

# **Report to the Juvenile Court**

**City and County of Denver, State of Colorado**

**Judge Laurie Clark - 2F**

## **Dispositional Hearing**

**Case Name: Abrams**

**Case Number: 18JV1234**

**Hearing Date: 8/20/2018**

**Time: 9:00am**

**Caseworker: Joseph Watkins**



**FAMILY SERVICES PLAN  
PART 1: FAMILY INFORMATION**

**FAMILY MEMBERS**

**Name:** Beatrice "Bea" Abrams  
**DOB:** 9/12/1986  
**Relationship:** Mother (Biological) of Kaley Corleone and Abe Abrams  
**Employer/School:**  
**Address:** Weld County Jail, 100 O Street, Greeley CO, inmate #343434  
**Phone:** 970-999-1000  
**Attorney/GAL:**

**Name:** Carlos Corleone  
**DOB:** 10/22/1982  
**Relationship:** Father (Biological) of Kaley Corleone  
**Employer/School:** XYZ Oil and Gas  
**Address:** 333 Main Street #4, Pueblo, CO  
**Phone:** 719-321-6549  
**Attorney/GAL:**

**Name:** Jose Garcia  
**DOB:** unknown  
**Relationship:** Alleged Father (Biological) of Abe Abrams  
**Employer/School:** unknown  
**Address:** unknown  
**Phone:** unknown  
**Attorney/GAL:**

**Name:** Kaley Corleone  
**DOB:** 12/6/2004  
**Relationship:** Sister (Biological) of Abe Abrams, Daughter (Biological) of Beatrice Abrams, Daughter (Biological) of Carlos Corleone  
**Employer/School:** Dios Rios Middle School  
**Address:** c/o Denise Corleone, 123 Platte Dr., Greeley, CO  
**Phone:** 970-999-4321  
**Attorney/GAL:**

**Name:** Abe Abrams  
**DOB:** 4/15/2017  
**Relationship:** Brother (Biological) of Kaley Corleone, Son (Biological) of Beatrice Abrams, Alleged Son (Biological) Jose Garcia  
**Employer/School:** n/a  
**Address:** c/o Denise Corleone, 123 Platte Dr., Greeley, CO  
**Phone:** 970-999-4321  
**Attorney/GAL:**

**OTHERS INVOLVED**

**Provider:** Denise Corleone, kinship provider for Kaley and Abe

**Collateral:**

Case: Abrams  
Hearing Date 7/20/2018

Hearing Type: Dispositional

Docket #: 18JV1234  
Caseworker: Joseph Watkins

Some or all of the above information has changed since the last court appearance:  
\_\_\_\_\_ Yes \_\_\_\_\_ No

CASEWORKER: Joseph Watkins

DATE: 8/20/2018

**FAMILY SERVICES PLAN**  
**PART 2: Family Social History & Assessment Summary**

**FAMILY NAME:** Abrams

**COURT CASE#(S):** 18JV1234

**Date Case Accepted for Ongoing Services:** 07/20/2018

**Risk Level:** Moderate Risk

**Reason for intervention:**

**Safety:**

**Family Perceptions:**

**Family Strengths:**

**Family/ Social Support:**

**Child History:**

**Family Environment:**

**Education and Employment:**

**Culture/ Religion/ Ethnicity:**

**History of Abuse/ Neglect:**

**Medical/ Mental Health:**

**Substance Abuse History:**

**Legal History: include child/ youth/ family member(s).**

Name:  
Birthday:  
Address:

Trails History:

Referrals/Assessments:

Cases:

CO Courts:

Greeley Courts:

Case: Abrams  
Hearing Date 7/20/2018

Hearing Type: Dispositional

Docket #: 18JV1234  
Caseworker: Joseph Watkins

NSWOP:  
Name:  
Address:

CBI Sex Offender Search:

**Additional Information:**  
n/a

**Risk Statement:**

**Family/ Social Support:**

**Culture/ Religion/ Ethnicity:** Family is English-speaking; Kaley, Mr. Corleone, and paternal grandma are bilingual (English and Spanish)

### **FAMILY SERVICES PLAN PART 3B: VISITATION PLAN**

**Child's name:** Kaley Corleone

**Date Developed:** 8/20/2018    **Start Date:** 8/20/2108    **End Date:** 8/20/2109

**Visitor:** Bea Abrams

**Purpose:** To maintain and increase bonding and attachment

**Frequency:** Three times per week

**Duration:** Liberal

**Location:** Paternal grandmother's home

**Method:** Face-to-face, supervised by kin

**Special considerations or restrictions:**

**Phone contact:** Yes, liberal

**Notification of changes to plan (include date and method of notification):**

**Visitation Plan may be modified through the agreement of the following parties or by the Department in emergency situations for child safety reasons:**  
GAL and CW

**Child's name:** Abe Abrams

**Date Developed:** 8/20/2018    **Start Date:** 8/20/2108    **End Date:** 8/20/2109

**Visitor:** Bea Abrams

**Frequency:** Three times per week

**Duration:** Liberal

**Location:** Paternal grandmother's home

**Method:** Face-to-face, supervised by kin

**Special considerations or restrictions:**

**Phone contact:** Yes, liberal

**Notification of changes to plan (include date and method of notification):**

**Visitation Plan may be modified through the agreement of the following parties or by the Department in emergency situations for child safety reasons:**

GAL and CW

**Child's name:** Kaley Corleone

**Date Developed:** 8/20/2018    **Start Date:** 8/20/2108    **End Date:** 8/20/2109

**Visitor:** Carlos Corleone

**Frequency:** As therapeutically recommended

**Duration:** As therapeutically recommended

**Location:** Paternal grandmother's home

**Method:** Face-to-face, supervised by kin

**Special considerations or restrictions:**

**Phone contact:** Yes, liberal

**Notification of changes to plan (include date and method of notification):**

**Visitation Plan may be modified through the agreement of the following parties or by the Department in emergency situations for child safety reasons:**

GAL and CW

**Reasonable Efforts:**

- Ongoing case management
- Kinship support worker for Ms. Corleone
- Team Decision-Making meetings
- Diligent search
- SIGNAL evaluation for Ms. Abrams
- Monthly contact with the minor children to assess for safety and well-being

**FAMILY SERVICES PLAN  
PART 3A: TREATMENT PLAN**

Court Case#: 18JV1234

Date approved By Court: 8/20/2018

Family Name: Abrams

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**Parent Name:**  
Beatrice Abrams

**Objective: 1**                      **Start Date:** 09/05/2018                      **Est. Compl. Date:** 09/05/2019  
Ms. Abrams will eliminate substance abuse so it no longer interferes with the ability to parent her children.

**Action Steps:**

Ms. Abrams will participate in an SIGNAL evaluation.  
Ms. Abrams will follow any recommendations of the SIGNAL evaluator.  
Ms. Abrams will participate in all random UAs or BAs, as defined by treatment provider. A missed or dilute UA will be considered positive.  
Ms. Abrams will sign all necessary releases of information.  
Ms. Abrams will comply with any additional recommendations of treatment providers..  
Ms. Abrams will complete aftercare treatment.

**Measurement of Success:**

All providers will report cooperation, participation, and completion of treatment. All UAs and BAs will be negative or show decrease in use. Ms. Abrams will demonstrate an understanding of how her substance abuse has affected her family and parenting capacity as observed by caseworker and treating professionals.

**Objective: 2**                      **Start Date:** 09/05/2018                      **Est. Compl. Date:** 09/05/2019  
Ms. Abrams will obtain and maintain safe, suitable and stable housing for herself and her children.

**Action Steps:**

Ms. Abrams housing will consist of a living space big enough for parent and her children.  
Ms. Abrams will pay for her rent and utilities on time and will not be evicted.  
Ms. Abrams will not allow strangers in the home.  
Ms. Abrams will provide names, DOB, and SS numbers upon request if there are other individual living in the home or babysitting the children.  
Ms. Abrams will find housing that has adequate room and gender-appropriate sleeping arrangements for the children.  
Ms. Abrams will follow all lease requirements.  
Ms. Abrams will child-proof her home, so that it is safe for her children to live.  
Ms. Abrams will have adequate locks on main doors and on windows.  
Ms. Abrams will maintain a clean home free of health or safety hazards.

**Measurement of Success:**

Ms. Abrams will provide the children with a home that is stable and free of safety concerns. The children will grow and thrive in their living environment. The children will not be subject to potential predators. This will be assessed by the worker and other professionals working with the family in the home on at least a monthly basis.

**Objective: 3**

Start Date: 08/30/2018

Est. Compl. Date: 08/30/2019

Ms. Abrams will establish consistent income.

**Action Steps:**

Ms. Abrams will obtain and maintain stable and consistent legal employment.

Ms. Abrams will provide worker with his/her supervisor's information and a release of information that the worker can monitor his/her employment.

Ms. Abrams will report changes of employment within 24 hours.

Ms. Abrams will give caseworker employment information and will provide caseworker with check stubs upon request.

Ms. Abrams will attend work on a regular and consistent schedule and will not be fired from his/her employment.

If Ms. Abrams is unable to work, she will apply for necessary benefits for the family, which include, but are not limited to food stamps, TANF, SSI, and Medicaid.

**Measurement of Success:**

Ms. Abrams will hold a job, if possible, at a place of legal employment. She will demonstrate her ability to maintain employment and will stabilize financially. Paystubs will indicate hours and pay. Report from employer will indicate no problems with client.

**Objective: 4**

Start Date: 08/30/2018

Est. Compl. Date: 08/30/2019

Ms. Abrams will cooperate with pre-trial release, and probation (if applicable), and will not engage in any further criminal activity.

**Action Steps:**

Ms. Abrams will comply with terms of pre-trial release and/or probation, which include but are not limited to the following listed below:

Ms. Abrams will provide UAs and/or BAs on days requested of her.

Ms. Abrams will attend any and all treatment or therapy sessions that have been recommended by probation.

Ms. Abrams will meet with her probation officer on a regular and consistent basis.

Ms. Abrams will set up and pay any restitution required.

**Measurement of Success:**

Reports from pre-trial and/or probation officer will indicate compliance with terms. UAs and/or BAs will be clean. Reports from treatment providers will be that Ms. Abrams is attending and engaged in treatment. Ms. Abrams will complete pre-trial release and/or probation successfully. Further CBI and county background checks will reflect no new charges.

**Objective: 5**

Start Date: 08/30/2018

Est. Compl. Date: 08/30/2019

Ms. Abrams will demonstrate the ability to understanding the ability to understand her children's needs and development.

**Action Steps:**

Ms. Abrams will learn about their children's specific development and mental health needs by attending developmental assessments, and meeting with teachers, therapist, and other helping professionals.

Ms. Abrams will attend a parenting class.

**Measurement of Success:**

Ms. Abrams will demonstrate their ability of understanding her children's development. Reports from helping professionals will indicate an increase in understanding of child's needs and

increase in the client's parenting skills. Helping professionals will indicate compliance in attending staffing's and support groups, school meetings, and other medical or therapeutic appointments. Ms. Abrams will be able to provide developmental appropriate discipline, boundary setting, and developmentally appropriate expectations.

**Objective: 6**

**Start Date:** 08/30/2018

**Est. Compl. Date:** 08/30/2019

Ms. Abrams will establish and maintain a working relationship with DHS, caseworkers, GAL, and all treating professionals to develop, follow, and successfully complete a treatment plan.

**Action Steps:**

Ms. Abrams will attend, hearings, TDMs, and appointments throughout the case.

Ms. Abrams will sign all releases of information upon request.

Ms. Abrams will actively participate in the development of her treatment plan.

Ms. Abrams will allow home visits.

Ms. Abrams will have monthly contact with her caseworker and provide updates as to her treatment status.

Ms. Abrams will provide up to date information regarding her whereabouts to the caseworker including phone number, address, and place of employment.

**Measurement of Success:**

Ms. Abrams will be an active and contributing member of all decisions regarding her children and this case. Ms. Abrams will work to complete her treatment plan and facilitate reunification.

Helping professionals will report progress and compliance in treatment goals. Ms. Abrams will be respectful and cooperate with her treatment team.

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**Parent Name:**

**Carlos Corleone**

**Objective: 1**

**Start Date:** 09/05/2018

**Est. Compl. Date:** 09/05/2019

Mr. Corleone will eliminate substance abuse so it no longer interferes with the ability to parent his child.

**Action Steps:**

Mr. Corleone will participate in an SIGNAL evaluation.

Mr. Corleone will follow any recommendations of the SIGNAL evaluator.

Mr. Corleone will participate in all random UAs or BAs, as defined by treatment provider. A missed or dilute UA will be considered positive.

Mr. Corleone will sign all necessary releases of information.

Mr. Corleone will comply with any additional recommendations of treatment providers.

Mr. Corleone will complete aftercare treatment.

**Measurement of Success:**

All providers will report cooperation, participation, and completion of treatment. All UAs and BAs will be negative or show decrease in use. Mr. Corleone will demonstrate an understanding of how her substance abuse has affected her family and parenting capacity as observed by caseworker and treating professionals.

**Objective: 2**

**Start Date:** 09/05/2018

**Est. Compl. Date:** 09/05/2019

Mr. Corleone will obtain and maintain safe, suitable and stable housing for himself and his child.

**Action Steps:**

Mr. Corleone housing will consist of a living space big enough for parent and his children.  
Mr. Corleone will pay for his rent and utilities on time and will not be evicted.  
Mr. Corleone will not allow strangers in the home.  
Mr. Corleone will provide names, DOB, and SS numbers upon request if there are other individual living in the home or babysitting the children.  
Mr. Corleone will find housing that has adequate room and gender-appropriate sleeping arrangements for his child.  
Mr. Corleone will follow all lease requirements.  
Mr. Corleone will have adequate locks on main doors and on windows.  
Mr. Corleone will maintain a clean home free of health or safety hazards.

**Measurement of Success:**

Mr. Corleone will provide his child with a home that is stable and free of safety concerns. The child will grow and thrive in her living environment. The child will not be subject to potential predators. This will be assessed by the worker and other professionals working with the family in the home on at least a monthly basis.

**Objective: 3**

**Start Date:** 08/30/2018

**Est. Compl. Date:** 08/30/2019

Mr. Corleone will establish consistent income.

**Action Steps:**

Mr. Corleone will obtain and maintain stable and consistent legal employment.  
Mr. Corleone will provide worker with his/her supervisor's information and a release of information that the worker can monitor his/her employment.  
Mr. Corleone will report changes of employment within 24 hours.  
Mr. Corleone will give caseworker employment information and will provide caseworker with check stubs upon request.  
Mr. Corleone will attend work on a regular and consistent schedule and will not be fired from his/her employment.  
If Mr. Corleone is unable to work, he will apply for necessary benefits for the family, which include, but are not limited to food stamps, TANF, SSI, and Medicaid.

**Measurement of Success:**

Mr. Corleone will hold a job, if possible, at a place of legal employment. He will demonstrate his ability to maintain employment and will stabilize financially. Paystubs will indicate hours and pay. Report from employer will indicate no problems with client.

**Objective: 4**

**Start Date:** 08/30/2018

**Est. Compl. Date:** 08/30/2019

Mr. Corleone will cooperate with pre-trial release and/or probation (if applicable), and will not engage in any further criminal activity.

**Action Steps:**

Mr. Corleone will clear any outstanding warrants.  
Mr. Corleone will comply with terms of pre-trial release and/or probation, which include but are not limited to the following listed below:  
Mr. Corleone will provide UAs and/or BAs on days requested of him.  
Mr. Corleone will attend any and all treatment or therapy sessions that have been recommended by probation or pre-trial release.  
Mr. Corleone will meet with his pre-trial and/or probation officer on a regular and consistent basis.  
Mr. Corleone will set up and pay any restitution required.

**Measurement of Success:**

Reports from pre-trial and/or probation officer will indicate compliance with terms. UAs and/or BAs will be clean. Reports from treatment providers will be that Mr. Corleone is attending and engaged in treatment. Mr. Corleone will complete pre-trial release and/or probation successfully. Further CBI and county background checks will reflect no new charges.

**Objective: 5**

**Start Date:** 08/30/2018

**Est. Compl. Date:** 08/30/2019

Mr. Corleone will demonstrate the ability to understanding the ability to understand his child's needs and development.

**Action Steps:**

Mr. Corleone will learn about his child's specific development and mental health needs by attending developmental assessments, and meeting with teachers, therapist, and other helping professionals.

Mr. Corleone will attend a parenting class.

Mr. Corleone will participate in family therapy and follow all recommendations.

**Measurement of Success:**

Mr. Corleone will demonstrate their ability of understanding her children's development. Reports from helping professionals will indicate an increase in understanding of child's needs and increase in the client's parenting skills. Helping professionals will indicate compliance in attending staffing's and support groups, school meetings, and other medical or therapeutic appointments. Ms. Abrams will be able to provide developmental appropriate discipline, boundary setting, and developmentally appropriate expectations.

**Objective: 7**

**Start Date:** 08/30/2018

**Est. Compl. Date:** 08/30/2019

Mr. Corleone will establish and maintain a working relationship with DHS, caseworkers, GAL, and all treating professionals to develop, follow, and successfully complete a treatment plan.

**Action Steps:**

Mr. Corleone will attend, hearings, TDMs, and appointments throughout the case.

Mr. Corleone will sign all releases of information upon request.

Mr. Corleone will actively participate in the development of his treatment plan.

Mr. Corleone will allow home visits.

Mr. Corleone will have monthly contact with his caseworker and provide updates as to his treatment status.

Mr. Corleone will provide up to date information regarding his whereabouts to the caseworker including phone number, address, and place of employment.

**Measurement of Success:**

Mr. Corleone will be an active and contributing member of all decisions regarding his child and this case. Mr. Corleone will work to complete her treatment plan and facilitate reunification. Helping professionals will report progress and compliance in treatment goals. Mr. Corleone will be respectful and cooperate with her treatment team.

**Objective: 8**

**Start Date:** 08/30/2018

**Est. Compl. Date:** 08/30/2019

Mr. Corleone will participate in individual/group counseling focused on domestic violence to resolve conflicts through non-violent means.

**Action Steps:**

Mr. Corleone will complete a domestic violence assessment.

Mr. Corleone will follow through with all recommendations from evaluation.

Mr. Corleone will uphold any/all protection or no contact orders if so ordered.

**Measurement of Success:**

Reports from the provider will indicate compliance, including taking responsibility for violent behaviors, being honest, and actively participating in treatment. Reports from provider will indicate that Mr. Corleone is able to verbalize and demonstrate how violent behaviors affect children. Will use parenting skills in a non-violent manner. There will be no new incidents of abuse between Mr. Corleone and anyone in his life.

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**Parent Name:**

Jose Garcia

**Objective: 1**

**Start Date:** 07/30/2018

**Est. Compl. Date:** 07/30/2019

Mr. Garcia will contact DHS to develop an appropriate treatment plan in order to reunify with his child.

**Action Steps:**

Mr. Garcia will contact DHS to develop an appropriate treatment plan.

Mr. Garcia will participate in creating his treatment plan.

**Measurement of Success:**

A treatment plan will be created with the intention of reuniting Mr. Garcia with his child.

## Department Recommendations to the Court

**It is respectfully recommended:**

- 1. Custody:** That temporary legal custody of Kaley and Abe remain with Kaley's paternal grandmother Denise Corleone.
- 2. Placement:** That Kaley and Abe remain with Kaley's paternal grandmother Denise Corleone.
- 3. Treatment Plan:** That the treatment plan here recommended be adopted and made an order of the court.
- 4. Visitation Plan:** That the recommended visitation plan(s) be adopted and made orders of the court.
- 5. Relative Affidavit:** That the Respondent Parent(s) cooperate with the Department and provide names, addresses, telephone numbers and any requested information concerning relatives or any other kin so that the Department may assess relative availability as a placement resource for the child(ren). That the Department is authorized to contact such relatives and kin, discuss the case, and organize a TDM Conference. The Department will notify parties and attorneys of any scheduled TDM.
- 6. Best interest/welfare:** That the Court find that it remains in the best interest or welfare of the involved children to enter and/or continue in placement under the relevant order(s) of removal.

7. **Reasonable efforts:** That the Court find that DHS has made reasonable efforts toward the permanency goal and that it will continue to do so.
8. **Social Workers Recommendations for additional orders (if applicable):**
9. **Next hearing:** That a hearing be scheduled within 3 months' time.

**Signatures:**

The signatures below indicate that the caseworker and supervisor discussed the findings and recommendations of this report.

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Joseph Watkins  
Ongoing caseworker  
970-944-5432

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Karen Brown  
Supervisor

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Date: 8/10/2018