



Colorado Office of the Child's Representative

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Fall 2013 Newsletter

Notes from the Executive Director

Welcome to OCR's Fall 2013 Newsletter. This issue is devoted to the most important function of our agency: supporting OCR attorneys in the critically important work you do. Representing a child's best interest in complex cases is a difficult task that involves a myriad of skills: communicating with the child in an age appropriate manner to determine the child's position, independently investigating the child's circumstances, securing resources that meet the child's needs, presenting evidence and testimony to the court, and keeping up with the ever-changing, increasingly complex body of juvenile law. No doubt about it, effective advocacy for children demands hard work and a great deal of sophistication.

As in all issues, this Newsletter provides a summary of case law and resources pertinent to best interest attorneys. This edition includes a new section that will be a continuing feature—a column titled "Meet an OCR Attorney." This column will profile individual attorneys who contract with OCR to provide best interest representation. Sharing individual attorney's stories highlights the hard work that they do and inspires all of us.

As this issue goes to press, our agency is working on supporting our attorneys in other ways as well. Currently we are working to transform our website to make it more user-friendly and accessible to the public. The website will also include sections highlighting the efforts of individual best interest attorneys. Our website redesign will incorporate a new and improved *Attorney Center* including an enhanced *Motions Bank*. Our first effort in this regard focuses on collecting sample Motions and Frequently Asked Questions related to the recent Colorado Supreme Court case in LAN.

On October 1, we completed an update to our CARES billing/

case management system to integrate billing for expenses.

Our goal is continue to fine-tune the CARES system to emphasize its case management capabilities for practitioners.

Finally, as I write this, our staff is hard at work on our Budget Request for Fiscal Year 2015, due November 1. Our data indicates that cases are increasingly complex and best interest attorneys' workloads continue to expand. OCR recognizes that this requires attorneys to devote more time than ever to achieve good outcomes for children involved in the court system. We are committed to supporting those efforts by doing all we can to ensure that our agency will be fully funded going forward. ♦

As always, please contact me if you have any ideas on ways we at OCR can support this important work. All the best,

Linda Weinerman, Executive Director



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Legal Review

■ [Colorado Supreme Court](#)

People in the Interest of O.C. and Concerning C.M., 2013C056 (September 9, 2013)

The Supreme Court holds that “parents, grandparents, and relatives” may intervene as a matter of right without regard to whether the child has previously been in their care under C.R.S. § 19-3-507(5)(a). The Court holds that the three-month custody requirement of section 507(5)(a) applies to foster parents only.

In the proceeding at the trial court, in which a petition was filed in April 2010, the grandparents filed motions to intervene in October 2010, July 2011, and July 2012. Each of these motions was denied. At the time of the oral argument in this case, the child had been placed with the grandparents and their motion to intervene had been granted.

In its decision, the Supreme Court first determines that even though the grandparents were granted intervention status in the juvenile court proceeding, the issue of whether the three-month requirement applied to parents, grandparents, and relatives was not moot. The Court states that this issue is one of “great public importance” and the fact that the grandparents were ultimately allowed to intervene does not diminish the importance of the issue.

The Court determines that the language in §19-3-507(5)(a) is ambiguous and therefore considers the legislative purpose of the statute, the statutory scheme of the Children’s Code, and the legislative history of the statute. The Court also notes that an interpretation of the statute that does not apply the three-month requirement to parents, grandparents, and relatives is necessary to avoid an unconstitutional result. ♦



SPOTLIGHT ON *Attorney Resources*

In this issue, we bring you a rundown of recent resources that may assist you in your practice. Click on any of the blue hyperlinks to go directly to the resource named. Many of these resources are also available on OCR’s website.

▶ [Colorado Juvenile Case Law Update – 2012-2013](#), Judge David Furman of the Colorado Court of Appeals has released a Juvenile Case Law Update, which is a survey of Colorado case law from 2012-2013.

▶ [The Do’s & Don’ts to Using Social Media as an Investigative Tool, CO Office of Attorney Regulation Counsel – “Muse Before You Ruse”](#) A prosecutor’s “undercover” work on Facebook got him fired this summer. Click the link to find out what ethical issues should you watch out for when using social media as an investigative tool.

▶ [The Psychotropic Medication Guidelines for Children and Adolescence in Colorado’s Child Welfare System](#) (Colorado Department of Health Care, Policy and Financing and Colorado Department of Human Services, July 2013) outlines procedures to help ensure that children in foster care receive high-quality, coordinated medical services, even as their placements change.

Recommendations address data and safeguards, communication and coordinated care, and improved consent processes. Safeguards include requiring prior authorization and drug utilization review on prescribing practices that raise red flags, such as:

- Clients taking three or more psychotropic medications
- Clients taking three or more medications in the same psychotropic class at the same time or within nine months
- Clients under age five who are prescribed antipsychotic agents
- Clients taking antipsychotic agents with no diagnosis of psychosis, bipolar disorder, schizophrenia, or autism
- Clients that are prescribed psychotropic agents at doses that exceed their published recommended daily maximum dose

Safeguards address improving HCPF (Colorado’s state Medicaid agency) communication with prescribers, facilitating the examination of current practices, collaboration with prescribers, and identifying prescribers practicing outside of accepted norms.

The recommendations promote implementing a medical home model through

[\(Continued on page 5\)](#)



Meet an OCR Attorney

Each quarter, the OCR will feature a new attorney in our newsletter and on our website. Learn about the individuals who make OCR's mission a reality through their passion, skill, and dedication to Colorado's kids!



Beth Padilla practices in the Sixth and Twenty-Second Judicial Districts in Colorado. She is licensed to practice law in Colorado and New Mexico.

Q: Why did you choose to practice child welfare law?

A: I studied juvenile and family law in law school and was interested in the subject matter. However, I did not practice child welfare law until I relocated from Denver to Durango, Colorado and opened a firm with my husband, Paul Padilla. I decided to contact OCR on the advice of a mentor and judge. It made sense to me that I might be able to help kids in southwest Colorado because I am bilingual in English and Spanish and have an immigration background.

Q: What has been the most rewarding moment for you while working with children and families in the dependency and neglect system?

A: One of the first D&N cases I received was a family of three young children. The children were removed from one foster home and placed into another based on allegations of abuse. One of the kids, aged six, was asked by a caseworker who the child would contact if he felt unsafe and he responded that he would call his GAL. I was so excited that he not only remembered me but also would turn to me if he felt unsafe in his new placement.

Q: Describe a challenge you face doing this work and your strategies to overcome it.

A: I am frequently confronted with the mentality of "this is how we have always done it," even if it is contrary to the law. I struggle to encourage other parties in my cases to learn the law and follow it appropriately. I am continuing to work

through how to overcome this issue, but have found that being incredibly prepared for Court and all interactions with other parties is a great way to start. I carry the GRID and Title 19 with me, I print out statutes and forms before Court, and I try to stay positive.

Q: What advice do you have for an attorney who is new to child welfare law?

A: Start with the law. Child welfare is confusing and there are so many working parts. For me, step one is looking in Title 19 and step two is checking the GRID. I also think it is important to ask questions of case-workers, opposing counsel, therapists, teachers, and most importantly, to talk to the kids. Sometimes there are so many adults "working the case" that the kids can feel left out. I have been really inspired by the insight some kids in dependency and neglect cases have about their lives and environments.

Q: What drives you to continue in this line of work?

A: I am driven to continue with child welfare because I really think I can help the kids in these cases. The kids in dependency and neglect cases need an adult they can talk to and that is looking out for them. I try to be that adult. ♦

Share a Story:

To suggest an OCR Contract Attorney for an upcoming feature, complete and mail this form to 1300 Broadway, Ste. 320 in Denver, 80203 and we will contact you for more info. You can also [email us](#) a nomination (or your own answers to the Q&A!)

▲ NOMINEE'S NAME

▲ YOUR NAME

▲ YOUR DAYTIME PHONE NUMBER

▲ YOUR EMAIL ADDRESS

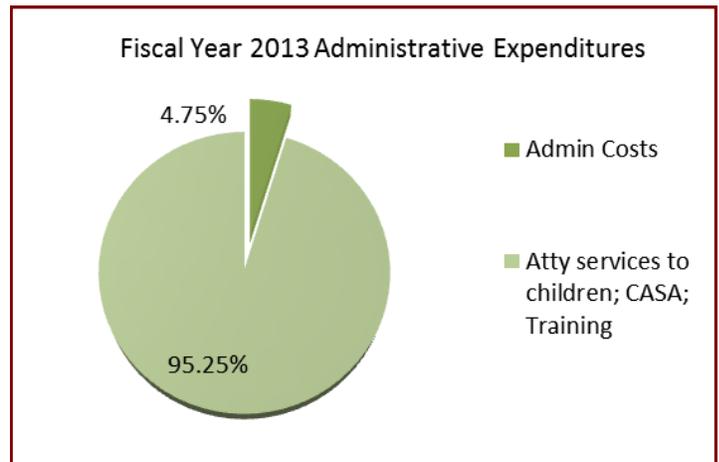
Highlights from OCR's Annual Report to the General Assembly (Sept. 1, 2013)

In FY 13, OCR spent 95.25% of its budget on attorney services, training, and CASA support and only 4.75% on central administration. \$17,657,295 was spent on attorney services for children. \$520,000 was passed directly through to CASA of Colorado. OCR used \$38,000 of its budget to provide training to GALs and other stakeholders throughout Colorado.

OCR paid attorney services in 13,778 case appointments, a 6% increase over FY 12. The average cost of an OCR case was \$1,162 in FY 13. **OCR spent 81% of attorney services expenditures on dependency and neglect cases.**

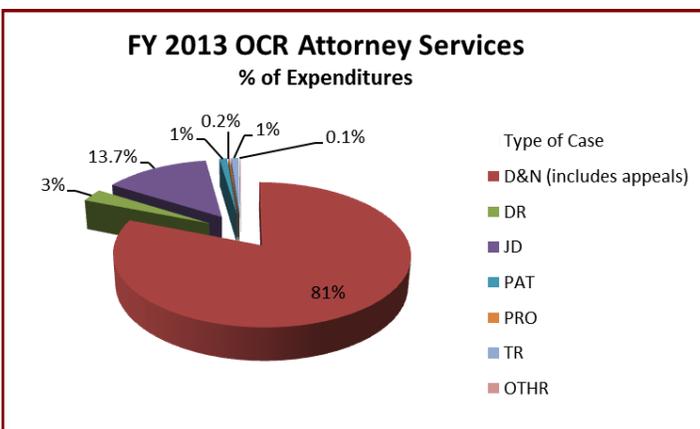
The OCR saw an overall increase in appointments from the prior fiscal year. The breakdown of appointments over the last five fiscal years is shown in the table to the right.

The breakdown of expenditures by case type is shown below. ♦



▲ In FY 13, OCR spent 95.25% of its budget on attorney services, training, and CASA support and only 4.75% on central administration.

Type of Case	FY09	FY10	FY12	FY12	FY13
Dependency & Neglect	8,906	9,038	8,594	7,817	7,890
Juvenile Delinquency	4,423	4,299	3,903	3,846	4,118
Domestic Relations	760	690	450	494	631
Truancy	475	406	416	426	697
Paternity	138	198	146	159	187
Probate	71	64	79	61	62
Other	70	99	68	184	193
Total	14,843	14,794	13,656	12,987	13,778



Financials: Budget Update

As of the middle of September, the Court Appointed Counsel line is 25% expended while 21% of the year has elapsed. OCR will be requesting a supplemental in January due to higher than normal billing in May and June 2013.



SPOTLIGHT ON *Attorney Resources*

(Continued from page 2)

the Accountable Care Collaborative (ACC), and enhanced monitoring. The American Academy of Pediatrics recommends that preventative health care encounters, required to closely monitor a child on psychotropic medication(s), should occur at least:

- Monthly for the first six months of age
- Every two months for ages 6-12 months
- Every three months for ages 1-2 years
- Every six months for ages 2 through adolescence
- At any time of significant change in placement such as foster home transfers or when approaching reunification

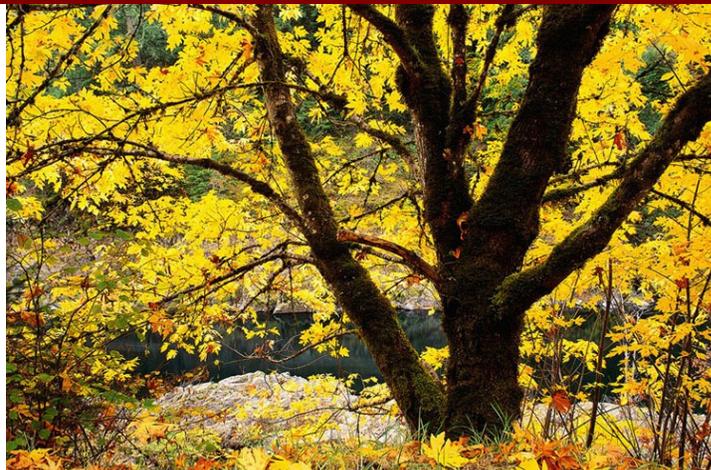
Other recommended enhancements include adoption of Telemedicine to reach underserved areas, an improved system for transferring records, and incorporating guidelines for psychopharmacology assessment. The recommendations address a need to provide special attention to transitioning youth, streamlining the consent process by adopting a uniform consent form, and setting a timeframe for providing turn-around consent.

► **Facilitating Parental Interests in the Course of Civil Immigration Enforcement Activities**, issued August 23, 2013. This Directive establishes ICE policy and procedures to address the placement, monitoring, accommodation and removal of certain immigrant parents. It addresses parents' rights and abilities to participate in D&N and other family court proceedings, even when in ICE custody.

► **Diagnostic & Statistical Manual of Mental Disorders (DSM-V)** May 2013. The DSM significantly impacts diagnosis and treatment of mental health conditions. As such, it is often controversial and the release of DSM-V is no exception. Notably, the National Institute of Mental Health has moved away from the DSM as a diagnostic tool, and will be re-directing research away from the DSM categories. In his [April 29, 2013 announcement](#) NIMH Director Tom Insel, M.D. stated, "The diagnostic system has to be based on the emerging research data, not on the current symptom-based categories." The NIMH accredits the DSM for providing common language for describing mental illness, but insists that patients deserve better. In response to this need, the NIMH launched a new research framework (Research Domain Criteria (RDoC)) to begin collecting "genetic, imaging, physiologic, and cognitive data to see how all the data – not just the symptoms – cluster and how these clusters relate to treatment response."

The following highlights a selection of revisions found in the DSM-V, as described by the American Psychological Association, which may impact your practice:

- **Attention Deficit / Hyperactive Disorder (ADHD)**. The criteria for ADHD did not change, but additional examples are included to better characterize older youth and adults who experience symptoms. Although ADHD begins in childhood, research indicates that it can continue into adulthood. The revision is intended to address adults experiencing the disorder, and help ensure that children diagnosed with ADHD can continue receiving services into adulthood.



In 2012 the OCR formalized a partnership agreement with the Children's Program at the Rocky Mountain Immigrant Advocacy Network (RMAIN). Children's Program attorneys now provide consultation and litigation support on immigration issues relevant to OCR attorneys' best interest representation of minor children. In most cases, after such consultation and litigation support, the Children's Program attorneys are able to directly represent the minor children in their immigration-related legal matters. Early consultation and referral on immigration-related legal matters is critical, and early collaboration ensures that children do not age out of certain immigration benefits and pathways to status in the United States.

► **Questions?** Please contact Katie Glynn (kglynn@rmian.org), Managing Attorney of the Children's Program, or Abbie Johnson (ajohnson@rmian.org), Staff Attorney with the Children's Program.

- **Autism Spectrum Disorder** is a new name that combines autism spectrum disorders (autistic disorder, Asperger disorder, childhood disintegrative disorder, and pervasive developmental disorder not otherwise specified (PDD-NOS) into one diagnosis.
- **Disruptive Mood Dysregulation Disorder (DMDD)** is a new diagnosis specifically targeted to children. DMDD is characterized by chronic mood instability, extreme tantrums, and difficulty controlling one's emotions with an onset of the illness before age 10 years. The diagnosis is in response to the dramatic increase, and perceived over diagnosis of, pediatric bipolar disorder. DMDD is intended to more accurately diagnose children who exhibit criteria for pediatric bipolar disorder, such as persistent irritability and severe behavioral outbursts, but do not experience mania or hypomania.
- **Posttraumatic Stress Disorder (PTSD)** is no longer addressed as an anxiety disorder, but is included in a new chapter on Trauma- and Stress-or-Related Disorders. The diagnostic criteria identify the trigger to PTSD as exposure to actual or threatened death, serious injury or sexual violation. Additionally, it includes a sub-type: PTSD in children younger than 6 years. The National Center for PTSD is in the process of validating revised PTSD assessment measures. Although the actual assessment tools are only available to mental health providers, information about the tools is available at: <http://www.ptsd.va.gov/professional/pages/assessments/child-trauma-ptsd.asp>.

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Tips and Tricks: C.A.R.E.S. Frequently-Asked Questions



■ What is OCR looking for in Orders of Appointment in DR/PAT Cases?

In Domestic Relations matters, the order must be completed to contain the following:

- ✓ Case number
- ✓ Attorney's name
- ✓ Indigence findings (OCR does not accept orders that do not clearly state the indigence findings)
- ✓ Signed and dated by the court

OCR will not accept or process incomplete orders. Additionally, in DR matters, OCR does not pay 50% in pre-decree cases. If the case is pre-decree the court must find both parties indigent for OCR to pay.

■ Am I being paid?

Visit the Office Billing Details screen on CARES to find out which cases you are and are not being paid. Cases in red are not being paid. Cases in yellow are reaching the allocation limit.

■ Why is my case highlighted in red?

Cases highlighted in red denote that they are not being paid. The Office Billing Details screen lists whether payment is not occurring because you have exceeded the case allocation, are past a date for billing, or OCR did not receive your order of appointment.

■ How much is allocated for each case type?

The Office Billing Details screen lists the allocation for each of your cases. ♦

Attorney Resources

(Continued from page 5)

- **Reactive Attachment Disorder** - A childhood attachment disorder diagnosis was previously comprised of two subparts: emotionally withdrawn/inhibited and indiscriminately social/uninhibited. These are now two distinct disorders: RAD and Disinhibited Social Engagement Disorder. RAD is essentially a lack of or incomplete formation of preferred attachments to familiar people, with a dampening of positive affect that resembles internalizing disorders. Conversely, Disinhibited Social Engagement Disorder is more like ADHD and may occur in children who have clearly formed attachments.

For a complete summary of revisions to the *DSM-V* visit: <http://www.psychiatry.org/practice/dsm/dsm5>.

- ▶ **In Brief: The Science of Neglect** provides a summary of essential findings from the *Working Paper* of the same name. This resource includes a chart differentiating four types of unresponsive care ranging from occasional inattention to severe neglect in an institutional setting. It also discusses the importance of responsive relationships, adverse effects of chronic neglect, and the need for appropriate and timely interventions to facilitate recovery. See also, Center on the Developing Child at Harvard University. (2012). *The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain: Working Paper 12*. www.developingchild.harvard.edu



- ▶ The [Polyvictimization and Trauma Identification Checklist and Resource Guide](#) was developed by Lisa Pilnik, JD, and Jessica R. Kendall, JD, Child & Family Policy Associates, to assist lawyers and other advocates to identify past exposure to violence and better advocate for appropriate placements, treatment plans, and services. Additional resources and practice tips are available in the Issue Brief [Victimization and Trauma Experienced by Children and Youth: Implications for Legal Advocates](#).

- ▶ [Working with Youth to Develop a Transition Plan](#). Designed to help professionals and youth develop a plan together, this bulletin includes links to templates, youth-oriented toolkits, and resources for developing successful transition plans. It also provides a survey of state programs and promising practices. Child Welfare Information Gateway. (2013). *Working with Youth to Develop a Transition Plan*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

- ▶ [Enhancing Permanency for Youth in Out-of-Home Care](#). This May 2013 Bulletin addresses the importance of focusing on youth and family connections, including: federal legislation supporting youth permanency; strategies for permanency planning with youth; barriers to permanency for youth; and an extensive list of references and resources on permanency planning. Child Welfare Information Gateway. (2013). U.S. Department of Health and Human Services, Children's Bureau.

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Community Highlight

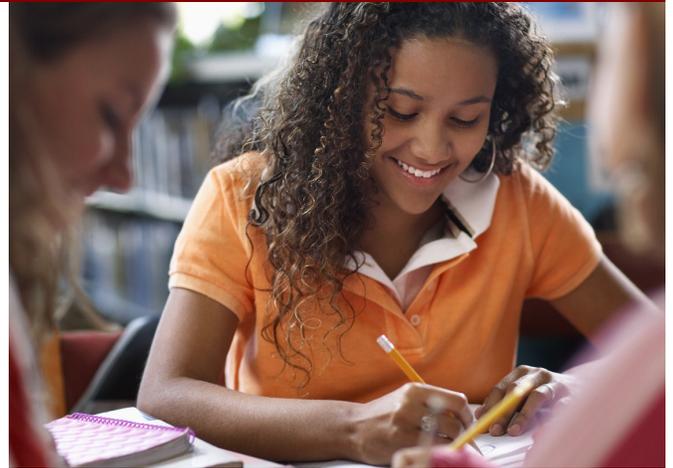
Colorado State University Fostering Success Program

The Fostering Success Program supports independent CSU students who come from foster care, kinship care, group home, or orphaned backgrounds. This is a community for independent youth and we aim to support students in reaching graduation. The Fostering Success Program creates a safety net of support and resources for independent youth while they attend CSU.

The Fostering Success Program provides:

- **Admissions Outreach** – helping future Rams navigate the admissions process, housing applications, and summer orientation.
- **Financial Aid** – help with the [FAFSA](#) (and tax returns), [CSU Scholarship Application](#), and other [scholarship applications](#).
- **Fostering Success Scholarship** – a competitive scholarship designed to support students who have recent experience in the foster care system.
- **Community of Support** – many of our students say the best thing about the program is meeting other students with similar experiences and spending time with caring CSU staff and faculty.
- **Fun Events** – we have been salsa dancing, to a hockey game, and out to dinner this semester.
- **Care Packages** – Fostering Success participants love the extra boxes of Mac n Cheese, warm winter socks, or that bottle of sunscreen just in time for spring break (info for [donors](#)).
- **Student Advisory Group** – current participants help us shape the types of support and programs we offer.
- **Student Leadership Opportunities** – we have CSU students reaching out to youth who are currently “in the system” as well as students who are planning events for [CSUinty](#).
- **Post-undergrad Planning** – we help connect Fostering Success students with the Career Center internship & job opportunities, and grad school support.
- **Private Facebook Community** – so everyone can keep up with the latest internship opportunity, RSVP for a Family Dinner, or just say hi. ♦

→ *For more information about the Fostering Success Program, contact Erin Pitts at Erin.Pitts@colostate.edu.*



Attorney Resources

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▶ [Supporting Your LGBTQ Youth: A Guide for Foster Parents](#). This guide helps foster parents learn about LGBTQ (lesbian, gay, bisexual, transgender, and questioning) youth in the child welfare system, the unique risks they face, and the important role that foster parents can play in reducing those risks. Child Welfare Information Gateway. (2013). U.S. Department of Health and Human Services Children's Bureau.

▶ [The Texas Blueprint: Transforming](#)

[Education Outcomes for Children and Youth in Foster Care](#)

The Texas Supreme Court Permanent Judicial Commission for Children, Youth and Families Education Committee brought together over 100 court, education and child welfare stakeholders to develop recommendations to improve educational outcomes of children and youth in foster care. The Report addresses recommendations in five areas:

1. Improve educational outcomes of children in foster care by utilizing existing resources
2. Identify and recommend judicial practices to help achieve better educational outcomes for children and youth in foster care
3. Identify multi-disciplinary training needs regarding education outcomes, including for the judiciary and for attorneys who represent DFPS, children and parents
4. Improve exchange and sharing of education related data
5. Develop a collaborative model to continue systemic improvement of educational outcomes

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5. Develop a collaborative model to continue systemic improvement of educational outcomes

▶ [Raised on the Registry: The Irreparable Harm of Placing Children on Sex Offender Registries in the US](#). This report details the experiences of juveniles placed on sex offender registries and the harm public registration causes for youth sex offenders. ♦

UPCOMING Trainings



Juvenile Defense Conference, CU Law School in Boulder, CO

Hosted by the Colorado Juvenile Defender Coalition and the Office of the Alternate Defense Counsel, this program will feature:

- ✓ Great local experts including Jim Castle on cross-examination of experts and Prof. Violeta Chapin on immigration consequences for kids
- ✓ Exciting national experts including Marsha Levick, from the Juvenile Law Center and Nicole Pittman, author of *Raised on the Registry*
- ✓ In addition to Marty Beyer on executive functioning and Angela Vigil of Baker and McKenzie on mitigation advocacy
- ✓ A Resource Fair for juvenile service providers to discuss their programs with attorneys

The Juvenile Defender Conference is also the anticipated release event for the Juvenile Defense Manual published by CJDC and ADC. Register at: <http://cjdc.org/wp/juvenile-defense-center/training-and-education/>. Please contact CJDC Office Manager Jackie Pena at 303-825-0194, admin@cjdc.org with questions.



What Is Colorado's "Protection and Advocacy for Individuals with Mental Illness" Program and When as a GAL

Should I Consider Making a Referral?

This **webinar** will run from noon to 1:00 p.m. on October 23rd and will acquaint child representatives with Colorado's Protection and Advocacy System (P&A System) for individuals, children, and adolescents with disabilities. The session will focus on the purpose, operation, and legal authority of the P&A System under federal law known as the Protection and Advocacy for Individuals with Mental Illness Act. (PAIMI Act), 42 U.S.C. § 10801, et seq. The **PAIMI program can be used as a resource for attorneys who represent children and adolescents with mental illness if abuse or neglect is suspected.** PAIMI's primary interest is the protection of children and adolescents in residential treatment facilities and juvenile justice facilities. In order to carry out its protection and advocacy mission, P&A Systems have been given very broad authority to investigate complaints of abuse and neglect to include access to records, such as medical and treatment records, facilities and

unaccompanied access to residents. The P&A System also has the authority to pursue administrative, legal, and other remedies on behalf of these individuals.

This session will cover the Protection and Advocacy for Individuals with Mental Illness Act (PAIMI Act) at 42 USC § 10801 et seq. and its implementing regulations at 42 CFR Part 51, as well as various Colorado confidentiality laws, the case of *CLA v. Hammons*, 323 F.3d 1262 (10th Cir. 2003) regarding The Legal Center's records access authority preempting state confidentiality laws such as found in the Colorado Children's Code, and the recent Colorado Supreme Court decision *L.A.N. v. L.M.B.* **Attendees should come away from this session with (1) an understanding of the P&A System's role in investigating complaints of abuse, neglect or civil rights violations, and (2) the recognition that they have a resource available to them where they can report suspected abuse, neglect or civil rights violations of the children and adolescents they represent.**

To register, please visit: <https://adobeformscentral.com/?f=MivWJkv1GxSeyrKpBITO7w>. ♦

Tips and Tricks: Expense Forms in C.A.R.E.S.

OCR is excited to launch an integrated billing system: **expense billing is now available in the CARES system!** We are grateful for your patience as we worked to enhance the system.

If a case closed in August or September, be sure to properly close the case after you submit your expenses. Instructions for closing a case are included in the CARES manual.

▶ Remember that you have **until November 1** to enter all expenses for dates of service for August and September 2013. OCR will pull back past the 30 days to capture these items.

The following expenses can now be entered directly into the CARES system:

- ✓ Travel to Court
- ✓ Mileage
- ✓ Miscellaneous Expenses
 - Copies
 - Discovery
 - Filing Fees
 - Postage
 - Transcripts
- ✓ Child's Meal during a Visit





You can obtain home study CLE credit by watching OCR Archived Training Videos!

▶ [OCR Summer Conference Videos Available NOW for Home Study CLE Credit](#)

Videos from the OCR's Summer Conference, *Case by Case: Bringing the Child to the Forefront of Your Legal Advocacy*, are now available on-line. Click the link above to view these videos and more. Download conference materials, save PowerPoint presentations, view sessions, and print your home study CLE form!

▶ **Immigration Issues for Court-Involved Youth and Families Webinar: Available for Home Study soon!**

This training will cover the various paths to immigration status for children and families; the intersection of adoption and immigration status; immigration detention and removal proceedings as applied to adults and children; the rights of immigrants and ability to access services; the treatment of juvenile adjudications in immigration law; unique challenges facing mixed status families; international family reunification efforts; and resources available in Colorado.

Excess Fee Requests

Check the Office Billing Details screen before sending excess fee requests to verify that you are not requesting excess fees on a case that has already been approved.

Check this screen frequently (at least once a week) to confirm that your fee allocations are up to date, that OCR has received your orders of appointment (in DR/PAT cases), and that you are being paid.

[Contact Melanie](#) if you think you should be getting paid on something and you are not. The sooner payment issues are addressed the easier they are to resolve.

Disputed Items

OCR Billing Policies & Procedures provides: *Disputed items must be addressed within 30 days from the date of activity in order to get paid on the activity. The activity date appears on the Office Billing History screen. Items addressed after the 30 days will not be paid.*

Note that although you can bill within 30 days of an activity, you also must address disputed items within 30 days of activity. OCR urges you to enter your time into CARES before the 30th day to allow sufficient time to address disputed items.

To view disputed items go to the Office Billing History screen > enter the relevant date range > and sort the results by disputed item. It is critical to check weekly to identify items disputed during that week's billings. If you have disputed items, [email Melanie](#) to address them.

MISSION STATEMENT

The mission of the Office of the Child's Representative (OCR) is to provide competent and effective legal representation to Colorado's children involved in the court system because they have been abused and neglected, impacted by high conflict parenting time disputes, or charged with delinquent acts and without a parent able to provide relevant information to the court or protect their best interests during the proceedings.

OCR Board of Directors

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Peggy Rudden, Joseph Wallis, (Former) Senator Al White,
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