

PLEASE DO NOT
STAPLE IN
THIS AREA



HEALTH INSURANCE CLAIM FORM
(CHECK APPLICABLE PROGRAM BLOCK BELOW)

FORM APPROVED
OMB NO. 0938-0008

STATE OF HI-CPS

<input type="checkbox"/> MEDICARE (MEDICARE NO.)	<input type="checkbox"/> MEDICAID (MEDICAID NO.)	<input type="checkbox"/> CHAMPUS (SPONSOR'S SSN)	<input type="checkbox"/> CHAMPVA (VA FILE NO.)	<input type="checkbox"/> FECA BLACK LUNG (SSN)	<input type="checkbox"/> OTHER (CERTIFICATE SSN)
--	--	--	--	--	--

PATIENT AND INSURED (SUBSCRIBER) INFORMATION

1. PATIENT'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)		2. PATIENT'S DATE OF BIRTH		3. INSURED'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)	
4. PATIENT'S ADDRESS (STREET, CITY, STATE, ZIP CODE) 77-6484 MAILE ST. KAILUA-KONA HI 96740		6. PATIENT'S SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		8. INSURED'S ID NO. (FOR PROGRAM CHECKED ABOVE, INCLUDE ALL LETTERS)	
5. OTHER HEALTH INSURANCE COVERAGE (ENTER NAME OR POLICYHOLDER AND PLAN NAME AND ADDRESS AND POLICY OR MEDICAL ASSISTANCE NUMBER)		7. PATIENT'S RELATIONSHIP TO INSURED SELF <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER <input type="checkbox"/>		8. INSURED'S GROUP NO. (OR GROUP NAME OR FECA CLAIM NO.) <input type="checkbox"/> INSURED IS EMPLOYED AND COVERED BY EMPLOYER HEALTH PLAN	
10. WAS CONDITION RELATED TO A. PATIENT'S EMPLOYMENT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> B. ACCIDENT AUTO <input type="checkbox"/> OTHER <input type="checkbox"/>		11. INSURED'S ADDRESS (STREET, CITY, STATE, ZIP CODE) 77-6484 MAILE ST. KAILUA-KONA HI 96740 TELEPHONE NO. (808) 329-6513		11.a. CHAMPUS SPONSOR'S STATUS ACTIVE DUTY <input type="checkbox"/> DECEASED <input type="checkbox"/> RETIRED <input type="checkbox"/> BRANCH OF SERVICE	
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 I ALSO REQUEST PAYMENT OF GOVERNMENT BENEFITS EITHER TO MYSELF OR TO THE PARTY WHO ACCEPTS ASSIGNMENT BELOW SIGNED SIGNATURE ON FILE DATE 05/16/91		13. I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO UNDERSIGNED PHYSICIAN OR SUPPLIER FOR SERVICE DESCRIBED BELOW SIGNED (INSURED OR AUTHORIZED PERSON)			

PHYSICIAN OR SUPPLIER INFORMATION

14. DATE OF ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP) 05/10/91	15. DATE FIRST CONSULTED YOU FOR THIS CONDITION 05/10/91	16. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS OR INJURY, GIVE DATES	18. IF EMERGENCY CHECK HERE <input type="checkbox"/>
17. DATE PATIENT ABLE TO RETURN TO WORK	18. DATES OF TOTAL DISABILITY FROM THROUGH	DATES OF PARTIAL DISABILITY FROM THROUGH	
19. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE (e.g. PUBLIC HEALTH AGENCY) ROBERT LAIRD		20. FOR SERVICES RELATED TO HOSPITALIZATION GIVE HOSPITALIZATION DATES ADMITTED DISCHARGED	
21. NAME & ADDRESS OF FACILITY WHERE SERVICES RENDERED (IF OTHER THAN HOME OR OFFICE)		22. WAS LABORATORY WORK PERFORMED OUTSIDE YOUR OFFICE? YES <input type="checkbox"/> NO <input type="checkbox"/> CHARGES	

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

1 995.5 ABUSE, CHILD

2

3

4

B. EPSDT YES NO
FAMILY PLANNING YES NO

A. DATE OF SERVICE		B. PLACE OF SERVICE	C. FULLY DESCRIBE PROCEDURES, MEDICAL SERVICES OR SUPPLIES FURNISHED FOR EACH DATE GIVEN		D. DIAGNOSIS CODE	E. CHARGES	F. DAYS OR UNITS	G. T.O.S.	H. LEAVE BLANK
FROM	TO		PROCEDURE CODE (IDENTIFY)	(EXPLAIN UNUSUAL SERVICES OR CIRCUMSTANCES)					
05/10/91		3	76065 TS	SKELETAL SURVEY; INF	995.5	162.00	1.	4	

HAWAII BRANCH

P. O. No. _____
Date Goods Recd. _____
Date Inv. Recd. _____
Date Inv. Sent to _____

4% HAWAII STATE TAX

26. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDING DEGREE(S) OR CREDENTIALS) (I CERTIFY THAT THE STATEMENTS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART THEREOF) 05/16/91	27. ACCEPT ASSIGNMENT (GOVERNMENT CLAIMS ONLY) (SEE BACK) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	27. TOTAL CHARGE 168.48	28. AMOUNT PAID .00	29. BALANCE DUE 168.48
30. YOUR SOCIAL SECURITY NO.	31. PHYSICIAN'S SUPPLIERS AND OR GROUP NAME, ADDRESS, ZIP CODE AND TELEPHONE NO. W HI IMAGING SERVICES 77-311 SUNSET DRIVE KAILUA-KONA HI 96740 (808) 329-7314			
32. YOUR PATIENT'S ACCOUNT NO. 55851	33. YOUR EMPLOYER ID NO. 99-0192319			

PLEASE DO NOT STAPLE IN THIS AREA



HEALTH INSURANCE CLAIM FORM (CHECK APPLICABLE PROGRAM BLOCK BELOW)

FORM APPROVED OMB NO. 0938-0008

STATE OF HI-CPS

MEDICARE (MEDICARE NO.) MEDICAID (MEDICAID NO.) CHAMPUS (SPONSOR'S SSN) CHAMPVA (VA FILE NO.) FECA BLACK LUNG (SSN) OTHER (CERTIFICATE SSN)

PATIENT AND INSURED (SUBSCRIBER) INFORMATION

1. PATIENT'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL) 2. PATIENT'S DATE OF BIRTH 3. INSURED'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL) 4. PATIENT'S ADDRESS (STREET, CITY, STATE, ZIP CODE) 5. PATIENT'S SEX 6. INSURED'S ID NO. (FOR PROGRAM CHECKED ABOVE, INCLUDE ALL LETTERS) 7. PATIENT'S RELATIONSHIP TO INSURED 8. INSURED'S GROUP NO. (OR GROUP NAME OR FECA CLAIM NO.) 9. OTHER HEALTH INSURANCE COVERAGE (ENTER NAME OR POLICYHOLDER AND PLAN NAME AND ADDRESS AND POLICY OR MEDICAL ASSISTANCE NUMBER) 10. WAS CONDITION RELATED TO A. PATIENT'S EMPLOYMENT B. ACCIDENT 11. INSURED'S ADDRESS (STREET, CITY, STATE, ZIP CODE) 11.b. CHAMPUS SPONSOR'S STATUS 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (READ BACK BEFORE SIGNING) 13. I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO UNDERSIGNED PHYSICIAN OR SUPPLIER FOR SERVICE DESCRIBED BELOW

PHYSICIAN OR SUPPLIER INFORMATION

14. DATE OF ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP) 15. DATE FIRST CONSULTED YOU FOR THIS CONDITION 16. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS OR INJURY, GIVE DATES 17. DATE PATIENT ABLE TO RETURN TO WORK 18. DATES OF TOTAL DISABILITY 19. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE (e.g., PUBLIC HEALTH AGENCY) 20. FOR SERVICES RELATED TO HOSPITALIZATION GIVE HOSPITALIZATION DATES 21. NAME & ADDRESS OF FACILITY WHERE SERVICES RENDERED (IF OTHER THAN HOME OR OFFICE) 22. WAS LABORATORY WORK PERFORMED OUTSIDE YOUR OFFICE?

23. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. RELATE DIAGNOSIS TO PROCEDURE IN COLUMN D BY REFERENCE NUMBERS 1, 2, 3, ETC. OR DX CODE 1. 995.5 ABUSE, CHILD 2. 3. 4. B. EPSDT YES NO FAMILY PLANNING YES NO PRIOR AUTHORIZATION NO.

Table with columns: A. DATE OF SERVICE (FROM TO), B. PLACE OF SERVICE, C. FULLY DESCRIBE PROCEDURES, MEDICAL SERVICES OR SUPPLIES FURNISHED FOR EACH DATE GIVEN (PROCEDURE CODE, EXPLAIN UNUSUAL SERVICES OR CIRCUMSTANCES), D. DIAGNOSIS CODE, E. CHARGES, F. DAYS OR UNITS, G. T.O.S., H. LEAVE BLANK. Row 1: 05/10/91, 3, 76065 TS, SKELETAL SURVEY; INF, 995.5, 162.00, 1.4.

24. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDING DEGREE(S) OR CREDENTIALS) (I CERTIFY THAT THE STATEMENTS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART THEREOF) 25. ACCEPT ASSIGNMENT (GOVERNMENT CLAIMS ONLY) (SEE BACK) 26. TOTAL CHARGE 27. AMOUNT PAID 28. BALANCE DUE 29. YOUR PATIENT'S ACCOUNT NO. 30. YOUR SOCIAL SECURITY NO. 31. PHYSICIAN'S SUPPLIER'S AND/OR GROUP NAME, ADDRESS, ZIP CODE AND TELEPHONE NO. 32. YOUR EMPLOYER ID NO.



HMSA CLAIM FORM

READ INSTRUCTIONS BEFORE FILLING 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)
[REDACTED]

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)
[REDACTED]

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

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

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

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# DESCRIPTION
1. V70.0 Uteral cholelithiasis - CPS
2. 521.0 Multiple diverticular disease

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

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

23D. CARRIER CODING (LEAVE BLANK)

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

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

23G. ARE ANY SERVICES RELATED TO ROUTINE HEALTH APPRAISAL SCREENING PROCEDURES? YES NO

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.	1,2	42.00	1	1	

HAWAII BRANCH

No. _____
at _____ Resid. _____
at _____ Resid. _____
at _____ Resid. _____

NATION _____

TAX _____

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.	1,2	42.00	1	1	

27. TOTAL CHARGE 43.68

28A. LESS PAID BY PATIENT

28B. OTHER HEALTH COVERAGE

29. TOTAL NET CHARGE

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 Pearl Simmons DATE 5/10/91

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

27. YOUR SOCIAL SECURITY NUMBER

28. YOUR PATIENT'S ACCOUNT NO.

29. YOUR EMPLOYER I.D. NO.

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

31. PROVIDER NO. 421716

* REFER TO REVERSE FOR PLACE OF SERVICE (P.O.S.) AND TYPE OF SERVICE (T.O.S.)

STATE OF HAWAII

DEPARTMENT OF HUMAN SERVICES
Family and Adult Services Division

SERVICE REQUEST TO AIDE

Worker: [REDACTED]

Date Request Submitted: 6/17/91

Assigned to: [REDACTED]

Date Service Needed: ASAP

Travel time: 1 hr.

Appt. Time: _____

Case Name/Child's Name: [REDACTED]

Address/Phone: _____

Parent/Relative/Foster

Pick up address/Phone: _____

Destination address/Phone: _____

Return address/Phone: _____

(Optional)

ACTIVITY:

FREQUENCY:

Dr's appt.

One way

Physical Exam

Round trip

Transport

1 time

Other

Ongoing

Other pertinent information in carrying out assignment such as, hostile aggressive client alcoholic, etc.

① Apply for Medicaid.

② Check on PWS. 5.

③ Check if [REDACTED] was received. If not, apply for it

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]

June 20, 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, PhD. have 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.

Please make every attempt to participate in these evaluations. Should an emergency occur which requires you to reschedule the appointment, please advise me as soon as possible.

Sincerely,

[REDACTED]
[REDACTED] Social Worker
EH-Child Welfare Service II

Approved by:

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

CWS II

- 1) Case transferred from WH
- 2) CR coming from WH
- 3) Input Transfer info at CWS Intake
- 4) Assign to SW in CWS II

Thanks

MESSAGE

To

[Redacted] (FYI)

M

Jayline Aco

of

Telephone #

964-5811

Please return call

Will call again

Came in

Returned your call

Important

See me

Message

Re: Wants to know how soon worker will be assigned — wants to see [Redacted] but needs consent from CPS

Date

6/4

Time

12:05

Taken by

[Redacted]

DHS-0638 (3/88)

(* Transfer Case from Kona)

State of Hawaii

DEPARTMENT OF SOCIAL SERVICES and Housing

FACE SHEET

CASE NAME: ACOL, Jaylin

CASE # cps 010780

Aliases	Date Applied	Disposition and Date	Date Closed
Social Services Cross Reference	1 05/08/1991	approved for investigation	
	2 05/07/1991	case transferred	
	3	DEPT. OF HUMAN SERVICES	
	4	Family & Adult Services	
	5		
Income Maintenance Cross Reference	6	JUN 3 1991	
	7		
	8	HAWAII	

Date	FMS	Address and Mailing Address	Telephone	Date	FMS	Address and Mailing Address	Telephone
05/91		28-2926 Kumula St. Q 26	964-5811				

Family Members	Relationship	FMS	Ancestry	Birthdate	Date of Death	MEDICAL ALERT
Man (First Name) [REDACTED]	father	01				
Woman (First and Maiden Name) Jaylin M. Acol	mother	02				
Minor children	[REDACTED]	20		[REDACTED]		
	[REDACTED]	21		[REDACTED]		
	Peter Kema Jr.	son	22	05/01/91		
Others in Household						
Peter Kema	father	03				

Significant Others out of Household or Other Caretakers						
Name	Relationship	FMS	Address	Phone No.	Other Comments	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

06/02/91
18:34:02.2

CASE FAMILY MEMBER SUMMARY

KFHCS04N

CASE NO 00010780 CASE NAME ACOL, JAYLIN
CASE STATUS ACTIVE

	FMN	CLIENT NO	NAME	BIRTH DATE	V/P/B
1	01	0000034201	[REDACTED]	00/00/0000	
2	02	0000033870	ACOL, JAYLIN M	04/10/1970	
3	03	0000033869	KEMA SR., PETER	08/20/1952	P
4	20	0000033871	[REDACTED]	[REDACTED]	V
5	21	0000033872	[REDACTED]	[REDACTED]	V
6	22	0000033873	KEMA JR., PETER	05/01/1991	
7	50	0000034213	[REDACTED]	00/00/0000	
8	51	0000034215	[REDACTED]	00/00/0000	

NEXT CS04 KEY

Aa

BO--SESSION1 R 24 C 7

SEL NO END DATA
0-007 18:36 6/01/91

4B

06/02/91
19:29:32.9

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
FAMILY AND ADULT SERVICES DIVISION SOC-SER
WORKER'S FINDINGS REPORT

KFHCR62R

CASE NO 00010780 CASE NAME ACOL, JAYLIN
INTAKE NO 06471
WORKER

UNIT 70

DOCUMENTATION AND RELATED EVIDENCE

	REPORT/DOCUMENT	OBTAINED FROM	DATE
1	INTERVIEW/STAND-BY SW [REDACTED]	JAYLIN ACOL	05 08 1991
2	INTERVIEW/STAND-BY SW [REDACTED]	PETER KEMA SR	05 08 1991
3	INTERVIEW/STAND-BY SW [REDACTED]	[REDACTED]	05 08 1991
4	INTERVIEW (CAC)	[REDACTED]	05 09 1991
5	SKELETAL SURV 91-1658 [REDACTED]	W.H. IMAGING	05 10 1991
6	SKELETAL SURV 91-1657 [REDACTED]	W.H. IMAGING	05 10 1991

ADD WORKER'S FINDING - NARRATIVE

ENTERED DATE/TIME 05 09 1991 15 00

PHYSICAL ABUSE OF [REDACTED] & [REDACTED] BY PETER KEMA SR CONFIRMED BASED ON:
 ****STATEMENTS BY [REDACTED] THAT [REDACTED] MOTHER'S BOYFRIEND (PETER KEMA SR)
 HIT [REDACTED] ON THE ARMS, LEGS AND "OKOLE" AND PULLS [REDACTED] HAIR;
 ****STATEMENTS BY [REDACTED] THAT [REDACTED] OBSERVED PETER HIT [REDACTED]
 [REDACTED]
 ****OBSERVATIONS BY SW ON 5/9/91 OF FACIAL MARKS/DISCOLORATIONS ON
 [REDACTED] & [REDACTED]
 ****STATEMENTS MADE BY [REDACTED] TO [REDACTED] THAT
 PETER HAD HIT [REDACTED] AND [REDACTED]
 ****NO JUSTIFIABLE EXPLANATION OF THE FACIAL INJURIES BY THE MOTHER OR
 HER BOYFRIEND, PETER KEMA SR.

CASE ACTIONS SUBSEQUENT TO FINDINGS

ENTERED DATE/TIME 05 28 1991 15 26

NEEDED SERVICES IDENTIFIED NEEDED SERVICES INITIATED
 CASE TRANSFERRED FOR CASE MANAGEMENT CASE CLOSED

REASONS FOR ACTION PHYSICAL ABUSE OF [REDACTED] AND [REDACTED] BY MOTHER'S LIVE-IN
 BOYFRIEND, PETER KEMA SR., CONFIRMED. [REDACTED] WERE TAKEN INTO PROTECTIVE
 CUSTODY AND PLACED [REDACTED] TFC
 WAS AWARDED TO THE THE DHS WITH CONTINUED PLACEMENT [REDACTED]
 BECAUSE THE MOTHER'S RESIDENCE IS IN EAST HI THE SERVICE PLAN HEARING WILL BE
 IN HILO & THE CASE IS BEING TRANSFERRED TO HILO FOR CASE MANAGEMENT SERVICES.

SIGN OFF WORKER NO [REDACTED] WORKER NAME [REDACTED]

05/31/91
09:46:59.6

STATE : HAWAII DEPARTMENT OF HUMAN SERVICES
FAMIL AND ADULT SERVICES DIVISION SOC-SER

KFHCR10R

CPS INTAKE DOCUMENT

INTAKE NO 06471

TAKEN BY [REDACTED]
COMPLETE BY [REDACTED]
ASSIGNED BY [REDACTED]
ASSIGN TO [REDACTED]

DATE/TIME 5/8/91
DATE/TIME
DATE 5/9/91

CASE NAME ACOL, JAYLIN
CASE NO 00010780 STATUS G
UNIT NO WORKER NO

INITIAL REFERRAL BY [REDACTED]
PHONE [REDACTED]

COMPLAINANT NO 01

CHILDREN:

FMN 20	NAME	[REDACTED]	DOB	[REDACTED]	V/P/B	<input checked="" type="checkbox"/>
	SEX	M RACE H	CARETAKE	FMN 03	SCH/EMP	
FMN 21	NAME	[REDACTED]	DOB	[REDACTED]	V/P/B	<input checked="" type="checkbox"/>
	SEX	F RACE H	CARETAKE	FMN 03	SCH/EMP	
FMN 22	NAME	KEHA JR., PETER	DOB	05/01/91	V/P/B	
	SEX	M RACE H	CARETAKE	FMN 03	SCH/EMP	

ADULTS:

FMN 01	NAME	[REDACTED]	DOB	00/00/00	ALLEGED PERP	N
	ADDRESS	UNKNOWN	CITY		ST	
			ZIP	0 0	PH	329-6513
FMN 02	NAME	ACOL, JAYLIN M	DOB	04/10/70	ALLEGED PERP	N
	ADDRESS	282926 KUMULA ST. Q-26 KAUHALE OLU APTS.	CITY	PEPEEKED	ST	HI
			ZIP	96783 0	PH	964-5811
FMN 03	NAME	KEHA, PETER	DOB	08/20/52	ALLEGED PERP	Y
	ADDRESS	28-2926 KUMULA ST #Q26	CITY	PEPEEKED	ST	HI
			ZIP	96783 0	PH	000-0000
FMN 50	NAME	[REDACTED]	DOB	00/00/00	ALLEGED PERP	N
	ADDRESS	[REDACTED]	CITY	[REDACTED]	ST	HI
			ZIP	[REDACTED]	PH	[REDACTED]
FMN 51	NAME	[REDACTED]	DOB	00/00/00	ALLEGED PERP	N
	ADDRESS	[REDACTED]	CITY	[REDACTED]	ST	HI
			ZIP	[REDACTED]	PH	[REDACTED]

PROBLEMS FOR WHICH REFERRED:

FMN 20	PHYA PHYSICAL ABUSE					
	LOC OF INC HOME					
	ACTION BOOKING NO	DATE	00/00/00	TIME		00:00
	HOSPITAL	DATE	00/00/00	TIME		00:00
FMN 21	PHYA PHYSICAL ABUSE					
	LOC OF INC HOME					
	ACTION BOOKING NO	DATE	00/00/00	TIME		00:00
	HOSPITAL	DATE	00/00/00	TIME		00:00

COMPLAINANTS ACCOUNT(S):

05/31/91
09:47:00.8

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
FAMIL. AND ADULT SERVICES DIVISION SOC-SER

KFHCR10R

COMP NO 01 COMPLAINT DATE/TIME 05/08/91 15:30

NAME [REDACTED]

PHONE [REDACTED]

ADDRESS [REDACTED]

CITY/ST/ZIP [REDACTED]

SHARE ID [REDACTED]

PRT REQ [REDACTED]

NOTIFY [REDACTED]

REL TO CHILD [REDACTED]

NARRATIVE ACCOUNT:

[REDACTED] CAME FROM POLICE, REFERRED TO DHS BY SGT T HING. [REDACTED] TOLD [REDACTED] HE RECEIVED CALL FROM JAYLIN REQUESTING POLICE ASSISTANCE IN RETURNING [REDACTED] TO HER. JAYLIN DIDN'T WANT [REDACTED] TO KEEP [REDACTED]. [REDACTED] TOLD SW THAT SHE DOESN'T WANT [REDACTED] RETURNED TO [REDACTED] ASKED IF CPS COULD PREVENT THE POLICE FROM TAKING [REDACTED] AWAY FROM THEM. SW TOLD [REDACTED] THAT SHE WASN'T AUTHORIZED TO DO THIS. [REDACTED] TOLD SW THAT JAYLIN HAD SIGNED A PAPER DESIGNATING PETER'S SISTER (DOROTHY KEPANO) TO HAVE TEMP CUSTODY OF [REDACTED] AND [REDACTED] BECAUSE JAYLIN WAS GOING TO SEE HER NEWBORN BABY AT KAPIOLANI HOSP ON OAHU. ACCORDING TO [REDACTED] DOROTHY BROUGHT [REDACTED] TO SEE [REDACTED] IN KONA AFTER [REDACTED] HAD ASKED TO SEE THEM. [REDACTED] TOLD SW THAT SHE NOTICED MARKS ON [REDACTED] WHEN SHE ASKED [REDACTED] HOW [REDACTED] GOT THE MARKS. [REDACTED] TOLD HER "PETER DID IT" AND THEN SHE ASKED [REDACTED] ABOUT THE MARK ON [REDACTED] AND [REDACTED] TOLD HER "PETER". AT THIS TIME WORKER WENT TO SEE [REDACTED] IN THE DHS WAITING

ROOM. NEIVBEA [REDACTED] WAS WATCHING THE [REDACTED] SW NOTICED A SLIGHT BROWNISH/YELLOWISH DISCOLORATION ON [REDACTED] CHEEK. ON [REDACTED] LOWER CHEEK A DARK PINK DISCOLORATION WAS SEEN. AS SW ATTEMPTED TO TALK TO [REDACTED] NEIVBEA TOLD [REDACTED] "TELL THE LADY WHO GAVE YOU THAT MARK, TELL HER". [REDACTED] WOULD NOT SPEAK WITH SW ABOUT THE MARKS OR ANYTHING ELSE; [REDACTED] COVERED [REDACTED] FACE WITH [REDACTED] HANDS AND TURNED AND FACED THE WALL. AT THIS TIME SW SPOKE TO SUPERVISOR, [REDACTED] SW RETURNED TO SPEAK WITH [REDACTED] AND INFORMED THEM THAT BECAUSE JAYLIN'S RESIDENCE IS IN EAST HAWAII THEY WOULD NEED TO CONTACT THE HILO CPS OFFICE TO MAKE A REPORT. SW GAVE HER NAME AND PHONE # AS WELL AS THE HILO CPS OFFICE PH ONE # TO [REDACTED]

[REDACTED] Social Worker
Department of Human Services
75-5995 Kuakini Hwy., Ste. 523
Kailua-Kona, HI 96740
Telephone: [REDACTED]

THIRD CIRCUIT COURT
STATE OF HAWAII
FILED

91 MAY 13 AM 10:06

LINDALANI K. MOCK CHEW
CLERK

IN THE FAMILY COURT OF THE THIRD CIRCUIT
STATE OF HAWAII

In the interest of the
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

) FC-S No. [REDACTED]
)
) PETITION FOR TEMPORARY
) FOSTER CUSTODY
)
) Report Date: May 10, 1991
)
)
)

PETITION FOR TEMPORARY FOSTER CUSTODY

TO THE HONORABLE PRESIDING JUDGE OF THE ABOVE-ENTITLED COURT:

COMES NOW the Petitioner, a duly appointed social worker of the Department of Human Services (hereinafter "DHS"), and states as follows:

1. This petition is filed on behalf of the above-named [REDACTED] whose physical or psychological health or welfare has been harmed and is subject to threatened and imminent harm by the acts or omissions of the [REDACTED] family as provided by the following facts:

On May 9, 1991, this worker interviewed [REDACTED] and [REDACTED] at the Children's Advocacy Center. [REDACTED] was, upon very close observation, noted to have several discolorations on [REDACTED] face. [REDACTED] was taken outside and under bright sunlight the following was noted: (1) a mark extending from [REDACTED] left eyebrow

across the temple area to the hairline; greenish yellow in color; approximately one and one half inch in length and one eighth of an inch wide; (2) a bluish line running the length of [REDACTED] left eyelid; approximately one fifteenth of an inch wide; (3) a yellow discoloration under [REDACTED] left eyelash area; approximately one half inch in diameter; (4) a yellowish discoloration in the middle of the left cheek about three quarter inch in diameter; (5) a yellow green mark in the lower left cheek area just above the jawline approximately one half inch in diameter; (6) a yellow green mark in the middle of [REDACTED] right cheek about one half inch in diameter. The marks just described, with the exception of item (2) were faint indicating to this worker that they were not recently inflicted.

[REDACTED] told this worker that "Uncle Peter" (mother's boyfriend) hits [REDACTED] on the legs, arms, and "okole" with his "two hands" and a broom. [REDACTED] said Peter also pulls [REDACTED] hair. [REDACTED] then described once having blood on [REDACTED] head and [REDACTED] said [REDACTED] went to the hospital for this injury but was unclear as to how the injury occurred. [REDACTED] said that [REDACTED] has seen "Uncle Peter" hit [REDACTED] on [REDACTED] face, chest, and legs. [REDACTED] told this worker that [REDACTED] is afraid of "Uncle Peter". At this point [REDACTED] covered [REDACTED] face with [REDACTED] hands and started to sob. [REDACTED] was unable to continue with the interview and asked for [REDACTED]

[REDACTED] A quarter inch yellowish/greenish mark was observed on [REDACTED] left cheek. No other marks or bruising were observed on [REDACTED] body.

On May 8, 1991 the DHS standby worker, [REDACTED] interviewed [REDACTED] mother, Jaylin Acol, and her live-in boyfriend, Peter Kema. Both caretakers denied hitting or harming [REDACTED] and attributed the bruising to accidents, i.e., falling down stairs, backing into tables, falling off jungle gyms and merry-go-rounds. Peter admitted to previously "drinking alot and smoking pot heavily." Peter said he was accused of breaking into a home and stealing items. He said the case is currently being sent to the prosecutor. He added he was previously on probation for accomplice to a burglary.

Jaylin has given no justifiable explanation for the [REDACTED] injuries and she denies [REDACTED] has been hit by her live-in boyfriend. The DHS does not believe that the facial bruising on [REDACTED] was justifiably explained by active child play.

[REDACTED] Jaylin Acol, is a 21 year old single parent. She recently gave birth to a third child who is currently at Kapiolani Hospital in Honolulu. Peter is the father of that child. Although Jaylin seems concerned about all her [REDACTED] she is in complete denial regarding the possibility that her live-in boyfriend may have harmed the [REDACTED]. Currently, she does not seem able to protect her [REDACTED] and the [REDACTED] are at serious risk of harm if returned to the home of the mother and her boyfriend.

[REDACTED] father, [REDACTED], visited with [REDACTED] when [REDACTED] previously resided in Kona.

However, he has never assumed responsibility for their care and has not provided financial support. It is not known if he is currently willing and/or able to provide a safe family home for them.

2. The above-named [REDACTED] come within the provisions of Sections 571-11, and 587-1, Hawaii Revised Statutes (hereinafter "HRS"), because the children were found within this State at the time the facts and circumstances occurred, were discovered, or were reported to the DHS.

3. Further, that based upon consideration of the guidelines set forth in Section 587-25, HRS, the above-named [REDACTED] family is not presently able to provide [REDACTED] with a safe family home.

4. The above-named [REDACTED] are currently under the temporary foster custody of the DHS, and the following information relates to the type and nature of the emergency foster care, the date [REDACTED] were placed in temporary foster custody and the circumstances necessitating such care:

[REDACTED] and [REDACTED] were taken into protective custody by the Kona Police on May 8, 1991. Custody of [REDACTED] was immediately turned over to the DHS who placed them in the home of [REDACTED]

Continued placement in emergency foster care is necessary to protect [REDACTED] from harm.

5. The following information relates to the children above-referenced:

Name: [REDACTED]
 Date of Birth: [REDACTED]
 Place of Birth: [REDACTED]
 Sex: [REDACTED]
 Residence Address: [REDACTED]
 [REDACTED]
 [REDACTED]

Name: [REDACTED]
 Date of Birth: [REDACTED]
 Place of Birth: [REDACTED]
 Sex: [REDACTED]
 Residence Address: [REDACTED]
 [REDACTED]
 [REDACTED]

6. The names and last known residence addresses of the persons required to be notified or who are to be made parties to this proceeding pursuant to Section 587-32, HRS, are:

- a. Mother: Jaylin Acol
28-2926 Kumula St. #Q26
Pepeekeo, Hilo, HI.
- b. Father: [REDACTED]
- c. Mother's live-in boyfriend: Peter Kema
28-2926 Kumula St. #Q26
Pepeekeo, Hilo, HI.

WHEREFORE, it is prayed:

1. That an inquiry be made into the foregoing allegations;
2. That such action be taken within the provisions of Section 571-11(9) and Chapter 587, HRS as may appear to serve the best interests of [REDACTED], including but not limited to:
 - a. Temporary foster custody of [REDACTED] be awarded to the DHS;
 - b. Jurisdiction over [REDACTED] and other appropriate family members be established;
 - c. An appropriate service plan be ordered, and if the family members become willing and able to provide [REDACTED] [REDACTED] with a safe family home without the assistance of a service plan, that the case be terminated; or
 - d. If the family members are not willing and able to provide the child with a safe family home, even with the assistance of a service plan, within a reasonable period of time, that the family members' respective parental and custodial duties and rights be terminated by an award of permanent custody, a permanent plan be ordered, and the child be subject to being placed for adoption; and
3. That the Court make such other appropriate orders as are in the best interests of [REDACTED]

The undersigned Petitioner does hereby declare, under penalty of perjury, that the statements made herein are true and correct to the best of Petitioner's information and

belief; as to those matters, the Petitioner believes them to be true.

[REDACTED]

DHS Social Worker

DEPT. OF HUMAN SERVICES
Family & Adult Services Div.

[Redacted] Social Worker
Department of Human Services
75-5995 Kuakini Hwy., Suite 523
Kailua-Kona, Hawaii 96740
Telephone: [Redacted]

MAY 20 1991

Kailua-Kona, HI 96740

FILED IN OPEN COURT

1:15 o'clock P.M.
MAY 14 1991

[Redacted Signature]
Clerk

IN THE FAMILY COURT OF THE THIRD CIRCUIT

STATE OF HAWAII

In the interest of the
[Redacted]
[Redacted]
[Redacted]
[Redacted]

FC-S No. [Redacted]

SAFE HOME GUIDELINES

REPORT DATE:
May 14, 1991

SAFE HOME GUIDELINES

1. THE AGE, MENTAL AND EMOTIONAL VULNERABILITY OF THE CHILDREN AND THEIR MEDICAL AND DENTAL NEEDS, DEVELOPMENTAL GROWTH, ACADEMIC LEVEL, PEER RELATIONSHIPS, PSYCHOLOGICAL ATTACHMENT TO CARETAKER, DEGREE OF TRUST WITH CARETAKER AND WILLINGNESS/FEAR OF REMAINING IN THE FAMILY HOME.

[Redacted] is a healthy, normally developed [Redacted]. Upon examination by Dr. Robert Laird on May 10, 1991 numerous dental caries were noted. When this worker interviewed [Redacted] [Redacted] was afraid to go home. When asked who [Redacted] was afraid of he said "Uncle Peter." Presently [Redacted] is not attending pre-school. According to [Redacted] mother, [Redacted] was scheduled to begin on May 6, 1991 in Hilo.

[Redacted] is a normally developed [Redacted] with no known health problems. Due to [Redacted] age, [Redacted] cannot verbally report willingness/fear of remaining in the home.

[Redacted] appear to have a close, affectionate relationship with the [Redacted]. [Redacted] comforted [Redacted] when [Redacted] appeared anxious and responded appropriately to their questions, indicating to this worker positive interaction and a genuine concern for the children's well-being.

[Redacted] are completely dependent on adult caretakers for their day to day care and safety.

This worker has not had the opportunity to assess the psychological attachment between [Redacted] and both

parents.

2. THE MAGNITUDE AND FREQUENCY OF THE HARM (WHICH INCLUDES STATED MOTIVE) AND ANY REPORTS OF REPEATED HARM AFTER INITIAL INTERVENTION BY A SOCIAL AGENCY

On May 9, 1991, this worker observed the following markings and discolorations on [REDACTED]

- (1) a mark extending from [REDACTED] left eyebrow across the temple area to the hairline; greenish yellow approximately one and one half inch in length and one eighth of an inch wide;
- (2) a bluish line running the length of [REDACTED] left eyelid approximately one fifteenth of an inch wide;
- (3) a yellow discoloration under [REDACTED] left eyelash area approximately one half inch in diameter;
- (4) a yellowish discoloration in the middle of the left cheek about three quarter of an inch in diameter;
- (5) a yellow green mark in the lower left cheek area just above the jawline approximately one half inch in diameter;
- (6) a yellow green mark in the middle of the right cheek approximately one half inch in diameter.

A quarter of an inch yellow green mark was seen on [REDACTED] left cheek. [REDACTED] stated that [REDACTED] was afraid of "Uncle Peter." He added that "Uncle Peter" hits [REDACTED] on the legs, arms, and "okole" with his two hands and a broom. [REDACTED] said Peter also pulls [REDACTED] hair. [REDACTED] said that [REDACTED] has seen "Uncle Peter" hit [REDACTED] on [REDACTED] face, chest, and legs.

3. DATE AND REASON FOR CHILDREN'S PLACEMENT OUT OF THE HOME, DESCRIPTION, APPROPRIATENESS, AND LOCATION OF THE PLACEMENT AND WHO HAS PLACEMENT RESPONSIBILITY

<u>Beginning and End Dates of Placement</u> 5/8/1991 to present	<u>Where Placed</u> (e.g. ESH, grandparents, foster home, etc.)	<u>Type of Placement</u> voluntary, or court; specify <u>legal status</u> emergency	<u>If Placement voluntary, who has placement responsibility</u>
	[REDACTED]		

Although the placement is approximately 100 miles from the children's mother's home, it is the most appropriate placement as the caretakers are [REDACTED] and have cared for [REDACTED] numerous times in their home in Kona. The needs of [REDACTED] met by this placement include an immediate, safe family-like environment which allowed for [REDACTED] to remain together.

4. THE RESULTS OF PSYCHIATRIC/PSYCHOLOGICAL/DEVELOPMENTAL EVALUATIONS OF THE CHILDREN, THE ALLEGED PERPETRATOR AND OTHER APPROPRIATE FAMILY MEMBERS WHO ARE PARTIES

There are no known evaluations at this time. DHS will request psychological testing be done.

5. WHETHER THERE IS A HISTORY OF ABUSIVE OR ASSAULTIVE CONDUCT BY THE CHILDREN'S FAMILY OR OTHERS WHO HAVE ACCESS TO THE CHILDREN'S FAMILY HOME

██████████ made statements to this worker on May 9, 1991 and also to the standby social worker on May 8, 1991 that the mother's live-in boyfriend, Peter Kema, "spanks me, ██████████, and Mommy."

Peter Kema told the standby social worker he has been accused of breaking into a home and stealing items. This case, he added, is currently being sent to the prosecutor. He said he was previously on probation for accomplice to a burglary. A criminal history check has been requested by the DHS.

6. WHETHER THERE IS A HISTORY OF SUBSTANCE ABUSE BY THE CHILDREN'S FAMILY OR OTHERS WHO HAVE ACCESS TO THE CHILDREN'S FAMILY HOME

Peter Kema admitted to the standby social worker previously "drinking alot and smoking pot heavily".

7. IDENTIFICATION OF ALLEGED PERPETRATOR AND WHETHER THERE HAS BEEN AN ACKNOWLEDGEMENT AND/OR APOLOGY FOR THE HARM

Peter Kema has been identified by ██████████ as the perpetrator. There has been no known apology or acknowledgement of the harm.

8. WHETHER THE ALLEGED PERPETRATOR HAS BEEN REMOVED (EITHER BY COURT ORDER OR VOLUNTARILY) FROM THE FAMILY HOME AND HAS REMAINED OUT OF THE FAMILY HOME

The alleged perpetrator, Peter Kema, is still living in the family home.

9. WHETHER THE NONPERPETRATOR(S) WHO RESIDE IN THE CHILDREN'S FAMILY HOME ARE WILLING AND ABLE TO PROTECT THE CHILDREN

Besides the mother, there are no nonperpetrators in the home.

10. SUPPORT SYSTEM OF EXTENDED FAMILY AND/OR FRIENDS AVAILABLE TO THE CHILDREN'S FAMILY

[REDACTED], are willing and able to protect [REDACTED]. They have accepted caretaking responsibilities on numerous occasions since [REDACTED] was born.

11. **THE WILLINGNESS AND ABILITY OF THE CHILDREN'S FAMILY TO SEEK OUT AND COOPERATE WITH SERVICES RECOMMENDED/COURT-ORDERED TO PROVIDE A SAFE HOME INCLUDING DEMONSTRATING APPROPRIATE PARENTING SKILLS, OVERCOMING OBSTACLES TO GETTING SERVICES AND MAINTAINING CONTACT WITH COMPETENT PERSONS WHO CAN RECOGNIZE AND REPORT PROBLEMS**

Jaylin told this worker that she sought out counseling services at Queen Liliokulani Children's Center because "I needed help, I was young and needed to know how to take care of my children."

12. **THE WILLINGNESS AND ABILITY OF THE CHILDREN'S FAMILY TO RESOLVE SAFETY ISSUES WITHIN THE FAMILY HOME THROUGH EFFECTING POSITIVE ENVIRONMENTAL AND PERSONAL CHANGES WITHIN A REASONABLE PERIOD OF TIME**

Jaylin does not believe there are safety issues in her home that require resolution.

13. **THE CARETAKER'S DEMONSTRATED ABILITY TO UNDERSTAND THE CHILDREN'S EMOTIONAL AND PHYSICAL NEEDS, PERCEPTION OF THE CHILDREN AND PSYCHOLOGICAL ATTACHMENT**

According to Dr. Kunz, who has known Jaylin since her first pregnancy, Jaylin "appeared to have a casual attitude toward the caretaking responsibilities required of her and the bonding between she and her [REDACTED] was questionable."

14. **ASSESSMENT (TO INCLUDE CHILDREN'S FAMILY DEMONSTRATED ABILITY TO PROVIDE A SAFE HOME FOR THE CHILDREN) AND RECOMMENDATION**

Based on information from and observations of [REDACTED] as well as information from other sources, there are indications to this worker that Jaylin is currently unable to provide a safe home for [REDACTED] and [REDACTED].

In view of Jaylin's willingness to seek out counseling services it is difficult to understand why she is refusing to acknowledge [REDACTED] fear of and need for protection from her live-in boyfriend, Peter Kema.

Jaylin gave birth to a third child on May 1, 1991. On that date the child, Peter Jr., was transferred to Kapiolani

State of Hawaii

DEPARTMENT OF SOCIAL SERVICES and Housing

FACE SHEET

CASE NAME: ACOL, Jaylin

CASE # cps 010780

Aliases	Date Applied	Disposition and Date	Date Closed
Social Services Cross Reference	1 05/08/1991	approved for investigation	
	2 05/02/1991	case transferred	
	3	DEPT. OF HUMAN SERVICES	
	4	Family & Adult Services	
	5		
Income Maintenance Cross Reference	6	JUN 3 1991	
	7		
	8	HAWAII	

Date	FM#	Address and Mailing Address	Telephone	Date	FM#	Address and Mailing Address	Telephone
05/91		28-2926 Kumula St. Q 26	964-5811				

Family Members	Relationship	FM#	Ancestry	Birthdate	Date of Death	MEDICAL ALERT
Man (First Name)	father	01				
Woman (First and Maiden Name) Jaylin M. Acol	mother	02				
Minor children		20				
		21				
Peter Kema Jr.	son	22		05/01/91		
Others in Household						
Peter Kema	father	03				

Significant Others out of Household or Other Caretakers						
Name	Relationship	FM#	Address	Phone No.	Other Comments	

06/02/91
18:34:02.2

CASE FAMILY MEMBER SUMMARY

KFHCS04N

CASE NO 00010780 CASE NAME ACOL, JAYLIN
CASE STATUS ACTIVE

	FMN	CLIENT NO	NAME	BIRTH DATE	V/P/B
1	01	0000034201	[REDACTED]	00/00/0000	
2	02	0000033870	ACOL, JAYLIN M	04/10/1970	
3	03	0000033869	KEMA SR., PETER	08/20/1952	P
4	20	0000033871	[REDACTED]	[REDACTED]	V
5	21	0000033872	[REDACTED]	[REDACTED]	V
6	22	0000033873	KEMA JR., PETER	05/01/1991	
7	50	0000034213	[REDACTED]	00/00/0000	
8	51	0000034215	[REDACTED]	00/00/0000	

NEXT CS04 KEY

4B

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0-007 18:36 6/01/91

06/02/91
19:29:36.9

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
FAMILY AND ADULT SERVICES DIVISION SOC-SER
WORKER'S FINDINGS REPORT

KFHCR&2R

CASE NO 00010780 CASE NAME ACOL, JAYLIN
INTAKE NO 06471
WORKER

UNIT 70

DOCUMENTATION AND RELATED EVIDENCE

	REPORT/DOCUMENT	OBTAINED FROM	DATE
1	INTERVIEW/STAND-BY SW [REDACTED]	JAYLIN ACOL	05 08 1991
2	INTERVIEW/STAND-BY SW [REDACTED]	PETER KEMA SR	05 08 1991
3	INTERVIEW/STAND-BY SW [REDACTED]	[REDACTED]	05 08 1991
4	INTERVIEW (CAC)	[REDACTED]	05 09 1991
5	SKELETAL SUR 91-1658 [REDACTED]	W.H. IMAGING	05 10 1991
6	SKELETAL SURV 91-1657 [REDACTED]	W.H. IMAGING	05 10 1991

ADD WORKER'S FINDING - NARRATIVE

ENTERED DATE/TIME 05 09 1991 15 00

PHYSICAL ABUSE OF [REDACTED] & [REDACTED] BY PETER KEMA SR CONFIRMED BASED ON:
 ****STATEMENTS BY [REDACTED] THAT HIS MOTHER'S BOYFRIEND (PETER KEMA SR)
 HIT HIM ON THE ARMS, LEGS AND "OKOLE" AND PULLS HIS HAIR;
 ****STATEMENTS BY [REDACTED] THAT [REDACTED] OBSERVED PETER HIT [REDACTED]
 ****OBSERVATIONS BY SU ON 5/9/91 OF FACIAL MARKS/DISCOLORATIONS ON
 [REDACTED]
 ****STATEMENTS MADE BY [REDACTED] TO [REDACTED] THAT
 PETER HAD HIT [REDACTED]
 ****AND JUSTIFICABLE EXPLANATION OF THE FACIAL INJURIES BY THE MOTHER OR
 HER BOYFRIEND, PETER KEMA SR.

CASE ACTIONS SUBSEQUENT TO FINDINGS

ENTERED DATE/TIME 05 28 1991 15 26

NEEDED SERVICES IDENTIFIED X NEEDED SERVICES INITIATED X
 CASE TRANSFERRED FOR CASE MANAGEMENT X CASE CLOSED

REASONS FOR ACTION PHYSICAL ABUSE OF [REDACTED] AND [REDACTED] BY MOTHER'S LIVE-IN
 BOYFRIEND, PETER KEMA SR, CONFIRMED. [REDACTED] WERE TAKEN INTO PROTECTIVE
 CUSTODY AND PLACED WITH [REDACTED] TFC
 WAS AWARDED TO THE THE DHS WITH CONTINUED PLACEMENT [REDACTED]
 BECAUSE THE MOTHER'S RESIDENCE IS IN EAST HI THE SERVICE PLAN HEARING WILL BE
 IN HILO & THE CASE IS BEING TRANSFERRED TO HILO FOR CASE MANAGEMENT SERVICES.

SIGN OFF WORKER NO [REDACTED] WORKER NAME [REDACTED]

05/31/91
09:46:59.6

STATE HAWAII DEPARTMENT OF HUMAN SERVICES
FAMILY AND ADULT SERVICES DIVISION SOC-SER

KFHCR10R

CPS INTAKE DOCUMENT

INTAKE NO 06471

TAKEN BY [REDACTED]
COMPLETE BY [REDACTED]
ASSIGNED BY [REDACTED]
ASSIGN TO [REDACTED]

DATE/TIME 5/8/91
DATE/TIME [REDACTED]
DATE 5/9/91

CASE NAME ACOL, JAYLIN
CASE NO 00010780 STATUS G
UNIT NO WORKER NO

INITIAL REFERRAL BY [REDACTED]
PHONE [REDACTED]

COMPLAINANT NO 01

CHILDREN:

FMN 20	NAME [REDACTED]	DOB [REDACTED]	V/P/B	V
	SEX M RACE H CARETAKE FMN 03 SCH/EMP			
FMN 21	NAME [REDACTED]	DOB [REDACTED]	V/P/B	V
	SEX F RACE H CARETAKE FMN 03 SCH/EMP			
FMN 22	NAME KEMA JR., PETER	DOB 05/01/91	V/P/B	
	SEX M RACE H CARETAKE FMN 03 SCH/EMP			

ADULTS:

FMN 01	NAME [REDACTED]	DOB 00/00/00	ALLEGED PERP N
	ADDRESS UNKNOWN	CITY ST	
		ZIP 0 0	PH 329-6513
FMN 02	NAME ACOL, JAYLIN M	DOB 04/10/70	ALLEGED PERP N
	ADDRESS 282926 KUMULA ST. Q-26	CITY PEPEEKED	ST HI
	KAUHALE OLU APTS.	ZIP 96783 0	PH 964-5811
FMN 03	NAME KEMA, PETER	DOB 08/20/52	ALLEGED PERP Y
	ADDRESS 28-2926 KUMULA ST #Q26	CITY PEPEEKED	ST HI
		ZIP 96783 0	PH 000-0000
FMN 50	NAME [REDACTED]	DOB 00/00/00	ALLEGED PERP N
	ADDRESS [REDACTED]	CITY [REDACTED]	ST HI
		ZIP [REDACTED]	PH [REDACTED]
FMN 51	NAME [REDACTED]	DOB 00/00/00	ALLEGED PERP N
	ADDRESS [REDACTED]	CITY [REDACTED]	ST HI
		ZIP [REDACTED]	PH [REDACTED]

PROBLEMS FOR WHICH REFERRED:

FMN 20 PHVA PHYSICAL ABUSE

LOC OF INC	HOME		
ACTION BOOKING NO		DATE 00/00/00	TIME 00:00
HOSPITAL		DATE 00/00/00	TIME 00:00

FMN 21 PHVA PHYSICAL ABUSE

LOC OF INC	HOME		
ACTION BOOKING NO		DATE 00/00/00	TIME 00:00
HOSPITAL		DATE 00/00/00	TIME 00:00

COMPLAINANTS ACCOUNT(S):

05/31/91
09:47:00.8

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
FAMILY AND ADULT SERVICES DIVISION SOC-SER

KFHCR10R

COMP NO 01 COMPLAINT DATE/TIME 05/06/91 15:30

NAME [REDACTED]
ADDRESS [REDACTED]

PHONE [REDACTED]

CITY/ST/ZIP

SHARE ID PRT REQ NOTIFY REL TO CHILD [REDACTED]

NARRATIVE ACCOUNT:

[REDACTED] CAME FROM POLICE, REFERRED TO DHS BY SGT T HING. [REDACTED] TOLD [REDACTED] HE RECEIVED CALL FROM JAYLIN REQUESTING POLICE ASSISTANCE IN RETURNING [REDACTED] TO HER. JAYLIN DIDN'T WANT [REDACTED] TO KEEP [REDACTED] [REDACTED] TOLD SW THAT SHE DOESN'T WANT [REDACTED] RETURNED TO MOTHER. [REDACTED] ASKED IF CPS COULD PREVENT THE POLICE FROM TAKING THE [REDACTED] AWAY FROM THEM. SW TOLD [REDACTED] THAT SHE WASN'T AUTHORIZED TO DO THIS. [REDACTED] TOLD SW THAT JAYLIN HAD SIGNED A PAPER DESIGNATING PETER'S SISTER (DOROTHY KEPANO) TO HAVE TEMP CUSTODY OF [REDACTED] AND [REDACTED] BECAUSE JAYLIN WAS GOING TO SEE HER NEWBORN BABY AT KAPIOLANI HOSP ON OAHU. ACCORDING TO [REDACTED] DOROTHY BROUGHT CHN TO SEE [REDACTED] IN KONA AFTER [REDACTED] HAD ASKED TO SEE THEM. [REDACTED] TOLD SW THAT SHE NOTICED MARKS ON [REDACTED] WHEN SHE ASKED [REDACTED] HOW [REDACTED] GOT THE MARKS [REDACTED] TOLD HER "PETER DID IT" AND THEN SHE ASKED [REDACTED] ABOUT THE MARK ON [REDACTED] AND [REDACTED] TOLD HER "PETER". AT THIS TIME WORKER WENT TO SEE THE [REDACTED] IN THE DHS WAITING

ROOM. NEIUBEA [REDACTED] WAS WATCHING THE [REDACTED] SW NOTICED A SLIGHT BROWNISH/YELLOWISH DISCOLORATION ON [REDACTED] CHEEK. ON [REDACTED] LOWER CHEEK A DARK PINK DISCOLORATION WAS SEEN. AS SW ATTEMPTED TO TALK TO [REDACTED] NEIUBEA TOLD [REDACTED] "TELL THE LADY WHO GAVE YOU THAT MARK, TELL HER". [REDACTED] WOULD NOT SPEAK WITH SW ABOUT THE MARKS OR ANYTHING ELSE; [REDACTED] COVERED [REDACTED] FACE WITH [REDACTED] HANDS AND TURNED AND FACED THE WALL. AT THIS TIME SW SPOKE TO SUPERVISOR [REDACTED] SW RETURNED TO SPEAK WITH [REDACTED] AND INFORMED THEM THAT BECAUSE JAYLIN'S RESIDENCE IS IN EAST HAWAII THEY WOULD NEED TO CONTACT THE HILO CPS OFFICE TO MAKE A REPORT. SW GAVE HER NAME AND PHONE # AS WELL AS THE HILO CPS OFFICE PH ONE # TO THE [REDACTED]

[REDACTED] Social Worker
Department of Human Services
75-5995 Kuakini Hwy., Ste.523
Kailua-Kona, HI 96740
Telephone: 329-9344

THIRD CIRCUIT COURT
STATE OF HAWAII
FILED

91 MAY 13 AM 10:06

LINDALANI K. MOCK CHEW
CLERK

IN THE FAMILY COURT OF THE THIRD CIRCUIT

STATE OF HAWAII

In the interest of the

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

FC-S No. [REDACTED]

PETITION FOR TEMPORARY
FOSTER CUSTODY

Report Date: May 10, 1991

PETITION FOR TEMPORARY FOSTER CUSTODY

TO THE HONORABLE PRESIDING JUDGE OF THE ABOVE-ENTITLED COURT:

COMES NOW the Petitioner, a duly appointed social worker of the Department of Human Services (hereinafter "DHS"), and states as follows:

1. This petition is filed on behalf of the above-named [REDACTED] whose physical or psychological health or welfare has been harmed and is subject to threatened and imminent harm by the acts or omissions of the [REDACTED] family as provided by the following facts:

On May 9, 1991, this worker interviewed [REDACTED] and [REDACTED] at the Children's Advocacy Center. [REDACTED] was, upon very close observation, noted to have several discolorations on [REDACTED] face. [REDACTED] was taken outside and under bright sunlight the following was noted: (1) a mark extending from [REDACTED] left eyebrow

across the temple area to the hairline; greenish yellow in color; approximately one and one half inch in length and one eighth of an inch wide; (2) a bluish line running the length of [redacted] left eyelid; approximately one fifteenth of an inch wide; (3) a yellow discoloration under [redacted] left eyelash area; approximately one half inch in diameter; (4) a yellowish discoloration in the middle of the left cheek about three quarter inch in diameter; (5) a yellow green mark in the lower left cheek area just above the jawline approximately one half inch in diameter; (6) a yellow green mark in the middle of [redacted] right cheek about one half inch in diameter. The marks just described, with the exception of item (2) were faint indicating to this worker that they were not recently inflicted.

[redacted] told this worker that "Uncle Peter" (mother's boyfriend) hits [redacted] on the legs, arms, and "okole" with [redacted] "two hands" and a broom. [redacted] said Peter also pulls [redacted] hair. [redacted] then described once having blood on [redacted] head and [redacted] said [redacted] went to the hospital for this injury but was unclear as to how the injury occurred. [redacted] said that [redacted] has seen "Uncle Peter" hit [redacted] on [redacted] face, chest, and legs. [redacted] told this worker that [redacted] is afraid of "Uncle Peter". At this point [redacted] covered [redacted] face with [redacted] hands and started to sob. [redacted] was unable to continue with the interview and asked for [redacted]

[redacted] A quarter inch yellowish/greenish mark was observed on [redacted] left cheek. No other marks or bruising were observed on [redacted] body.

On May 8, 1991 the DHS standby worker, [REDACTED] interviewed the children's mother, Jaylin Acol, and her live-in boyfriend, Peter Kema. Both caretakers denied hitting or harming either child and attributed the bruising to accidents, i.e., falling down stairs, backing into tables, falling off jungle gyms and merry-go-rounds. Peter admitted to previously "drinking alot and smoking pot heavily." Peter said he was accused of breaking into a home and stealing items. He said the case is currently being sent to the prosecutor. He added he was previously on probation for accomplice to a burglary.

Jaylin has given no justifiable explanation for the [REDACTED] injuries and she denies [REDACTED] has been hit by her live-in boyfriend. The DHS does not believe that the facial bruising on the two year old was justifiably explained by active child play.

[REDACTED] Jaylin Acol, is a 21 year old single parent. She recently gave birth to a third child who is currently at Kapiolani Hospital in Honolulu. Peter is the father of that child. Although Jaylin seems concerned about all her [REDACTED] she is in complete denial regarding the possibility that her live-in boyfriend may have harmed the [REDACTED]. Currently, she does not seem able to protect her [REDACTED] and the [REDACTED] are at serious risk of harm if returned to the home of the mother and her boyfriend.

[REDACTED] father, [REDACTED] visited with [REDACTED] when the [REDACTED] previously resided in Kona.

However, he has never assumed responsibility for their care and has not provided financial support. It is not known if he is currently willing and/or able to provide a safe family home for them.

2. The above-named [REDACTED] come within the provisions of Sections 571-11, and 587-1, Hawaii Revised Statutes (hereinafter "HRS"), because the children were found within this State at the time the facts and circumstances occurred, were discovered, or were reported to the DHS.

3. Further, that based upon consideration of the guidelines set forth in Section 587-25, HRS, the above-named [REDACTED] family is not presently able to provide [REDACTED] with a safe family home.

4. The above-named [REDACTED] are currently under the temporary foster custody of the DHS, and the following information relates to the type and nature of the emergency foster care, the date [REDACTED] were placed in temporary foster custody and the circumstances necessitating such care: [REDACTED] and [REDACTED] were taken into protective custody by the Kona Police on May 8, 1991. Custody of the [REDACTED] was immediately turned over to the DHS who placed them in the home [REDACTED]

Continued placement in emergency foster care is necessary to protect the children from harm.

5. The following information relates to the children above-referenced:

Name: [REDACTED]
 Date of Birth: [REDACTED]
 Place of Birth: [REDACTED]
 Sex: [REDACTED]
 Residence Address: [REDACTED]
 [REDACTED]
 [REDACTED]

Name: [REDACTED]
 Date of Birth: [REDACTED]
 Place of Birth: [REDACTED]
 Sex: [REDACTED]
 Residence Address: [REDACTED]
 [REDACTED]
 [REDACTED]

6. The names and last known residence addresses of the persons required to be notified or who are to be made parties to this proceeding pursuant to Section 587-32, HRS, are:

- a. Mother: Jaylin Acol
28-2926 Kumula St. #Q26
Pepeekeo, Hilo, HI.
- b. Father: [REDACTED]
- c. Mother's live-in boyfriend: Peter Kema
28-2926 Kumula St. #Q26
Pepeekeo, Hilo, HI.

WHEREFORE, it is prayed:

1. That an inquiry be made into the foregoing allegations;
2. That such action be taken within the provisions of Section 571-11(9) and Chapter 587, HRS as may appear to serve the best interests of [REDACTED], including but not limited to:
 - a. Temporary foster custody of [REDACTED] be awarded to the DHS;
 - b. Jurisdiction over [REDACTED] and other appropriate family members be established;
 - c. An appropriate service plan be ordered, and if the family members become willing and able to provide [REDACTED] [REDACTED] with a safe family home without the assistance of a service plan, that the case be terminated; or
 - d. If the family members are not willing and able to provide the child with a safe family home, even with the assistance of a service plan, within a reasonable period of time, that the family members' respective parental and custodial duties and rights be terminated by an award of permanent custody, a permanent plan be ordered, and the child be subject to being placed for adoption; and
3. That the Court make such other appropriate orders as are in the best interests of [REDACTED].

The undersigned Petitioner does hereby declare, under penalty of perjury, that the statements made herein are true and correct to the best of Petitioner's information and

belief; as to those matters, the Petitioner believes them to be true.



DHS Social Worker

DEPT. OF HUMAN SERVICES
Family & Adult Services Div.

[REDACTED] Social Worker
Department of Human Services
75-5995 Kuakini Hwy., Suite 523
Kailua-Kona, Hawaii 96740
Telephone: [REDACTED]

MAY 20 1991

Kailua-Kona, HI 96740

FILED IN OPEN COURT

1:15 o'clock P.M.
MAY 14 1991

Debra K. [REDACTED]

Clerk

IN THE FAMILY COURT OF THE THIRD CIRCUIT

STATE OF HAWAII

In the interest of the

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

FC-S No. [REDACTED]

SAFE HOME GUIDELINES

REPORT DATE:
May 14, 1991

SAFE HOME GUIDELINES

1. THE AGE, MENTAL AND EMOTIONAL VULNERABILITY OF THE CHILDREN AND THEIR MEDICAL AND DENTAL NEEDS, DEVELOPMENTAL GROWTH, ACADEMIC LEVEL, PEER RELATIONSHIPS, PSYCHOLOGICAL ATTACHMENT TO CARETAKER, DEGREE OF TRUST WITH CARETAKER AND WILLINGNESS/FEAR OF REMAINING IN THE FAMILY HOME.

[REDACTED] is a healthy, normally developed four year old boy. Upon examination by Dr. Robert Laird on May 10, 1991 numerous dental caries were noted. When this worker interviewed [REDACTED] he was afraid to go home. When asked who he was afraid of he said "Uncle Peter." Presently [REDACTED] is not attending pre-school. According to his mother, he was scheduled to begin on May 6, 1991 in Hilo.

[REDACTED] is a normally developed two year old girl with no known health problems. Due to her age, she cannot verbally report willingness/fear of remaining in the home.

[REDACTED] appear to have a close, affectionate relationship with the [REDACTED] [REDACTED] comforted them when they appeared anxious and responded appropriately to their questions, indicating to this worker positive interaction and a genuine concern for the [REDACTED] well-being.

[REDACTED] are completely dependent on adult caretakers for their day to day care and safety.

This worker has not had the opportunity to assess the psychological attachment between [REDACTED] and both [REDACTED]

parents.

2. THE MAGNITUDE AND FREQUENCY OF THE HARM (WHICH INCLUDES STATED MOTIVE) AND ANY REPORTS OF REPEATED HARM AFTER INITIAL INTERVENTION BY A SOCIAL AGENCY

On May 9, 1991, this worker observed the following markings and discolorations on [REDACTED]:

- (1) a mark extending from [REDACTED] left eyebrow across the temple area to the hairline; greenish yellow approximately one and one half inch in length and one eighth of an inch wide;
- (2) a bluish line running the length of [REDACTED] left eyelid approximately one fifteenth of an inch wide;
- (3) a yellow discoloration under [REDACTED] left eyelash area approximately one half inch in diameter;
- (4) a yellowish discoloration in the middle of the left cheek about three quarter of an inch in diameter;
- (5) a yellow green mark in the lower left cheek area just above the jawline approximately one half inch in diameter;
- (6) a yellow green mark in the middle of the right cheek approximately one half inch in diameter.

A quarter of an inch yellow green mark was seen on [REDACTED]'s left cheek. [REDACTED] stated that he was afraid of "Uncle Peter." He added that "Uncle Peter" hits him on the legs, arms, and "okole" with his two hands and a broom. He said Peter also pulls his hair. [REDACTED] said that he has seen "Uncle Peter" hit [REDACTED] on her face, chest, and legs.

3. DATE AND REASON FOR CHILDREN'S PLACEMENT OUT OF THE HOME, DESCRIPTION, APPROPRIATENESS, AND LOCATION OF THE PLACEMENT AND WHO HAS PLACEMENT RESPONSIBILITY

<u>Beginning and End Dates of Placement</u>	<u>Where Placed (e.g. ESH, grandparents, foster home, etc.)</u>	<u>Type of Placement voluntary, or court; specify legal status emergency</u>	<u>If Placement voluntary, who has placement responsibility</u>
5/8/1991 to present	[REDACTED]	[REDACTED]	[REDACTED]

Although the placement is approximately 100 miles from the [REDACTED] mother's home, it is the most appropriate placement as the caretakers [REDACTED] and have cared for [REDACTED] numerous times in their home in Kona. The needs of [REDACTED] met by this placement include an immediate, safe family-like environment which allowed for [REDACTED] to remain together.

4. **THE RESULTS OF PSYCHIATRIC/PSYCHOLOGICAL/DEVELOPMENTAL EVALUATIONS OF THE CHILDREN, THE ALLEGED PERPETRATOR AND OTHER APPROPRIATE FAMILY MEMBERS WHO ARE PARTIES**

There are no known evaluations at this time. DHS will request psychological testing be done.

5. **WHETHER THERE IS A HISTORY OF ABUSIVE OR ASSAULTIVE CONDUCT BY THE CHILDREN'S FAMILY OR OTHERS WHO HAVE ACCESS TO THE CHILDREN'S FAMILY HOME**

██████████ made statements to this worker on May 9, 1991 and also to the standby social worker on May 8, 1991 that the mother's live-in boyfriend, Peter Kema, "spanks me, ██████████ and Mommy."

Peter Kema told the standby social worker he has been accused of breaking into a home and stealing items. This case, he added, is currently being sent to the prosecutor. He said he was previously on probation for accomplice to a burglary. A criminal history check has been requested by the DHS.

6. **WHETHER THERE IS A HISTORY OF SUBSTANCE ABUSE BY THE CHILDREN'S FAMILY OR OTHERS WHO HAVE ACCESS TO THE CHILDREN'S FAMILY HOME**

Peter Kema admitted to the standby social worker previously "drinking alot and smoking pot heavily".

7. **IDENTIFICATION OF ALLEGED PERPETRATOR AND WHETHER THERE HAS BEEN AN ACKNOWLEDGEMENT AND/OR APOLOGY FOR THE HARM**

Peter Kema has been identified by ██████████ as the perpetrator. There has been no known apology or acknowledgement of the harm.

8. **WHETHER THE ALLEGED PERPETRATOR HAS BEEN REMOVED (EITHER BY COURT ORDER OR VOLUNTARILY) FROM THE FAMILY HOME AND HAS REMAINED OUT OF THE FAMILY HOME**

The alleged perpetrator, Peter Kema, is still living in the family home.

9. **WHETHER THE NONPERPETRATOR(S) WHO RESIDE IN THE CHILDREN'S FAMILY HOME ARE WILLING AND ABLE TO PROTECT THE CHILDREN**

Besides the mother, there are no nonperpetrators in the home.

10. **SUPPORT SYSTEM OF EXTENDED FAMILY AND/OR FRIENDS AVAILABLE TO THE CHILDREN'S FAMILY**

The [REDACTED] are willing and able to protect [REDACTED]

11. **THE WILLINGNESS AND ABILITY OF THE CHILDREN'S FAMILY TO SEEK OUT AND COOPERATE WITH SERVICES RECOMMENDED/COURT-ORDERED TO PROVIDE A SAFE HOME INCLUDING DEMONSTRATING APPROPRIATE PARENTING SKILLS, OVERCOMING OBSTACLES TO GETTING SERVICES AND MAINTAINING CONTACT WITH COMPETENT PERSONS WHO CAN RECOGNIZE AND REPORT PROBLEMS**

Jaylin told this worker that she sought out counseling services at Queen Liliokulani Children's Center because "I needed help, I was young and needed to know how to take care of my children."

12. **THE WILLINGNESS AND ABILITY OF THE CHILDREN'S FAMILY TO RESOLVE SAFETY ISSUES WITHIN THE FAMILY HOME THROUGH EFFECTING POSITIVE ENVIRONMENTAL AND PERSONAL CHANGES WITHIN A REASONABLE PERIOD OF TIME**

Jaylin does not believe there are safety issues in her home that require resolution.

13. **THE CARETAKER'S DEMONSTRATED ABILITY TO UNDERSTAND THE CHILDREN'S EMOTIONAL AND PHYSICAL NEEDS, PERCEPTION OF THE CHILDREN AND PSYCHOLOGICAL ATTACHMENT**

According to Dr. Kunz, who has known Jaylin since her first pregnancy, Jaylin "appeared to have a casual attitude toward the caretaking responsibilities required of her and the bonding between she and her [REDACTED] was questionable."

14. **ASSESSMENT (TO INCLUDE CHILDREN'S FAMILY DEMONSTRATED ABILITY TO PROVIDE A SAFE HOME FOR THE CHILDREN) AND RECOMMENDATION**

Based on information from and observations of [REDACTED] as well as information from other sources, there are indications to this worker that Jaylin is currently unable to provide a safe home for [REDACTED] and [REDACTED].

In view of Jaylin's willingness to seek out counseling services it is difficult to understand why she is refusing to acknowledge [REDACTED] fear of and need for protection from her live-in boyfriend, Peter Kema.

Jaylin gave birth to a third child on May 1, 1991. On that date the child, Peter Jr., was transferred to Kapiolani

Hospital in Honolulu and was admitted with a diagnosis of Respiratory Distress Syndrome. As a result of this condition, the newborn will require constant monitoring and assessment by Jaylin. This specialized care and involvement required of Jaylin places this young, single mother in an extremely stressful situation. This will decrease even further her ability to protect her [REDACTED] from her live-in boyfriend.

Recommendations:

1. That foster custody be awarded to DHS and [REDACTED] remain in their current placement [REDACTED]
2. That psychological evaluations be arranged by the DHS for Jaylin and Peter;
3. That Peter undergo a drug and alcohol assessment;
4. That both Jaylin and Peter participate in the Alternatives to Violence program;
5. That a court ordered service plan for Jaylin and Peter be implemented.

DATED: May 14, 1991, Kailua-Kona, Hawaii

Respectfully submitted,

[REDACTED]
DHS Social Worker

JOHN WAIHEE
GOVERNOR



WINONA E. RUBIN
DIRECTOR

DEPT. OF HUMAN SERVICES
Family & Adult Services Division Lynn N. Fallin
DEPUTY DIRECTOR

DEPT. OF HUMAN SERVICES
Family & Adult Services

JUN 4 1991 Leslie S. Matsubara
DEPUTY DIRECTOR

JUN 3 1991

Fms; Hawaii

STATE OF HAWAII EH Social Services Section
DEPARTMENT OF HUMAN SERVICES Hilo, Hawaii
Family and Adult Services Division
West Hawaii Social Services
75-5995 Kuakini Hwy., Suite 523
Kailua-Kona, Hawaii 96740

FAX TRANSMISSION COVER PAGE

DATE: 6/4/1991

TOTAL NUMBER OF PAGES: 20 (Including cover page)

TO: [Redacted] Supervisor Unit 70
Hilo D.H.S.

Fax Number: [Redacted]

Telephone Number: [Redacted]

FROM: [Redacted]
DHS - 75-5995 Kuakini Hwy #523
Kailua-Kona Hawaii 96740

Telephone Number: [Redacted]

MESSAGE: ATTACHED ARE THE [Redacted] COURT documents
for your information. The ENTIRE case record
is being mailed to you.

IF PROBLEMS OCCUR, PLEASE CALL: 326-1165 (Kona)

I N T E R N A L C O M M U N I C A T I O N F O R M D E P A R T M E N T O F H U M A N S E R V I C E S	Suspense
---	----------

Subject: ACOL, Jaylin CPSS 10780	Originator:
---	-------------

To: EHCPSMIL (70) From: WHICIU Date: 6/4/91 Memo No. 1
 Suprv.

RE: ACOL, Jaylin

 KEMA, Peter Jr., (DOB 5/1/91)

On May 8, 1991 and were taken into protective custody by the Kona police based on evidence of physical abuse of by the mother's live-in boyfriend, Peter Kema, Sr. The Kona CPS standby worker placed in the home of have a close relationship with the who have provided care for frequently in the past. Jaylin and her boyfriend reside in Pepeekeo, Hilo.

The CPS investigation confirmed physical abuse of and by Peter Kema, Sr. The 5/16/91 TFC hearing was continued to 5/24/91. TFC was awarded to the DHS with continued placement of the Jaylin was given supervised visitation but her boyfriend is not to have any contact with either child.

Jaylin gave birth to her third child, Peter Kema, Jr., on 5/1/91. He was diagnosed with Respiratory Distress Syndrome which requires constant monitoring and assessment by Jaylin.

Because the family home is in East Hawaii this case is being transferred to Unit 70 for case management services. EHFSS/MIST is already involved with the family on behalf of the newborn. Our DAG's office is in the process of transferring the forum of this case to Hilo. Gary Murai is the DAG who will be handling this case. The date of the service plan hearing has not yet been set. A service plan will need to be prepared for that hearing. Thank you for you assistance in this matter.

Jaylin Acol: 28-2026 Kumula Street #Q26
 (mother) Pepeekeo, Hilo, HI 96783
 (H) 964-5811

(father)

Subject: ACOL, Jaylin
CPSS 10780

Originator: [REDACTED]

To: EHCPCSMU

From: WHICIU

Date: 6/4/91

Memo No. 1, page 2

[REDACTED]

The complete case record is attached. If you have any questions please call the social worker [REDACTED]

[REDACTED], WHICIU Supervisor

[REDACTED]

Attachment

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 emergencies at Local
(Type of surgery or medical treatment) (Hospital)
by Staff Service
(Name of doctor or indicate "staff service")

(Parent)
(or) _____
(Legal Guardian)
(or) [redacted]
Branch Administrator or Supervisor
PUBLIC WELFARE DIVISION
Department of Social Services

5/10/91
(Date)

[redacted]
(Witness)

[redacted]
(Witness)

*If the Public Welfare Division of the Department of Social Services has legal custody
of the above-named child, indicate court order number below:

Family Court Order No. _____

April 9

[REDACTED]

This past week was like a weird decision for me. I mean I didn't mind that you guys taking the kids out when you take them and then say to pick them up after the van is fixed, this agreement had to go. I'm trying make this work out for me while trying to live on my own. But things are just not easy when I have to make things while dealing it with you guys.

First of all, if you guys plan to come and take the kids, you guys have to make things work and cooperate in bringing the children back too. And if I knew you were going to take the kids to the babysitter, I would've not let you take them. Because I can't be paying our expenses and the expenses when you guys need for the kids.

One thing more, you guys have to learn to let go and let me and my kids to learn to live on our own. It's not fun to keep on depending on you guys for the rest of ~~the~~ our lives. Please understand how I feel.

05.07.91

To whom it may concern,

I, Jaylin Aiol, give responsibility to Dorothy
Kepono, for the care of my children, till when
I return from Oahu.

Thank you,

Jaylin Aiol
Jaylin Aiol

P.S

5/7/91

Dorothy Kepono,

I have the kids in my

Hand. My Phone number ^{Home} [REDACTED]

working number [REDACTED]

5 13 91

Why do [redacted] want my children, & born them, they belong to me. I'm their mommy. They're ~~at~~ my children. My life has just begun and they wanna just take my children. I have feelings to, you know. I want to raise them the way I feel is right. I know I can't give them what they want in life and give them luxuries like [redacted] can but I can at least give them love, ~~an~~ nurture them, be there for them, teach them, hold them, but I never abuse them. They're my children. Peter treats ~~like~~ them like they're his. He never, I mean never touch their faces, they are too precious to us. Peter and I can never be a family w/o the children because they are a part of me, like pieces missing from my heart, pieces missing from Peter. I love them, Peter loves them. Why? Why? Why?

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 Local
(Type of surgery or medical treatment) (Hospital)

by Staff Service
(Name of doctor or indicate "staff service")

(Parent)

(or) _____
(Legal Guardian)

(or) 
~~Branch Administrator or Supervisor*~~

PUBLIC WELFARE DIVISION
Department of Social Services

5/10/1991
(Date)


(Witness)


(Witness)

*If the Public Welfare Division of the Department of Social Services has legal custody of the above-named child, indicate court order number below:

Family Court Order No. _____

WEST HAWAII IMAGING SERVICES, INC.

DIAGNOSTIC RADIOLOGY, ULTRASOUND AND MAMMOGRAPHY

77-311 SUNSET DRIVE
KAILUA-KONA, HAWAII 96740
(808) 329-7314

NAME: [REDACTED] BIRTH DATE: [REDACTED] FILE NO: [REDACTED]
DATE: 5-10-91 AGE: [REDACTED] SEX: F CLINIC: WHIS
EXAMINATION: Skeletal Survey DIAGNOSIS:

HISTORY, PHYSICAL FINDINGS:

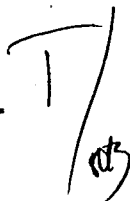
RE: 5-10-81 REFERRING PHYSICIAN: Dr. Laird / Dr. Sugai
INTERPRETATION:

SKELETAL SURVEY: AP views of both upper and lower extremities, AP view of the chest and abdomen and lateral view of the skull reveal no fracture or other bony abnormality.

IMPRESSION: Normal skeletal survey.

THOMAS E. AUSTIN, M. D.
RADIOLOGIST

TEA:mk 5-12-91



IMAGING REPORT

DEPT. OF HUMAN SERVICES
Family & Adult Services Div.

MAY 11 1991

Kailua-Kona, HI 96740

WEST HAWAII IMAGING SERVICES, INC.

DIAGNOSTIC RADIOLOGY, ULTRASOUND AND MAMMOGRAPHY

77-311 SUNSET DRIVE
KAILUA-KONA, HAWAII 96740
(808) 329-7314

NAME: [REDACTED] BIRTH DATE: [REDACTED] FILE NO: [REDACTED]
DATE: 5-10-91 AGE: [REDACTED] SEX: F CLINIC: WHIS
EXAMINATION: Skeletal Survey DIAGNOSIS:

HISTORY, PHYSICAL FINDINGS:

RE: 5-10-81
INTERPRETATION:

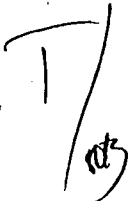
REFERRING PHYSICIAN: Dr. Laird Dr. Sugai

SKELETAL SURVEY: AP views of both upper and lower extremities, AP view of the chest and abdomen and lateral view of the skull reveal no fracture or other bony abnormality.

IMPRESSION: Normal skeletal survey.

THOMAS E. AUSTIN, M. D.
RADIOLOGIST

TEA:mk 5-12-91



IMAGING REPORT

DEPT. OF HUMAN SERVICES
Family & Adult Services Div.

MAY 11 1991

Kailua-Kona, HI 96740

State of Hawaii

Dept. of Social Svcs. & Hsg. Public Welfare Division

ADMISSION TO EMERGENCY SHELTER HOME

Prepare in duplicate:

- 1. For ESH
- 2. For Case Record

Emergency Shelter Home: _____

Date Placed: 5/8/1991

Adult/Child Name: _____

(Last) _____ (First) _____

Time Placed: 2:00

INFORMATION RE ADULT/CHILD as applicable: Birthdate _____

Sex: _____

School _____

Grade _____

Color of Hair _____

Nationality Hawaiian

Color of Eyes Brown

Religion _____

Complexion _____

AUTHORIZED VISITORS:

Taylor Noel (Name) Mother (Relationship) Signed _____

(Name) _____ (Relationship) _____

(Name) _____ (Relationship) _____

Agency & Telephone DHS-329-9344

Social Worker's Home Telephone _____

PHYSICIAN COMPLETES:

Physical Exam 5/10/91 (date) Height 32" Weight 24# Head Lice Adult TB Test _____ (date)

Allergies/Infectious Conditions

May Be Placed Remarks _____

Isolation NO Physician's Signature [Signature]

State of Hawaii

Dept. of Social Svcs. & Hsg. Public Welfare Division

ADMISSION TO EMERGENCY SHELTER HOME

Prepare in duplicate:
1. For ESH
2. For Case Record

Emergency Shelter Home: _____

Date Placed: 5/8/1991

Adult/Child Name: _____

Time Placed: 2:00

(Last) _____ (First) _____

INFORMATION RE ADULT/CHILD as applicable: Birthdate _____ Sex _____

School _____

Grade _____

Color of Hair _____

Color of Eyes _____

Complexion _____

AUTHORIZED VISITORS:

Saylon Cecil (Name) Mother (Relationship) Signed _____

Agency & Telephone 245-339-9344

Social Worker's Home Telephone _____

(Name) _____ (Relationship) _____

PHYSICIAN COMPLETES:

Physical Exam 5/10/91 Height 37" Weight 28# Head Lice NO Adult TB Test _____ (date)

Allergies/Infectious Conditions 0

May Be Placed Remarks Remove dental covers

Isolation NO Physician's Signature [Signature]

INDIVIDUAL CASSIFICATION NOTICE

J F M A
M J A
S O D

COUNTY	CASE NO.	SFX	CATEGORY	UNIT
1	10780	K	Y	38

RECIPIENT: Unit 70 - Supervisor

CHILD'S NAME: (CWS) _____ CASE NAME: JAYLIN COL

CIRCLE APPROPRIATE ITEMS

1. ADC school attendance verification: Date completed: _____
Name of child: _____ In sch. ___ Not in sch. ___
2. Action due because recipient will reach a certain age this month.
(Circle appropriate one) 6 14 18 20 65
3. Review: QV Semi-ann. C&C Ann. Date completed _____
4. Care and custody revoked on (Date): _____
5. Action on: Suspension Presump. Elig.
Pend. Appl. Date: _____
6. Change in family composition (CWS service only)
Add(Name): _____ Birthdate: _____
Drop(Name): _____
7. Close case (Applies to service, CWS svc., and one month assist.)
8. Reason for closing one month assistance case - Use Code: _____
9. Transfer Appl. case to worker (Name): _____
10. Transfer Appl. Case from 38 Unit to 70 Unit
11. CHANGE IN DESTINATION OF WARRANT (2 copies) EFFECTIVE DATE: _____
a. NEW ADDRESS: _____
12. Hold (Month): _____ warrant until further notice.
a. Mail warrant, held under item 12, to recipient at (address): _____
13. OTHER INFORMATION (correction of name spelling to file room, change of address not covered by 11a., etc.)

Please sign a copy and return to Unit 38 ICI, Mahalo

Worker's signature: _____ Unit: 38 Date: 6/4/91

For items 9, 10, 12, 13 (When used to route a warrant to a unit) etc.

Approved by: _____ Date: 6/4/91
Unit Supervisor

Approved by _____ Date: _____
(Supervisor of Receiving Unit)

INTERNAL
COMMUNICATION FORM
DEPARTMENT OF HUMAN SERVICES

Suspense

Subject: **ACOL, Jaylin**
CPSS 10780

Originator: [REDACTED]

To: EHCPCMU (70) [REDACTED]

From: WHICIU

Date: 6/4/91

Memo No. 1

RE: ACOL, Jaylin
[REDACTED]
[REDACTED]

KEMA, Peter Jr., (DOB 5/1/91)

On May 8, 1991 [REDACTED] and [REDACTED] were taken into protective custody by the Kona police based on evidence of physical abuse of [REDACTED] by the mother's live-in boyfriend, Peter Kema, Sr. The Kona CPS standby worker placed [REDACTED] in the home of [REDACTED]. [REDACTED] have a close relationship with [REDACTED] who have provided care for [REDACTED] frequently in the past. Jaylin and her boyfriend reside in Pepeekeo, Hilo.

The CPS investigation confirmed physical abuse of [REDACTED] and [REDACTED] by Peter Kema, Sr. The 5/16/91 TFC hearing was continued to 5/24/91. TFC was awarded to the DHS with continued placement of [REDACTED] in [REDACTED]. Jaylin was given supervised visitation but her boyfriend is not to have any contact with either child.

Jaylin gave birth to her third child, Peter Kema, Jr., on 5/1/91. He was diagnosed with Respiratory Distress Syndrome which requires constant monitoring and assessment by Jaylin.

Because the family home is in East Hawaii this case is being transferred to Unit 70 for case management services. EHFSS/MIST is already involved with the family on behalf of the newborn. Our DAG's office is in the process of transferring the forum of this case to Hilo. Gary Murai is the DAG who will be handling this case. The date of the service plan hearing has not yet been set. A service plan will need to be prepared for that hearing. Thank you for you assistance in this matter.

Jaylin Acol: 28-2026 Kumula Street #Q26
(mother) Pepeekeo, Hilo, HI 96783
(H) 964-5811

[REDACTED]
(father) [REDACTED]
[REDACTED]

Subject: ACOL, Jaylin
CPSS 10780

Originator [REDACTED]

To: EHCPCMU

From: WHICIU

Date: 6/4/91

Memo No. 1, page 2

[REDACTED]

The complete case record is attached. If you have any questions please call the social worker, [REDACTED]

[REDACTED]
WHICIU Supervisor

[REDACTED]

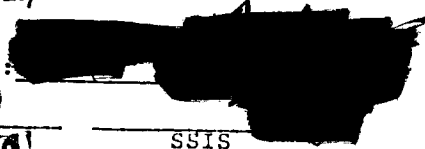
Attachment

CASE STATUS - CURRENT SERVICE
 DEPT. OF CHILDREN & FAMILY SERVICES
 for Intake/Investigative Services

Date: _____ (CT II)
 Date: _____ (SSA)

Case Name: Acol, Jaylin
 Intake No.: 647

MAY 20 1991
 Case No.: 10780



INTAKE WORKER		Kaima-Kona, HI 96740		SSIS	
NS02/NS01 NS04/NS10/NS14	Name/Alias Searches				
IA/U 14/60/62	General Case Data				
IA 18	Complainant Information				
IA 20	Complainant Narrative				
IA/U 40/41	Adult Data	01	02	03	04
IA/U 22/23	Child Data	20	21	22	23
IA 36	Victim Data	20	21	22	23
IA 48	Risk Assessment	20	21	22	23
IA 52	Log of Contacts				
IX 10	Review Intake				
IR 10	Print Intake (orig. + 2 copies)				
Intake Disposition: (choose one)					
IA 06	New Case Registration				
IU 06	Reopen Closed Case & Add Intake				
IU 08	Add Intake to Existing Open Case				
IU 56	Non-CPS, Services Required				
IU 58	Non-CPS, Services NOT Required				
IU 60	Non-CPS, Referred				
IU 62	Reactivate Intake				
IU 64	Delete Intake - Created in Error				
HA 10	Name Change/ Alias				
HA 12	Address Change				
HA 14	Marriage History				
CS 04	Family Member Summary (print form)				
Log Intake on Monthly Intake Record (IP50)					
Send Checklist, Intake + 2 copies to Sup.					
SUPERVISOR					
CD 18	Complainant Information Display				
CD 20	Complainant Narrative Display				
CS 08	Family Data Summary				
CS 48	Case Risk Assessment				
WA 10	Assign Wkr:				
Police Referral Date:					
Original to assigned worker; copy to police; copy & checklist to clerical/assistant.					
CLERICAL					
HAWI/OKLAHOMA					
Master File Card					
Log Intake					
Case Record (Open/Pull/Request Record)					
ASSISTANTS					
CU 40	Update Adult Data	01	02	03	04
CU 22	Update Child Data	20	21	22	23
CA/U 50	Service Data	01	02	03	04
Criminal History Checks		01	02	03	04
Date Mailed:					
Form 1458					
Form 1504					
Date:					
CLERICAL					
Check Log					
Update Master File					
Update Face Sheet					
INVESTIGATORS (Complete section for each intake)					
CA/U 52	Log of Contacts	01	02	03	04
CA/U 50/51	Service Data	20	21	22	23
CA/U 40	Adult Data	01	02	03	04
CA/U 22	Child Data	20	21	22	23
CA/U 36	Victim Data	20	21	22	23
CI 39	Victim Dispo.	20	21	22	23
CA 48	Risk Assessment	20	21	22	23
HA/U 10	Name Change/Alias				
HA/U 12	Address Change				
HA/U 14	Marriage History				
CA 50	Investigation Summary-Documents				
CA 62	Investigation Summary-Narrative				
CA 64	Investig. Summary-Case Action				
CR 52	Print Log of Contacts				
CR 52	Print Worker's Findings				
Safe Home Guidelines (for case transfers)					
Add/Update Payment Systems					
Placement/Court Cases					
CA 28/30	Court LS/JR Dates	20	21	22	23
CU 22	Child Data	20	21	22	23
CA 34	Visitor Plan	20	21	22	23
CA/U 50	Service Date (plcmt)	20	21	22	23
CA 52	Log of Contact (plcmt)				
SUPERVISOR					
CS 08	Family Data Summary				
CS 70	Case Goal Summary				
CS 51	Service Data Summary-All Services				
CS 52	Log of Contact Summary				
CA 52	Log of Contacts				
CS 36	Victim Summary				
CD 36	Victim Data	20	21	22	23
CD 39	Victim Status/Dispo	20	21	22	23
CD 60	Investigation Summary - Documents				
CD 62	Investigation Summary - Narrative				
CD 64	Investigation Summary - Case Action				
CA 52	Log of Contact (Approval of investig. disposition)				
CU 14	General Case Data (for case closure) date:				
WA 10	Assign Case to Current Branch/Unit/Worker: Date:				
CLERICAL (Transfer/Closure)					
Update Master File Card Date: Unit/Worker:					
Form 1509 Date mailed:					
Enter closure date on Face Sheet					
Tag Case Record for Closure					