DCF- 3037 04/2013 (New)

### State of Connecticut Department of Children and Families CONSIDERED REMOVAL SIGN-IN SHEET FOR MEETING PARTICIPANTS

### PARENT/GUARDIAN PERMISSION

I/we give the Department of Children and Families permission for the following individuals to be present at this Considered Removal Child and Family Team Meeting (including community providers involved with my/our family, friends, relatives, attorneys, and other individuals that I/we have requested to be present). I also give the individuals and the Department of Children and Families permission to discuss my case and share any information concerning my children and myself that meets the purpose of this meeting.

Signature of Parent		Signature of Parent/C	Guardian Under du	(ress
Date 11/23	2015 unda	255 m Date 11-23-	.15	
PRIVACY STAT	EMENT for ADDITION		asked a la	wyertobe
pertinent informatic shared in this meeti The Department ma proceeding involvin	on with the agencies, profess ng. The information shared by use information received a sg the child or parent/guardu	hild and Family Team meeting, I under sionals, and others explicitly listed be in this meeting is used to safety plan during this meeting about the safety of	low. Please be respect and coordinate service	ful of the information delivery.
NAMES AND SIG	NATURES			
Print Name	Signature	Address	Phone	Relationship to Family
Shigerel	phone phone	85 Easterne middletoren	(860) SOE- 0664	
lathicen Anderson	Kaker Se	2 carmonesq. Nurth, CT	864.885 251.2	
YERB CROUCH	Herben Cie	DCF	892-2920	FASU
LORRAINE Plante C	Forraine Pan	te DCF	895-2400	RRG
Lowaine Thomas	Abraice M. Thomas	DCF	860-885-2444	Supervisor
1elissei Maittin	Mm~	DCF	800885 2492	SW
•		s		

#### **MOTION/ORDER OF TEMPORARY** CUSTODY/ORDER TO APPEAR JD-JM-58 Rev. 9-09

C.G.S. § 46b-129(b) & (k), P.A. 09-185, Sec. 3, P.B. 33a-6

If Parent(s) is/are Minor(s), Name(s) of Grandparent(s) or Guardian(s)

## AHY. MO.

STATE OF CONNECTICUT SUPERIOR COURT JUVENILE MATTERS

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www.jud.ct.gov

Address of Court		Docket Number		-
978 Hartford Turnpike, Waterford, CT 0	6385	i 		
Name of Child/Youth	Address of Child/Youth	Date of Birth		-
Jolee Pomerleau	85 Eastern Dr. Middletown, CT 06457	11/19/2015		
Name of Mother	Address of Mother	,	63	-
Anna Taylor	44 Franklin ST 1st FI, New London, CT 0632	0	5	C
Name of Father	Address of Father	~ 0	2	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Robert Pomerleau	44 Franklin ST 1st FI, New London, CT 0632	20 2 m	2	121
Name of Legal Guardian (If any)	Address of Legal Guardian	m 2	1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
		37	C	m
Name of Putative Father (If any)	Address of Putative Father		,	
	1	- Contraction of Cont	· • • • • • •	

Address(es) of Grandparent(s) or Guardian(s)

Motion

C

IX The child or youth has been placed in the care and custody of the Commissioner of Children and Families pursuant to section 17a-101g (96 hour hold) on (date) 11/23/15 at (time) 3:53 pm

Based on the allegations of the petition and verified affirmations of fact, the petitioner requests an ex parte Order of Temporary Custody/Order to Appear under section 46b-129(b) of the general statutes.

Name of Petitioner Joette Katz				Relationship to Child	
Signed (Potitioner)	Sworn ar To Before	nd Subscribed e Me On:	Date Signed	Judge, Assistant Clerk, Notary	orginesioner of Superior Court
Order				Marie J. Skingei	r /// /

The court having reviewed the verified affirmations of fact accompanying this motion herebyind the phote is readonable cause to believe that: My Commission Expires 4/30/2018

A. Said child or youth is suffering from serious physical illness, or

B. Said child or youth is suffering from serious physical injury, or

C. Said child or youth is in immediate physical danger from surroundings;

And As a result of said conditions, the child's or youth's safety is endangered and immediate removal from such surroundings is necessary to ensure the child's or youth's safety and continuation in the home is contrary to the welfare of said child or youth.

It is Hereby Ordered That: A. The temporary care

The temporary care and custody of said child or youth shall be vested in: D.C.F.

pending a hearing as set forth below on the confirmation of this order;

And it is further found that:

Z Reasonable efforts to prevent or eliminate the need for removal of said child or youth were made by the state, or

Reasonable efforts to prevent or eliminate the need for removal of said child or youth were not possible, or

Reasonable efforts to prevent removal were not made.

OR B. 🗂 The respondent(s) appear before the court as set forth below to determine whether an order vesting temporary custody of said child or youth, in a person related to the child or youth by blood or marriage or in some other person or suitable agency, should be issued pending disposition of the petition.

And it is further ordered that the above-named mother/father/guardian be and hereby is/are summoned to appear before the court on the Hearing Date(s) set out below, at the address shown above, by having a proper officer leave a true and attested copy of this order and summons with them or at their usual place of abode, or if so ordered, by publication or mail and return same to the court on or before the date indicated. OR

C. The motion is denied.

Hearing Date - Preliminary	Date	Time of Hearing	
Hearing On Temporary Custody	12/4/2015 Date	9:30 A .M.	<b>-  </b> .
Hearing Date - Petition 🔶	1/05/2016	3:00 P.M.	
Court Location 🔶	Court Location (Number, street, and town 978 Hartford Turnpike, Waterford	•	Telephone Number 860-440-5880
Publication For:	Statutory Mail For:	Service on or Before (Date) ASAP	Return Date ASAP
Name of Judge	Signed (Judge)		Date Signed
Hon. MIchael A. Mack		Vaik	11/24/2015
NOT OF EXP	Certe (Continued) CRI	Efax 860440	- 5885

Return of Service		Docket Number
County of	Name of Person(s) Served	Date of Service
SS	1	
Then and there, I duly served the foregoing	petition, order and summons on the above-named	Fees
	•	Сору
leaving with (for in hand); or	Endorsement	
leaving at the usual place of abode (for	Service	
at	Travel	
The within and foregoing is a true and attest	ted copy of the original petition, order, and summons	.
Attest (Signature and title of proper officer)	Total	

STATE OF CONNECTICUT		·····
County of	Name of Person(s) Served	Date of Service
SS.		
Then and there, I duly served the foregoing petition, or respondent(s), by either (check one):	der and summons on the above-named	Fees Copy
leaving with (for in hand); or		Endorsement
Ieaving at the usual place of abode (for abode) at		Service
The within and foregoing is a true and attested copy of	the original petition, order, and summons.	Travel
Attest (Signature and title of proper officer)		Total

STATE OF CONNECTICUT		
County of	Name of Person(s) Served	Date of Service
SS.		
Then and there, I duly served the foregoing petition, or respondent(s), by either (check one):	der and summons on the above-named	Fees Copy
leaving with (for in hand); or		Endorsement
leaving at the usual place of abode (for abode) at	Service	
The within and foregoing is a true and attested copy of	the original petition, order, and summons.	Travel
Attest (Signature and title of proper officer)		Total

For Mail Service STATE OF CONNECTICUT				
County of	United States Post Office At (Town)	Date of Service		
SS		-		
Then and there, by virtue hereof, I made service of the with	thin petition order and summons by	Fees		
depositing a true and attested copy by United States Post	Сору			
		Endorsement		
restricted delivery, return receipt requested; or				
☐ restricted delivery, return receipt requested; or ☐ first class mail; or		Service		
certified mail, return receipt requested.				
	Travel			
The within and foregoing is a true and attested copy of the original petition, order, and summons.				
Attest (Signature and title of proper officer)s	Total			
		1		

### NOTICE OF TEMPORARY CUSTODY/ORDER TO APPEAR

JD-JM-58A Rev. 9-11 C.G.S. § 46B-129(B); PA 11-51, Sec. 19; P.B. §§ 32a-1(g); 33a-6(e)



Address of court	Telephone number	Fax number	Docket number
978 Hartford Turnpike, Waterford, CT 06385	860-440-5880	860-440-5885	
Name of child/youth	Address of child/you	th	Date of birth
Jolee Pomerleau	85 Eastern Dr.	Middletown, CT 06457	11/19/2015
Name of mother	Address of mother		,
Anna Taylor	44 Franklin ST	1st Fl, New London, CT	06320
Name of father	Address of father		
Robert Pomerleau	44 Franklin ST	1st Fl, New London, CT	06320
Name of legal guardian ( <i>if any</i> )	Address of legal gua	rdian	-, ,,
Name of putative father ( <i>if any</i> )	Address of putative f	ather	
If parent(s) is/are minor(s), name(s) of grandparent(s) or guardian(s)	Add	lress(es) of grandparent(s) or gua	
Notice			

- 1. The attached order is based on allegations that conditions in the home or elsewhere endanger the safety and welfare of the child or youth;
- 2. A preliminary hearing will be held on <u>12/04/2015</u> at <u>9:30</u> <u>A</u> .m.; (*date*) (*time*)
- 3. If you do not come to the hearing, the court may take action against you;
- 4. At the hearing you will have the opportunity to tell the court your position concerning the alleged facts;
- 5. You have the right to remain silent; any statement that you make may be introduced into evidence against you;
- 6. You have the right to be represented by an attorney. If you want an attorney but cannot pay for one, the court will make sure that an attorney is provided to you by the Chief Public Defender if you prove you cannot pay for one;
- 7. You may apply for an attorney by going in person to the court address listed above and completing the JD-JM-114 Application for Appointment of Counsel/Waiver of Fees form. If you are unable to go to court in person, mail or fax the completed application form to the court before the court date on the attached order form. It is recommended that you submit the application form as soon as possible so the attorney can prepare for the hearing.

If you have any questions about the case or appointment of counsel you should go to the court, or contact the clerk's office or contact the Chief Public Defender as soon as possible.

The court will promptly determine if you are eligible for state-paid representation. If the court determines that you are eligible for an attorney, the court will promptly notify the Chief Public Defender who will assign an attorney to represent you.

- 8. You may request that the Department of Children and Families investigate placing the child or youth with a person related to the child or youth by blood or marriage who might serve as a licensed foster parent or temporary custodian for the child or youth.
- 9. No parent who is the subject of a petition shall be compelled to testify if the testimony might tend to incriminate in any criminal proceeding or to establish the validity of the facts alleged in the petition.

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation under the ADA, contact the court clerk at the number listed above or an ADA contact person listed at www.jud.ct.gov/ADA.

11/19/2015 18:27 FAX 0605843818			፼ 001/007
PHYSICIAN'S CERTIFICATE/ IMMEDIATE TEMPORARY CUSTODY PC-550 NEW 10/83	STATE OF CONNECTICUT COURT OF PROBATE	RECORDED (CONFID	ENTIAL VOLUME):
	(Type or print in black ink.)		
COURT OF PROBATE, Bis-fol		DISTRICT NO. 19	
IN THE MATTER OF [Name, address, and sign Unknown	o code] Hereinafter referred to as the mi	nor child.	
PHYSICIAN [Name, address, zlp code, and tel			CONN. MED. LIC. NO.
Kenneth Rhee, MD	+ Tiffany Labo	la, MD	1770696536
41 Brandler Rd B	ristal CT DIDID	860-585-	1659401735
the parent, parents, or guardiar		reatment; AND bearing lie llewith	T Rhee, MD.
°C-550			
			SUPE JUNE JUNE
			SUPERIOR COURT JUVERILE MATTERS IS NOU 24 PM 2 CLERK'S OFFICE WATERFORD. OT.

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11,	19/2015 18:27 FAX 8605843	816		@ 002/007
	15-0113	9	RECORDED (CONFIDENTI	al volume):
	10 0 1 0	/		
	PETITION/ IMMEDIATE TEMPORARY CUSTODY PC-501 REV. 7/13 Page 1	STATE OF CONNECTICE COURT OF PROBATE	r	
	ype or print in Ink. File in duplicate wi	th PC-500, Petition/Removal of Guardian mation Sheet for PC-501 on last page, Use	OR PC-600, Pellilon/Terming	ttion of Parenial Rights,]
т	: COURT OF PROBATE, BOS	Inte	DISTRICT NO.	
IN	THE MATTER OF [Name and oddre	ss where residing.] Heroinafter referred to	as the minor child.	MINOR CHILD'S
	Unknown			BIRTHDATE
		child, if an Indian child as defined by P.L. 9		
P	STITIONER [Name, address, selephone	mumber and legal status of pullianer (a.g.	aduli relative, counsel for min	ar.). If udult relative.
, m	so give date of birth. If counsel for min	Medical 41	Brewster Rd	860-940-7104
P	ERSONS TO BE REMOVED AS QUA	RDIAN TREMINATION AND AND AND AND AND AND AND AND AND AN	Hall Internet and the second states in the second states of the second s	5
76	servation if a member as defined by P.I	. 95-608, 25 U.S.C. 1901 et seg. If parent,	s(as) tatephona number(s) and also give date of birth.]	Indian tribe and
	Anna Taylor		_	RELATIONSHIP TO MINOR CHILD
н	proinafter referred to as the respondent(	3)		Matha
<b>О</b> Т	HER PERSON(S) WITH GUARDIAN	SHIP RIGHTS (Name ()) address ())	phana mumber(s) and Indian in	
res	rvation if a member as defined by P.L.	93-608, 25 U.S.C. 1901, et seg. ]	priprie namber (s) and indian in	10e ana
MIN	OR CHILD IS IN THE CURRENT PH	IYSICAL CARE OF:[Name, address & i	Jankona www.bay Electron	
<pre></pre>	Distol Hospit		neprione number. State relatio	nship to minor child.]
	PETITIONER REPRESENTS that:		· · · · · · · · · · · · · · · · · · ·	
L.	• • • = •	r the removal of one or both parents us gu		he guardian of said
	A petition is pending in this court fo	r the termination of parental rights with rea	pect to said minor child; OR	
, Page	The perindner has reasonable ground	s to believe that said minor child has no g	uardian of his or her person.	
	PETITIONER FURTHER REPRESEN			
	he minor child is in the current physical lardianship or termination of parental rig ND	cars of a person other than the parent or othe ints. [If this box is chucked, Custodian's Aff	er guardian subject to the petitic Relavit, PC-510. must be filed w	on for romoval of Ith this application.]
	The child was not taken or kept from from this jurisdiction prior to a heari	the parent(s) or guardian(s), AND there is no for temporary custody: OR	a substantial likelihood that the	child will be removed
	To return the child to the percent(s) or	guardian(s) would place the child in circun or imminent physical danger prior to a her	nstances that would result in so	rious physical
	The minor child is hospitalized as a m surgical treatment, the dolay of which consent to such treatment. [If this bo: OR	sun of sectous physical illness or serious pl would be life-threatening, AND the parent t is checked, certificates from two physicia	hysical injury and is in need of (s) or guardian(s) <u>refuses to co</u> ns, PC-550, must be filed with	immediato medical or <u>nsent</u> or is unable to 1 this petition. ]
		care of the parent(s) or guardian(s), AND I injury and is in need of immediate modic t(s) or guardian(s) refuses to consent or is		

PETITION /IMMEDIATE TEMPORARY CUSTODY

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Rec. Region/9 PC-301 11/20/15 VEIE 580 098 XVJ 99:41 STOZ/02/11

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PETITION/IMMEDIATE TEMPORARY CUSTODY PC-SOI REV.7/13 Page 2

STATE OF CONNECTICUT COURT OF PROBATE [Type or print in black ink. File in duplicate.] RECORDED (CONFIDENTIAL VOLUME):

### THE PETITIONER FURTHER REPRESENTS that:

The minor child has been abandoned by the parent or other guardian in the sense that the parent or other guardian has failed to maintain a reasonable degrees of interest, concern or responsibility for the minor's welfare; OR

The minor child has been denied the care, guidance or control necessary for physical, educational, moral or emotional wollbeing as a result of acts of parametal commission or omission, as defined by law. C.G.S. § 45a-610.

AND THESE ACTS PLACE THE HEALTH OR WELFARE OF THE MINOR CHILD IN DANGER.

THE PETITIONER ALLEGES the following specific actions, omissions, etc. that place the health or welfare of the minor child in danger. Included are dates, times and places.

f minor que birth on 11/19/15 at home. She did mediced attention nor prenated Care dring not seek medi ancy. She came to Broke Hospito -for To themand of പ്പ aver

[To give further details, use Second Sheet, PC-180.]

THE PETITIONER FURTHER REPRESENTS that to the best of his or her knowledge and belief.

The following respondent(s) is/are under a legal disability:	
The following respondent(s) is/are in the military service of the United State	tes or Allied Nation (Title 50 Appendix, U.S.C. 520).
	No respondent(s) is in the military service.
There is $\Box a \Box no$ proceeding pending or contemplated in Connecticut or a C.G.S. §§ 52-231a and 46b-115 at seq. [Complete and attach form JD-FM-1]	
There L has been That not been a proceeding in the past in Connecticut of child, C.G.S. § 52-231a and 46h-115 of ten	any other state affecting the custody of the minor
The minor child is is to not the subject of a pro-exclating child support ord	der l
There is to not a current safety or service agreement between the Dopar	tunent of Children and Families and the parent/guardian of the
There Is is not a current protective order or restraining order involving	R ANY DATEY. IT SO, Diamon attach
The minor child has with has not resided in Connecticut continuously for	the ast six months, C.G.S. § 46b-115 ct soq.
PETITION /IMMEDIATE TEMPORARY CUSTODY	PC-50
	PC-30

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PETITION/ IMMEDIATE TEMPORARY CUSTODY PC-501 REV, 7/13 Page 3	STATE OF CONNECTICUT COURT OF PROBATE	recorded (confidential volume
10-301 1034, 113 Falle 3	[Type or print in black ink. File in duplicate.]	
THE PETITIONER FURTHER REPRE the minor child be granted to a proper p	ESENTS that it is in the best interest of the minor child the person as provided in C.G.S. § 458-607, pending the deten	at immediate temporary custody of nination of the aforesaid matter.
WHEREFORE THE PETITIONER R	EQUESTS that an order for immediate temporary custody	for said minor child be granted to ive relationship to minor child, if any.]
The represen	tations contained herein are made under the penalties	of faire statement
Date: 11/20/15	Petitioner	Billo, Word
If petitioner is requesti	ing a waiver offces, attach PC-184, Request/Order Waive	er of fecs - Pesitioner
	FROPOSED TEMPORARY CUSTODIAN(S)	······································
IF APPOINTED, I WILL ACCEPT THE	E POSITION OF TRUST.	
Signature		
Name: [Type or print.]		×
Product of t	· · · ·	
Telephone Number:	Dats of Birth:	
IF APPOINTED, I WILL ACCEPT THE I	POSITION OF TRUST	
Name: [Type or print.]		
	••••••••••••••••••••••••••••••••••••••	
Address:		
Telephone Number:	Date of Birth;	·
	٠	
TITON /IMMEDIATE TEMPORARY CU	STODY	PC-501

DECREE/IMMEDIATE TEMPORARY CUSTODY PC-561 REV. 7/13 Page 1 of 1

### STATE OF CONNECTICUT

RECORDED (CONFIDENTIAL VOLUME):

COURT OF PROBATE

# COURT OF PROBATE, Region # 19 Probate District DISTRICT NO. PD19 IN THE MATTER OF DATE OF BIRTH OF BABY TAYLOR, AN INFANT CHILD, OF BRISTOL, CT (15-01139) MINOR CHILD

November 19, 2015

PRESIDING JUDGE Hon. Andre D. Dorval

Hereinafter referred to as the minor child.

THE COURT FINDS that a petition regarding guardianship rights with respect to the minor child was brought by a person entitled by law to do so pursuant to C.G.S. section 45a-614, C.G.S. section 45a-616, AND that a petition for immediate temporary custody has been filed in this court AND that jurisdiction of this matter appertains to this court.

In accordance with the following, THE COURT FINDS that notice should be and is dispensed with, and an investigation of this matter has been waived, both for cause shown.

THE COURT FURTHER FINDS that an affidavit has been filed in court averring that:

There is no proceeding in another court in Connecticut or any other state affecting the custody of the minor child.

THE COURT FURTHER FINDS that:

The minor child is in the current physical care of a person other than the parent or other guardian subject to the petition for removal of guardianship or termination of parental rights, AND

the minor child is hospitalized as a result of serious physical illness or serious physical injury, is in need of immediate medical or surgical treatment. AND the parents refuse to consent to such treatment, AND to delay such treatment would be life-threatening. false statements

WHEREFORE, pending the further order of this court, it is ORDERED AND DECREED that IMMEDIATE TEMPORARY

CUSTODY is given to: Joette Katz, Commissioner, Department of Children and Families, One Grove Street, Fourth Floor, New Britain, CT 06053, (860)832-5257

AND IT IS FURTHER ORDERED that notice of the hearing for temporary custody be given in accordance with C.G.S. section 45a-607(b) (3).

Dated at: Bristol, Connecticut, on November 20, 2015.

Andre D. Dorval, Judge

If the child who is the subject of this probate proceeding/order is also the subject of a pre-existing child support order, please contact the Support Enforcement Services Unit of the Judicial Branch at 1-800-228-5437 as this proceeding order may affect that child support order.

ORATIFIED TO

DECREE/IMMEDIATE TEMPORARY CUSTODY

LERK

ATRUE COPY

PC-561

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STATE OF CONNECTICUT SUPERIOR COURT JUVENILE MATTERS www.jud.ct.gov



### **TO: The Superior Court For Juvenile Matters**

Address of court		Telephone number		Fax number		***********
978 Hartford Turnpike, Waterford, CT 06385		860-440-5880		860-440-5	885	
Name and address of child/youth		Place and date of bi	·			Sex
Jolee Pomerleau 85 Eastern Dr. Middletown, C Name and address of petitioner	r 06457	Bristol, CT/ 11/	19/15			F
Joette Katz 2 Courthouse Square, Norwich, CT	06360					
Relationship to Child or Youth						
x   Commissioner D.C.F.   Probation C	Officer Other (	Specify)				
Respondents						
Name and address of mother (if applicable)		Date of birth	India	an tribe/reserva	ation	
Anna Taylor 44 Franklin ST 1st FL, New London	, CT 06320	12/16/1980				
Name and address of father (if applicable)		Date of birth 07/01/1968	India	in tribe/reserva	ation	
Robert Pomerleau 44 Franklin ST 1st FL, New Le Name and address of guardian ( <i>if applicable</i> )		Date of birth	India	in tribe/reserva	ation	
Name and address of putative father (if applicable)		Date of birth	India	n tribe/reserve	ation	
				2015	<b>F</b>	
If parent(s) is/are minor(s), name(s) and address(es) of grandpare	nt(s) or guardian(s):			<b>—</b>	And Solution	2
· ·			WATER	NON SI L		0"
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The Detitionar Denresents that the O				<u>,                                    </u>		<u>ə</u>
The Petitioner Represents that the C			ORD.	<u>2</u> <u>2</u>	- 67km	õ
<b>x</b> Neglected for reasons other than being	impoverished in that			<u> </u>	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	2
the child or youth has been abandoned;						2
x the child or youth is being denied prope	r care and attention, physic	ally, educationally, er			10	
x the child or youth is being permitted to li				01	-	
		instances of association	Jiis injuni	Jus to wen	PDeilig	<b>j</b> .
Uncared for in that						
the child or youth is homeless; or						
the child's or youth's home cannot provi the child or youth requires; or	de the specialized care wh	ich the physical, emol	tional or n	nental cor	ndition	of
the child or youth has been identified as	a victim of trafficking					
Abused in that the child or youth has physical injury or i		an accidental means:	or			
the child has injuries that are at variance			01			
			1	t		
the child is in a condition that is the resu molestation or exploitation, deprivation or						
					***	
state jurisdictional facts (Use additional sheet if necessary)	2					
					,	
				/	1	
he Petitioner requests that process issue to bri ealt with according to law?	ng the parents, or legal cu	stodian of the child or	youth be	fore the o	ourt to	be
	ribed and sworn to before me on (Da	e) Signed (Judge, Assistan	t Clerk, Nota	form su	perior Co	urt)
Jult /	-24-2015	X	$\Delta$	711		·
· · · · · · · · · · · · · · · · · · ·	Page 1 of 3	Marie J. Skinge	r	19/		
		Notary Public		[ *//* · · · ·		
		My Commission	o Evniro	JAIRON	n10	
		wy ourininssion	I LYHIIG	3 4/30/2		

### **Order For Hearing And Summons**

Upon the foregoing petition, it is ordered, that the petition be heard and determined at the Court Location shown below on the Hearing Date and time indicated, and further ordered, that the petitioner shall serve a copy of the foregoing petition on each parent/guardian named in this petition and they are summoned to appear before the court on the Hearing Date and at the Court Location shown below by having a proper officer leave a true and attested copy of this order and summons with the respondent(s) or at the usual place of abode, or, if so ordered, by publication or mail on or before the date for service shown below and return same to the court.

	Date	Time of hearing	
Hearing date 🔶	01/05/2016	3:00	P.M.
	Number, street and town	·	
Court location 🔶	978 Hartford Turnpike, Waterford,	CT 06385	
	Publication for:	Certified mail for:	
	Service to be made on or before (Date)		
	12/22/2015	~	
	By order of the Court (Signer) Judge/Clerk of S	Superior Court)	Date signed 11/24/2015
	$ (1 / \sqrt{2}) $		l

1. Failure to Appear: If you do not come to court, the court may find that your child is neglected, uncared-for or abused.

- 2. Right to Counsel: You have the right to be represented by an attorney and if you want an attorney but cannot pay for one, and if you give proof that you cannot pay, the court will make sure that an attorney is provided for you by the Chief Public Defender. Your request for an attorney should be made immediately by filling out the JD-JM-114 Application for Appointment of Counsel/Waiver of Fees form. Submit the application form in person, by mail or fax at the court location where your hearing is going to be.
- 3. Right to Remain Silent. You have the right to refuse to make statements; any statements you make may be introduced in evidence and used against you.

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation under the ADA, contact the court clerk at the number listed above or an ADA contact person listed at *www.jud.ct.gov/ADA*.

		Docket number
STATE OF CONNECTICUT Re	eturn of Service	
County of	Name of person(s) served	Date of service
SS.		
		Fees
Then and there, I duly served the foregoing petition, or	der and summons on the above-named	Сору
respondent(s), by either <i>(check one):</i> leaving with <i>(for in hand)</i> ; or		Endorsement
leaving with <i>(of m hand)</i> , of leaving at the usual place of abode <i>(for abod</i>		
at		Service
at		
The within and foregoing is a true and attested copy of	the original petition, order, and summons	
Attest (Signature and title of proper officer)		Total
STATE OF CONNECTICUT	· ·	

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County of	Name of person(s) served	Date of service
SS.		
Then and there, I duly served the foregoing petition, orc	Fees Copy	
respondent(s), by either <i>(check one):</i> leaving with <i>(for in hand);</i> or leaving at the usual place of abode <i>(for abode)</i>		Endorsement
at	Service	
The within and foregoing is a true and attested copy of t	the original petition, order, and summons.	Travel
Attest (Signature and title of proper officer)		Total

STATE OF CONNECTICUT		
County of	Name of person(s) served	Date of service
SS.		
		Fees
Then and there, I duly served the foregoing petition, ord	er and summons on the above-named	Сору
respondent(s), by either (check one): leaving with (for in hand); or		Endorsement
L leaving at the usual place of abode (for abode at	)	Service
The within and foregoing is a true and attested copy of t	he original petition, order, and summons.	Travel
Attest (Signature and title of proper officer)		Total

STATE OF CONNECTICUT	For Mail Service
County of	United States Port Office at (Town) Date of service
SS.	
Then and there, by virtue hereof, I i	ade service of the within petition, order and summons by Fees
depositing a true and attested copy	y United States Post mail, postage prepaid, addressed to Copy
restricted delivery, return r	ceipt requested; or Endorsement
restricted delivery, return r first class mail; or	
certified mail, return receip	requested. Service
The within and foregoing is the original	al petition, order and summons with my doings thereon endorsed.
Attest (Signature and title of proper officer)	Total

In Re: Jolee Pomerleau b. 11/19/15

Superior Court for Juvenile Matters at: 978 Hartford Turnpike, Waterford, CT 06385

November 24, 2015

### To Wit:

State Jurisdictional Facts:

- Parents refused medical care for child
- Mother has unaddressed mental health issues
- Father has substance abuse issues

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SPECIFIC STEPS JD-JM-106 Rev. 1-11 C.G.S. §§ 46b-129(b), (d) & (j) P.B. Sec. 33a-6

### STATE OF CONNECTICUT SUPERIOR COURT JUVENILE MATTERS www.jud.ct.gov



Address of court Superior Court for Juvenile Ma	iters at 978 Hartfo	ord Turppike. Wa	terford, CT 06385	Docket number(s)
Name(s) of child(ren)				
Jolee Pomerleau b. 11/19/20	15			
Name of mother			Name of father	
Anna Taylor			Robert Pomerleau	
Name of guardian (If applicable)		Current disposition		
DCF worker		··· <b>L</b> ·································		Phone
Melissa Martin				860-885-2492
Name of CIP monitor	Phone	Na	ame of Court Appointed Guardian Ad Litem	Phone
Specific Steps				
•	artment of Children	and Families (DC	F), the Petitioner in this case, and	
Name			ationship	
Robert Pomerleau			] Mother 🛛 🗙 Father	]
child(ren) named above. (Conn The Respondent is ordered to	ecticut General Sta	tutes section 46b	for the Respondent to safely retain or -129(j) and/or Practice Book section 3 F home visits, announced or unannour	3a-6.)
child(ren)'s court-appointed	d attorney and/or gi	uardian ad litem.	where you and the children are at all t	
Take part in counseling an Parenting	d make progress to	ward the identifie	-	PM RD, RD,
Goals (specify):				La ro ma
Accept in-home support se	rvices referred by [	OCF and cooperat	e with them.	CT & T
Submit to a substance abus necessary, aftercare and re	se evaluation and fo lapse prevention.	ollow the recomm	endations about treatment, including i	
Submit to random drug test	ing; the time and m	ethod of the testin	ng will be up to DCF to decide.	
Not use illegal drugs or abu	se alcohol or medi	cine.		
Cooperate with service prov substance abuse assessme		ed for parenting/in	dividual/family counseling, in-home su	pport services and/or
· · · · · · · · · · · · · · · · · · ·				
	-			
<b>x</b> Cooperate with court ordere	d evaluations or te	sting.		
			ers to check on your attendance, coop Sign the release within 30 days.	eration and progress toward
Sign releases allowing your educational records.	child's attorney and	d guardian ad liter	n to review your child's medical, psych	nological, psychiatric and/or
Get and/or maintain adequa	te housing and a le	gal income.*		
Immediately let DCF know a health and safety of the child		n the make-up of	the household to make sure that the o	change does not hurt the
Get and/or cooperate with a domestic violence incidents.	restraining/protecti	ve order and/or of	ther appropriate safety plan approved	by DCF to avoid more
Attend and complete an app	ropriate domestic v	iolence program.		ð
Not get involved with the crin conditions of probation or pa		a. Cooperate with	the Office of Adult Probation or parole	e officer and follow your
		(contin	ued)	

<ul> <li>Take care of the child(ren)'s physical, educational, medical, or emotional needs, inchis/her/their medical, psychological, psychiatric, or educational providers.</li> <li>Cooperate with the child(ren)'s therapy.</li> </ul>	cluding keeping the child(ren)'s appointments with
Make all necessary child-care arrangements to make sure the child(ren) is/are prop	perly supervised and cared for by appropriate
<ul> <li>caretaker(s).</li> <li>Keep the child(ren) in the State of Connecticut while this case is going on unless yo take them out of state. You must get permission first.</li> <li>Visit the child(ren) as often as DCF permits.</li> </ul>	ou get permission from the DCF or the court to
<ul> <li>Within thirty (30) days of this order, and at any time after that, tell DCF in writing the of any person(s) who you would like the department to investigate and consider as</li> <li>Tell DCF the names and addresses of the grandparents of the child(ren).</li> </ul>	e name, address, family relationship and birth date a placement resource for the child(ren).
DCF Is Ordered To:	
<ol> <li>Take all necessary measures to ensure the child(ren)'s safety and well being.</li> <li>Monitor the welfare of the child(ren) and the circumstances surrounding his/her/the</li> <li>Provide case management services.</li> </ol>	eir care by the Respondent.
<ol> <li>Develop periodic treatment/permanency plan and review it with the Respondent.</li> <li>Refer the Respondent to appropriate services (see above) and, as otherwise need</li> <li>Provide respondent with written, dated notice of all referrals to service providers ar</li> <li>Implement reasonable recommendations made by service providers and/or evalua</li> <li>Within thirty (30) days of the receipt of written notice by the respondent, complete t whom the respondent has properly identified as a placement resource for the child</li> <li>Within thirty (30) days, complete the investigation and assessment of any relative in</li> <li>Evaluate home of following person(s) as potential placement for child(ren):</li> </ol>	nd retain copies of such notices for the court. itors in this matter, or obtain relief from the court. the investigation and consideration of any person(s (ren).
<ol> <li>In a Domestic Violence case, assist in developing, implementing and monitoring ar 12. Advise all parties of any changes in the child(ren)'s placement.</li> <li>During the time DCF has custody of the child(ren), DCF shall keep the child(ren)'s writing of the child(ren)'s location, placement and contact information.</li> <li>Provide releases to a child's attorney and guardian ad litem to review the child's me records if child is committed.</li> <li>Other:</li> </ol>	attorney and/or guardian ad litem informed in
Authorized CIP Monitor Contacts:	
DCF Worker	
Foster Parent or Institution     Child's/Youth's School	Other:
Approval And Order	order shall remain in offect until the court orders
final specific steps.	order sharremain in enect undrithe court orders
Signed (Judge)	Date signed //-24-15
Dr The court approves and orders the above steps as final specific steps that are part Signed (Judge)	of the disposition of the above matter.
I agree to cooperate with the conditions approved and ordered by the court and I u existing order or disposition may be changed. I understand that if I do not follow th that a petition may be filed to terminate my parental rights permanently so that my that I should contact my lawyer and/or DCF worker if I need help in reaching any of	hese specific steps it will increase the chance child may be placed in adoption. I understand
igned (Respondent)	Date signed
On behalf of DCF, as the Assistant Attorney General or Principal DCF Attorney repr have read these preliminary or final specific steps and DCF hereby agrees to coope and-ordered by the court.	resenting the petitioner, I acknowledge that I erate with the above condition(s) approved
Signed (Attomey)	Date signed 11, 23, 15
D-JM 106 Rev. 1-11 (Page 2) Harris Harris DA Page 2 of 2	

SPECIFIC STEPS JD-JM-106 Rev. 1-11 C.G.S. §§ 46b-129(b), (d) & (j) P.B. Sec. 33a-6

# STATE OF CONNECTICUT SUPERIOR COURT JUVENILE MATTERS www.jud.ct.gov



Address of court Superior Court for Juvenile Matter	s at 978 Hartfo	rd Turnpike,	Waterford, CT 06	3385	Docke	number(s)		
Name(s) of child(ren)			′ .	· · · · · · · · · · · · · · · · · · ·				
Jolee Pomerleau b. 11/19/2015								
Name of mother			Name of fath					
Anna Taylor		10	Robert Po	omerieau	· · · · · · · · · · · · · · · · · · ·			
Name of guardian (If applicable)		Current disposit	lion					
DCF worker				,	Phone			
Melissa Martin						85-2492		
Name of CIP monitor	Phone		Name of Court Appo	inted Guardian Ad Litem	Phone			
Specific Steps	I	· · · · · · · · · · · · · · · · · · ·	I		1			
The Commissioner of the Departn	nent of Children			ner in this case, and				
Name Anna Taylor			Relationship  Mother	Father				
(the Respondent), are instructed to						e custody	of the	J ;
child(ren) named above. (Connect	licut General Sta	tutes section 4	16D-129(J) and/or	Practice Book section	n 33a-6.)			
The Respondent is ordered to: X Keep all appointments set by	an with DOF OF	un na suite t		announced or upons	ourood on	d vicita by	the	
child(ren)'s court-appointed at				announced of unann	ounceu, an	u visits by	ne	
Let DCF, your attorney and th	• •			d the children are at a	all times.		2015	
Take part in counseling and m	ake progress to	ward the ident	ified treatment or	als.		- 0	ۍ س	Anr Anr
Parenting	Individual		Family			Š L	8	1 mm
			,		·			Sec. M
Goals (specify):	· · · · · · · · · · · · · · · · · · ·					m co	$\overline{\mathbf{N}}$	m a
Accept in-home support service	es referred by D	CF and coope	erate with them.			0		E Ž
Submit to a substance abuse necessary, aftercare and relap	evaluation and fo	llow the recor	nmendations abo	out treatment, includin		freatment	it3	$\gg O$
Submit to random drug testing		ethod of the te	esting will be up to	DCE to decide			$r \odot$	TTER
Not use illegal drugs or abuse			oung win be up u				57	6
Cooperate with service provide			/individual/family	counseling in-home	support se	rvices and	d/or	
substance abuse assessment/	treatment:			councernig, in norme				
Individual therapy- set tx goa	als and have a n	nedication ev	aluation					
					· · · ·			
Cooperate with court ordered e	valuations or tes	sting.				·····,		
Sign releases allowing DCF to identified goals, and for use in	communicate wi	th service prov	viders to check or	n your attendance, co	operation	and progre	ess tov	vard
Sign releases allowing your chi		-	-		vchologica	l. psvchiat	ric and	d/or
educational records.		guaraian au i	item te remem ye	ar anna e mearcai, pe	<i>,</i>	.,		
Get and/or maintain adequate I	nousing and a leg	gal income.»						
Immediately let DCF know about health and safety of the child(response)		n the make-up	of the household	d to make sure that th	e change o	does not h	urt the	)
Get and/or cooperate with a res domestic violence incidents.	straining/protectiv	/e order and/o	r other appropria	te safety plan approv	ed by DCF	to avoid r	nore	
Attend and complete an approp	riate domestic vi	olence progra	m.					
Not get involved with the crimin conditions of probation or parole		. Cooperate w	ith the Office of A	Adult Probation or par	ole officer	and follow	your	
		(cor	tinued)					

<ul> <li>Take care of the child(ren)'s physical, educational, medical, or emotional needs, includ his/her/their medical, psychological, psychiatric, or educational providers.</li> <li>Cooperate with the child(ren)'s therapy.</li> </ul>	ing keeping the child(ren)'s appointments with
Make all necessary child-care arrangements to make sure the child(ren) is/are properly caretaker(s).	supervised and cared for by appropriate
<ul> <li>Keep the child(ren) in the State of Connecticut while this case is going on unless you g take them out of state. You must get permission first.</li> <li>Visit the child(ren) as often as DCF permits.</li> </ul>	et permission from the DCF or the court to
<ul> <li>Within thirty (30) days of this order, and at any time after that, tell DCF in writing the na of any person(s) who you would like the department to investigate and consider as a pl</li> <li>Tell DCF the names and addresses of the grandparents of the child(ren).</li> </ul>	me, address, family relationship and birth date acement resource for the child(ren).
Other:	
<ul> <li>DCF Is Ordered To: <ol> <li>Take all necessary measures to ensure the child(ren)'s safety and well being.</li> <li>Monitor the welfare of the child(ren) and the circumstances surrounding his/her/their c</li> <li>Provide case management services.</li> <li>Develop periodic treatment/permanency plan and review it with the Respondent.</li> <li>Refer the Respondent to appropriate services (see above) and, as otherwise needed,</li> <li>Provide respondent with written, dated notice of all referrals to service providers and review it within thirty (30) days of the receipt of written notice by the respondent, complete the investigation and assessment of any relative iden 10. Evaluate home of following person(s) as potential placement for child(ren):</li> </ol> </li> </ul>	monitor his/her progress and compliance. etain copies of such notices for the court. in this matter, or obtain relief from the court. investigation and consideration of any person(s)
<ol> <li>In a Domestic Violence case, assist in developing, implementing and monitoring an ap 12. Advise all parties of any changes in the child(ren)'s placement.</li> <li>During the time DCF has custody of the child(ren), DCF shall keep the child(ren)'s atto writing of the child(ren)'s location, placement and contact information.</li> <li>Provide releases to a child's attorney and guardian ad litem to review the child's medic records if child is committed.</li> <li>Other:</li> </ol>	rney and/or guardian ad litem informed in
Authorized CIP Monitor Contacts:	
DCF Worker Counselor or Clinic	
Foster Parent or Institution     Child's/Youth's School     Oth	
Approval And Order	
The court approves and orders the above steps as preliminary specific steps. This orders final specific steps.	
Signed (Judge)	Date signed
Or The court approves and orders the above steps as final specific steps that are part of the court approves and orders the above steps as final specific steps that are part of the court approves and orders the above steps as final specific steps that are part of the court approves and orders the above steps as final specific steps that are part of the court approves and orders the above steps as final specific steps that are part of the court approves and orders the above steps as final specific steps that are part of the court approves and orders the above steps as final specific steps that are part of the court approves and orders the above steps as final specific steps that are part of the court approves and orders the above steps as final specific steps that are part of the court approves and orders the above steps as final specific steps that are part of the court approves and orders the above steps as final specific steps that are part of the court approves and orders the above steps as final specific steps that are part of the court approves and orders the above steps as final specific steps that are part of the court approves and orders the above steps as final specific steps that are part of the court approves approves and orders the above steps as final specific steps that are part of the court approves a	
Signed (Judge)	Date signed
I agree to cooperate with the conditions approved and ordered by the court and I under existing order or disposition may be changed. I understand that if I do not follow thes that a petition may be filed to terminate my parental rights permanently so that my chi that I should contact my lawyer and/or DCF worker if I need help in reaching any of the	e specific steps it will increase the chance Id may be placed in adoption. I understand
Signed (Respondent)	Date signed
On behalf of DCF, as the Assistant Attorney General or Principal DCF Attorney representation and these preliminary or final specific steps and DCF hereby agrees to cooperation and ordered by the court.	enting the petitioner, I acknowledge that I e with the above condition(s) approved
Signed (Atomey) Plantiss, PA	Date signed 11, 23,15
JD-JW 106, Rev. 1411 (Page 2). Harkins, PA Page 2 of 2	

Re: Jolee Pomerleau b. 11/19/15

Superior Court for Juvenile Matters at: 978 Hartford Turnpike, Waterford, CT 06385

Date: November 23, 2015

### SOCIAL WORKER AFFIDAVIT

I am Melissa Martin, Social Worker for the Department of Children and Families at 2 Courthouse Square, Norwich, CT.

I am over the age of eighteen and understand and believe in the obligations of an oath.

Being duly sworn, I do hereby depose and say that the following is the truth to the best of my knowledge and belief:

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### Child for Whom Petition is Filed:

Name: Date of Birth: Address: Jolee Pomerleau 11/19/15 C/O Paternal Aunt and Uncle 85 Eastern Dr Middletown, CT 06457

Mother: Name: Date of Birth: Address:

Anna Taylor 12/16/80 44 Franklin Street, 1st Floor New London, CT 06320

Father: Name: Date of Birth: Address:

Robert Pomerleau 7/1/68 44 Franklin Street, 1st Floor New London, CT 06320

### **Reasons for Petition:**

The Department of Children and Families (hereinafter the Department) became involved with this family on November 20, 2015, when the Director of Medical Management of Bristol Hospital called the Careline to report that Mother gave birth at home yesterday, but refused to bring the baby to the hospital for examination. A neighbor called Emergency Medical Services on November 20, 2015, and Mother, and

### wrong

consent forms for the baby to be examined. Mother threatened to leave the hospital with the baby.

the baby were brought to Bristol Hospital. While at the hospital, Mother and Father refused to sign

On November 20, 2015, Dr. Rhee and Dr. Labella of Bristol Hospital filed the Physician Emergency Certificate in Bristol Probate Court requesting immediate temporary custody of the child, which is attached hereto as exhibit A and made a part here of by reference.

On November 20, 2015, Judge Andre D. Dorval of the Bristol Probate Court, awarded the Department Immediate Temporary Custody of Jolee. That order is attached hereto as exhibit B and made a part of here by reference.

Department records indicate Mother has four older children who are not in her care. Elle and Maryanne Matthews reside with paternal family in Canada. Ishmal Taylor was removed from his parents' care on June 10, 2011, and Guardianship was subsequently transferred to a paternal relative on June 12, 2012. Anbria King was removed from her parents' care on July 12, 2012, and Guardianship was subsequently transferred to a paternal relative on March 27, 2013.

Mother has history with the Department dating back to 2005. Mother has significant unaddressed mental health issues which include diagnoses of schizoaffective disorder, paranoid schizophrenia, schizotypal personality disorder, and delusional disorder.

Re: Jolee Pomerleau b. 11/19/15

Father has history with the Department since 2010. He was substantiated for physical abuse and emotional neglect of his nephew. Father hit his nephew with a stick, leaving marks, and was arrested, and convicted of Assault 3.

never addimmitted to this

Father also has a substance abuse history. He admitted to crack cocaine abuse, but states he has been

clean for eight years.

Wherefore, based on the aforementioned allegations, this agency believes these children are suffering from serious physical injury or illness, or is in immediate physical danger from their surroundings, and that immediate removal from such surroundings is necessary to ensure the children's safety, and further that the conditions or circumstances surrounding the care of said children requires that custody be immediately assumed to safeguard the welfare of said children.

Meliska Martin, Social Worker

Subscribed and sworn to before me this twenty-third day of November 2015.

Kaltulien Theshins Comm. of Superior Court-

### APPEARANCE JUVENILE MATTERS

JD-JM-13 Rev. 7-11 PA 11-240, Sec. 2 Pr. Bk. Sec. 3-4 3-2(b); 3-3; 3-4; 3-5(b); 3-6(b); 3-8

Instructions 1. Type or print cleady with ball point pen. 2. File a separate appearance for each child.

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STATE OF CONNECTICUT SUPERIOR COURT JUVENILE MATTERS www.jud.ct.gov

To: The Superior Court For Juvenile Matters

Jolie Pomerleau Taylo	<i>r</i>	Docket	and the second
Address of court (Number, street, town and zip code) 978 Hartford Turnpike, Waterford, CT 06385	<u>(</u>	<u>.</u>	4 <u>70EIS71844/2</u>
	Enter the Appearance o	f 🗹 L	·
Name of official, firm, professional corporation, individual attorney, or self-re	presented party (See "Notice to self-repre	sented Parties" at bottom)	Juris number of attorney or firm
Mailing address (Number, street, P.O. Box)	- 4. T		
		: * . :	Telephone number
City/town	State Zip code	·	(860) 759 - 8187
Wewlandon Ct.	Ct. 065	20	Fax number
In the above-entitled case as counsel for the:	E-mail address	-	· ·
("X" appropriate box)			
, child			
father (name):			
mother			
parents			
child and parents other (name and interest, legal status or relationship):			· · ·
Type of case ("X" all that apply)			· ·
Neglect / Uncared-for / Abuse Delinquency		n Probate Decision	
Termination     Family w/Service     Probate Transfer     Youth In Crisis	e Needs Other (spe	cify):	
Probate Transfer     Youth In Crisis     Emancipation     Administrative Application			
Appointment as guardian ad litem for If other counsel or a self-represented party have already appe	eared for the party or parties indi	cated above, state w	hether this appearance is:
In place of the appearance of attorney or firm	•		ready on file or
In addition to appearance already on file.	(Name)		
NOTE: If other court appointed counsel has already appeared the court appointed counsel must be authorized by the Judici	d for the party or parties indicate al Authority.	d above, an appearai	nce in place of
Signed (Individual attorney of self-represented party)	Print of type name of person signing a	left	Date signed
Certification			11-27-2015
			Court Use Only
I certify that a copy of the above was mailed or delive Practice Book Section 3-5(b) of the Connecticut Prac	ered in accordance with tice Book.		
Signed (Individual attomey or self-represented party)	Date copy(ies) mailed/delivered		auguer and a second
		10	WATERFORD
Notice to Self-represented Pa	tion		CTERK'S OF
A self-represented party is a person who represents himself of inform the Clerk's Office if you have a change of address.	rues r herself. It is your responsibility	to    hI Z U	La LZ NON SLOZ
		SNALL SNALL	INVENILE MA
The Judicial Branch of the State of Connecticut complies with the (ADA) If you need a magazable account of the	he Americans with Disabilities A	a INUU	1 JUVE NUCK
(ADA). If you need a reasonable accommodation in accordance clerk or an ADA contact person listed at www.jud.ct.gov/ADA.	e with the ADA, contact a court		SUPERIOR (
www.juu.ci.govADA.	· · ·		Appearance

### APPEARANCE JUVENILE MATTERS

JD-JM-13 Rev. 7-11	
PA 11-240, Sec. 2	
Pr. Bk. Sec. 3-4	
3-2(b); 3-3; 3-4; 3-5(b); 3-6(b); 3-8	

Instructions

Type or print clearly with ball point pen.
 File a separate appearance for each child.

. File a separate appearance for each child.

STATE OF CONNECTICUT SUPERIOR COURT JUVENILE MATTERS

www.jud.ct.gov

To: The Superior Court For Juvenile Matters			
In re: (Name of child/youth)		Docket number	
DIE TRUIN- Druir	PALL	@DIS-11/1/17	X
Address of court (Number, street, town and zip code)			<i>₽</i> ₹
978 Hartford Turnpike, Waterford, CT 06385	· · ·		
↓ Please E	nter the Appearance of	L	
Name of official, firm, professional corporation, individual attorney, or self-rep	presented party (See "Notice to self-moresente	d Parties" at bottom) Juris number of attorney or firm	
44 Frankinst. And I		Suits indirect of allomey or him	n
Mailing address (Number, street, P.O. Box)		Telephone number	
0.1		8100-931-1	(a a)
City/lown NEW LONDON	State Zip code	Fax number	ŢŢĴ
In the above-entitled case as counsel for the: ("X" appropriate box)	E-mail address		
			•
father (name):			
Darents			
child and parents			·
other (name and interest, legal status or relationship):			
· · · · · · · · · · · · · · · · · · ·		······································	• •
Type of case ("X" all that apply)			
Neglect / Uncared-for / Abuse Delinquency	Appeal from Pr	obate Decision	
Termination     Family w/Service       Probate Transfer     Youth In Crisis	Needs Other (specify):		
Emancipation Administrative Ap			
	······································	······································	
Appointment as guardian ad litem for		· · ·	
If other counsel or a self-represented party have already appe	ared for the party or parties indicate	d above, state whether this encourses in	• •
In place of the appearance of attorney or firm			
· ·	(Name)	already on file or	
In addition to appearance already on file.			
NOTE: If other court appointed counsel has already appeared the court appointed counsel must be authorized by the Judicia	for the party or parties indicated ab I Authority.	ove, an appearance in place of	
Signed (Individual) attorney or self-represented party)	Print of type name of person signing at left	) / Date signed	
▶ all	Anna T. Ta	10 11-27-15	-
Certification	- recent - 1 - 1 - 1 - 1	For Court Use Only	
I certify that a conv of the above was mailed an lati			
I certify that a copy of the above was mailed or delive Practice Book Section 3-5(b) of the Connecticut Pract	red in accordance with lice Book.		
Signed (Individual attorney or self-represented party)	Date copy(ies) mailed/delivered	-	*
		TO WATERFORD, CT.	
Maka 4 Nit		CLERK'S OFFICE	
Notice to Self-represented Part A self-represented party is a person who represents himself or inform the Clerk's Office if you have a change of address	ties		
inform the Clerk's Office if you have a change of address.	D	Z WA ZZ NON STOS	
		]	
The Judicial Branch of the State of Connecticut complies with the	e Americans with Disphilition Art	JUVENILE MATTER	
(ADA). If you need a reasonable accommodation in accordance	with the ADA, contact a court	SUPERIOR COURT	
clerk or an ADA contact person listed at www.jud.ct.gov/ADA.			
		4 4000979000	

In Re: Jolee Pomerleau b. 11/19/15

Superior Court for Juvenile Matters at: 978 Hartford Turnpike, Waterford, CT 06385

Date: November 24, 2015

### SUMMARY OF FACTS SUBSTANTIATING ALLEGATIONS OF NEGLECT

### Child for Whom Petition is Filed:

Name: Date of Birth: Address: Jolee Pomerleau 11/19/15 C/O Paternal Aunt and Uncle 85 Eastern Dr Middletown, CT 06457

<u>Mother:</u> Name:

Date of Birth: Address: Anna Taylor 12/16/80 44 Franklin Street, 1<sup>st</sup> Floor New London, CT 06320

<u>Father:</u> Name: Date of Birth: Address:

Robert Pomerleau 7/1/68 44 Franklin Street, 1<sup>st</sup> Floor New London, CT 06320

### **REASONS FOR PETITION:**

The Department of Children and Families (hereinafter the Department) became involved with this family on November 20, 2015, when the Director of Medical Management of Bristol Hospital called the Careline to report that Mother gave birth at home yesterday, but refused to bring the baby to the hospital for examination. A neighbor called Emergency Medical Services on November 20, 2015, and Mother, and the baby were brought to Bristol Hospital. While at the

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hospital, Mother and Father refused to sign consent forms for the baby to be examined. Mother threatened to leave the hospital with the baby.

- 2. On November 20, 2015, Dr. Rhee and Dr. Labella of Bristol Hospital filed the Physician Emergency Certificate in Bristol Probate Court requesting immediate temporary custody of the child, which is attached hereto as exhibit A and made a part here of by reference.
- 3. On November 20, 2015, Judge Andre D. Dorval of the Bristol Probate Court, awarded the Department Immediate Temporary Custody of Jolee. That order is attached hereto as exhibit B and made a part of here by reference.
- 4. Mother has four older children who are not in her care. Elle and Maryanne Matthews reside with paternal family in Canada. Ishmal Taylor was removed from his parents' care on June 10, 2011, and Guardianship was subsequently transferred to a paternal relative on June 12, 2012. Anbria King was removed from her parents' care on July 12, 2012, and Guardianship was subsequently transferred to a paternal relative on March 27, 2013.
- 5. Mother has history with the Department dating back to 2005. Mother has significant unaddressed mental health issues which include diagnoses of schizoaffective disorder, paranoid schizophrenia, schizotypal personality disorder, and delusional disorder.

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- 6. Father has history with the Department since 2010. He was substantiated for physical abuse and emotional neglect of his nephew. Father hit his nephew with a stick, leaving marks, and was arrested, and convicted of Assault 3.
- Father also has a substance abuse history. He admitted to crack cocaine abuse, but states he has been clean for eight years.

### **REASONABLE EFFORTS:**

- Assessment, case management
- Relative Resource Search

Submitted by: Mellska Martin, Social Worker Department of Children & Families Reviewed by: Lorraine Thomas, Social Work Supervisor Department of Children & Families Approved by: David P. Silva Jr., Program Manager Department of Children & Families