

**Certificate  
of  
Award**

*This award is presented to*

[REDACTED]

*in recognition of outstanding*

**Citizenship**

*This 23<sup>rd</sup> day of Nov., 1992.*

*Signed* Oliver O. Joshida

Printed in U.S.A.

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CHILD'S NAME: [REDACTED]

BIRTHDATE: [REDACTED]

GENDER: [REDACTED]

ID #: [REDACTED]

DISTRICT: HAWAII

SCHOOL: KAHAKAI

TEACHER: SAKATA

KINDERGARTEN INVENTORY OF DEVELOPMENTAL SKILLS (KIDS)  
PRE-TEST (MISSOURI NORMS)

TESTING AGE: [REDACTED]

TEST DATE: 9-2-92

SUB-TEST	MAX SCORE	PUPIL SCORE	NCE	% RANK	STANINE
NUMBER CONCEPT	18	11	47	44	5
AUDITORY SKILLS	20	10	34	22	3
PAPER/PENCIL SKILLS	25	7	28	15	3
LANGUAGE SKILLS	23	12	50	32	4
VISUAL SKILLS	22	12	46	43	5
GROSS MOTOR SKILLS	20	13	55	50	5

(NCE = NORM CURVE EQUIVALENT)  
VALIDITY SCALE:

AUDITORY MEMORY:  
VISUAL MEMORY:

PEABODY PICTURE VOCABULARY TEST.- FORM L (PPVT)  
PRE-TEST

TESTING AGE: [REDACTED]

TEST DATE: 9-2-92

	AGE EQUIV	PUPIL SCORE	SSE	% RANK	STANINE
PPVT	4-1	44	75	7	2

(SSE = STANDARD SCORE EQUIVALENT)

SUMMARY OF STANINE SCORES: PRE-TEST

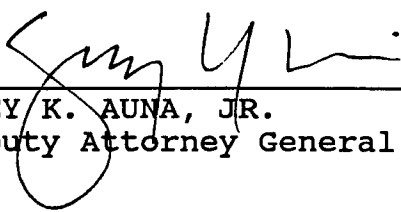
TEST	LOW			AVERAGE			HIGH		
	1	2	3	4	5	6	7	8	9
NUMBER CONCEPT	:		:			:			:
AUDITORY SKILLS	:		:			:			:
PAPER/PENCIL SKILLS	:		x			:			:
LANGUAGE SKILLS	:		:	x		:			:
VISUAL SKILLS	:		:			:			:
GROSS MOTOR SKILLS	:		:		x	:			:
PPVT	:	x	:			:			:

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on May 14<sup>3</sup>, 1993, a copy of the foregoing was duly served by the methods below to the following individuals:

	<u>Hand Delivery</u>	<u>U. S. Mail</u>
KRIS A. LaGUIRE, ESQ. Attorney for Mother	X	
CELIA A. URION, ESQ. [REDACTED]		X
STEVEN D. STRAUSS, ESQ. Attorney for Father Peter Kema, Sr.		X
EDITH K. RADL, ESQ. Guardian Ad Litem		X
PETER K. KUBOTA, ESQ. [REDACTED]		X

DATED: Hilo, Hawaii, May 14<sup>3</sup>, 1993.

  
\_\_\_\_\_  
ALEY K. AUNA, JR.  
Deputy Attorney General

*for*

ROEHRIG, ROEHRIG, WILSON, HARA,  
SCHUTTE & DE SILVA  
KRIS A. LaGUIRE 5399  
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Hilo, Hawaii 96721  
Telephone: (808) 969-9731  
Attorney for Father Peter Kema, Sr.

THIRD CIRCUIT COURT  
STATE OF HAWAII  
FILED

MAY 24 10 11 AM '93  
C. TAMANAKA

CLERK

IN THE FAMILY COURT OF THE THIRD CIRCUIT  
STATE OF HAWAII

IN THE INTEREST OF

[REDACTED]

[REDACTED]

PETER KEMA, JR.  
Born on May 1, 1991  
Children under the age of  
eighteen years

FC-S Nos. [REDACTED] 91-48

PARENTS' JOINT REVIEW HEARING  
STATEMENT; CERTIFICATE  
OF SERVICE

DATE: MAY 24, 1993  
TIME: 10:00 A.M.  
JUDGE: BEN H. GADDIS

PARENTS' JOINT REVIEW HEARING STATEMENT

Comes now JAYLIN KEMA and PETER KEMA, SR., by and through their counsel, KRIS A. LaGUIRE and STEVEN D. STRAUSS, and hereby present their Joint Review Hearing Statement and inform the Court and the parties hereto as follows:

REUNIFICATION OF THE FAMILY

Jaylin Kema and Peter Kema seek to continue their efforts to reunify their family with the ultimate goal being the return of

all [REDACTED] Peter, Jr.) to their family home in Hilo. The parents have made great strides in addressing their personal situations and are confident that they will be able to care for [REDACTED] in the near future.

Pending complete family reunification, parents propose the following visitation schedule which will alleviate the recent problems regarding visitation:

1. June 5-6, 1993 - Kona
2. June 19-20, 1993 - Hilo\*
3. July 3-4, 1993 - Kona
4. July 17-18, 1993 - Hilo\*
5. August 7-8, 1993 - Kona
6. August 21-22, 1993 - Hilo\*
7. September 4-5, 1993 - Kona
8. September 18-19, 1993 - Hilo\*
9. October 9-10, 1993 - Kona
10. October 23-24, 1993 - Hilo\*
11. November 13-14, 1993 - Kona
12. November 27-28, 1993 - Hilo\*

(\*Parents seek to exercise unsupervised overnight visits in Hilo on the dates stated above. Parents believe that unsupervised overnight visits in Hilo will facilitate the reunification of the family and serve to develop stronger ties with [REDACTED])

The primary concerns that parents have at this time relate to visits [REDACTED] without parents involvement or

inclusion. In addition, parents do not wish to have any more visits with [REDACTED] at the Hilo Bowling Alley because the atmosphere there is not conducive to a meaningful visit. Such visits should take place at a park or in the parent's home in conjunction with [REDACTED] interests in seeing [REDACTED].

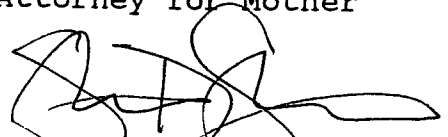
Parents most recent visit with [REDACTED] in Kona went very well and they anticipate continued improvement in their relationship with [REDACTED] provided all parties cooperate in accomplishing these visitation goals.

DATED: Hilo, Hawaii, May 24, 1993.



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KRIS A. LaGUIRE  
Attorney for Mother



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STEVEN D. STRAUSS  
Attorney for Father

CERTIFICATE OF SERVICE

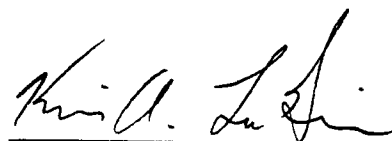
I HEREBY CERTIFY that a copy of the foregoing document was duly served upon the following by hand-delivering a copy of same on May 24, 1993:

ALEY AUNA, ESQ.  
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Attorney for DHS

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[REDACTED]

EDITH KAWAI RADL  
Suite 260, Box 111333  
Kamuela, Hawaii 96743  
Guardian Ad Litem



---

KRIS A. LaGUIRE  
STEVEN D. STRAUSS  
Attorneys for Parents

**COPY**

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Attorney General of Hawaii

ALEY K. AUNA, JR. 3391  
Deputy Attorney General  
Department of the Attorney  
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THIRD CIRCUIT COURT  
STATE OF HAWAII

93 MAY 13 PM 3:07

M. TSUJI  
CLERK

Attorneys for the Department  
of Human Services

IN THE FAMILY COURT OF THE THIRD CIRCUIT

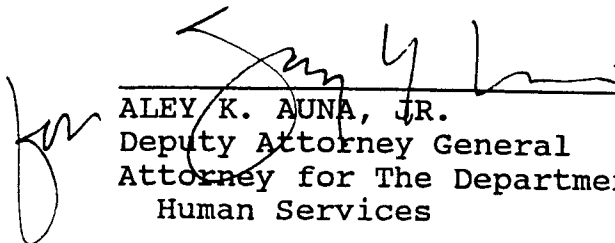
STATE OF HAWAII

In the Interest of	)	FC-S NOS. [REDACTED]
[REDACTED]	)	91-48
[REDACTED]	)	
[REDACTED]	)	NOTICE OF FILING; REPORT-
[REDACTED]	)	SAFE HOME GUIDELINES (HRS
[REDACTED]	)	587-40); SERVICE PLAN AND
[REDACTED]	)	AGREEMENT; EXHIBITS "A"
[REDACTED]	)	THROUGH "G"; CERTIFICATE OF
PETER KEMA, JR.	)	SERVICE
Born on May 1, 1991	)	
[REDACTED]	)	
Children under the age of	)	DATE: May 24, 1993
eighteen years.	)	TIME: 10:00 A.M.
[REDACTED]	)	JUDGE: BEN H. GADDIS
[REDACTED]	)	

NOTICE OF FILING

Please take notice that the attached Notice of Filing; Report-Safe Home Guidelines; Service Plan and Agreement and Exhibits "A" through "G" dated May 10, 1993, and prepared by [REDACTED] Social Worker for The Department of Human Services, is hereby submitted to the Court pursuant to §587-40, H.R.S., as amended.

DATED: Hilo, Hawaii, May 13, 1993.

  
\_\_\_\_\_  
ALEY K. AUNA, JR.  
Deputy Attorney General  
Attorney for The Department of  
Human Services



A CONFIDENTIAL REPORT OF THE  
DEPARTMENT OF HUMAN SERVICES

IN THE FAMILY COURT OF THE THIRD CIRCUIT

STATE OF HAWAII

In the Interest of

) FC-S No. [REDACTED]

) 91-48

) REPORT - SAFE HOME

) GUIDELINES (HRS 587-40);

) SERVICE PLAN AND AGREEMENT;

) EXHIBITS A - G

[REDACTED]  
[REDACTED]  
PETER KEMA, JR.

Born on May 1, 1991

Children under the age of  
eighteen years.

) JUDGE: BEN H. GADDIS

) HEARING: MAY 24, 1993

) TIME: 10:00 A.M.

THE DEPARTMENT BELIEVES THAT REASONABLE EFFORTS MUST BE MADE TO PRESERVE THE FAMILY UNIT, PREVENT UNNECESSARY PLACEMENT OF A CHILD, AND RETURN A CHILD TO THE FAMILY BY PROVIDING APPROPRIATE, AVAILABLE SERVICES TO FAMILY MEMBERS IN A TIMELY MANNER.

Reasonable efforts is the process of: 1) identifying the harm/risk of harm to the child which poses a threat to the family preservation; 2) determining how the family problem(s) contributes to the harm/risk of harm; and 3) identifying, providing and assisting the family in obtaining available and appropriate services.

As discussed below, the Department of Human Services ("DHS") is using reasonable efforts to return [REDACTED] to the family home.

REPORT - SAFE HOME GUIDELINES (HRS 587-40)

Date: May 10, 1993

The following information concerns the current situation relevant to each of the 14 guidelines' criteria set forth in HRS 587-25. This report is intended to be reviewed in conjunction with each of the prior reports submitted in this case.

1. THE CURRENT FACTS RELATING TO THE CHILD WHICH INCLUDE AGE AND VULNERABILITY, PSYCHOLOGICAL, MEDICAL AND DENTAL NEEDS, PEER AND FAMILY RELATIONSHIPS AND BONDING ABILITIES, DEVELOPMENTAL GROWTH AND SCHOOLING, CURRENT LIVING SITUATION, FEAR OF BEING IN THE FAMILY HOME, AND SERVICES PROVIDED THE CHILD.

A. The age and the physical and mental vulnerability of [REDACTED]

[REDACTED] continues to reside with [REDACTED] in Kona [REDACTED]

Early in December, 1992, [REDACTED] provided various certificates and awards indicating [REDACTED] progress in school. [REDACTED] was selected Student-of-the-Week for the week of October 26-30, 1992. (See attached "Exhibits A-F").

[REDACTED] have continued to monitor [REDACTED] health needs and provide medical check-ups as needed in addition to providing for [REDACTED] day-to-day needs. To the best of this social worker's knowledge, [REDACTED] has not experienced any serious health problems since the last report to the Court.

[REDACTED] continues to reside with [REDACTED] in Kona. As with [REDACTED], [REDACTED] continue to monitor [REDACTED] health needs and provide medical check-ups as needed in addition to providing for [REDACTED] day-to-day needs. To the best of this social worker's knowledge, [REDACTED] has not experienced any serious health problems since the last Report to the Court.

[REDACTED] are carefully monitoring [REDACTED] behaviors and verbalizations for any indications of possible guilt, on the child's part, with regard to the physical abuse which happened to [REDACTED] brother, Peter Kema, Jr, in 1991. Should the need arise, [REDACTED] will be provided with the necessary counselling services to deal with concerns in this area.

Peter Kema, Jr. became two (2) years of age on May 1, 1993, and continues to reside with [REDACTED] in Kona. On November 18, 1992, [REDACTED] took Peter, Jr. to Kona Hospital at 4:00 a.m. because he had a fever and sores in his throat. It was determined that the child had a virus and appropriate treatment was provided. To the best of this social worker's knowledge, the child has suffered no other serious health problems since the last Report to the Court.

During the past eight (8) months, Peter, Jr. has come to Hilo on several occasions to spend time with [REDACTED] and other members of the [REDACTED] family. These visits have, at times, caused pain to the child's mother in that she has not been informed that Peter, Jr. was in Hilo and she was not given to opportunity to visit with the child.

Upon investigating with [REDACTED] the reasoning behind not notifying Mother of Peter Jr.'s visits to Hilo and affording her an opportunity to see the child, [REDACTED] stated that many of the visits happened with little advanced notice and "there really wasn't time to work in a visit with the mother."

- B. Whether [REDACTED] are fearful of living in or returning to [REDACTED] family home.

Each of [REDACTED] have had periodic visits with Peter Kema Sr. ("Father") and Jaylin Acol-Kema ("Mother"). Due to pregnancy-related complications, [REDACTED] visitations with their parents have had to take place on the Hilo side of the Big Island. These visitations have been supervised by various relatives and have taken place in these relatives' home. Mother reports that [REDACTED], in particular, has asked when [REDACTED] will be coming back to Hilo to live in the family home. [REDACTED] has been told that, hopefully, this will happen at some time in the future. Returning to the family home does not appear to be a pressing issue for any of [REDACTED] and no fears have been expressed regarding such return. It appears to this social worker that conversations regarding [REDACTED] returning to Hilo have been in the vein of reassuring [REDACTED] that their parents have not forgotten about them.

- C. How [REDACTED] are bonded with the caretaker(s).

During the week of May 3, 1993, this social worker met individually with Mother and Father. When addressing the area of bonding, Mother demonstrated by her actions that she is deeply concerned about [REDACTED] and is bonded to [REDACTED], i.e., telephone conversations, spending quality time with [REDACTED] during visitations, and making efforts to buy age-appropriate gifts for [REDACTED]

Father appears to be more bonded with Peter, Jr., which is to be expected in that he is the biological father of Peter, Jr. and step-father to [REDACTED]

Father has shown support of his wife's commitment to [REDACTED]. Father told this worker of his desire to adopt [REDACTED] at some point in the future if that should become possible.

2. THE INITIAL AND ANY SUBSEQUENT REPORTS OF HARM AND/OR THREATENED HARM SUFFERED BY THE CHILD.

Please refer to prior court reports.

This social worker has no knowledge of any incidents of physical harm being suffered by any of [REDACTED] since the time of the last court report. [REDACTED] were subjected to emotional harm on April 25, 1993, when Father refused to allow the [REDACTED] to visit for the first time with their new [REDACTED]. [REDACTED] looked forward to this visit since Mother had told them during an earlier morning visit in the park on the same day that they would be able to see [REDACTED] later in the day.

On April 26, 1993, [REDACTED] reported to the Kona DHS social worker that on April 25th, [REDACTED] were upset and crying when [REDACTED] returned to her car not having seen [REDACTED]. [REDACTED] reported that, upon returning home to Kona, the first thing [REDACTED] did was to run up to [REDACTED] and tell him that [REDACTED] had not yet seen [REDACTED].

Information regarding [REDACTED] and this particular incident will be discussed at length in Safe Home Guideline (SHG) #13.

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

The report submitted to the Court on April 1, 1992 contained a complete history of placements for [REDACTED] and Peter Jr. There has been no change in their placement since that report.

4. HISTORICAL FACTS RELATING TO THE ALLEGED PERPETRATOR AND OTHER APPROPRIATE FAMILY MEMBERS WHO ARE PARTIES WHICH INCLUDE BIRTHPLACE AND FAMILY OF ORIGIN, HOW THEY WERE PARENTED, MARITAL/RELATIONSHIP HISTORY, AND PRIOR INVOLVEMENT IN SERVICES.

Please refer to prior reports.

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

No psychiatric/psychological evaluations have been administered to any family members since the time of the last Report to the Court.

On May 7, 1993, this social worker contacted Christopher Barthel, Ph.D., therapist for Mother and Father. Dr. Barthel stated that the couple has been making progress in dealing with issues surrounding their marital relationship as well as addressing concerns with regard to their individual lives.

During the individual meetings with Mother and Father, this social worker was able to observe the commitment of Mother and Father to each other as they discussed the ways in which they tried to verbally support each other, both in their married relationship as well as in their role as parents. This social worker was particularly impressed when Father was able to ask, at one point, that discussion regarding a particular subject stop as he felt that his anger might get out of control. Later on in the meeting conversation regarding this subject was completed.

Dr. Barthel and this social worker discussed at length the need for a tightly structured plan regarding scheduled visitations between the parents and [REDACTED] who live in [REDACTED] in Kona. Dr. Barthel stated that he has heard numerous complaints from Mother and Father regarding the inconsistency as to the visitation schedule itself and the follow through with such a schedule on the part of the [REDACTED]. Likewise, this social worker has heard similar complaints from [REDACTED] as to the inconsistency of visitation by the parents.

This social worker has contacted the various attorneys for the parents and [REDACTED] asking them to meet with their clients, determine a visitation schedule which they are willing to commit to and bring the schedule, in writing, to the next Court hearing.

As mentioned under SHG #1, [REDACTED] is being monitored by the [REDACTED] with regard to any indication that she might be in need of therapeutic counselling services to deal with the past trauma in her life, in particular, being accused of harming [REDACTED] Peter, Jr.

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

Please refer to prior reports.

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

Please refer to prior reports.

8. WHETHER THE ALLEGED PERPETRATOR(S) HAS ACKNOWLEDGED AND APOLOGIZED FOR THE HARM.

The alleged perpetrator of the harm upon Peter, Jr. remains unknown.

During the course of an office visit on May 6, 1993, this social worker was talking with Father about another matter and he stated that, at the time of the injury to Peter, Jr., the child's leg was already bruised when he came home. No mention was made of the other extensive injuries which Peter, Jr. suffered.

During a meeting with Mother on May 4, 1993, she was equally evasive when it came to discussing how Peter, Jr.'s injuries had taken place.

9. WHETHER THE NON-PERPETRATOR(S) WHO RESIDE IN THE FAMILY HOME DEMONSTRATED THE ABILITY TO PROTECT THE CHILD FROM FURTHER HARM AND TO INSURE THAT ANY CURRENT PROTECTIVE ORDERS ARE ENFORCED.

The DHS continues to consider each parent a perpetrator of harm at this time, whether by omission or commission. When asked by this social worker, Dr. Barthel stated that he had no additional input as to the identity of the alleged perpetrators of the harm upon Peter, Jr. and threatened harm upon [REDACTED]

Mother became pregnant in June, 1992, and gave birth to a baby girl, [REDACTED]. The pregnancy was a difficult one, and Mother experienced numerous health problems including a diabetic condition which made a period of hospitalization necessary prior to the birth of [REDACTED]. The problems caused by the pregnancy made it necessary for all visitations with Mother's [REDACTED] to take place in Hilo as Mother was restricted from traveling to Kona.

Limitations were also imposed with regard to Mother's lifting capabilities which made it impossible for her to pick up Peter, Jr. and hold him on her lap. Another adult would have to pick up the child and place him in Mother's lap.

Immediately following her birth, [REDACTED] was transported to Kapiolani Women and Children Center on Oahu in order to facilitate the administration of diagnostic services to determine whether or not the baby was suffering from diabetes and/or the extent of a possible heart murmur which was detected by the attending pediatrician at Hilo Hospital. [REDACTED] was released from Kapiolani on March 17, 1993, and Mother reports that [REDACTED] was found to be a healthy, normal baby.

This social worker made arrangements for services to be provided to the parents through Family Support Services' (FSS) Mother Infant Support Team (MIST). Services were initiated on February 8, 1993.

Ms. Gloria Thompson, MIST member, was assigned to work with the family and reports that both Mother and [REDACTED] are doing well. Ms. Thompson has expressed the concern that Father is often not at home during the times of her scheduled visits and that she has been unable to observe and assist Father in the use of appropriate parenting techniques with the new baby. At the time of the May 6th office visit, this social worker talked with Father about the role of the MIST and the necessity of his participation in services. Father stated that he was not aware of the fact that he, too, was to participate in services but that he would make a point of being at home for future visits by Ms. Thompson.

10. WHETHER THERE IS A SUPPORT SYSTEM OF EXTENDED FAMILY AND/OR FRIENDS AVAILABLE TO THE CHILD'S FAMILY.

The relationship between Mother and [REDACTED] continue to be a strained one. [REDACTED] has recently told Mother that she is welcome to come to Kona to visit [REDACTED] and stay in [REDACTED] home. However, [REDACTED] made it very clear that Father is not welcome to stay in the home.

In talking with Mother and Father during the week of May 3, 1993, this social worker was told that the couple have talked of whether they would want or would allow future contact between [REDACTED] and [REDACTED] if [REDACTED] were returned to Parents' home. Although initially wanting to totally restrict contact of any kind between [REDACTED] and [REDACTED], both Mother and Father acknowledge the fact that

[REDACTED] have a right to communicate with [REDACTED]. More importantly, Parents acknowledge the fact that the children have become very attached to [REDACTED] since moving into their home in 1991, and the fact that [REDACTED] need to be allowed regular contact with [REDACTED] for their own emotional health.

Father's family connections are few. Mother has told this social worker that Father is trying to rebuild some of the relationships with his family. Father has told this social worker that he prefers to leave things the way they are.

For the sake of [REDACTED], this social worker will continue attempts to facilitate a more regular schedule of visitation between [REDACTED] and Parents. Part of this facilitation will require that Parents and [REDACTED] sit down together at some point in the near future and work through their differences. This may need to be done with the help of a trained therapist. Ultimately, whether or not they are returned to the family home, [REDACTED] should not be subjected to the "game playing" which is going on between Parents and [REDACTED].

11. WHETHER THE CHILD'S FAMILY HAS DEMONSTRATED AN UNDERSTANDING AND UTILIZATION OF THE RECOMMENDED/COURT ORDERED SERVICES DESIGNATED TO EFFECTUATE A SAFE HOME FOR THE CHILD.

Please refer to prior reports.

Since the last Court hearing on July 23, 1992, Mother and Father have attempted to comply with the various conditions of the Service Plan and Agreement dated March 31, 1992.

Father completed a substance abuse screening with the Castle Outpatient Alcoholism and Addictions Program on September 24, 1992. Outpatient Counselor, Christine Mock, CSAC, recommended that Father "remain abstinent, attend AA meetings, and consider seeking treatment." A copy of Ms. Mock's report dated September 29, 1992 is attached to this report and marked "Exhibit G."

Mr. Ron Byrum, counselor with the Alternatives to Violence (ATV) Program, contacted this social worker in October of 1992 at the request of Mother and Father. Mr. Byrum stated that Father had been actively participating in the ATV Men's Group and had completed the first sixteen weeks of a thirty week program.



During the recent meeting with this social worker, Mother stated that Father stopped going to ATV in February because he felt that it was no longer helping him in that he was not a "wife-beater." It was apparent to this social worker during a subsequent meeting with Father that he has acquired skills to deal with his anger and was able to implement these skills during the meeting. Efforts will be made to encourage Father to continue work in this area either through his regular therapy with Dr. Barthel or return to ATV.

In October, 1992, this social worker contacted Maria DelaSantos, parenting instructor for the Family Support Service, regarding information as to Mother's class attendance. Ms. DelaSantos indicated that Mother had participated sporadically during the course of the, then most recent, three blocks of parenting instructions; each individual block consisted of a seven week time period. Ms. DelaSantos stated that Mother attended four sessions in the first block, two sessions in the second block and two sessions in the third block. There are ten sessions in each block. Ms. DelaSantos stated that Mother had done well in the verbal sharing and written assignments in connection with the blocks which she had attended. Ms. DelaSantos went on to state, however, that Mother never called when she was unable to attend the parenting sessions. Mother had asked in early October, 1992, to be excused from the classes for an indefinite period of time due to her pregnancy. Ms. DelaSantos stated that she told Mother that the classes would not be strenuous in nature and that the class content would be of benefit to her. Participation on the part of Mother did not increase.

Mother recently asked this social worker for the name of the person she needs to contact in order to get back into parenting classes. This social worker contacted Ms. Thompson from the MIST and Mother was instructed to once again contact Ms. DelaSantos at FSS. A new series of parenting classes will begin on May 17, 1993. Father has also been encouraged to attend this set of parenting classes along with Mother.

Periodic problems surrounding telephone contact between Mother and Father with [REDACTED] have persisted especially regarding Peter Jr. Both parents state that when they ask to speak with Peter, Jr. they are often told that he is not at home but they can hear his voice in the background. The attached Service Plan and Agreement (SPA) will specifically state that Parents are to have telephone contact with [REDACTED] on a regular basis.

In the past, [REDACTED] has indicated a difficulty in contacting Mother and/or Father because she was not given the Parent's home phone number. This is no longer the case; [REDACTED] has Parents' home phone number at this time.

As stated in SHG #9, visitations between Parents and [REDACTED] have been difficult in recent months due to Mother's pregnancy and the health concerns and limitations which surrounded it. The new baby was [REDACTED], and regular visitation can again take place. This social worker recently contacted the attorneys for Mother, Father, [REDACTED] requesting that the parties bring a written schedule of visitations to the next Court hearing. Mother and Father are to travel to Kona for a monthly visit, and [REDACTED] are to bring [REDACTED] to Hilo for a visit once a month. The attached SPA will lay out the protocol to be followed should changes need to be made to the written schedules of visits.

Through his welfare worker, Father is seeking all resources available to assist him in finding employment outside of the family home. With the birth of [REDACTED], the care of a pregnant wife is no longer a need and Father is now able to seek employment outside the family home.

12. WHETHER THE CHILD'S FAMILY HAS RESOLVED SAFETY ISSUES IN THE FAMILY HOME WITHIN A REASONABLE PERIOD OF TIME.

Recent meetings with Father and Mother have indicated to this social worker that the couple has, through therapy with Dr. Barthel, acquired insight and many of the skills necessary to allow their marital relationship to be a nurturing one for themselves and, in turn, to allow them to address their role as nurturers and caregivers to [REDACTED]. Talking to the parties individually demonstrated to this social worker that there are many areas which are yet to be addressed. Of particular concern is the need for Parents to address how they would find the time to meet the needs [REDACTED] rather than just one and how they would deal with the added stress of coping with having [REDACTED] in the family home twenty-four hours a day. However, Mother and Father have acquired communication skills which will assist them in dealing with these areas directly. Both Mother and Father have expressed to this social worker the conviction that they can better meet the needs of [REDACTED] because their own relationship is more healthy and stable than it was a year ago. Both parents have made a commitment to ongoing participation in therapy so that this growth can continue.

Concerns with regard to safety issues within the family home are being addressed through active participation by the Parents with the MIST members. Parents are attempting to take one day at a time and hope that, in addition to assuring a safe, healthy home for their newest child, participation with MIST program will give them skills with which to more appropriately interact and provide for [REDACTED]

13. WHETHER THE CHILD'S FAMILY HAS DEMONSTRATED THE ABILITY TO UNDERSTAND AND ADEQUATELY PARENT THE CHILD ESPECIALLY IN THE AREAS OF COMMUNICATION, NURTURING, CHILD DEVELOPMENT, PERCEPTION OF THE CHILD AND MEETING THE CHILD'S PHYSICAL AND EMOTIONAL NEEDS.

Both Mother and Father have verbalized to this social worker an understanding of the various needs of [REDACTED], both the child in the care in the family home as well as [REDACTED] living [REDACTED]. At times, however, immaturity on their part as well as past negative experiences have caused Parents to respond inappropriately to given situations.

On April 25, 1993, Father refused to allow the [REDACTED] into the family apartment to see [REDACTED] for the first time despite the fact that [REDACTED] had been promised the visit. Dr. Barthel addressed this incident in a recent therapy session with the couple. Father was able to tell this social worker that he can now admit that he denied [REDACTED] the right to see [REDACTED] because he was upset with [REDACTED]. Father admits that this was "not right," and that [REDACTED] had a right to see [REDACTED].

It is necessary for conjoint therapy to take place between Parents and [REDACTED] in the near future so that, rather than seeing each other as adversaries, the families can work together for the sake of [REDACTED].

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

This report has repeatedly indicated that Parents have made great strides in attaining the necessary skills and techniques so that they can communicate with each other in their marital relationship as well as dealing with their own "emotional baggage" from their individual childhoods. Through their ongoing commitment to regular therapy sessions, Parents have laid the "groundwork" to allow themselves to continue the

re-building of their relationship with [REDACTED]  
[REDACTED] who are living with [REDACTED] in Kona.

With the recent completion of a difficult pregnancy, Parents are in a position to actively facilitate visitation with [REDACTED], who live in Kona, by traveling to Kona for the visits as well as visiting with [REDACTED] when they are brought to Hilo by [REDACTED]. Continued work with the MIST members will provide each of the parents with skills and techniques to better address the needs of all of [REDACTED]. Father has made a commitment to become more actively involved with the various MIST members and both parents have agreed to attend and actively participate in the parenting program offered through FSS.

Finally, both Parents and [REDACTED] will be encouraged to consider and begin participation in conjoint therapeutic services aimed at re-building a working relationship among these four adults so that they can more adequately and appropriately meet the needs of each of [REDACTED].

#### RECOMMENDATION

Based upon the aforementioned information, it is recommended to the Court by the Department of Human Services:

- 1) That Foster Custody of [REDACTED] Peter Kema, Jr. to the DHS be continued; and
- 2) That the attached Services Plan and Agreement dated May 10, 1993 be ordered by the Court.

DATED: Hilo, Hawaii, May 10, 1993.

Respectfully submitted,

[REDACTED]  
DHS Social Worker

I certify I have reviewed this document.

[REDACTED]  
Supervisor  
Child Welfare Services II

05/12/93  
Date

Representing the Department  
of Human Services

STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
Family and Adult Services Division

SERVICE PLAN AND AGREEMENT

Date: May 10, 1993

Children's name: [REDACTED] DOB: [REDACTED] FC-S No.: [REDACTED]  
[REDACTED] e [REDACTED]  
Kema, Peter Jr. 05/01/91 91-48

This Service Plan and Agreement is between Mrs. Jaylin Kema (aka Jaylin Acol), mother, Mr. Peter Kema, Sr., father of Peter Kema, Jr., [REDACTED] and the Department of Human Services (DHS).

I. REASON FOR AGENCY INVOLVEMENT:

On May 8, 1991, a report of physical abuse to [REDACTED] was received by Child Protective Services in Kona. Subsequent investigation confirmed physical abuse to [REDACTED] and identified Mr. Peter Kema, Sr., Ms. Kema's husband and the father of Peter Kema, Jr., as the perpetrator of harm to [REDACTED]. The physical abuse appeared to be "over discipline" which occurred while Mother was hospitalized with the birth of her third child, Peter, Jr.

[REDACTED] were placed out of the family home on May 8, 1991, and subsequently returned on June 26, 1991.

On August 11, 1991, Peter Kema, Jr., was admitted to Hilo Hospital with multiple fractures of varying ages, [REDACTED] were taken into foster custody by DHS. The explanations offered by Mr. and Mrs. Kema did not satisfactorily explain the injuries.

This Service Plan and Agreement is intended to reduce the family stress, the risk of harm to [REDACTED] and work toward reunification of [REDACTED] with the family. Justification for the services addressed in this Service Plan are contained in the Safe Home Guidelines dated May 14, 1991, June 26, 1991, August 17, 1991, March 31, 1992, July 8, 1992, and May 10, 1993.

II. GOAL:

The primary goal is to reunite [REDACTED] with their parents in a safe family home.

The secondary goal is to provide [REDACTED] with a safe, stable, nurturing, alternative, permanent family home.

III. OBJECTIVES:

TO GAIN EMPLOYMENT SUFFICIENT TO MAINTAIN HOUSING AND TRANSPORTATION

TO CONTINUE TO DEMONSTRATE BUDGET, RESOURCE, AND TIME MANAGEMENT SKILLS SUFFICIENT TO MAINTAIN HOUSING, TRANSPORTATION, FOOD AND CONTACT WITH THE CHILDREN

TO CONTINUE TO LEARN AND DEMONSTRATE APPROPRIATE INTERPERSONAL/ RELATIONSHIP SKILLS

TO CONTINUE TO DEMONSTRATE AN ADEQUATE UNDERSTANDING OF THE CHILDREN'S NEEDS FOR ROUTINE, PREDICTABLE, POSITIVE CONTACT

TO CONTINUE TO DEVELOP AND DEMONSTRATE SELF ESTEEM, INDEPENDENCE AND COPING SKILLS SUFFICIENT TO MAINTAIN A STABLE ENVIRONMENT

TO LEARN AND DEMONSTRATE APPROPRIATE PARENTING SKILLS

TO CONTINUE TO MAINTAIN AN ENVIRONMENT FREE OF SUBSTANCE ABUSE

IV. SPECIFIC STEPS TO ACHIEVE OBJECTIVES/RESPONSIBILITIES OF THE PARTIES:

A. MR. PETER KEMA, father, and MRS. JAYLIN KEMA, mother will:

1. Continue to maintain contact with [REDACTED] by:

- a. Continued telephone calls to [REDACTED] as previously arranged between parents and [REDACTED]. Calls to the work place of [REDACTED] are not acceptable except in extreme emergency (auto accident, hospitalization, arrest, etc.)

Note: The parents are to be allowed to talk with [REDACTED] and Peter Jr.

- b. Each call should have an identified purpose, i.e., "Hello [REDACTED], I'd like to talk with [REDACTED] for 3 minutes each, then talk with [REDACTED] about arranging a visit, if you have the time."

c. Each call to [REDACTED] should be short (2 to 5 minutes, an oven timer may be used as a time reminder) and positive (the caretakers may interrupt or end a call if [REDACTED] become upset).

d. Conversations between the parents and the [REDACTED] concerning visits, or problems, or disagreements, etc., should be separated from contact with [REDACTED]. [REDACTED] should not overhear or be affected by the adult conversations. Visits are to be arranged with the adults only, not through [REDACTED].

e. Visiting [REDACTED]

1) Parents will follow the written schedule of agreed upon visitations for the months of June, July and August, 1993, which are to be submitted to the DHS social worker on 05/24/93.

2) Visits are to take place on the scheduled weekends between 12:00 noon on Friday and 12:00 noon on Saturday.

**Note: Supervision for Kona visits to be worked out between caretakers-[REDACTED] and DHS social worker.**

3) If unable to keep scheduled visit, parents are to contact DHS social worker by 12:00 noon on the Tuesday before the scheduled visitation in Kona. DHS social worker will notify the caretakers [REDACTED] of visitation cancellation.

f. Visiting with [REDACTED] is for the purpose of reducing [REDACTED] anxieties about their parents, and maintaining a predictable, ongoing, nurturing relationship between [REDACTED] and parents. Visits, and telephone contacts are at the discretion of DHS, and may be increased, decreased, suspended, or otherwise changed by DHS to meet [REDACTED] needs, or to protect them.

2. Continue to participate in counselling with Dr. Kit Barthel, Ph.D.:
  - a. Continue to attend and participate in counselling as arranged by therapist.
  - b. Do not miss any sessions without express approval of the therapist.
  - c. Recommended focus of treatment to include:
    - 1) Joint decision making skills;
    - 2) Learning to respect each other's views and positions;
    - 3) Active listening;
    - 4) Agreed upon parenting/child management techniques and limits;
    - 5) Treatment of biological vs. step children;
    - 6) Trust, jealousy;
    - 7) Anger management techniques;
    - 8) Resolution of Peter Jr.'s physical abuse;
    - 9) Other areas as assessed by therapist and agreed to by DHS and the GAL.
  - d. Continue in treatment until clinically discharged, or by order of the court.
  - e. Provide the DHS with written verification of attendance and participation in counselling, as requested by the DHS.
  - f. Demonstrate to the satisfaction of the DHS, the therapist, and the GAL an adequate understanding and utilization of the skills developed in counselling.
3. Continue to participate in and successfully complete MIST program at Family Support Services.
  - a. Not miss any session of the program without prior approval of the particular worker conducting the session.



- b. Provide the DHS social worker with written proof of successful completion of the program.
    - c. Demonstrate an adequate understanding and utilization of skills developed in the MIST program.
  4. Allow MIST program workers to share information regarding progress in the various phases of the program when requested.
  5. Make arrangements with Family Support Services to attend and participate in a parenting program.
    - a. Not miss any session of the program without prior approval of the program coordinator.
    - b. Provide the DHS social worker with written proof of successful completion of the program.
  6. Continue to maintain an environment free from substance abuse.
    - a. Agree to random urinalysis if requested by both the DHS and the GAL, based on behavioral observations and/or sufficient collateral information to suspect substance abuse which may be impairing the parents' ability to provide a safe environment for [REDACTED]
  7. Continue to not use any physical discipline with [REDACTED]
  8. Maintain regular contact with the DHS to discuss problems and progress with this Service Plan.
    - a. Advise the DHS social worker of any major changes, such as **address, phone number, who lives in the home, medical problems, arrests, etc. within 48 hours of their occurrence.**
  9. Allow DHS access to such medical, psychiatric, and psychological information as is considered necessary to arrange appropriate services, and as ordered by the court.

B. MR. PETER KEMA, father, will:

1. Seek and maintain employment.
  - a. Make enough money to pay rent, utilities and other essential bills sufficient to maintain housing adequate for yourself, your wife and [REDACTED]
  - b. If disabled, pursue treatment recommended to overcome or compensate for the identified disability.
2. Cooperate with the DHS in making an assessment as to the possible continued need for further services from Alternatives to Violence. (ATV)
  - a. Obtain written assessment from ATV stating whether or not continued attendance is indicated; provide letter to DHS no later than June 15, 1993.
  - b. If indicated in assessment letter, Father will return to ATV sessions until clinically discharged.

C. The DHS will:

1. Monitor problems and progress with this service plan by maintaining contact, verbal, written, or face to face, with the service providers.
2. Maintain regular contact with family members through visits, phone calls, and collateral contacts.
3. Arrange other services as necessary, in consultation with the GAL.
4. Assess the effectiveness and utilization of services provided.
5. Maintain regular contact with [REDACTED] and the foster parent to assure appropriate care for [REDACTED] and appropriate support for the foster parent.
6. Facilitate the implementation of the visitation schedule as outlined in this Service Plan.

V. SPECIFIC STEPS TO ACHIEVE OBJECTIVES/RESPONSIBILITIES OF THE FOSTER PARENTS/CARETAKERS:

A. [REDACTED]

1. Maintain confidentiality with regards to [REDACTED] family and the abuse they have suffered, as far as you are able.
2. Continue to transport [REDACTED] and Peter, Jr., to and from the doctor's office for routine and recommended therapy or examinations.
3. Encourage [REDACTED] to communicate with Jaylin and Peter by visiting, writing, phone calls, pictures, etc. subject to the approval of the DHS social worker in consultation with the GAL if necessary.
4. Continue to establish clear rules for [REDACTED] and follow up with fair and consistent positive and negative consequences.
5. Continue to keep the social worker informed of any changes and new developments in [REDACTED] situation.
6. Provide and monitor visits, as approved by the DHS and the GAL, so far as you are able; so long as this does not present a danger to [REDACTED] or your family.
  - a. Caretakers will follow the written schedule of agreed upon visitations for the months of June, July and August, 1993, which are to be submitted to the DHS social worker on 05/24/93.
  - b. Time frame for weekend visitations in Hilo are to be finalized with the DHS social worker on the Tuesday preceding the scheduled visitation weekend; DHS social worker will relay information to the parents.
  - c. If unable to keep scheduled weekend visit, caretakers are to contact DHS social worker by 12:00 noon on the Tuesday before the scheduled visitation in Hilo. Arrangements for an alternate visitation weekend will be made at that time.

7. Inform the DHS social worker, as soon as possible, each time arrangements are made for Peter Kema Jr. to be brought to Hilo to visit [REDACTED]; DHS social worker will facilitate the arranging of a visit for the child with the parents during the time Peter Jr. is in Hilo.
8. Continue to provide positive role modeling.
9. Maintain a neutral and fair attitude with respect to the issue of reunification or permanency planning.

Caretakers [REDACTED] are to take special care that negative conversation and/or comments regarding [REDACTED] biological parents is not done within hearing range of [REDACTED] at any time. Caretakers are to encourage other members of their household to exercise like caution and restraint when talking about [REDACTED] parents.

10. Continue the visits between [REDACTED]

#### VI. ANCILLARY RESOURCES:

- A. Dr. Kit Barthel, Ph.D.  
1811 Kamuela  
Kamuela, HI 96743  
Phone: 961-2525
- B. Family Support Services:  
MIST/Parenting Classes  
165 Keawe Street  
Hilo, HI 96720  
Phone: 961-3877
- C. Alternatives to Violence  
P.O. Box 10488  
Hilo, HI 96721  
Phone: 969-7798

#### VII. CONSEQUENCES:

- A. YOUR PARENTAL AND CUSTODIAL DUTIES AND RIGHTS CONCERNING THE CHILD OR CHILDREN WHO ARE SUBJECT OF THIS SERVICE PLAN MAY BE TERMINATED BY AN AWARD OF PERMANENT CUSTODY IF YOU FAIL TO COMPLY WITH THE TERMS AND CONDITIONS OF THIS SERVICE PLAN.

B. If Mrs. Jaylin Kema and Mr. Peter Kema, Sr. substantially comply with their responsibilities to provide [REDACTED], Peter Kema, Jr. with a safe family home as are set forth in this service plan, the DHS will consider recommending a revised Service Plan addressing the reunification of [REDACTED] in the home, or the recommendation of returning [REDACTED] to their home and a change of status to Family Supervision.

C. If Mrs. Jaylin Kema and/or Mr. Peter Kema, Sr. do not substantially comply with their responsibilities to provide [REDACTED] Peter Kema, Jr. with a safe family home as are set forth in this service plan, the DHS may take or recommend such action as is deemed necessary to protect [REDACTED], including, but not limited to: recommendation of a revised service plan continuing Foster Custody, a recommendation of contempt of court, or a recommendation of Permanent Custody.

VIII. SERVICE PLAN REVIEW DATE:

This Service Plan shall be in effect until the next scheduled Court hearing, or until further order of the court.

IX. SERVICE AGREEMENT:

The undersigned have read the foregoing Service Plan and Agreement and understand and agree to each and every term and condition stated herein.

\_\_\_\_\_  
Jaylin Kema Date  
Mother

\_\_\_\_\_  
Peter Kema Sr. Date  
Father of Peter Kema. Jr.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
5/12/93  
Date  
Social Worker

I certify I have reviewed this document.

[Redacted Signature]

07/01/93

Date

Supervisor  
Child Welfare Services II

Representing the Department  
of Human Services

[Redacted]



STATE OF HAWAII  
DEPARTMENT OF EDUCATION  
KAHAKAI ELEMENTARY SCHOOL  
78-147 ROYAL POINCIANA DRIVE  
KAILUA-KONA, HAWAII 96740

October 26, 1992

Dear [REDACTED]

We are happy to announce that your son/daughter, [REDACTED], has been selected by his/her teacher as the student-of-the-week for the week of October 26 to 30, 1992.

Each homeroom teacher has the opportunity to select one student in her class who has been an outstanding student for the week. The student must have performed well in all areas of school work for the week--this includes academic performance as well as social development.

His/her name will be posted on a special board located in the cafetorium where all the students pass by daily.

Thank you for training your child well and having him/her come to Kahakai School. We're proud to have him/her here.

Sincerely,

*Claire Yoshida*

Claire Yoshida  
Principal

Teacher Miss Carollyn Sakata

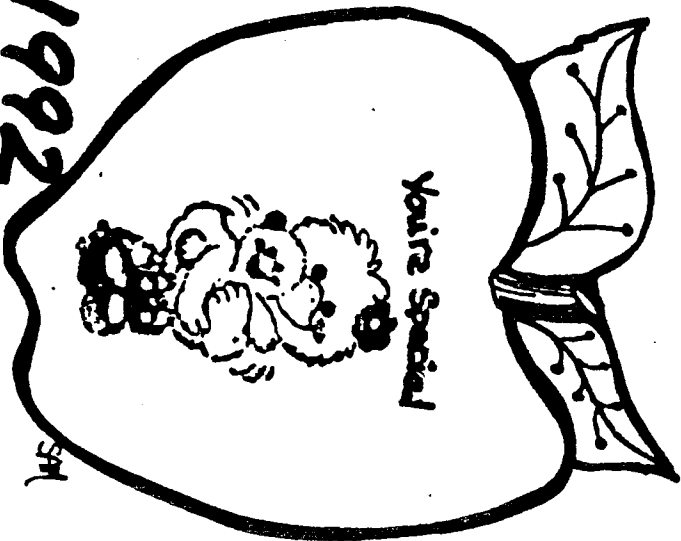
This certificate is to guarantee  
that



is

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GOOD

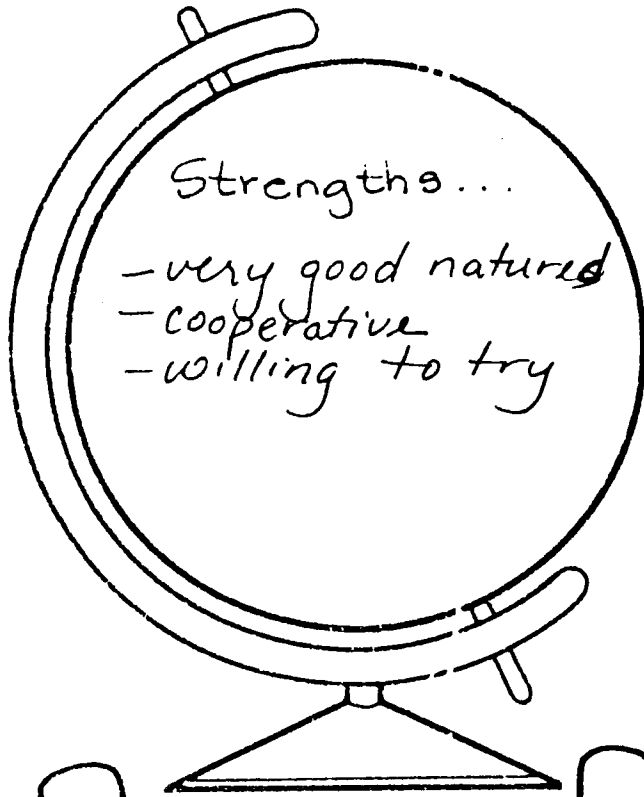


Teacher Miss Sakata Date Nov. 6, 1992



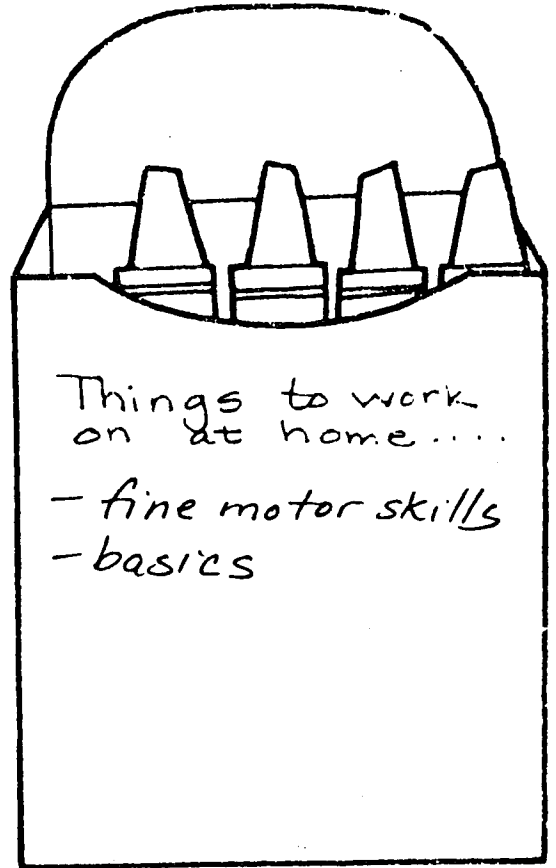
# Instant Information for Parents

From Miss Sakata



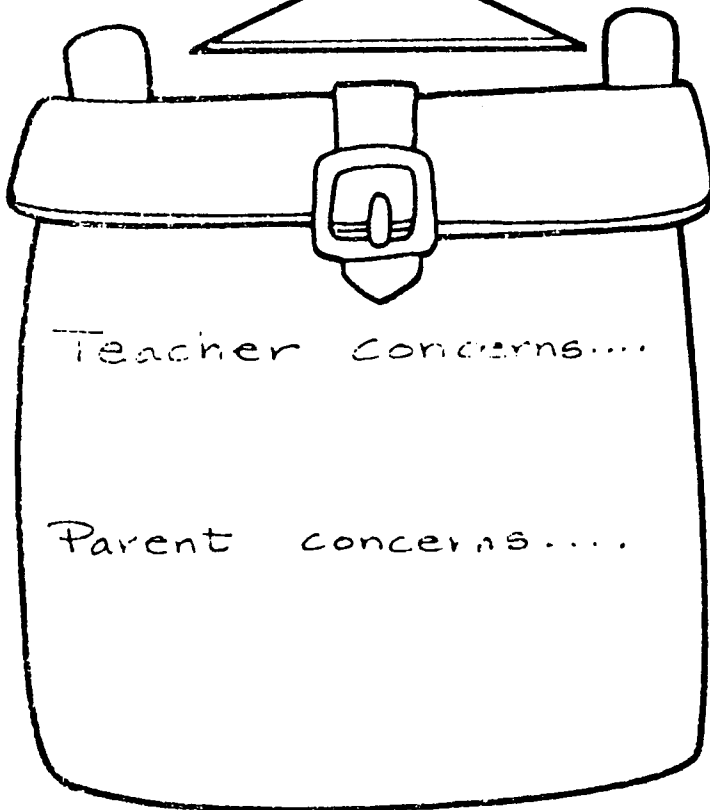
Strengths...

- very good natured
- cooperative
- willing to try



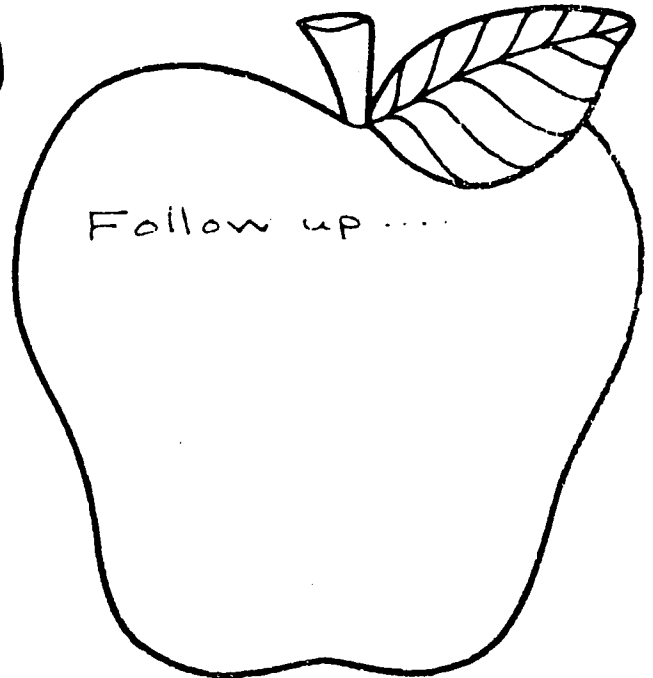
Things to work on at home....

- fine motor skills
- basics



Teacher concerns....

Parent concerns....



Follow up....

Teacher: Use this form with the ideas on pages 12 and 14.

**Achievement Award**



PRESENTED TO:

Citizenship - Kahakai School

SCHOOL:



PRESENTED BY

**KONA BOWL**

Carol Warner  
TEACHER'S SIGNATURE

[Signature]  
KONA BOWL REPRESENTATIVE

[Signature]  
PRINCIPAL'S SIGNATURE

11-23-92  
DATE

COUPON

**Achievement Award**

THIS CERTIFICATE ENTITLES YOU TO BE OUR GUEST FOR ONE FREE GAME OF BOWLING

(SHOES INCLUDED)

EXPIRES DECEMBER 30, 1992

COMPLIMENTS OF

**Kona Bowl**

Above Lanihau Center

GOOD ONLY MONDAY - SUNDAY 8:30 AM - 5:00 PM  
NOT GOOD FOR LEAGUE PLAY



3986

**EXHIBIT D**

MARGERY S. BRONSTER 4750  
Attorney General of Hawaii

ALEY K. AUNA, JR. 3391  
Deputy Attorney General  
Suite 1014-D, Hilo Lagoon Centre  
101 Aupuni Street  
Hilo, Hawaii 96720  
Telephone: 933-4786

Attorneys for the Department  
of Human Services

THIRD CIRCUIT COURT  
STATE OF HAWAII  
FILED

OCT 25 1 10 PM '95  
H. TAMANAHA

CLERK

IN THE FAMILY COURT OF THE THIRD CIRCUIT  
STATE OF HAWAII

In the Interest of

FC-S NO. [REDACTED]  
91-48

ORDER RE: CHAPTER 587, H.R.S.,  
AS AMENDED

PETER KEMA, JR.  
Born on May 1, 1991

HEARING: October 19, 1995

HONORABLE BEN H. GADDIS

ORDER RE: CHAPTER 587, H.R.S., AS AMENDED

The following parties and/or individuals were present:

- [ X ] JAYLIN KEMA \_\_\_\_\_, Mother;
- [ ] KRIS LAGUIRE \_\_\_\_\_, Counsel for Mother;
- [ ] PETER KEMA, SR. \_\_\_\_\_, Father of Kema Child;
- [ X ] STEVEN STRAUSS \_\_\_\_\_, Counsel for Mr. Kema;
- [ X ] [REDACTED] \_\_\_\_\_, Father of [REDACTED] Child;
- [ X ] JOHN WAGNER \_\_\_\_\_, [REDACTED];
- [ X ] EDITH KAWAI \_\_\_\_\_, Guardian Ad Litem (via telephone);
- [ X ] [REDACTED] \_\_\_\_\_, DHS Social Worker;
- [ X ] ALEY K. AUNA, JR. \_\_\_\_\_, Deputy Attorney General;
- [ X ] [REDACTED] \_\_\_\_\_, [REDACTED];
- [ X ] PETER KUBOTA \_\_\_\_\_, [REDACTED];
- [ X ] Andrew Wilson \_\_\_\_\_, For Kris Laguire
- [ ] \_\_\_\_\_;
- [ ] \_\_\_\_\_;
- [ ] \_\_\_\_\_;

The following parties were not present at the hearing:

[ ] \_\_\_\_\_, who was/were  
represented by counsel;

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

*[Signature]*

Clerk, Third Circuit Court, State of Hawaii

Based upon the records and/or evidence presented and having fully considered all relevant prior and current information pertaining to the guidelines for determining whether [REDACTED] family is willing and able to provide [REDACTED] with a safe family home, ~~the Court finds that:~~

X [REDACTED] family is presently willing and able to provide [REDACTED] with a safe family home without the assistance of a service plan;

X [REDACTED] family is presently willing and able to provide [REDACTED] with a safe family home with the assistance of a service plan;

X Each party understands that unless the family is willing and able to provide the child with a safe family home within a reasonable period of time, their respective parental and custodial duties and rights shall be subject to termination;

X \_\_\_\_\_  
\_\_\_\_\_;

X \_\_\_\_\_  
\_\_\_\_\_.

~~Based upon the foregoing considerations and findings, and good cause appearing therefor;~~

IT IS HEREBY ORDERED, ADJUDGED AND DECREED that:

X The prior award of family supervision is revoked and jurisdiction is terminated;

X The following exhibits are admitted into evidence and made a part of the record, provided that the parties reserve the right to cross-examination thereon:

State's 1        DHS Safe Family Home Guidelines Report dated  
                  October 10, 1995, prepared by [REDACTED]  
                  [REDACTED], Social Worker;

State's \_\_\_\_\_  
\_\_\_\_\_;

State's \_\_\_\_\_  
\_\_\_\_\_;

2 The prior award of family supervision is continued;

3

All prior consistent orders shall remain in full force and effect until further order of the Court;

4

A continued review hearing shall be held on October 30, 1995, at 9:00 A.M., before The Honorable Ben H. Gaddis

5

Mother shall allow reasonable telephone visitations between [redacted] at least twice a week

6

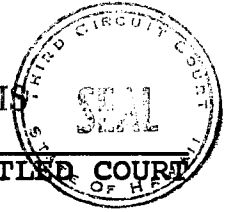
~~Mother and Mr. Kama~~ shall attend <sup>They are still our</sup> ~~the~~ Children's ~~First~~ program on Maui and ~~Mr. and Mrs. Kama~~ shall attend the Children in Transition program in Hilo.

X

X

DATED: Hilo, Hawaii, OCT 25 1995

BEN H. GADDIS



JUDGE OF THE ABOVE-ENTITLED COURT

APPROVED AS TO FORM:

[Handwritten signatures]

[Handwritten signature: Paul K. Kula]

DEPT. OF HUMAN SERVICES  
Family & Adult Services Division

EDITH KAWAI RADL  
ATTORNEY AT LAW

MAY 20 1993

Suite 260, Box 111333  
Kamuela, Hawaii 96743  
Telephone: (808) 885-0788

EH Social Services Section  
Hilo, Hawaii

TRANSMITTAL MEMORANDUM

TO: Aley K. Auna, Esq. Peter K. Kubota, Esq. Celia A. Urion, Esq.  
Steven D. Strauss, Esq. Kris A. Laguire, Esq.  
[REDACTED] SW

FR: EDITH KAWAI RADL

DATE: 17 May 1993

RE: In the Interest of [REDACTED] and PETER KEMA, Jr.,  
FC-S Nos. [REDACTED] and 91-48

We are sending you:

ORIG.	COPIES	DATED	DESCRIPTION
	1	5/17/93	Report of the Guardian Ad Litem

COURTESY COPY

- |  |  |
|--|--|
| <input type="checkbox"/> For Judge's signature | <input type="checkbox"/> For signature and return  |
| <input type="checkbox"/> For filing            | <input type="checkbox"/> For signature, forwarding |
| <input type="checkbox"/> For your files        | <input type="checkbox"/> as noted below & return   |
| <input type="checkbox"/> Per your request      | <input type="checkbox"/> For review & comment      |
| <input type="checkbox"/> For necessary action  | <input type="checkbox"/> For distribution          |

REMARKS:

EDITH KAWAI RADL 4631-0  
ATTORNEY AT LAW  
Suite 260 Box 111333  
Kamuela, HI 96743  
Tel: (808) 885-0788

Guardian Ad Litem

IN THE FAMILY COURT OF THE THIRD CIRCUIT

STATE OF HAWAII

In the Interest of )  
 ) FC-S. NOS. [REDACTED] & 91-48  
 )  
 [REDACTED] )  
 ) REPORT OF THE  
 ) GUARDIAN AD LITEM;  
 ) CERTIFICATE OF SERVICE  
 )  
 [REDACTED] )  
 )  
 )  
 )  
 PETER KEMA, JR. )  
 Born on May 1, 1991 )  
 )  
 )  
 Children under the age of )  
 eighteen years. )  
 )  
 )  
 )  
 )

FIRST REPORT OF THE GUARDIAN AD LITEM

COMES NOW EDITH KAWAI RADL, your guardian ad litem, and hereby submits the following report:

We are fast approaching the two-year bench mark in this matter. [REDACTED] continue to stay in foster placement in Kailua-Kona with [REDACTED]. [REDACTED] are doing exceptionally well in placement. [REDACTED] provides child care during the daytime hours for [REDACTED] Peter.

During the last two review periods, the focus of the worker and the guardian ad litem has been to ensure visitation for the parents with [REDACTED]. The matter is complicated by two factors: (1) [REDACTED] live on the other side of the island and (2) the apparent rift between Jaylin and Peter Kema and [REDACTED]

[REDACTED] The difficulties which existed in the telephone visitation area seem to have been worked out with minor bumps. The actual physical visitation has improved to some degree but it is clear that not everyone is pleased with the situation as it is.

The parents have had serious difficulties with their own transportation. Thus, because the Department does not transport, the parents have had to rely on the cooperation, good graces, and financial ability of [REDACTED] to transport [REDACTED] to Hilo. Within the last six months, Peter's sister, Leanne, has also been a resource for transportation and supervision of visitation. There are still difficulties in arrangements, coordinating, notice and confirmation of visits and the like. I believe that the worker's intent to work with both parties in order to solidify schedules and the like will help to more easily facilitate visitations.

The Kemas have had a new baby since the last hearing. Although this child is not in the case, [REDACTED] indicates that MIST is working closely with Mr. and Mrs. Kema. The infant is doing well.

It is my understanding that difficulties with regular full-time employment are still a concern for Peter Kema. He has been in touch with [REDACTED] on this issue.

I do not believe that the parents are attending parenting classes. The MIST program should offer useful information for [REDACTED] as well as the infant.

Both Peter and Jaylin continue to meet with Dr. Barthel on a fairly routine basis. They have a very good trust relationship



with the doctor and his assistance is accepted by both Peter and Jaylin.

Recently, there was some difficulty during a visitation. [REDACTED] brought [REDACTED] over and [REDACTED] wanted to see their baby sister. [REDACTED] took [REDACTED] over to the Kema's apartment. Jaylin informed [REDACTED] that Peter did not want her in the apartment. When [REDACTED] went to the apartment, Peter would not allow them to see the baby either. [REDACTED] left very upset.

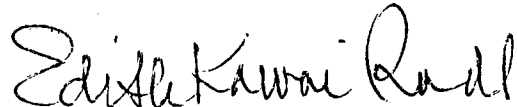
Peter later explained to [REDACTED] that he was concerned that [REDACTED] would have been unsupervised up in the apartment. He was very sorry for the upset caused to [REDACTED]. He was also somewhat suspicious of [REDACTED] actions because she is perceived by Peter to be the person who turned them in. I am aware that Peter and Jaylin had a session with Dr. Barthel on this issue and that it has been "dealt" with. Also, [REDACTED] indicated to me that Peter had called and apologized to [REDACTED].

I went to visit with [REDACTED] recently and found them to be more lively and friendly than ever. [REDACTED] [REDACTED], was at [REDACTED] house. [REDACTED] were going to be spending the night with their dad. Although Peter had been to the doctor that day for respiratory problems, he was in fine humor. [REDACTED] showed me his recent report card. His marks and the comments from his teacher were sterling. [REDACTED] stays home with [REDACTED] and Peter Boy during the day. I had the pleasure of reading book after book with [REDACTED] and even Peter Boy. All [REDACTED] participated

with the pictures and story lines. It's clear that books are very much a part of their lives.

While I believe that visitation is very important for [REDACTED] [REDACTED] I also feel that we must all take a very close hard look at the future. We need to know whether or not this couple will ever be able to handle - manage - parent [REDACTED]. I believe that Jaylin wants [REDACTED] back, her [REDACTED] as well as Peter Boy. Although a little more than a year remains before the three year period elapses, we should try to be realistic and perhaps structure an arrangement which will allow the family bonds to remain strong while providing for the support system which will be in the best interests of [REDACTED] [REDACTED]

DATED: KAMUELA, HAWAII, 17 May 1993.



EDITH KAWAI RADL  
GUARDIAN AD LITEM


CERTIFICATE OF SERVICE


IT IS HEREBY CERTIFIED THAT a true and correct copy of the foregoing document was duly served by depositing the same in the United States Mail, postage prepaid, and by telecopier transmission, on this date as follows:

ALEY AUNA, ESQ.  
Dept. of Attorney General  
101 Aupuni Street, PH - 1014D  
Hilo, Hawaii 96720

Attorney for DHS

PETER K. KUBOTA, ESQ.  
CASE AND LYNCH  
275 Ponahawai Street.  
Suite 201  
Hilo, HI 96720

  
CELIA A. URION, ESQ.  
Suite 226, Box 111333  
Kamuela, HI 96743

  
STEVEN D. STRAUSS, ESQ.  
Attorney At Law  
P O Box 11517  
Hilo, Hawaii 96720  
Attorney for Peter Kema, Jr.

KRIS A. LAGUIRE, ESQ.  
Attorney at Law  
Roehrig Roehrig Wilson  
Hara Schutte and De Silva  
101 Aupuni Street, Ste 124  
Hilo, HI 96720

Attorney for Jaylin Kema

DATED: KAMUELA, HAWAII, May 17, 1993.

  
EDITH KAWAI RADL

CARLSMITH BALL WICHMAN  
CASE & ICHIKI

ROBERT D. TRIANTOS 2549-0  
PETER K. KUBOTA 5070-0  
121 Waianuenue Avenue  
Hilo, Hawaii 96720

Telephone No. (808) 935-6644

Attorneys for Petitioners

IN THE FAMILY COURT OF THE THIRD CIRCUIT

STATE OF HAWAII

<p>[REDACTED]</p> <p style="text-align: center;">Petitioners,</p> <p style="text-align: center;">vs.</p> <p>PETER KEMA AND JAYLIN KEMA,</p> <p style="text-align: center;">Respondents.</p> <hr/>	<p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p>	<p>FC-M No. _____</p> <p>[REDACTED]</p> <p>PETITION FOR REASONABLE VISITATION RIGHTS; NOTICE OF HEARING; CERTIFICATE OF SERVICE</p> <p>HEARING DATE: Friday, October 27, 1995</p> <p>HEARING TIME: 8:30 A.M.</p> <p>JUDGE: BEN H. GADDIS</p>
---	--	--

[REDACTED] PETITION  
FOR REASONABLE VISITATION RIGHTS

Petitioners [REDACTED] by and through their counsel Carlsmith Ball Wichman  
Case & Ichiki, hereby petition this Court for an order establishing reasonable visitation rights [REDACTED]

[REDACTED] of [REDACTED]

[REDACTED] PETER KEMA, JR., born on May 1, 1991 [REDACTED]

[REDACTED] This petition is brought pursuant to Haw. Rev. Stat.  
§571-46.3, and will be based upon the testimony of the Petitioners and their witnesses at the hearing  
of said petition, and the records and files of Child Protective Services cases entitled In the Interest

[REDACTED]

Family Court of the Third Circuit, and In the Interest of Peter Kema, Jr. born on May 1, 1991, FC-S No. 91-48, Family Court of the Third Circuit. Petitioners request that this Court enter an order against Respondents Jaylin Kema and Peter Kema, establishing reasonable visitation rights [REDACTED]

[REDACTED] Peter Kema, Jr., [REDACTED] with [REDACTED]  
[REDACTED]

I. INTRODUCTION:

This Court is familiar with the parties to this action. The [REDACTED] are the subject of the above-referenced CPS proceedings, and were placed in the foster care [REDACTED], as a result of varying degrees of physical abuse suffered by [REDACTED]. During the foster custody of [REDACTED], the DHS Social Workers, therapists, school personnel, and the Guardian Ad Litem have consistently reported that the [REDACTED] were happy, well loved, and were motivated to perform well in school. [REDACTED] remained in the care of [REDACTED] for about four years, and were recently returned to the family home of Jaylin and Peter Kema in June, 1995. Peter Jr. had returned to the family home in July, 1994, after spending about 3 years in the care of [REDACTED]. At present, Jaylin Kema and Peter Kema, Sr. have prevented [REDACTED] from contact with [REDACTED]. Jaylin and Peter Kema have taken [REDACTED] out of the home at the time of scheduled telephone calls, or have disallowed [REDACTED] from answering the phone. Further Jaylin and Peter have consistently failed to bring the children for scheduled visitation in person with [REDACTED].

## II. RECOMMENDATIONS OF THERAPISTS AND GUARDIAN AD LITEM:

As part of the plan to reunite ██████████ to the family home, DHS, the Guardian Ad Litem, and the therapists for ██████████ and Jaylin and Peter all recommended that visitation with ██████████ was very important and in the best interest of ██████████

Guardian Ad Litem Edith Radl reported:

Some concerns have been raised regarding visitation again. ██████████ contacted me regarding visits. ██████████ said that ██████████ tried to set up something but wasn't getting cooperation from Jaylin. ██████████ also stated that ██████████ hadn't heard from ██████████ by phone either for several weeks. I raised this issue with Jaylin during my visit. ██████████ *have a right to visit.* I am fully aware that ██████████ need to settle in now but ██████████ need to be able to visit and talk story with ██████████. ██████████ lived with ██████████ for almost four years. *It would not be in ██████████ best interests to cut off contact or to make contact difficult.*

Report of the Guardian Ad Litem filed on July 12, 1995 in FC-S No. ██████████ and 91-48 (emphasis added). The psychologist treating ██████████ also concurred that visitation with ██████████ is in the best interests of ██████████

As you already know, ██████████ are strongly attached to their family in Kona, and my impression is that this attachment is a healthy and secure one. I believe that they perceive their relationships with their Kona family members as important to their sense of security and their sense of identity. *For these reasons, I believe that it is clearly in ██████████ best interests that they be able to have regular visitations with their family in Kona. A disruption in the contact with ██████████ and aunty would be especially disruptive to their continued development of internal security, stability, and cohesiveness.* I think that we already had an example of how ██████████ emotional developments were jeopardized when they did not have consistent contact with their brother; ██████████ felt the loss profoundly, and it seemed to shake their sense of security and trust in adults. Another such disruption in significant relationships would, I think, further instill in them a suspicion that adults are not very trustworthy or reliable, which could have a deleterious effect on their long-term development. I hope that Mr. and Mrs. Kema and ██████████ are able to work out a way for visitations to occur so that ██████████ needs can be met and so that ██████████ can experience adults as being reliable and sensitive to their needs.

Report of Terry Ann Fujioka, Ph.D. dated June 12, 1995, attached as Exhibit "A" to the Safe Home Family Guidelines Report filed on July 5, 1995 in FC-S No. [REDACTED] and 91-48. Jaylin and Peter purport to recognize that it is in the best interests of [REDACTED] to maintain visitations with [REDACTED] and have made agreements for visitation directly with [REDACTED] or through Jaylin's counsel in the CPS proceedings. However, for numerous and creative reasons, the Kemas have consistently failed to honor their agreements. Each time the visits are neglected, [REDACTED] suffer. Dr. Christopher Barthel reported as follows:

On the other hand, I have not been at all encouraged by the progress of visitations. . . . At this point, to my knowledge, [REDACTED] still has not seen Peter, Jr. since the boy's placement with the Kemas in late July. The failure of the aborted visitations falls mainly on the shoulders of Peter and Jaylin and has provided considerable frustration to [REDACTED], to me, and most importantly, to [REDACTED] particularly [REDACTED], whose disappointment has been keen.

I know that we can develop highly frustrated views of Jaylin and Peter's actions concerning visitation. Of greatest concern to me are that [REDACTED] not be consistently disappointed and, most importantly, that the transition between West and East Hawaii be comfortable for all parties concerned and not the abrupt, tooth-extraction-process that Peter Jr. had to go through. The children, especially Peter, Jr., [REDACTED] need to have easy access to [REDACTED] who have provided them with love and familiar security for so many years.

I still have trust in Peter and Jaylin that they can provide love and guidance to [REDACTED]. But their periodic insensitivity to [REDACTED] needs and feelings regarding [REDACTED] relationships with [REDACTED] and the West Hawaii environment (e.g., school, friends, activities) and regarding cancelled visitations frustrates me a great deal and worries me about their parenting abilities.

Report of Christopher Barthel, III, Ph.D. dated March 4, 1995, attached as Exhibit "A" to the Safe Home Family Guidelines Report filed on March 24, 1995 in FC-S [REDACTED] and 91-48.

III. [REDACTED] ARE ENTITLED TO VISITATION UNDER LAW

Haw. Rev. Stat. §571-46.3 sets forth the process by which [REDACTED] can obtain an order establishing their reasonable visitation rights with [REDACTED]. With respect to the [REDACTED] [REDACTED] the statute clearly provides this right. As provided in the statute, this Court can award reasonable visitation to [REDACTED] if the following criteria are met:

- (1) This State is the home state of the child at the time of the commencement of the proceeding;
- (2) Reasonable visitation rights are in the best interest of the child; and
- (3) Either or both of the child's parents are deceased, or the child's parents are divorced or residing separate and apart.

Haw. Rev. Stat. §571-46.3. [REDACTED] are presently residing in the family home of Jaylin and Peter Kema, in Nanawale Estates. As evidenced by the reports of the therapists involved in the CPS case and recommended by the Guardian Ad Litem, it is in the best interests of [REDACTED] for [REDACTED] to have continued visitation with [REDACTED] who furnished them the care and support which the natural parents were unable to give at the time. Petitioners will further provide evidence of the positive effects on [REDACTED] during their years in the care of [REDACTED] in Kona. Finally, with regard for [REDACTED] their natural parents are residing separate and apart. [REDACTED] [REDACTED] and Jaylin Kema are the admitted natural parents of [REDACTED]. They were never married to each other, and presently are married to other spouses. [REDACTED] resides in Kona, and Ms. Kema resides in Nanawale Estates.

Petitioners are aware that a literal application of Haw. Rev. Stat. §571-46.3 would not include Peter, Jr. or [REDACTED] as falling under the express provisions of the statute, as their natural parents (Jaylin and Peter Kema) are married and residing together. However, [REDACTED] wish to



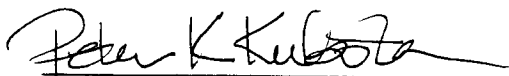
treat all of [REDACTED] with equal love and affection, as all [REDACTED] are part of their family. Visitation rights of [REDACTED] are further provided for in HRS §571-46(7) which does not restrict such rights to situations where parents are divorced or separated. [REDACTED] therefore request that this Court grant them reasonable visitation with Peter, Jr. and [REDACTED], on the grounds that such visitation is in their best interests as well.

#### IV. CONCLUSION

[REDACTED] have unselfishly given of themselves in taking care of [REDACTED] and Peter Kema, Jr. during the past four years when their natural parents were unable to care for said [REDACTED]. During such foster care, [REDACTED] established bonds with their Kona family and friends that gave them the security and ability to deal with the many problems they faced in their family situation. The therapists, and even the parties themselves have agreed that continued contact between the [REDACTED] is important for [REDACTED] well being. However, in spite of the parties' best interests, Jaylin and Peter Kema somehow find themselves unable to comply with their voluntary agreements for [REDACTED] visitation with [REDACTED]. Petitioners therefore request that this Court establish reasonable visitation between [REDACTED] and [REDACTED], which will be enforceable in further proceedings before this Court.

DATED: Hilo, Hawaii, OCTOBER 18, 1995

CARLSMITH BALL WICHMAN  
CASE & ICHIKI



PETER K. KUBOTA

Attorney for [REDACTED]

IN THE FAMILY COURT OF THE THIRD CIRCUIT

STATE OF HAWAII

\_\_\_\_\_, ) FC-M No. \_\_\_\_\_  
 )  
 Petitioners, ) NOTICE OF HEARING  
 )  
 vs. )  
 )  
 PETER KEMA AND JAYLIN KEMA, )  
 )  
 Respondents. )  
 \_\_\_\_\_ )

NOTICE OF HEARING

TO: Peter Kema, Jr  
 c/o Steven Strauss, Esq.  
 P.O. Box 11517  
 Hilo, Hawaii 96721

Jaylin Kema.  
 c/o Kris Laguire, Esq.  
 101 Aupuni Street, Suite 124  
 Hilo, Hawaii 96720

\_\_\_\_\_  
 c/o John Wagner, Esq.  
 101 Aupuni Street  
 Suite 1001-A  
 Hilo, Hawaii 96720

NOTICE IS HEREBY GIVEN that \_\_\_\_\_ Petition for Reasonable  
 Visitation Rights shall come on for hearing before the Honorable Ben H. Gaddis, Judge of the  
 above-entitled Court, in his courtroom, 345 Kekuaaoa Street, Hilo, Hawaii, at 8:30 o'clock A.M. on  
 Friday, October 27, 1995, or as soon thereafter as counsel can be heard.

DATED: Hilo, Hawaii, OCTOBER 18, 1995




\_\_\_\_\_  
 PETER K. KUBOTA  
 Attorneys for Petitioners

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing was duly served upon the following parties by facsimile transmission to the following persons on October 18, 1995, and by hand delivery on October 19, 1995.


Peter Kema, Jr.  
c/o Steven Strauss, Esq.  
P.O. Box 11517  
Hilo, Hawaii 96721

Jaylin Kema  
c/o Kris Laguire, Esq.  
101 Aupuni Street  
Suite 124  
Hilo, Hawaii 96720

  
c/o John Wagner, Esq.  
101 Aupuni Street  
Suite 1001-A  
Hilo, Hawaii 96720

Dated: Hilo, Hawaii, OCTOBER 18, 1995.



PETER K. KUBOTA  
Attorney for 

04/20/94  
15:35:22.3

LOG OF CONTACTS - NARRATIVE - DISPLAY

KFHCD521

CASE NAME KEMA, JAYLIN STATUS ACTIVE  
CASE NO 00010780 DATE 04/20/1994 TIME 14:15 LOG SIZE 1  
TYPE OF CONTACT TCF WORKER ██████████ NOTATION SONNY KINNEY PAGE 1

NARRATIVE ACCOUNT

SW REC'D CALL FROM SONNY KINNEY - CONCERNED RE: HO'OPONOPONO PROCESS WITH JAYLIN AND CONFLICT OF ROLES INVOLVING SOLOMON COLBURN. STATED THAT SOLOMON IS NOT TRAINED TO DO HO'OPONOPONO AND THAT THE PROCESS IS GOING TO TAKE TIME. SONNY TO CLARIFY SITUATION SOLOMON; WILL ALSO CONFERENCE WITH KIT BARTHEL.

- AFTER ONE APPOINTMENT WITH JAYLIN, SONNY IS CONCERNED ABOUT THE FOLLOWING:
1. JAYLIN'S PERCEPTION OF THE PROBLEM, IE., ██████████ WILL NOT GIVE THE CHILDREN BACK/NO MENTION OF CPS
  2. TALKED ONLY ABOUT ██████████ - NO MENTION MADE ABOUT PETER JR.
  3. JAYLIN DID NOT SEEM APPROPRIATELY DEMONSTRATIVE REGARDING HER CONCERN OF ██████████ BEING OUT OF HER CARE FOR SO LONG
  4. QUESTIONED WHETHER OR NOT JAYLIN HAD BEEN ABUSED BY HUSBAND - OCCASIONED BY THE COMMENTS MADE BY JAYLIN DURING INITIAL MEETING.

NEXT MEETING SCHEDULED FOR 4/21/94 AT 10:00 A.M.-IF NO SHOW/CALL SW

NEXT CD52 KEY  
4BÜ

Aa

B0--SESSION1 R 24 C 7

END DATA  
o-o01 19:59 4/20/94

**INTERNAL**

**COMMUNICATION FORM**

**DEPARTMENT OF HUMAN SERVICES**

Suspense

JUL 1 1994

EH Social Services Section  
Hilo, Hawaii

DHS-PW-HILO

Subject: [REDACTED]/KEMA CASE 10780

Originator: [REDACTED]

To: EHSSSA  
EHCWS II (70)  
Attn: [REDACTED]

From: WHFASSA  
WHCMU (24)

Date: 06/29/94

Memo No. 1

**ACTION:**

Attached, please find a bill Kona courtesy social worker received from West Hawaii Imaging for a full skeletal survey for [REDACTED] that was conducted on 5/10/91! As this is past the two year deadline, DHS Medicaid will not pay for this service and CWS will be required to provide payment through emergency assistance or other appropriate funding. Social worker called West Hawaii Imaging to verify the date of the service, as this is the first bill received for this service. According to West Hawaii Imaging, they have been sending bills to Captain Cook DHS office since the date of service for [REDACTED] (the same service was provided for [REDACTED] on the same date). Social worker was instructed by unit supervisor to mail original bill to primary social worker in Hilo for follow-up. This social worker provided West Hawaii Imaging the name and address of primary social worker in Hilo for follow-up with [REDACTED] bill, which has not yet been received in Captain Cook office.

[REDACTED]  
Supervisor

WHCMU 24

Approved by:

[REDACTED]  
[REDACTED], west Hawaii  
Family and Adult Services Section Administrator

Attachment

PLEASE DO NOT STAPLE IN THIS AREA

STATE OF HAWAII CPS  
P O BOX 230  
CAPT. COOK HI 96704

HEALTH INSURANCE CLAIM FORM

PICA

1. MEDICARE  MEDICAID  CHAMPUS  CHAMPVA  GROUP HEALTH PLAN (SSN or ID)  FECA BLK LUNG (SSN)  OTHER  1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) [REDACTED] 3. PATIENT'S BIRTH DATE (MM DD YY) [REDACTED] SEX [REDACTED] 4. INSURED'S NAME (Last Name, First Name, Middle Initial) [REDACTED]

5. PATIENT'S ADDRESS (No., Street) [REDACTED] 6. PATIENT RELATIONSHIP TO INSURED: Self  Spouse  Child  Other  7. INSURED'S ADDRESS (No., Street) [REDACTED]

8. PATIENT STATUS: Single  Married  Other  9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) [REDACTED] 10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES  NO  b. AUTO ACCIDENT? YES  NO  c. OTHER ACCIDENT? YES  NO  11. INSURED'S POLICY GROUP OR FECA NUMBER: 000-00-0000

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other 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: 06/27/94

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED: [REDACTED]

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP): 05/10/91 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE (MM DD YY): 11

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION: FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE: LAIRD ROBERT 17a. I.D. NUMBER OF REFERRING PHYSICIAN: C98825

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES: FROM MM DD YY TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? \$ CHARGES: YES  NO  .00

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE): 1. 9955 ABUSE, CHLD

22. MEDICAID RESUBMISSION CODE: ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A	B	C	D	E	F	G	H	I	J	K
DATE(S) OF SERVICE From MM DD YY To MM DD YY	Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	DIAGNOSIS CODE	\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	EMG	COB	RESERVED FOR LOCAL USE
05/10/91	11	4	76065 TS F	1	168.48	1.				
<p>THIS IS TO CERTIFY THAT THIS IS A TRUE AND ORIGINAL BILL.</p> <p><i>David Sgra</i></p>										

25. FEDERAL TAX I.D. NUMBER: 99-0192319 SSN EIM   26. PATIENT'S ACCOUNT NO. [REDACTED] 27. ACCEPT ASSIGNMENT? (For gov. claims, see back) YES  NO

28. TOTAL CHARGE \$ 168.48 29. AMOUNT PAID \$ .00 30. BALANCE DUE \$ 168.48

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED: *David Sgra MD* DATE: 06/27/94

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (if other than home or office)

33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # WEST HAWAII IMAGING SERVICES 77-311 SUNSET DRIVE KAILUA-KONA HI 96740 PIN: 0000BDMBJ GRP#

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

**INTERNAL**

**Suspense**

**COMMUNICATION FORM**

**DEPARTMENT OF HUMAN SERVICES**

Subject: [REDACTED]/KEMA CASE 10780

Originator: [REDACTED]

To: EHSSSA From: WHFASSA Date: 06/29/94 Memo No. 1  
EHCWS II (70) WHCMU (24)  
Attn: [REDACTED]

**ACTION:**

Attached, please find a bill Kona courtesy social worker received from West Hawaii Imaging for a full skeletal survey for [REDACTED] that was conducted on 5/10/91! As this is past the two year deadline, DHS Medicaid will not pay for this service and CWS will be required to provide payment through emergency assistance or other appropriate funding. Social worker called West Hawaii Imaging to verify the date of the service, as this is the first bill received for this service. According to West Hawaii Imaging, they have been sending bills to Captain Cook DHS office since the date of service for [REDACTED] (the same service was provided for [REDACTED] on the same date). Social worker was instructed by unit supervisor to mail original bill to primary social worker in Hilo for follow-up. This social worker provided West Hawaii Imaging the name and address of primary social worker in Hilo for follow-up with [REDACTED] bill, which has not yet been received in Captain Cook office.

[REDACTED]  
[REDACTED] Supervisor  
WHCMU 24

Approved by:

[REDACTED]

West Hawaii  
Family and Adult Services Section Administrator

Attachment

PLEASE DO NOT STAPLE IN THIS AREA



P O BOX 230  
CAPT. COOK HI 96704

CARRIER  
PATIENT AND INSURED INFORMATION  
PHYSICIAN OR SUPPLIER INFORMATION

### HEALTH INSURANCE CLAIM FORM

PICA		HEALTH INSURANCE CLAIM FORM		PICA	
1. MEDICARE <input type="checkbox"/> (Medicare #)		MEDICAID <input type="checkbox"/> (Medicaid #)		CHAMPUS <input type="checkbox"/> (Sponsor's SSN)	
CHAMPVA <input type="checkbox"/> (VA File #)		GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID)		FECA BLK LUNG <input type="checkbox"/> (SSN)	
OTHER <input type="checkbox"/> (ID)		1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)			3. PATIENT'S BIRTH DATE		
[REDACTED]			SEX		
4. INSURED'S NAME (Last Name, First Name, Middle Initial)			[REDACTED]		
5. PATIENT'S ADDRESS (No. Street)			6. PATIENT RELATIONSHIP TO INSURED		
[REDACTED]			Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		
7. INSURED'S ADDRESS (No. Street)			[REDACTED]		
CITY		STATE		8. PATIENT STATUS	
[REDACTED]		[REDACTED]		Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>	
ZIP CODE		TELEPHONE (Include Area Code)		9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	
[REDACTED]		[REDACTED]		10. IS PATIENT'S CONDITION RELATED TO:	
[REDACTED]		[REDACTED]		a. EMPLOYMENT? (CURRENT OR PREVIOUS)	
[REDACTED]		[REDACTED]		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
[REDACTED]		[REDACTED]		b. AUTO ACCIDENT? PLACE (State)	
[REDACTED]		[REDACTED]		<input type="checkbox"/> YES <input type="checkbox"/> NO	
[REDACTED]		[REDACTED]		c. OTHER ACCIDENT?	
[REDACTED]		[REDACTED]		<input type="checkbox"/> YES <input type="checkbox"/> NO	
[REDACTED]		[REDACTED]		10d. RESERVED FOR LOCAL USE	
[REDACTED]		[REDACTED]		11. INSURED'S POLICY GROUP OR FECA NUMBER	
[REDACTED]		[REDACTED]		000-00-0000	
[REDACTED]		[REDACTED]		a. INSURED'S DATE OF BIRTH	
[REDACTED]		[REDACTED]		SEX	
[REDACTED]		[REDACTED]		b. EMPLOYER'S NAME OR SCHOOL NAME	
[REDACTED]		[REDACTED]		c. INSURANCE PLAN NAME OR PROGRAM NAME	
[REDACTED]		[REDACTED]		STATE OF HAWAII CPS	
[REDACTED]		[REDACTED]		d. IS THERE ANOTHER HEALTH BENEFIT PLAN?	
[REDACTED]		[REDACTED]		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO # yes, return to and complete item 9 a-d.	

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
SIGNED SIGNATURE ON FILE		SIGNED	
DATE 06/27/94			

14. DATE OF CURRENT: ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION	
MM/DD/YY 05/10/91		MM/DD/YY		FROM MM/DD/YY TO MM/DD/YY	
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE		17a. I.D. NUMBER OF REFERRING PHYSICIAN		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
LAIKD ROBERT		C98825		FROM MM/DD/YY TO MM/DD/YY	
19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? \$ CHARGES		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.	
		<input type="checkbox"/> YES <input type="checkbox"/> NO .00			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)		23. PRIOR AUTHORIZATION NUMBER			
1. 9905 ABUSE, CHLD					
2. _____					
3. _____					
4. _____					

A		B		C		D		E		F		G		H		I		J		K			
DATE(S) OF SERVICE		To		Place of Service		Type of Service		PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		DIAGNOSIS CODE		\$ CHARGES		DAYS OR UNITS		EPSDT Family Plan		EMG		COB		RESERVED FOR LOCAL USE	
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER														
05	10	91				11	4	76065	TS F	1	168.48	1.											
<p>THIS IS TO CERTIFY THAT THIS IS A TRUE AND ORIGINAL BILL</p> <p><i>Sauri Sgra</i></p>																							

25. FEDERAL TAX I.D. NUMBER		SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For govt. claims, see back)		28. TOTAL CHARGE		29. AMOUNT PAID		30. BALANCE DUE					
99-0192319		<input type="checkbox"/> <input checked="" type="checkbox"/>		55850		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		\$ 168.48		\$ .00		\$ 168.48					
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)						32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)						33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE					
SIGNED <i>Stuart A. Siskian MD.</i>						DATE 06/27/94						WEST HAWAII IMAGING SERVICES 77-311 SUNSET DRIVE KAILUA-KONA HI 96740 PHONE # PIN# 0000BDMBJ GRP#					



**INTERNAL**

**Suspense**

**COMMUNICATION FORM**

**DEPARTMENT OF HUMAN SERVICES**

Subject: [REDACTED] KEMA CASE 10780

Originator: [REDACTED]

To: EHSSSA  
EHCWS II (70)  
Attn: [REDACTED]

From: WHFASSA  
WHCMU (24)

Date: 06/29/94

Memo No. 1

**ACTION:**

Attached, please find a bill Kona courtesy social worker received from West Hawaii Imaging for a full skeletal survey for [REDACTED] that was conducted on 5/10/91! As this is past the two year deadline, DHS Medicaid will not pay for this service and CWS will be required to provide payment through emergency assistance or other appropriate funding. Social worker called West Hawaii Imaging to verify the date of the service, as this is the first bill received for this service. According to West Hawaii Imaging, they have been sending bills to Captain Cook DHS office since the date of service for [REDACTED] (the same service was provided for [REDACTED] on the same date). Social worker was instructed by unit supervisor to mail original bill to primary social worker in Hilo for follow-up. This social worker provided West Hawaii Imaging the name and address of primary social worker in Hilo for follow-up with [REDACTED] bill, which has not yet been received in Captain Cook office.

[REDACTED]  
[REDACTED] Supervisor  
WHCMU 24

Approved by:

[REDACTED]  
[REDACTED] West Hawaii  
Family and Adult Services Section Administrator

Attachment

**INTERNAL**

**Suspense**

**COMMUNICATION FORM**

**DEPARTMENT OF HUMAN SERVICES**

Subject: [REDACTED] KEMA CASE 10780

Originator: [REDACTED]

To: EHSSSA  
EHCWS II (70)  
Attn: [REDACTED]

From: WHFASSA  
WHCMU (24)

Date: 06/29/94

Memo No. 1

**ACTION:**

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[REDACTED]  
Supervisor  
WHCMU 24

Approved by:

[REDACTED]

West Hawaii  
Family and Adult Services Section Administrator

Attachment

NOT STAPLE IN THIS AREA

P O BOX 230  
CAPT. COOK HI 96704

# HEALTH INSURANCE CLAIM FORM

PICA  PICA

1. MEDICARE  MEDICAID  CHAMPUS  CHAMPVA  GROUP HEALTH PLAN (SSN or ID)  FECA BLK LUNG (SSN)  OTHER (ID)

1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED  
Self  Spouse  Child  Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE CITY STATE

8. PATIENT STATUS  
Single  Married  Other

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:  
a. EMPLOYMENT? (CURRENT OR PREVIOUS)  YES  NO  
b. AUTO ACCIDENT?  YES  NO PLACE (State) \_\_\_\_\_  
c. OTHER ACCIDENT?  YES  NO  
10d. RESERVED FOR LOCAL USE

11. INSURED'S POLICY GROUP OR FECA NUMBER  
000-00-0000

a. INSURED'S DATE OF BIRTH MM DD YY SEX  
b. EMPLOYER'S NAME OR SCHOOL NAME  
c. INSURANCE PLAN NAME OR PROGRAM NAME  
STATE OF HAWAII CPS  
d. IS THERE ANOTHER HEALTH BENEFIT PLAN?  
 YES  NO If yes, return to and complete item 9 a-d.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other 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 06/27/94

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED \_\_\_\_\_

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) 05/10/91 IL

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE  
LAIRD ROBERT

17a. I.D. NUMBER OF REFERRING PHYSICIAN  
C98825

19. RESERVED FOR LOCAL USE

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION  
FROM MM DD YY TO MM DD YY

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES  
FROM MM DD YY TO MM DD YY

20. OUTSIDE LAB?  YES  NO \$ CHARGES .00

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)

1. 9955 ABUSE, CHILD

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

A	B	C	D	E	F	G	H	I	J	K
DATE(S) OF SERVICE From MM DD YY To MM DD YY	Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	DIAGNOSIS CODE	\$ CHARGES	DAYS OR UNITS	EPSTD Family Plan	EMG	COB	RESERVED FOR LOCAL USE
05/10/91	11	4	76065 TS F	1	168.48	1.				

THIS IS TO CERTIFY THAT THIS IS A TRUE AND ORIGINAL BILL

*Dawn Siga*

25. FEDERAL TAX I.D. NUMBER 99-0192319 SSN EIN

26. PATIENT'S ACCOUNT NO. 55850

27. ACCEPT ASSIGNMENT? (For govt. claims, see back)  YES  NO

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)  
*Stuart A. Siga*  
SIGNED \_\_\_\_\_ DATE 06/27/94

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (if other than home or office)

28. TOTAL CHARGE \$ 168.48

29. AMOUNT PAID \$ .00

30. BALANCE DUE \$ 168.48

33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #  
WEST HAWAII IMAGING SERVICES  
77-311 SUNSET DRIVE  
KAILUA-KONA HI 96740  
PIN# 0000BDMBJ GRP# \_\_\_\_\_

PHYSICIAN OR SUPPLIER INFORMATION

DEPARTMENT OF HUMAN SERVICES  
Family and Adult Services Division  
P.O. Box 230  
Captain Cook, Hawaii 96704  
Telephone: [REDACTED]  
Fax: [REDACTED]

DEPT. OF HUMAN SERVICES  
Family & Adult Services Division

[REDACTED] 1994 [REDACTED]  
EH Social Services Section  
DHS - Hilo, Hawaii

'94 JUN 29 11:17

**FAX TRANSMISSION COVER PAGE**

DATE: June 29, 1994

TOTAL NUMBER OF PAGES (INCLUDING COVER PAGE): 2

TO: [REDACTED]  
EHCWS II (70)

FROM: [REDACTED]  
WHCMU 24

RE: [REDACTED]/KEMA

COMMENTS: ATTACHED, PLEASE FIND COPY OF BILL KONA COURTESY SW RECEIVED FROM WEST HAWAII IMAGING FOR A FULL SKELETAL SURVEY FOR [REDACTED] THAT WAS CONDUCTED ON 5/10/91! AS THIS IS PAST THE TWO YEAR DEADLINE, DHS MEDICAID WILL NOT PAY FOR THIS SERVICE AND CPS WILL BE REQUIRED TO PROVIDE PAYMENT THROUGH EMERGENCY ASSISTANCE OR OTHER APPROPRIATE FUNDING. THIS SW CALLED WEST HAWAII IMAGING TO VERIFY THE DATE OF THE SERVICE, AS THIS IS THE FIRST BILL RECEIVED FOR THIS SERVICE. ACCORDING TO WEST HAWAII IMAGING, THEY HAVE BEEN SENDING BILLS TO CAPT. COOK DHS OFFICE SINCE THE DATE OF SERVICE FOR [REDACTED] (THE SAME SERVICE WAS PROVIDED FOR [REDACTED] ON THE SAME DATE). THIS SOCIAL WORKER WAS INSTRUCTED BY UNIT SUPERVISOR TO MAIL ORIGINAL BILL TO PRIMARY SOCIAL WORKER IN HILO FOR FOLLOW-UP. THIS SOCIAL WORKER PROVIDED WEST HAWAII IMAGING THE NAME AND ADDRESS OF PRIMARY SOCIAL WORKER IN HILO FOR FOLLOW-UP WITH [REDACTED] BILL, WHICH HAS NOT YET BEEN RECEIVED IN CAPT. COOK. ICF TO FOLLOW WITH ORIGINAL BILL.

IF PROBLEMS OCCUR, PLEASE CALL [REDACTED]

PLEASE DO NOT STAPLE IN THIS AREA

STATE OF HAWAII CPS  
 P O BOX 230  
 CAPT. COOK HI 96704

UND-FA00-781; # 2

HEALTH INSURANCE CLAIM FORM

1. MEDICARE  MEDICAID  CHAMPUS  CHAMPVA  GROUP HEALTH PLAN  FECA BLK LUNG  OTHER

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) [REDACTED] 3. PATIENT'S BIRTH DATE [REDACTED] SEX [REDACTED]

4. INSURED'S NAME (Last Name, First Name, Middle Initial) [REDACTED]

5. PATIENT'S ADDRESS (No. Street) [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] TELEPHONE (Include Area Code) [REDACTED]

6. PATIENT RELATIONSHIP TO INSURED  
 Self  Spouse  Child  Other

7. INSURED'S ADDRESS (No. Street) [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] TELEPHONE (INCLUDE AREA CODE) [REDACTED]

8. PATIENT STATUS  
 Single  Married  Other

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) [REDACTED] 10. IS PATIENT'S CONDITION RELATED TO:  
 a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES  NO   
 b. AUTO ACCIDENT? YES  NO  PLACE (Date) \_\_\_\_\_  
 c. OTHER ACCIDENT? YES  NO

11. INSURED'S POLICY GROUP OR FECA NUMBER 000-00-0000  
 12. INSURED'S DATE OF BIRTH [REDACTED] SEX [REDACTED]  
 13. EMPLOYER'S NAME OR SCHOOL NAME [REDACTED]  
 14. OTHER INSURED'S POLICY OR GROUP NUMBER [REDACTED]  
 15. OTHER INSURED'S DATE OF BIRTH [REDACTED] SEX [REDACTED]  
 16. EMPLOYER'S NAME OR SCHOOL NAME [REDACTED]  
 17. OTHER INSURED'S POLICY OR GROUP NUMBER [REDACTED]  
 18. OTHER INSURED'S DATE OF BIRTH [REDACTED] SEX [REDACTED]  
 19. EMPLOYER'S NAME OR SCHOOL NAME [REDACTED]  
 20. INSURANCE PLAN NAME OR PROGRAM NAME STATE OF HAWAII CPS  
 21. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES  NO  If yes, return to and complete item 9 a-c.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other 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 06/27/94

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.  
 SIGNED [REDACTED]

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident OR PREGNANCY/LMP) 05/10/91 ILL. IL

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE LAIRD ROBERT 17a. I.D. NUMBER OF REFERRING PHYSICIAN C98825

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES  NO  \$ CHARGES .00

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE)  
 1. 9955 ABUSE, CHLD

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A	DATE(S) OF SERVICE		B	C	D		E	F	G	H	I	J	K
	From	To			Place of Service	Type of Service							
1	05/10/91		11	4	76065	TS F	1	168.48	1.				
2													
3													
4													
5													

THIS IS TO CERTIFY THAT THIS IS A TRUE AND ORIGINAL BILL  
*Sauri Sgro*

25. FEDERAL TAX I.D. NUMBER SSN EIN 99-0192319

26. PATIENT'S ACCOUNT NO. 55850

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES  NO

28. TOTAL CHARGE \$ 168.48 29. AMOUNT PAID \$ .00 30. BALANCE DUE \$ 168.48

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (Certify that the statements on the reverse apply to this bill and are made a part thereof.)  
 SIGNED *Shawn A. Siskin MD.* DATE 06/27/94

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (if other than home or office)  
 33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE  
 PHONE #  
 BEST HAWAII IMAGING SERVICES  
 77-311 SUNSET DRIVE  
 KAILUA-KONA HI 96740  
 PIN# 0000BDMBJ GRP#

793-0119 (12/80) (OCR) 2 pt.

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88)

PLEASE PRINT OR TYPE

FORM HCFA-1500 (12-80)  
 FORM OWCP-1500 FORM RRB-1500

CARRIER  
 PATIENT AND INSURED INFORMATION  
 PHYSICIAN OR SUPPLIER INFORMATION