Stillwater County Human Services Department Family and Children's Services Dependency Initial Hearing Report

| | 300 X | 342 [| | 387 🗌 | | | |
|--|------------------|----------|---------|--|-----------------------------------|--|--|
| Jason Jones | | | | | | | |
| Detention Hearing Date: November 18, 2015 | | | | Parent Need to be Present? Ye | | | |
| Jurisdictional Hearing Date: December 10, 2015 | | | | Location: Berryville Parent Need to be Present? Y | | | |
| Dispositional Hearing Date: December 10, 2015 | | | | Location: Berryville Parent Need to be Present? Location: Berryville | | | |
| Social Worker: Serena He | ernandez | | Phone: | (831) 454-20 | 15 | | |
| Protective Custody Date: | November 14, 2 | 015 | | | | | |
| Poilce Report #: SCS 150 | 0203 | | | | | | |
| Date Juvenile Court Noti | fied: November | 17, 2015 | 5 | | | | |
| Petition Filing Date: Nove | ember 17, 2015 | | | | | | |
| Last Possible Disposition | Date: January 18 | 3, 2016 | | | | | |
| In Custody Parent | | | | In Custody Parent | | | |
| Transportation Required: | NO | | Transpo | ortation Requi | red: YES | | |
| Name: | | | Name: I | Frank Jones | | | |
| SS#: DOI | 3: | | SS#: 1 | unknown | DOB: 01/10/1984 | | |
| Last Address: | | | Last Ad | | Stillwater Cove #A ater, CA 95021 | | |
| Interpreter Requested: | YES | NO |] | Language: | | | |
| Attorney Requested: | YES | NO | | | | | |

Mother's Past/Current Representation: none

Father's Past/Current Representation: none

| | Mother: | Martha Sr | nith | Father: | Fred Jo | ones | | |
|--|--|-----------|-------------------|-----------------|--------------------------|-------------------|--|--|
| | | | | | XAllegeo | d Presumed | | |
| | DOB: 12/04/1982 | | DOB: 01/10/1984 | | | | | |
| | Notice: X | YES | □NO | Notice: | XYES | □NO | | |
| | | Date: Nov | rember 14, 2015 | | Date: N | November 16, 2015 | | |
| | How: In person | | | | How: In person | | | |
| | | By Whom | : SW S. Hernandez | | By Whom: SW S. Hernandez | | | |
| | If not, reason: | | | If not, reason: | | | | |
| | If presumed, proof of paternity attached: | | | | | | | |
| ☐ Hospital Declaration ☐ Family Court Support | | | rt Order | Paterni | ty Order | | | |
| | Marriage Certificate Prior Juvenile Dependency Court Order | | | | | | | |
| | | Ch | nildren | Age | | JD# | | |
| | Brianna Allew | veg | | 12 years | | JD 001025 | | |
| | Jason Jones | | | 1 years | | JD 001026 | | |
| Indian/Eskimo Heritage: | | | | | | | | |
| | According to child's Mother Father Other (who) | | | | | | | |
| X There is NO reason to believe the child may be of Indian ancestry; | | | | | | | | |
| | ☐ There IS reason to believe the child may be of Indian ancestry; | | | | | | | |
| | There IS reason to KNOW the child may be a member of or eligible for membership in, a federally recognized Indian tribe. | | | | | | | |
| | Explanation: | | | | | | | |

| What efforts have been made (| currently and i | in the past) to | prevent or | eliminate th | ie need |
|--------------------------------|-----------------|-----------------|------------|--------------|---------|
| for removal of the child(ren)? | | | | | |

In early 2015, the mother and father were offered services to assist with domestic violence; neither availed themselves of those services.

At the current time, the Department has assessed the situation and finds that there are no services

| | d result in either parent g domestic violence, de | | | | rug abuse and |
|-------------------------|--|------------------------------|----------------------------|--|--------------------------|
| What rel child(ren) | latives have the pare)? Maternal Aunt, Jean | | being able | and willing to | care for the |
| Have any (if so, who | other relatives offered | d to care for the ch | ild(ren)? | ☐ YES | X NO |
| Recomme | ended Visitation: | | | | |
| Mother: | ▼ Supervised | Unsupervised | 3 | _ Times per week | ζ. |
| Father: | X Supervised | Visitation in th | cerated, Departe main jail | _ Times per week artment recomment as face to face age, visits in local | nds no visits are not |
| Other: | Supervised | Unsupervised | | _ Times per week | ζ. |
| Future Se | ervices Recommended | to facilitate return | of the child | (ren): | |
| X Dr | rug/alcohol assessment | X Domestic Violence Services | | | vices |
| X Dr | rug/alcohol treatment | | X Indivi | dual Family Cour | nseling |
| X Drug/alcohol testing | | | Psychological Evaluation | | on |
| X Pa | renting classes | | Other: | | |