

1. Information of the Child: 4/22/98 Voluntary Placement? (Y/N) No  
Date of Removal: 4/22/98  
Initial Placement: (Y/N) No  
Child removed from:  
Name(s) JAYLW / Peter Kenna Sr  
Address 133 Pubili St (Hammock) N to Wilder Rd  
Hilo Tel # \_\_\_\_\_  
Relationship to the child: bio-mother & step-dad  
Reason for removal: Threat of harm, in view of [Redacted]

2. Placement of the Child: 4/22/98 Send medical cards to this  
Date of Placement: 4/22/98 to this address: YES NO  
Substitute Caretaker Information:  
Name(s) [Redacted]  
Address [Redacted]  
Relationship to the Child: [Redacted]

Type of facility: (circle one)  
CFH SLH SLR UNL IDH ADO OTH

3. Change in Case Status: Case closed effective: \_\_\_\_\_  
Reason: \_\_\_\_\_

4. Other Changes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER INFORMATION: (Include information on other siblings in foster care - names and placed with whom)

SUBSTITUTE CARETAKER INFORMATION (For FHCU use only):  
Certification/Approval Type: \_\_\_\_\_ Date of Certification/Approval: \_\_\_\_\_  
General \_\_\_\_\_  
Special \_\_\_\_\_  
Relative \_\_\_\_\_

NOTE: INSTRUCTIONS ARE ON THE BACK OF THIS FORM

NOTIFICATION OF FOSTER CARE PLACEMENT AND REMOVAL

TO: [Redacted] Date: 4/23/98  
FROM: Unit: 36 Worker: [Redacted] Unit Supervisor: [Redacted]  
Child's Name: [Redacted] Birthdate: [Redacted] SS #: [Redacted]

Alias Names of Child: \_\_\_\_\_  
Case Name: Kenna Taylor CPSS #: 10780  
Parent(s) Name(s) Father: Peter Kenna Sr (Tel #) 934-9545  
Mother: Joyce Kenna (Tel #) \_\_\_\_\_

Reason for Notification:

1. Information of the Child:  
Date of Removal: 4/22/98 Voluntary Placement? (Y/N) No  
Initial Placement: (Y/N) No  
Child removed from:  
Name(s) Joyce & Peter Kenna Sr  
Address 133 Puhihi St  
Hilo Tel # \_\_\_\_\_  
Relationship to the child: Grandmother  
Reason for removal: Threat of harm to her of  
misuse of drugs

2. Placement of the Child: 4/22/98 Send medical cards to this  
Date of Placement: 4/22/98 to this address: YES (NO)  
Substitute Caretaker Information:  
Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
Tel # \_\_\_\_\_  
Relationship to the Child: \_\_\_\_\_

Type of facility: (circle one)  
CFH SLH SLR UNL IDH ADO OTH

3. Change in Case Status: Case closed effective: \_\_\_\_\_  
Reason: \_\_\_\_\_  
4. Other Changes: \_\_\_\_\_  
\_\_\_\_\_

OTHER INFORMATION: (Include information on other siblings in foster care - names and placed with whom)

SUBSTITUTE CARETAKER INFORMATION (For FHCU use only):  
Certification/Approval Type: \_\_\_\_\_ Date of Certification/Approval: \_\_\_\_\_  
General \_\_\_\_\_  
Special \_\_\_\_\_  
Relative \_\_\_\_\_





**Office of the Administrative Director — Children's Advocacy Centers of Hawai'i**  
THE JUDICIARY • STATE OF HAWAII • 3019 PALI HIGHWAY • HONOLULU, HAWAII 96817-1418  
TELEPHONE (808) 548-6021 • FAX (808) 595-6978

**Michael Broderick**  
ADMINISTRATIVE DIRECTOR  
**Clyde W. Namu'o**  
DEPUTY ADMINISTRATIVE DIRECTOR

**Judy Lind**  
DIRECTOR

April 23, 1998

To: Captain Morton Carter  
Lt. Ron Nakamichi  
Det. Glenn Nojiri

From: Marianne B. Okamura

Re: Kema Case Conference

This is to confirm that the May 1st case conference regarding the above named child is being cancelled.

**EAST HAWAII CENTER**

1290 Kino'ole Street  
Hilo, HI 96720  
Phone: (808) 935-5437  
Fax: (808) 935-4684

**WEST HAWAII CENTER**

77-6403 Nalani Street  
Kailua Kona, HI 96740  
Phone: (808) 326-2828  
Fax: (808) 326-2819

**MAU'I CENTER**

1773 A Wili Pa Loop  
Waituku, HI 96793  
Phone: (808) 244-1024  
Fax: (808) 242-2865

**KAUA'I CENTER**

4473 Pahe'e St., Suite M  
Lihue, HI 96766  
Phone: (808) 241-3590  
Fax: (808) 241-3593

LOG OF CONTACTS

<u>DATE</u>	<u>TYPE</u>	<u>BY WHOM/WITH WHOM/RELATIONSHIP/REASON FOR CONTACT</u>
		<p>CASE NAME:ACOL, JAYLIN            CASE NUMBER:CPSS</p>
07-08-91	TCT	<p>11:50 a.m. Fsa called Miss Acol, #964-5623 &amp; introduced herself &amp; responsibilities &amp; client said she wasn't informed.            Miss Acol expressed that SW [REDACTED] discussed MIST program w/them but not Fsa.            Fsa informed Miss Acol she would notify SW [REDACTED] &amp; would contact her later in the week &amp; client agreed.</p>
07-10-91	TCT	<p>8:48 a.m. Fsa called Miss Acol &amp; first h.v. scheduled 07-19-91 10:00 a.m.. No h.v. possible this week because Miss Acol said she &amp; [REDACTED] have bad colds.</p>



**Office of Housing  
and Community Development**

Lorraine R. Inouye  
Mayor

Brian T. Nishimura  
Housing Administrator

50 Wailuku Drive • Hilo, Hawaii 96720 • (808) 935-8581 • Fax (808) 935-4725

August 14, 1991

Jaylin M. Acol  
P.O. Box 815  
Holualoa, HI 96725

**SUBJECT: Housing Assistance Payments Programs**

On August 5, 1991, the Existing Housing Division sent you a letter requesting your attendance at an interview on August 13, 1991. You did not show up for this interview nor did you call to make other arrangements.

If you are still interested in the Housing Assistance Payments Programs, another interview has been set up for you on:

**Date:** August 20, 1991

**Time:** 8:30 a.m.

**Place:** At Our Office - 50 Wailuku Drive  
Hilo Armory

Again, we ask that you do not bring children. Failure to attend the interview or call our office to make other arrangements will result in your application being canceled.

If there are any questions, please call Pam Rodero at 935-8581. Thank you for your cooperation in this matter.

*Carol M. Davis*  
\_\_\_\_\_  
Carol M. Davis  
Housing Counselor



EQUAL HOUSING OPPORTUNITY

mt

<b>STATE OF HAWAII</b> <b>FAMILY COURT</b> <b>THIRD CIRCUIT</b>	<b>SECOND</b> <b>/ ORDER SUBSTITUTING COUNSEL</b>	<b>CASE NUMBER</b> <b>FC-S NO. 91-48</b>
---	--	---

In the Interest of  
**PETER KEMA, JR.,**  
 A child under the age of  
 eighteen years.

DEPT. OF HUMAN SERVICES  
 Family & Adult Services Division  
 DEC 24 1991  
 EH Social Services Section  
 Hilo, Hawaii

**ORIGINAL COUNSEL**  
**WILLIAM SMITH**  
 COUNSEL FOR (NAME)  
**PETER KEMA, SR.**  
 NEW COUNSEL (NAME & PHONE NO.)  
**STEVEN D. STRAUSS**  
**969-9731**

Good cause appearing, IT IS ORDERED that the order appointing the original counsel to represent the person named above is revoked and set aside.

IT IS ALSO ORDERED that pursuant to HRS Section 587-34 (a) the person indicated above is substituted as counsel until final disposition of the case unless sooner discharged by the court.

IT IS FURTHER ORDERED that said counsel shall serve effective: December 12, 1991

- 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, an agency or by the court as the circumstances may justify.

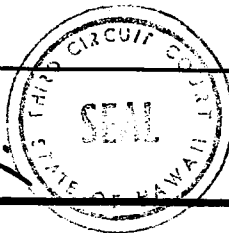
cc: Appointed Counsel - S. Strauss  
 Discharged Counsel - W. Smith  
 DAG - A. Auna  
 DHS - [REDACTED]  
 GAL - E. Radl  
 Fiscal

CLERK

DEC 20 11 21 AM '91

THIRD CIRCUIT COURT  
 STATE OF HAWAII

<b>DATE</b> <b>DEC 20 1991</b>	<b>JUDGE</b> 
-----------------------------------	------------------





- Unit 30

Medical worker for Kids  
K034315652

Gave info + send Med. cards



STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES

Family and Adult Services Division  
P.O. Box 1562  
Hilo, Hawaii 96721-1562  
Telephone: (808) [REDACTED]

August 29, 1991

Mr. Peter Kema  
Ms. Jaylin Acol  
28-2926 Kumula St. Q26  
Pepeekeo, HI 96783

Dear Mr. Kema and Ms. Acol:

Psychological evaluations have been scheduled with Dr. John Wingert for the both of you on October 31, 1991, at the Family and Adult Services Office in the State Building, 75 Aupuni Street, Room 112. Jaylin is scheduled for 10:00 a.m., and Peter at 12:00 noon.

Please call me at [REDACTED] to confirm these appointments. As we had discussed, there is no charge to you unless you do not show up for your scheduled appointment. In that case, you will be assessed a fee of approximately \$185.00.

Thank you for your cooperation.

Sincerely,

[REDACTED]  
[REDACTED]  
Social Worker  
[REDACTED]

Approved by:

[REDACTED]  
[REDACTED] Supervisor  
EH - Child Welfare Services II  
[REDACTED]



STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
Family and Adult Services Division  
P. O. Box 1562  
Hilo, Hawaii 96721-1562

# FACSIMILE TRANSMISSION COVER SHEET

Date: 8/22/91  
Time: 8:10 am

TO: DR. ROBERT DIMAURO, MD  
Diagnostic Imaging  
Kapiolani Medical Center  
1319 Punahou St. Honolulu 96826

Telephone: 973-8626  
Fax No.: 973-3173

FROM: [REDACTED] SW  
Child Welfare Services II  
Dept. of Human Svcs. / FASD  
P.O. Box 1562; Hilo 96721-1562

Telephone: [REDACTED]  
Fax No.: [REDACTED]

## SPECIAL INSTRUCTIONS:

ORIGINAL LETTER TO FOLLOW.

If you do not receive 2 pages (including this cover sheet), please telephone or fax immediately.

MEMORANDUM/ROUTE FORM

State of Hawaii  
Department of Human Services

To: [Redacted]

From: [Redacted]

Date: 8/29/91

Subject: [Redacted]

REMARKS:

Great home for  
I explained special service costs, gave them  
doting lists + mileage chits. Payments  
initiated -

Thanks

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



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: [REDACTED]

August 21, 1991

When replying, please address  
to Hawaii Branch Administrator

Dr. Robert DiMauro, MD  
Chief Technician  
Diagnostic Imaging  
Kapiolani Medical Center  
for Women and Children  
1319 Punahou Street  
Honolulu, Hawaii 96826

RE: Peter Kema Jr.  
DOB: May 1, 1991  
FC-S No. 91-048

Dear Dr. DiMauro:

The Department of Human Services has been working with this child and his family, and is now in the process of determining the cause of the current injuries to Peter Jr. Dr. Brian Wilson, MD. advised he could refer the existing x-rays to you for your consultation, and we would appreciate any professional opinion you may form from this information.

The age of the injuries, the probable or possible cause, any indication of physical disorder which may contribute, and any other information you may consider useful for determining the cause of the injuries would be beneficial in the treatment and planning for this child and family.

Please feel free to contact me at [REDACTED] or Dr. Wilson with questions regarding this request.

Sincerely,

[REDACTED]  
[REDACTED], Social Worker  
Child Welfare Services Unit II [REDACTED]

Approved by:

[REDACTED]  
Hawaii Branch Administrator

28-2926 Kumula Street, Q-26  
Pepeekeo, HI 96783  
August 22, 1991

[REDACTED] Social Worker  
Department of Human Services  
State of Hawaii  
75 Aupuni Street  
Hilo, Hawaii 96720

Dear [REDACTED]

I am writing to you in regards of a situation that was very upsetting and hurt to us. I was trying to get in contact with you before and after the hearing, but unfortunately, it wasn't possible. On August 20, the day of the hearing, I wanted to let you know that I was going approve the visitation [REDACTED] with [REDACTED] and [REDACTED] but not the baby. The reason is because they had rejected from the first time Peter and I had told them about him. Thus, I had explained to you earlier, and I thought you would have kept it thought, but you didn't.

Peter and I feel that [REDACTED] should not any contact with Peter Jr. because of the explanation above. [REDACTED] and [REDACTED] is agreeable, but not Peter Jr. Please understand how Peter and I feel. I do hope in the future that you will at least inform us about these matters before they are sent out. I really don't want our friendship to be jeopardized.

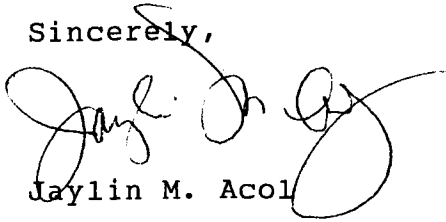
Also, I would like to thank you so much for your help in setting up the visitations with the children's foster parents. And also for helping us with our financial difficulties as well. I do hope that [REDACTED] will be returned to us as soon as possible. Our home again, is not the same without [REDACTED] WE MISS THEM SO VERY MUCH!

I am sorry for not getting in contact with you before and after the hearing, if I had done a bit sooner, things wouldn't have been that way, too. I do hope the future will be better for us all, but please understand how we feel.

I know that there could've been a lot worst situation than it already is, but I thank you so much for your time and effort in letting us visit the children. It really means alot to us.

Once again, thank you!

Sincerely,



Jaylin M. Acol

Also, here's the children's I.D. numbers for medical reasons.



PETER KEMA, JR. 0000212705-8 DOB 5/1/91

JOHN WAIHEE  
GOVERNOR



STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES

Family and Adult Services Division  
P.O. Box 1562  
Hilo, Hawaii 96721-1562  
Telephone: [REDACTED]

WINONA E. RUBIN  
DIRECTOR

LYNN N. FALLIN  
DEPUTY DIRECTOR

LESLIE S. MATSUBARA  
DEPUTY DIRECTOR

August 2, 1991

Ms. Jaylin Acol  
Mr. Peter Kema  
28-2926 Kumula St. Q26  
Pepeekeo, Hawaii 96783

Dear Mr. Kema and Ms. Acol:

Psychological evaluations with Dr. John Wingert, Ph.D. had been arranged for August 15, 1991 at 12:30 P.M. and at 2:30 P.M. in the Department of Human Service office, Room 112, in the State Building in Hilo.

It was necessary to cancel these appointments due to scheduling conflicts with Dr. Wingert. Appointments will be rescheduled at a later date.

Sincerely,

[REDACTED]  
[REDACTED] SW  
Child Welfare Services Unit II

Approved by:

[REDACTED]  
[REDACTED] supervisor  
Child Welfare Services Unit II

cc: Tim Desilva, Esq.  
Celia Urion, Esq.  
Edith Radl, GAL

PLACEMENT ACTION NOTICE

From [redacted]  
To [redacted] (Caseworker) LRU (Unit)  
Date 8-16-91

To \_\_\_\_\_  
From \_\_\_\_\_ (Caseworker) \_\_\_\_\_ (Unit)  
Date \_\_\_\_\_

Child's name Peter Kema Birthdate 5-1-91  
Case name Jaylin Acol Case No. 10780

Name of foster home [redacted]  Boarding  Adoptive  Work  Free

(Circle appropriate items)

A. NOTICE FROM FOSTER HOME FILE TO WORKER

- 1. Foster home reserved for child. Please notify us immediately of action taken by completing section B, item 3, below and returning this form to us by \_\_\_\_\_.
- 2. IPW-41, Placement Request Card, for child in file. Please notify us immediately regarding status of this request by completing section B, item 4, and returning this form to us.

B. NOTICE FROM WORKER TO FOSTER HOME FILE

- 3. Action taken on reserved home
  - Cancel reservation
  - Child placed in home (SEE other side)
- 4. Placement Request Card IPW-41
  - Continue request
  - Request withdrawn
- 5. Child removed from home (SEE other side)
- 6. Status of home
  - Unavailable from \_\_\_\_\_ Date \_\_\_\_\_
  - Available

(HAWAII) IPW-42  Pending further evaluation  
Revised 7/1/54  Vacation of foster home  
 Other (specify)

To be closed

(over)

C. NOTICE FROM WORKER TO UNIT CLERK AND/OR FOSTER HOME FILE

Change in living arrangement of CWS child

Removed from	To
<input type="checkbox"/>	<input type="checkbox"/> Home of parents
<input type="checkbox"/>	<input type="checkbox"/> Home of relatives
<input type="checkbox"/>	<input checked="" type="checkbox"/> Foster home* (board)
<input type="checkbox"/>	<input type="checkbox"/> Foster home* (free)
<input type="checkbox"/>	<input type="checkbox"/> Foster home* (work)
<input type="checkbox"/>	<input type="checkbox"/> Foster home* (adoptive)
<input type="checkbox"/>	<input type="checkbox"/> Institution*
<input checked="" type="checkbox"/>	<input type="checkbox"/> Elsewhere

{ Unit clerk to forward to Foster Home File if this item checked.

{ Unit clerk to forward to clerk compiling institutional statistics if this item checked.

\* If both Foster Home and Institution items checked, form should be circulated to both.

Date placed 8-16-91

Removed from Hilo Hospital (Name of person or institution)

Relationship \_\_\_\_\_

Placed [redacted]  
Address [redacted]

Relationship Foster

Board rate \$ 529 + per month  
Special service costs explained

GENERAL REMARKS:

[redacted signature]

Signature of case worker

Signature of person in charge of Foster Home File

Peter Sr

PLACEMENT REQUEST CARD

DATE OF REQUEST 8-12-91

Boarding  Adoptive  Free  Work  Institution

Date Request Withdrawn \_\_\_\_\_ Date Child Placed 8-16-91 <sup>(Name)</sup>

Date Home Needed 8-16-91 Length of Placement unknown

Worker [redacted] Unit 70 Child Peter Kema Jr Birthdate 5-1-91

Case Name Acol, Jaylen No. 10780 Racial Extraction Hawaiian Mix Sex:  M  F

Description of the child (appearance, health, intelligence, personality, and factors to be considered in placement).

3+ month old, normal development except:  
was using apnea monitor until placement, Monitor cancelled by Dr. Park, child still prescribed coffee -  
child released from hospital w/ multiple skeletal fractures, left by healing.

Child's family in relation to the foster home or institution (description of parents, family members; their attitudes toward the child, toward the foster parents or institution, and toward the placement plans).

Mother/father accepting placement. They like foster family.

Foster Home Request: Special requirements of the foster home (racial background, age, family composition, religion, neighborhood, etc).

[redacted] child placement.

Institutional Placement. Reason for choice of institutional placement and selection of specific institution.

Approved by \_\_\_\_\_  
(For institutional requests only)

[redacted]  
(Supervisor)

PLACEMENT ACTION NOTICE

From [redacted] To [redacted]  
To [redacted] (Case worker) LRU (Unit)  
Date 8-12-91

To \_\_\_\_\_  
From \_\_\_\_\_ (Case worker) \_\_\_\_\_ (Unit)  
Date \_\_\_\_\_

Child's name [redacted] Birthdate [redacted]  
Case name Acol Jaylin Case No. 10780  
Name of foster home [redacted]

Boarding  Adoptive  Work  Free

(Circle appropriate items)

A. NOTICE FROM FOSTER HOME FILE TO WORKER

- 1. Foster home reserved for child. Please notify us immediately of action taken by completing section B, item 3, below and returning this form to us by \_\_\_\_\_.
- 2. IPW-41, Placement Request Card, for child in file. Please notify us immediately regarding status of this request by completing section B, item 4, and returning this form to us.

P. NOTICE FROM WORKER TO FOSTER HOME FILE

- 3. Action taken on reserved home  
 Cancel reservation
- 4. Placement Request Card IPW-41  
 Continue request
- 5. Child removed from home (SEE other side)
- 6. Status of home  
 Unavailable from \_\_\_\_\_ Date \_\_\_\_\_

- Child placed in home (SEE other side)
- Request withdrawn
- Available
- To be closed

(HAWAII) IPW-42  Pending further evaluation  
Revised 7/1/54  Vacation of foster home  
 Other (specify)

(over)

C. NOTICE FROM WORKER TO UNIT CLERK AND/OR FOSTER HOME FILE

Change in living arrangement of CWS child

- |                                     |  |
|-------------------------------------|--|
| Removed from                        | To   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Home of parents                 |
| <input type="checkbox"/>            | <input type="checkbox"/> Home of relatives               |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> Foster home* (board) |
| <input type="checkbox"/>            | <input type="checkbox"/> Foster home* (free)             |
| <input type="checkbox"/>            | <input type="checkbox"/> Foster home* (work)             |
| <input type="checkbox"/>            | <input type="checkbox"/> Foster home* (adoptive)         |
| <input type="checkbox"/>            | <input type="checkbox"/> Institution*                    |
| <input type="checkbox"/>            | <input type="checkbox"/> Elsewhere                       |

{ Unit clerk to forward to Foster Home File if this item checked.

{ Unit clerk to forward to clerk compiling institutional statistics if this item checked.

\* If both Foster Home and Institution items checked, form should be circulated to both.

Date placed 8-12-91  
Removed from Parents (Name of person or institution)  
Placed [redacted]  
Address [redacted]

Relationship \_\_\_\_\_  
Relationship Foster  
Board rate \$ 529 per month

GENERAL REMARKS:

[redacted signature area]

Signature of caseworker

Signature of person in charge of Foster Home File

PLACEMENT REQUEST CARD

DATE OF REQUEST 8-12-91

Boarding  Adoptive  Free  Work  Institution \_\_\_\_\_

Date Request Withdrawn \_\_\_\_\_ Date Child Placed <sup>(Name)</sup> 8-12-91

Date Home Needed 8-12-91 Length of Placement unknown

Worker [redacted] Unit 70 Child [redacted] Birthdate [redacted]

Case Name Acol Jaglin No. 10780 Racial Extraction HAWN Mix Sex: [redacted]

Description of the child (appearance, health, intelligence, personality, and factors to be considered in placement).

[redacted] build, very verbal + inquisitive.

Child's family in relation to the foster home or institution (description of parents, family members; their attitudes toward the child, toward the foster parents or institution, and toward the placement plans).

Mother / stepfather resigned to placement.

Foster Home Request: Special requirements of the foster home (racial background, age, family composition, religion, neighborhood, etc).

[redacted] need to be placed [redacted]

Institutional Placement. Reason for choice of institutional placement and selection of specific institution.

Approved by \_\_\_\_\_  
(For institutional requests only)

[redacted]  
(Supervisor)



PLACEMENT ACTION NOTICE

From [redacted] To [redacted]
(Caseworker) LRU (Unit)
Date 8-12-91
Child's name [redacted] Birthdate [redacted]
Case name Acol Jaglin Case No. 10780
Name of foster home [redacted]

To [redacted]
From [redacted] (Caseworker) [redacted] (Unit)
Date [redacted]
Birthdate [redacted]
Boarding [checked] Adoptive [ ] Work [ ] Free [ ]

(Circle appropriate items)

A. NOTICE FROM FOSTER HOME FILE TO WORKER

- 1. Foster home reserved for child. Please notify us immediately of action taken by completing section B, item 3, below and returning this form to us by [redacted].
2. IPW-41, Placement Request Card, for child in file. Please notify us immediately regarding status of this request by completing section B, item 4, and returning this form to us.

B. NOTICE FROM WORKER TO FOSTER HOME FILE

- 3. Action taken on reserved home
[ ] Cancel reservation
4. Placement Request Card IPW-41
[ ] Continue request
5. Child removed from home (SEE other side)
6. Status of home
[ ] Unavailable from [redacted] Date [redacted]

- [checked] Child placed in home (SEE other side)
[ ] Request withdrawn
[ ] Available
[ ] To be closed

(HAWAII) IPW-42 Revised 7/1/54

- [ ] Pending further evaluation
[ ] Vacation of foster home
[ ] Other (specify)

(over)

C. NOTICE FROM WORKER TO UNIT CLERK AND/OR FOSTER HOME FILE

Change in living arrangement of CWS child

- Removed from [checked] Home of parents
[ ] Home of relatives
[ ] Foster home\* (board)
[ ] Foster home\* (free)
[ ] Foster home\* (work)
[ ] Foster home\* (adoptive)
[ ] Institution\*
[ ] Elsewhere

{Unit clerk to forward to Foster Home File if this item checked.

{Unit clerk to forward to clerk compiling institutional statistics if this item checked.

\* If both Foster Home and Institution items checked, form should be circulated to both.

Date placed 8-12-91
Removed from Parents (Name of person or institution)
Placed [redacted]
Address [redacted]

Relationship
Relationship Foster
Board rate \$ 529 per month

GENERAL REMARKS:

[redacted]

Signature of caseworker

Signature of person in charge of Foster Home File

PLACEMENT REQUEST CARD

DATE OF REQUEST 8-12-91

Boarding  Adoptive  Free  Work  Institution \_\_\_\_\_

Date Request Withdrawn \_\_\_\_\_ Date Child Placed <sup>(Name)</sup> 8-12-91

Date Home Needed 8-12-91 Length of Placement unknown

Worker [redacted] Unit 70 Child [redacted] Birthdate [redacted]

Case Name Acol Jaylin No. 10780 Racial Extraction Hawn Mix Sex: [redacted]

Description of the child (appearance, health, intelligence, personality, and factors to be considered in placement).

[redacted], final stages of potty training. very verbal. very attached [redacted]

Child's family in relation to the foster home or institution (description of parents, family members; their attitudes toward the child, toward the foster parents or institution, and toward the placement plans).

Mother/stepfather resigned to placement

Foster Home Request: Special requirements of the foster home (racial background, age, family composition, religion, neighborhood, etc).

[redacted] need placement [redacted]

Institutional Placement. Reason for choice of institutional placement and selection of specific institution.

Approved by \_\_\_\_\_ (For institutional requests only) [redacted] (Supervisor)

STATE OF HAWAII  
Department of Social Services and Housing  
Public Welfare Division

AGREEMENT BETWEEN THE  
DEPARTMENT OF SOCIAL SERVICES AND HOUSING  
and SUBSTITUTE CARETAKER

A. DEPARTMENT OF SOCIAL SERVICES AND HOUSING

The Department, in placing [REDACTED] (child's name)  
[REDACTED] (birthdate) in your home, agrees to:

1. Pay for the child's care according to the board rate currently paid by the Department;
2. Pay for medical and dental care, clothing and other needs according to standards set by the Department;
3. Visit the child and advise you regarding the child's care and supervision;
4. Give you at least two weeks' notice before removing the child from your home except in an emergency requiring immediate removal.

B. SUBSTITUTE CARETAKER

We, [REDACTED], (substitute caretakers' full names) accept [REDACTED] (child's full name) into our home for temporary care and not for the purpose of adoption.

We understand that the Department has responsibility to plan for the child and will visit our home to assist us with the child's care while the child lives with us. We also understand that the Department has the authority to remove the child from our home.

We agree to:

1. Provide care and training to the child to the best of our ability;
2. Cooperate with the Department in planning and working for the child's best interests;
3. Immediately notify the Department in case of any illness or serious difficulty with the child;
4. Consult the Department before allowing the child to leave our home overnight or for any period of time;

STATE OF HAWAII  
Department of Social Services and Housing  
Public Welfare Division

AGREEMENT BETWEEN THE  
DEPARTMENT OF SOCIAL SERVICES AND HOUSING  
and SUBSTITUTE CARETAKER

A. DEPARTMENT OF SOCIAL SERVICES AND HOUSING

The Department, in placing [REDACTED] (child's name)  
[REDACTED] (birthdate) in your home, agrees to:

1. Pay for the child's care according to the board rate currently paid by the Department;
2. Pay for medical and dental care, clothing and other needs according to standards set by the Department;
3. Visit the child and advise you regarding the child's care and supervision;
4. Give you at least two weeks' notice before removing the child from your home except in an emergency requiring immediate removal.

B. SUBSTITUTE CARETAKER

We, [REDACTED], (substitute caretakers' full names) accept [REDACTED] (child's full name) into our home for temporary care and not for the purpose of adoption.

We understand that the Department has responsibility to plan for the child and will visit our home to assist us with the child's care while the child lives with us. We also understand that the Department has the authority to remove the child from our home.

We agree to:

1. Provide care and training to the child to the best of our ability;
2. Cooperate with the Department in planning and working for the child's best interests;
3. Immediately notify the Department in case of any illness or serious difficulty with the child;
4. Consult the Department before allowing the child to leave our home overnight or for any period of time;

Prepare 2 copies  
Give original to  
medical facility  
File second copy in  
record

CONSENT FOR SURGERY, MEDICAL AND DENTAL CARE

I hereby give consent for [REDACTED]  
to be given an anesthetic to undergo surgery and/or to be given medical treatment  
for Emergency at Hilo  
(Type of surgery or medical treatment) (Hospital)  
by Staff Services  
(Name of doctor or indicate "staff service")

[REDACTED] (Parent)  
(or) [REDACTED]  
(Legal Guardian)  
(or)

\_\_\_\_\_  
Branch Administrator or Supervisor\*  
FAMILY AND ADULT SERVICES DIVISION  
Department of Human Services

August 17, 1991  
(Date)  
[REDACTED]  
(Witness)  
\_\_\_\_\_  
(Witness)

\*If the Family and Adult Services Division of the Department of Human Services has legal custody of the above-named child, indicate court order number below:

Family Court Order No. [REDACTED]

Prepare 2 copies  
Give original to  
medical facility  
File second copy in  
record

CONSENT FOR SURGERY, MEDICAL AND DENTAL CARE

I hereby give consent for \_\_\_\_\_  
to be given an anesthetic to undergo surgery and/or to be given medical treatment  
for Emergency at Hilo  
(Type of surgery or medical treatment) (Hospital)  
by Staff Services  
(Name of doctor or indicate "staff service")

\_\_\_\_\_  
(Parent)  
(or) \_\_\_\_\_  
(Legal Guardian)  
(or) \_\_\_\_\_

Branch Administrator or Supervisor\*  
FAMILY AND ADULT SERVICES DIVISION  
Department of Human Services

August 12, 1991  
(Date)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Witness)

\*If the Family and Adult Services Division of the Department of Human Services has legal custody of the above-named child, indicate court order number below:

Family Court Order No. \_\_\_\_\_

DEPT. OF HUMAN SERVICES  
Family & Adult Services Div.

STATE OF HAWAII  
DEPARTMENT OF THE ATTORNEY GENERAL  
P. O. Box 249  
Kealahou, HI 96750 Kailua-Kona, HI 96740  
(808) 323-2045

JUN 20 1991 *pan*

DEPT. OF HUMAN SERVICES  
Family & Adult Services Division

JUN 28 1991

EH Social Services Section  
Hilo, Hawaii

# FAX TRANSMITTAL

FAX NO. (808) 323-3076

DATE: 6-20-91

TO: WHPP

FROM: Nolan Cook

### IF ANY TRANSMISSION PROBLEMS

CONTACT: Elaine PH. #: 323-2045

7 PAGE(S) TO FOLLOW

*Please have DHS secretary pick up for*



*Thanks!  
Elaine*

ups

Officer Harley HEE  
HCPD - Kona

05-08-91

D-57636  
HL  
ABUSE FAMILY  
MEMBER

PAGE 1 OF 1 PAGE

MASTER REPORT

Refer to Master Report No. D-57634/HL (PROTECTIVE CUSTODY) for more information. All investigations submitted under the master report.

CONNECT-UP REPORT

The connect-up report is No. D-57635/HL (ABUSE FAMILY MEMBER). Refer to this report for additional information.

DISPOSITION

Due to the above information, this case will be routed to Hilo Patrol for follow-up and final disposition and also route a copy to Kona CPS worker [REDACTED]

ROUTE COPY OF THIS REPORT TO HILO DISTRICT/CHILD PROTECTIVE SERVICES

MAY 31 1991

CONNECT-UP REPORTS: D-57634/HL (MASTER); D-57635/HL

INV. CONTINUING

APPROVED

*[Signature]*

DATE: 5-24-91

*[Signature]*  
Harley HEE  
PO-43 3W  
05-12-91

#108  
KN  
1723 HRS

05-14-91 TUE 1110 HRS



CPS

Officer Harley HEE  
HCPD- Kona

05-08-91  
Ofcr. H. HEE

D-57634  
HL  
PROTECTIVE  
CUSTODY

PAGE 1 OF 5 PAGES

ASSIGNMENT

05-08-91: 1600 Hrs.: I was assigned by Acting Lieutenant R. EMBERNATE to investigate this case.

REPORTING PERSON'S STATEMENT

[REDACTED]

[REDACTED] related that on 05-07-91 at approximately 1230 hours, her [REDACTED] and [REDACTED] were brought to her house by her Dorothy KEPANO.

When she looked at [REDACTED] she could see that they had bruises to their facial area. She then asked her [REDACTED] what happened to [REDACTED]. At first [REDACTED] would not say anything. She asked [REDACTED] several times after playing with [REDACTED] and then [REDACTED] told her that Peter pulled [REDACTED] hair and hit [REDACTED] Peter [REDACTED] at this time. [REDACTED] and her boyfriend with the kids live in Pepeekeo, Hawaii, at this time.

SCENE

The scene is 28-2926 Kumula, Apartment Q26, Pepeekeo, Hawaii.

KONA CHILD PROTECTIVE SERVICES (CPS) WORKER CONTACTED

Child Protective Services worker, [REDACTED] was contacted by Acting Lieutenant R. EMBERNATE at approximately 1700 hours. She arrived at the police station at approximately 1730 hours to interview [REDACTED] and [REDACTED] and [REDACTED]

Officer Harley HEE  
HCPD- Kona

05-08-91  
Ofcr. H. HEE

D-57634  
HL  
PROTECTIVE  
CUSTODY

PAGE 2 OF 5 PAGES

SUSPECTS

The suspects, Jaylin ACOL and Peter KEMA, were outside the receiving desk at this time, waiting for the [REDACTED] to bring t [REDACTED] wn.

INFORMATION RECEIVED

At approximately 1900 hours on 05-08-91, CPS Worker [REDACTED] informed me that [REDACTED] had been physically abused and the suspects were the [REDACTED] mother and her live-in boyfriend.

SUSPECT NO. 1

Jaylin ACOL F-21  
DOB: 04-10-70  
SSN: [REDACTED]  
28-2926 Kumula Street, Apt. Q26  
Pepeekeo, Hawaii  
Res. Ph.: 964-5811

ADVICE OF RIGHTS

05-08-91: 1910 Hrs.: Advised Jaylin ACOL of her rights with Advice of Rights form. I read the form to her and she related that she understood her rights, did not want a lawyer at this time, was willing to make a statement, and did not want a lawyer during the interview.

Jaylin related that on 04-30-91 at approximately 2130 hours, she went to Hilo Hospital to give birth to her baby. She did not come home until Friday, 05-03-91, at approximately 12:00 in the afternoon (1200 hours). When she came home, she noticed that [REDACTED] had a bruise on [REDACTED] right arm and [REDACTED] left ear had sores. She related [REDACTED] ear had sores because [REDACTED] had poked [REDACTED] ear with a toy that [REDACTED] gave to [REDACTED]--some kind of a whistle toy.

She related that Peter had told her that [REDACTED] was running and fell down and also fell off the merry-go-round while playing with [REDACTED] during the time she was in the

Officer Harley HEE  
HCPD- Kona

05-08-91  
Ofcr. H. HEE

D-57634  
HL  
PROTECTIVE  
CUSTODY

PAGE 3 OF 5 PAGES

hospital. She related that she had lived with Peter KEMA for approximately two years.

SUSPECT NO. 2

Peter KEMA, M-21  
DOB: 08-17-70  
SSN: [REDACTED]  
Unemployed Painter  
28-2926 Kumula Street, Apt. Q26  
Pepeekeo, Hawaii  
Res. Ph.: 964-5811

ADVICE OF RIGHTS

05-08-91: 1921 Hrs.: Advised Peter KEMA of his rights with the Advice of Rights form. I read the form to him and he related that he understood what was read, did not want a lawyer at this time, was willing to make a statement, and did not want a lawyer during this interview. He signed and initialed the appropriate blocks on the Advice of Rights form.

KEMA related that the day after he took his girlfriend, Jaylin ACOL, to the hospital, which would have been 05-01-91, he was playing with [REDACTED] on the merry-go-round and the jungle gym in the morning. He was spinning the merry-go-round with the [REDACTED] on it and [REDACTED] let go of the merry-go-round and fell on the left side of [REDACTED] face, hitting [REDACTED] face on a river rock that was on the ground. This happened at approximately 12:00 in the afternoon (1200 hours). He then took [REDACTED] into the house and put ice on [REDACTED] face.

He related that on 05-02-91 at approximately 10:00 to 11:00 in the morning (1000/1100 hours), he was sitting on the bottom stairs of their apartment complex while [REDACTED] was playing on the merry-go-round and [REDACTED] was sitting down with [REDACTED]. He had heard his phone ring upstairs. He then ran up to answer the telephone. When he answered the telephone, no one answered.

When he came back outside of the house, he saw [REDACTED] to be on the merry-go-round again with approximately four other children of the same age. They were spinning the merry-go-round and he saw [REDACTED] "fly off" the

Officer Harley HEE  
HCPD- Kona

05-08-91  
Ofcr. H. HEE

D-57634  
HL  
PROTECTIVE  
CUSTODY

PAGE 4 OF 5 PAGES

merry-go-round and hit the right side of [REDACTED] face on the ground. He then brought [REDACTED] back into the house and again put ice on [REDACTED] face.

The next day, 05-03-91, while playing in the house at approximately 5:00 p.m. (1700 hours), he could hear the [REDACTED] and [REDACTED], fighting in the bedroom. He could hear toys flying across the room. He then ran to the room and saw [REDACTED] hitting [REDACTED] with different kinds of toys and dolls and throwing blocks at [REDACTED]. He did not notice any injuries at this time.

The next day (being the day he was going to pick up Jaylin from the hospital) when he woke up in the morning, he had [REDACTED] sleeping next to him. He could see that [REDACTED] had a black eye and it must have happened from the time [REDACTED] was fighting with [REDACTED]. He then noticed that [REDACTED] had a scratch, about 4 or 5 inches long, on the back of [REDACTED] leg which he assumed had happened from a toy truck that they could sit down and ride on, on which he saw bloodstains on the truck.

PROTECTIVE CUSTODY

05-08-91: 2000 Hrs.: I then took th [REDACTED] and [REDACTED] into protective custody and a Juvenile Detention form was submitted under Report No. D-57634/KN. [REDACTED] and [REDACTED] were turned over to the CPS worker, [REDACTED]

DISPOSITION

Due to the fact that the abuse occurred in the Hilo District at 28-2926 Kumula Street, at Apartment Q26, in Pepeekeo, Hawaii, this case will be routed to Hilo Patrol for follow-up investigation, final disposition and referral, and to CPS worker, [REDACTED] for her information.

UN-20-91 170 711 KONA JAG  
Officer Harley HEE  
HCPD- Kona

05-08-91  
Ofcr. H. HEE

P. 06  
D-57634  
HL  
PROTECTIVE  
CUSTODY

PAGE 5 OF 5 PAGES

ROUTE COPY OF THIS REPORT TO HILO DISTRICT/CHILD PROTECTIVE  
SERVICES

MAY 31 1991

INV. CONTINUING

APPROVED

  
3-33

DATE: 5-24-91

05-14-91 TUE 1014 HRS

Harley HEE  
Harley HEE  
PO-43 3W  
05-12-91

#108  
KN  
1718 HRS

Officer Harley HEE  
HCPD - Kona

05-08-91

D-57635  
HL  
ABUSE FAMILY  
MEMBER

PAGE 1 OF 1 PAGE

ASSIGNMENT

I was assigned by Acting Lieutenant R. EMBERNATE to investigate this case.

MASTER REPORT

Refer to Master Report No. D-57634/HL (PROTECTIVE CUSTODY) for more information. All investigations submitted under this case.

DISPOSITION

Due to the above information, this case will be routed to Hilo Patrol for follow-up and final disposition and to Kona CPS worker, [REDACTED]

ROUTE COPY OF THIS REPORT TO HILO DISTRICT/CHILD PROTECTIVE SERVICES

CONNECT-UP REPORT: D-57634/HL (MASTER)

MAY 31 1991

INV. CONTINUING

APPROVED

*[Signature]*

*Harley HEE*  
Harley HEE  
PO-43 3W  
05-12-91

#108  
KN  
1721 HRS

DATE: 5-24-91

0514-91 TUE 1044 HRS

CONFERENCE REPORT

CHILD NAME: Kema, Peter Jr.

BIRTHDATE: 5/01/91

CASE NAME: Acol, Jaylin

CASE WORKER: [REDACTED]

CONFERENCE DATE: 08/14/91

START TIME: 2:00pm

END TIME: 3:15pm

CONFERENCE PARTICIPANTS:

Brian Wilson, MD (Pediatrician)  
Christopher Barthel (Psychologist)  
Patsy Matsuura (PHN)  
Linda Halsted (Hilo Counseling Ctn.)  
Aley Auna (DAG)  
Lissa Van Kralingen (CPS Team)  
[REDACTED] (CPS-SW)  
[REDACTED] (CSW II-SUP)  
[REDACTED] (CPS-SW)  
Edith Radl (GAL)  
Pearl Whyne (CPS Team)

THIS REPORT IS CONSULTATIVE IN NATURE AND CASE MANAGEMENT DECISIONS ARE LEFT UP TO THE DEPARTMENT OF HUMAN SERVICES.

LEGAL: Court date set for August 20, 1991.  
Kona police informed social worker that Peter Kema Sr. will be arrested for burglary  
CPS has no jurisdiction in this case yet. CPS has temporary family supervision on [REDACTED]

SOCIAL: Family consists of Peter Kema Sr., Jaylin Acol, [REDACTED] (yrs.), [REDACTED] and Peter Jr. [REDACTED] are from [REDACTED]. Initial concern was for [REDACTED]. Case was opened because during the time of Peter Jr.'s birth Peter Sr. asked his sister Dorothy to care for [REDACTED]. It is unclear as to how the following event occurred, but [REDACTED] and [REDACTED] went to visit their [REDACTED]. When Peter Sr. and Jaylin went to [REDACTED] to let [REDACTED] leave and police were called in.

██████████ had bruises on face and ██████████ expressed fear of Peter Sr. Perpetrator of abuse is unknown and after two hearings the ██████████ were returned to Jaylin and Peter. The relationship between Jaylin and ██████████ is estranged at present. CPS has been offering services but now couple is resistant to services. Letti Galloway, of QLCC, has been making home visits with the family.

On August 13, 1991, ██████████ and ██████████ was placed in foster care. When Peter Jr. is released from the hospital, he will go to the same foster home ██████████. These foster parents are willing to care for ██████████ and they are also open to having the parents visit ██████████ in their home.

**MEDICAL:** Peter Jr. was born in May of 1991. Following his birth he was transferred to Kapiolani Children's Hospital with respiratory difficulties.

On Sunday, August 11, 1991, Peter Jr. was admitted to Hilo Hospital by Dr. Ruth Matsuura who was filling in for Dr. Hoon Park who is the child's pediatrician. Peter Jr. was initially brought in for swelling of the leg. X-rays revealed numerous fractures involving the numerous femoral and the ribs. Fractures very as to time injuries were sustained.

Parents explanation of events leading to injuries were not addressed at time of admittance of Peter Jr. Later police interviewed the parents.

**PSYCHOLOGICAL:** Christopher Barthel was Peter Kema Sr.'s therapist six years ago and has recently renewed his professional relationship with him. Jaylin Acol has also joined in the therapy. Therapy began when ██████████ and ██████████ was first removed from their home.

#### DISCUSSION/ANALYSIS

Two weeks ago, from August 13, 1991, the couple had been to see their therapist. Therapist had observed a lot of activity and interaction between ██████████ and Peter Jr. At that session, the couple mentioned that the baby cries whenever he is touched. Therapist suggested bringing baby to Doctor. On August 13, 1991, couple stated that they brought baby to Dr. Park who told them that baby's medication, due to the respiratory problem, could be causing child's discomfort. Should check to see if there are any notes from Dr. Park to verify office visit. Therapist also observed spontaneous concern and symptomatology for child by both parents.

Is there any indication of bone disorder which would leave child susceptible to injuries? No.

The couple's relationship was such that they would "back bite" each other, of course now they have pulled together but Peter perceives Jaylin as not coming through in terms of care-giving.



They did mention that a week ago they went to the store and both parents went into the store leaving [REDACTED] in the car. When they came out of the store they found that [REDACTED] had gotten out of [REDACTED] car seat and was jumping on Peter Jr. while he was in his car seat. Peter Jr. was crying.

Therapist noticed couple to be depressed, 8/13/91, and the removal of [REDACTED] is an added stressor for them. Stressors being shelter, transportation, Jaylin's gall bladder operation and removal of [REDACTED] (2nd time [REDACTED]). Parents are very needy at this point.

Assuming either of parents is the perpetrator, would they be protective of each other? No.

When Peter Sr. was young he was depressed and angry yet he did not show and signs of fabrication. Couple's capacity to learn is fine. These two young adults are in their own way reacting to the world with sensitivity-guarded, cautious even with services.

[REDACTED] are concerned about the [REDACTED]. [REDACTED] is concerned that Jaylin is unstable. Dorothy of ATV is giving information to [REDACTED].

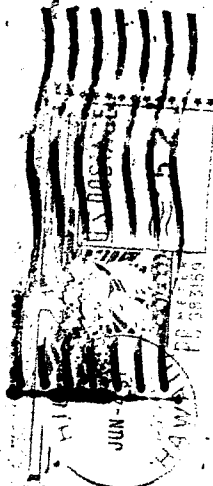
#### RECOMMENDATIONS:

1. Important that parents feel that they have access [REDACTED]. They need to feel a sense of self-worth giving their age and background. Very vulnerable in that sense.
2. If Reunification is a goal, they will need a lot of support and attention to the things that are creating the stressors, (financially and physically).
3. If services needed are boiled down to a smaller number of people that parents feel some degree of trust towards, alot of mileage can be gained.
4. If there is any possibility that the the fractures could have been caused by [REDACTED] and all [REDACTED] are placed with one foster parent, that foster parents would need to be highly aware of interaction [REDACTED].
5. Gather information of criminal charges against Peter Sr. Pass on information, if possible, to therapist for credibility.
6. No jurisdiction, need to file amended petition.
7. Assuming [REDACTED] are perpetrator, [REDACTED] should not be left unattended. Adult supervision at all times.

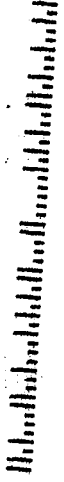
8. Foster care at this time may be positive with mother recuperating from surgery.
9. Dr. Morrow review the films to help with the dating of injuries.
10. Parents have continued supervised contacts with infant.

STATE OF HAWAII  
DEPARTMENT OF THE ATTORNEY GENERAL  
SOCIAL SERVICES DIVISION - HILO OFFICE  
101 AUPUNI STREET, SUITE 1014-D  
HILO, HAWAII 96720-4246

ADDRESS CORRECTION REQUESTED



Mrs. Elaine Okura  
Legal Stenographer  
Attorney General's Office  
P. O. Box 249  
Kealahou, HI 96750



JUN 13 1991

Officer Harley S. Hee, Services Section  
HCPD- Kona Hilo, Hawaii

05-08-91  
Ofcr. H. HEE

D-57634  
HL  
PROTECTIVE  
CUSTODY

PAGE 1 OF 5 PAGES

ASSIGNMENT

05-08-91: 1600 Hrs.: I was assigned by Acting Lieutenant R. EMBERNATE to investigate this case.

REPORTING PERSON'S STATEMENT

[REDACTED]

[REDACTED] related that on 05-07-91 at approximately 1230 hours, her [REDACTED] and [REDACTED] were brought to her house by her Dorothy KEPANO.

When she looked at [REDACTED] she could see that they had bruises to [REDACTED] facial area. She then asked her [REDACTED] what happened to [REDACTED]. At first [REDACTED] would not say anything. She asked [REDACTED] several times after playing with [REDACTED] and then [REDACTED] told her that Peter pulled [REDACTED] hair and hit [REDACTED] Peter is [REDACTED] at this time. [REDACTED] and her boyfriend with the kids live in Pepekeo, Hawaii, at this time.

SCENE

The scene is 28-2926 Kumula, Apartment Q26, Pepekeo, Hawaii.

KONA CHILD PROTECTIVE SERVICES (CPS) WORKER CONTACTED

Child Protective Services worker, [REDACTED], was contacted by Acting Lieutenant R. EMBERNATE at approximately 1700 hours. She arrived at the police station at approximately 1730 hours to interview the [REDACTED] and [REDACTED] and [REDACTED]

Officer Harley HEE  
HCPD- Kona

05-08-91  
Ofcr. H. HEE

D-57634  
HL  
PROTECTIVE  
CUSTODY

PAGE 2 OF 5 PAGES

SUSPECTS

The suspects, Jaylin ACOL and Peter KEMA, were outside the receiving desk at this time, waiting for the [REDACTED] to bring the [REDACTED] down.

INFORMATION RECEIVED

At approximately 1900 hours on 05-08-91, CPS Worker [REDACTED] informed me that [REDACTED] had been physically abused and the suspects were the children's mother and her live-in boyfriend.

SUSPECT NO. 1

Jaylin ACOL F-21  
DOB: 04-10-70  
SSN: [REDACTED]  
28-2926 Kumula Street, Apt. Q26  
Pepeekeo, Hawaii  
Res. Ph.: 964-5811

ADVICE OF RIGHTS

05-08-91: 1910 Hrs.: Advised Jaylin ACOL of her rights with Advice of Rights form. I read the form to her and she related that she understood her rights, did not want a lawyer at this time, was willing to make a statement, and did not want a lawyer during the interview.

Jaylin related that on 04-30-91 at approximately 2130 hours, she went to Hilo Hospital to give birth to her baby. She did not come home until Friday, 05-03-91, at approximately 12:00 in the afternoon (1200 hours). When she came home, she noticed that [REDACTED] had a bruise on [REDACTED] right arm and [REDACTED] left ear had sores. She related [REDACTED] ear had sores because [REDACTED] had poked [REDACTED] ear with a toy that [REDACTED] gave to her--some kind of a whistle toy.

She related that Peter had told her that [REDACTED] was running and fell down and also fell off the merry-go-round while playing with [REDACTED] during the time she was in the

Officer Harley HEE  
HCPD- Kona

05-08-91  
Ofcr. H. HEE

D-57634  
HL  
PROTECTIVE  
CUSTODY

PAGE 3 OF 5 PAGES

hospital. She related that she had lived with Peter KEMA for approximately two years.

SUSPECT NO. 2

Peter KEMA, M-21  
DOB: 08-17-70  
SSN: [REDACTED]  
Unemployed Painter  
28-2926 Kumula Street, Apt. Q26  
Pepeekeo, Hawaii  
Res. Ph.: 964-5811

ADVICE OF RIGHTS

05-08-91: 1921 Hrs.: Advised Peter KEMA of his rights with the Advice of Rights form. I read the form to him and he related that he understood what was read, did not want a lawyer at this time, was willing to make a statement, and did not want a lawyer during this interview. He signed and initialed the appropriate blocks on the Advice of Rights form.

KEMA related that the day after he took his girlfriend, Jaylin ACOL, to the hospital, which would have been 05-01-91, he was playing with the [REDACTED] on the merry-go-round and the jungle gym in the morning. He was spinning the merry-go-round with the [REDACTED] on it and [REDACTED] let go of the merry-go-round and fell on the left side of [REDACTED] face, hitting [REDACTED] face on a river rock that was on the ground. This happened at approximately 12:00 in the afternoon (1200 hours). He then took [REDACTED] into the house and put ice on [REDACTED] face.

He related that on 05-02-91 at approximately 10:00 to 11:00 in the morning (1000/1100 hours), he was sitting on the bottom stairs of their apartment complex while [REDACTED] was playing on the merry-go-round and [REDACTED] was sitting down with him. He had heard his phone ring upstairs. He then ran up to answer the telephone. When he answered the telephone, no one answered.

When he came back outside of the house, he saw [REDACTED] to be on the merry-go-round again with approximately four other children of the same age. They were spinning the merry-go-round and he saw [REDACTED] "fly off" the

Officer Harley HEE  
HCPD- Kona

05-08-91  
Ofcr. H. HEE

D-57634  
HL  
PROTECTIVE  
CUSTODY

PAGE 4 OF 5 PAGES

merry-go-round and hit the right side of [REDACTED] face on the ground. He then brought [REDACTED] back into the house and again put ice on [REDACTED] face.

The next day, 05-03-91, while playing in the house at approximately 5:00 p.m. (1700 hours), he could hear the [REDACTED] and [REDACTED], fighting in the bedroom. He could hear toys flying across the room. He then ran to the room and saw [REDACTED] hitting [REDACTED] with different kinds of toys and dolls and throwing blocks at [REDACTED]. He did not notice any injuries at this time.

The next day (being the day he was going to pick up Jaylin from the hospital) when he woke up in the morning, he had [REDACTED] sleeping next to him. He could see that [REDACTED] had a black eye and it must have happened from the time [REDACTED] was fighting with [REDACTED]. He then noticed that [REDACTED] had a scratch, about 4 or 5 inches long, on the back of [REDACTED] leg which he assumed had happened from a toy truck that they could sit down and ride on, on which he saw bloodstains on the truck.

PROTECTIVE CUSTODY

05-08-91: 2000 Hrs.: I then took the [REDACTED] and [REDACTED] into protective custody and a Juvenile Detention form was submitted under Report No. D-57634/KN. [REDACTED] and [REDACTED] were turned over to the CPS worker, [REDACTED].

DISPOSITION

Due to the fact that the abuse occurred in the Hilo District at 28-2926 Kumula Street, at Apartment Q26, in Pepekeo, Hawaii, this case will be routed to Hilo Patrol for follow-up investigation, final disposition and referral, and to CPS worker, [REDACTED], for her information.

Officer Harley HEE  
HCPD- Kona

05-08-91  
Ofcr. H. HEE

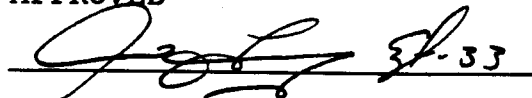
D-57634  
HL  
PROTECTIVE  
CUSTODY

PAGE 5 OF 5 PAGES

ROUTE COPY OF THIS REPORT TO HILO DISTRICT/CHILD PROTECTIVE  
SERVICES

INV. CONTINUING

APPROVED

 33

DATE: 5-24-91

*Harley HEE*  
Harley HEE  
PO-43 3W  
05-12-91

#108  
KN  
1718 HRS

05-14-91 TUE 1014 HRS



DEPT. OF HUMAN SERVICES  
Family & Adult Services Division

JUN 13 1991

EH Social Services Section  
Hilo, Hawaii

STATE OF HAWAII  
Department of Human Services  
Family and Adult Services Division  
75-5995 Kuakini Highway, Suite 523  
Kailua-Kona, Hawaii 96740  
(808) 329-9344

REFERRAL FORM

TO: Unit 70  
Case Management

FROM: [REDACTED]  
WHSSU 38

DATE: 6/10/91

RE: ACOL, Jaylin

REMARKS:

Attached are bills pertinent to the captioned case which has been transferred to your unit. It is unsure whether parents of [REDACTED] and [REDACTED] had HMSA coverage.

Thank you for your anticipated time in this matter.

[REDACTED]  
Attachments

Statement of Account

**ROBERT H. LAIRD, M.D.**

*Pediatrics and Adolescent Medicine*

Pottery Terrace #427

75-5995 Kuakuli Hwy.

Kailua-Kona, Hawaii-96740

Telephone: (808) 329-7067

Dept. of Human Services

P.O.Box 230

Capt. Cook, HI. 96704

NUMBER	DATE	DESCRIPTION - CODE	CHARGE	PAYMENT	BALANCE
	5/10/81	[REDACTED] - OV, exam	43 68		43 68

Please pay the last amount in this column ↑

OFV—Office Visit  
 WC—Well Care  
 HS—Health Screen  
 EOC—Emergency Care

IMM—Immunization  
 INJ—Injection  
 LAB—Laboratory  
 AUD—Audiometry  
 TMP—Tympanometry

SRG—Surgery  
 HC—Hospital Care  
 NC—Newborn Care  
 CRC—Circumcision



READ INSTRUCTIONS BEFORE COMPLETING OR SIGNING THIS FORM

HMSA  MEDICAID  CHAMPUS/CHAMPVA  MEDICARE

PATIENT & INSURED (SUBSCRIBER) INFORMATION

1. PATIENT'S NAME (First name, middle initial, last name) [REDACTED]

2. PATIENT'S DATE OF BIRTH [REDACTED]

3. INSURED'S NAME (First name, middle initial, last name) [REDACTED]

4. PATIENT'S ADDRESS (Street, city, state, ZIP code) [REDACTED]

5. PATIENT'S SEX  
MALE  FEMALE

6. PATIENT'S MEDICARE NO. OR CHAMPUS SPONSOR'S SOCIAL SECURITY NO. (INCLUDE ANY LETTERS)

7. PATIENT'S RELATIONSHIP TO INSURED  
SELF  SPOUSE  CHILD  OTHER

8. MEDICAID IDENTIFICATION NUMBER  Dig.  Group No.  Cond.  Cov. Code  FM Code

9. OTHER HEALTH INSURANCE COVERAGE - YES  NO   
Enter Name of Policyholder and Plan Name and Address and Policy Number

10. WAS CONDITION RELATED TO  
A. PATIENT'S EMPLOYMENT YES  NO   
B. AUTO YES  NO   
C. OTHER PARTY LIABILITY YES  NO   
D. OTHER ACCIDENT RELATED INJURY YES  NO

11. INSURED'S ADDRESS (Street, city, state, ZIP code)

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (READ BACK BEFORE SIGNING)  
I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS THIS CLAIM AND RELATED CLAIMS AND REQUEST PAYMENT OF MEDICARE OR CHAMPUS BENEFITS EITHER TO MYSELF OR TO THE PARTY WHO ACCEPTS ASSIGNMENT PARTICIPATION BELOW.

13. I Authorize Payment of Medical Benefits to Undersigned Physician or Supplier for Service Described Below.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_ SIGNED (Insured or Authorized Person) \_\_\_\_\_

PHYSICIAN OR SUPPLIER INFORMATION

14. DATE OF MONTH DAY YEAR  ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP)

15. DATE PATIENT FIRST CONSULTED YOU FOR THIS CONDITION 5/10/91

16. HAS PATIENT EVER HAD SAME OR SIMILAR SYMPTOMS? YES  NO

17. DATE PATIENT ABLE TO RETURN TO WORK

18. DATES OF TOTAL DISABILITY FROM THROUGH

19. NAME OF REFERRING PHYSICIAN (Last, first, MI) or Other Source CPS

19A. I.D. NUMBER

20. FOR SERVICES RELATED TO HOSPITALIZATION GIVE HOSPITALIZATION DATE  
ADMITTED MONTH DAY YEAR DISCHARGED MONTH DAY YEAR

21. NAME & ADDRESS OF FACILITY WHERE SERVICES RENDERED (If other than home or office)

21A. I.D. NUMBER

22. WAS LABORATORY WORK PERFORMED OUTSIDE YOUR OFFICE? YES  NO  CHARGES

23A. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. IF INJURY, GIVE CAUSE, RELATE DIAGNOSIS TO PROCEDURE IN COLUMN 24D BY REFERENCE NUMBERS 1, 2, 3, ETC. OR DX CODE.

ICD-9-CM# 1. V70.0 DESCRIPTION well checked - cps

23B. MEDICAID ONLY: WAS THIS SERVICE?  
E.P.S.D.T. YES   
FAMILY PLANNING YES   
ABORTION YES   
STERILIZATION YES   
HYSTERECTOMY YES

AUTHORIZATION NO. \_\_\_\_\_

23C. Patient's Chief Complaint/Details of Accident/Comments, Etc.

23D. CARRIER CODING (LEAVE BLANK)

1	2	3	4	5	6
7	8	9	10	11	12

23E. CLAIM FOR THIS SPELL OF ILLNESS FIRST  SUBSEQ.

IF SUBSEQUENT DATE OF LAST VISIT MONTH DAY YEAR

23F. CHAMPUS ID: EFFECTIVE & EXPIRATION DATES (SEE BACK)  
MONTH DAY YEAR MONTH DAY YEAR

BRANCH STATUS PAY GRADE

A. DATE OF SERVICE	B. P.O.S.	C. PROCEDURE CODE	MOD.	DESCRIPTION	D. DX	E. CHARGES	F. UNITS	G. T.O.S.	H. LEAVE BLANK
5/10/91	3	90000		OV new pt.	1	42.00	11		

**HAWAII BRANCH**

P. O. No. \_\_\_\_\_

Date Goods Recd. \_\_\_\_\_

Date Inv. Recd. \_\_\_\_\_

Date Inv. Sent to file \_\_\_\_\_

P. O. C. \_\_\_\_\_

I. DATE OF SERVICE	J. QUANTITY	K. CHARGES	L. M. DAYS SUPPLY	N. LEAVE BLANK

24P. CARRIER CODING (LEAVE BLANK)

27. TOTAL CHARGE 43.68

28A. LESS PAID BY PATIENT

28B. OTHER HEALTH COVERAGE

C. OTHER

25. SIGNATURE OF PHYSICIAN OR SUPPLIER (I certify that the statements on the reverse apply to this bill and are made a part hereof)  
SIGNED Robert H. Laird DATE 5/10/91

26. ACCEPT ASSIGNMENT/PARTICIPATION MEDICARE & CHAMPUS ONLY (SEE BACK) YES  NO

29. TOTAL NET CHARGE

30. YOUR SOCIAL SECURITY NUMBER

31. PHYSICIAN'S OR SUPPLIER'S NAME, ADDRESS, ZIP CODE & TELEPHONE NO. PROVIDER NO. 4217  
ROBERT H. LAIRD, M.D.


32. YOUR PATIENT'S ACCOUNT NO.

33. YOUR EMPLOYER I.D. NO.

Statement of Account

**ROBERT H. LAIRD, M.D.**  
*Pediatrics and Adolescent Medicine*  
Pottery Terrace #427  
75-5995 Kuakiul Hwy.  
Kailua-Kona, Hawaii 96740  
Telephone: (808) 329-7067

Dept. of Human Services  
P.O.Box 230  
Capt. Cook, HI. 96704

NUMBER	DATE	DESCRIPTION - CODE	CHARGE		PAYMENT		BALANCE	
	5/10/91	 - OY. exam.	43	68			43	68

#10135 - Medical Arts Press 1-800-328-2179

Please pay the last amount in this column ↑

- OFV—Office Visit
- WC—Well Care
- HS—Health Screen
- CC—Childhood Care

- IMM—Immunization
- INJ—Injection
- LAB—Laboratory
- AUD—Audiometry

- SRG—Surgery
- HC—Hospital Care
- NC—Newborn Care
- CRC—Circumcision