

Filed in District Court
State of Minnesota

AUG 30 2018

STATE OF MINNESOTA
COUNTY OF MORRISON

IN DISTRICT COURT
SEVENTH JUDICIAL DISTRICT

In the Matter of the Welfare of the Child of:

Amanda Sky Ann Weber,
and
Javoi Laquand Payne,

Parents.

COURT FILE NO.
49-JV-18-786

FINDINGS OF FACT,
CONCLUSIONS OF LAW &
ORDER

The above-entitled matter came on for a Child in Need of Protection and/or Services Court Trial before the Honorable Leonard A. Weiler, Judge of District Court, on the 9th 10th, and 16th day of August, 2018.

Assistant County Attorney Kari O'Leary appeared on behalf of Petitioner Morrison County Human Services. Katie Knettel was present on behalf of Morrison County Human Services. Attorney Rhia Ann Marie Bornmann Spears, William F. Mohrman, and Erick Gregg Kaardal appeared for and with Respondent Amanda Sky Ann Weber. Attorney Thomas Joseph Nolan appeared for and with Aamanda Rakow who appeared as Guardian Ad Litem.

At the court trial, the Court received seventeen (17) exhibits. Testimony was received from: (1) Amanda Sky Ann Weber; (2) Cassandra Vajda, QPRN, CNP; (3) Ann Griffiths, MD; (4) Tember Dickman, RN, BSN, CCRN; (5) Daniel Reis, MD; (6) Christel Lamusga, RN; and (7) Katie Knettel; and (8) Amanda Rakow. Once closing statements were heard by the Court the matter was then taken under advisement.

NOW, having duly considered the arguments and memoranda of Counsel, the documents and proceedings herein, together with the applicable law, this Court makes as its:

FINDINGS OF FACT

REGARDING PROCEDURAL HISTORY

1. Amanda Sky Ann Weber (herein after Mother), date of birth December 13, 1978, is the mother of the child, Zayvion Gregory Weber (herein after Child), date of birth July 1, 2013. She had sole legal and physical custody of the Child. At the beginning of this case she had resided at 1010 7th Avenue NE, Little Falls, MN 56345.
2. Javoi Laquan Payne (herein after Father), date of birth June 26, 1997. He resides at 1926 8 1/2 Street SW, Unit E, Rochester, MN 55904. His paternity was established in Iowa by a voluntary paternity affidavit which was signed May 7, 2015. This document acknowledges paternity but confers no custodial or visitation rights.
3. On May 29, 2018 a Child in Need of Protection and/or Services (CHIPS) Petition was filed.
4. On May 29, 2018 an Emergency Protective Care Hearing was held. On June 1, 2018 an Order for Emergency Protective Care was filed allowing temporary sole and physical custody of the Child be given to Morrison County Social Services for placement in foster care.¹

¹ This Order also provided MCSS protective supervision for the Mother's other two children Aliannah Sue Weber, born June 8, 2012, and Maizie May Alfson-Weber, born March 21, 2015. That supervision was vacated by court order prior to the above mentioned court trial.

5. At trial, MCSS alleged that Child is In Need of Protection and/or Services based on the following subsections of Minn. Stat. § 260C.007, subd. 1(6) because the child is:

(3) without necessary food, clothing, shelter, education, or other required care for the child's physical or mental health or morals because the child's parent, guardian, or custodian is unable or unwilling to provide that care;

(4) without the special care made necessary by a physical, mental, or emotional condition because the child's parent, guardian, or custodian is unable or unwilling to provide that care;

(5) medically neglected, which includes, but is not limited to, the withholding of medically indicated treatment from a disabled infant with a life-threatening condition;

(8) without proper parental care because of the emotional, mental, or physical disability, or state of immaturity of the child's parent, guardian, or other custodian; and

(9) one whose behavior, condition, or environment is such as to be injurious or dangerous to the child or others. An injurious or dangerous environment may include, but is not limited to, the exposure of the child to criminal activity in the child's home.

CASSANDRA IRENE VAJDA

6. Cassandra Irene Vajda, APRN, CNP testified to some of the information contained in the records from CentraCare Health regarding the child. She explained that the documentation references a Problem List which contained the following information that the Court believes is noteworthy. Vaccination was not carried out because of parent refusal (9/6/2017 – Present); Neonatal gastroesophageal reflux disease (9/14/2017 – Present); Brief resolved unexplained event (Brue) in infant (9/14/2017 – Present); Apnea spell (10/10/2017 – Present); Airway malacia (10/10/2017 – Present); Child at risk of

lacking adequate care and protection (5/22/2018 – Present); Foster care child (5/23/2018 – Present); Medical neglect of child by caregiver (5/23/2018 – Present); and Respiratory distress (5/23/2018 – Present). (Ex.2, pg. 2)

7. She detailed concerns that Ann Griffith, MD had regarding Mother as Mother failed to follow through with the recommendations set the week of 10/6/2017. Dr. Griffith called the clinic explaining that Mother and Child were seen this week for apneic spells. Monitoring revealed Child was having immature breathing patterns. Child was given an apnea monitor to wear at home, prescribed Caffeine 60 mg daily and a Danny Sling and wedge for reflux precautions at home. Dr. Griffith's concern is that Mother did not pick up prescription for Caffeine and did not schedule the Child's 3 week follow-up appointment with them. (Ex.2, pg. 62)
8. She testified that she spoke with Dr. Reis, a Dr. at Children's Minnesota, St. Paul, at 4:00 pm on May 23, 2018. The conversation was regarding the Child being admitted to Children's Minnesota overnight for a cyanotic episode with coughing at home on May 21, 2018 and the Mother signing out with the Child against medical advice on May 22, 2018. Dr. Reis explained that the Child required oxygen for hypoxemia with O2 saturations at 86%. She testified that she used this information when later speaking with Mother. Mother became guarded, wouldn't disclose her location, and wouldn't explain why she had to leave the hospital on May 22, 2018 against medical advice. During this conversation it was explained that Cassandra Irene Vajda believed she needed to file a report to Child Protection and Mother responded that she was firing Cassandra Irene Vajda as her primary care provider. (Ex 2, pg. 91)

9. She testified that she believed that oxygen saturation levels for a child below 90 percent are very concerning and that oxygen saturation levels between 90 and 94 percent are concerning.
10. She testified that when she observed the Child on May 23, 2018 she believed the Child was in distress. She observed audible expiratory wheezing with a very tight cough. The Child was exhibiting subcostal and substernal retractions. The later was shown to Mother and the Mother believed the Child was fine. The Child was admitted to the St. Cloud Hospital for overnight observations. The Child did not require supplemental oxygen that night.
11. She testified that the same objectives that she had on May 23, 2018 for Mother were the same as she would have today. A portion of these included the following: To assume responsibility for the lack of follow up to a specialist, well checks, complying with Caffeine and reflux medication; to understand the severity of his illness and that his symptoms are life threatening when they occur; Mother to fully comply with medical advice and recommendations; Mother to be able to self-reflect and admit that she placed her child at risk by not following up with pulmonary, having him on the apnea machine when recommended, complying with his reflux medication and leaving against medical advice in the hospital; and Mother to be able to determine when child is in distress and needing care. (Ex. 2, Pg. 93)
12. She notes in medical records that she observed the Child on June 5, 2018 as the foster parents brought the Child for a re-check. The Child was discharged to the foster parents on May 24, 2018. Since then the Child had followed up with pulmonary and the Caffeine

was discontinued as well as Zantac. The foster parents explained that the child would receive Albuterol every 4-6 hours as needed when the Child had a cough or was wheezing. The wheezing has resolved and the Child was doing well. (Ex. 2, Pg. 99)

ANN GRIFFITHS, MD

13. Dr. Griffiths, a Pediatric Board Certified Pulmonologist, testified that she last observed the Child on October 4, 2017. On May 30, 2018 the Child was seen by her clinic for an evaluation as requested by the foster mother. The reports notes that the child was seen in October 2017 by Dr. Griffiths. At that time Dr. Griffiths agreed that Caffeine and DC apnea monitor could be withheld after a repeat normal pneumogram download. The Dr. also mentioned mild tracheomalacia as an underlying diagnosis with a plan for Albuterol as needed. The records go further to note that it is likely that with the recent respiratory illness the patient had intermittent saturations that resolved once symptoms improve. Albuterol would continue as needed. (Ex. 6, Pg. 1-2)
14. Dr. Griffiths testified as to why the Caffeine was prescribed in the original diagnosis of Central Sleep Apnea. She also explained that Zantac was prescribed to address the acid reflux. In addition, she explained the Child has tracheomalacia, which is an immature airway, and the Child would outgrow this.
15. Dr. Griffiths explained, credibly, as to how the Mother's concerns regarding the use of Caffeine on a small child troubled the Mother. This discussion eventually aided in Dr. Griffith's decision to cancel that as a prescription. Dr. Griffiths also explained the Mother's observation regarding the Child not tolerating the Zantac prescription. The Court notes these two prescriptions were canceled by Dr. Griffiths only after the

downloaded apnea monitoring were reviewed. The court further notes that this testimony is in direct contrast to the Narrative Summary generated by Daniel Reis, MD which will be addressed below. The court finds that Dr. Griffiths' testimony, relating to who decided to cancel the prescription for Caffeine credible and believable, – it was not the Mother's decision alone to discontinue the Caffeine.

16. On October 25, 2017 the medical records reflect that the Child's apnea monitoring so far had been encouraging. If the second download looked good the monitor would be removed from the home. Follow up to occur in three months. (Ex. 6, Pg. 6)
17. Dr. Griffiths testified that these conditions can be life threatening but usually are not. Also, that sometimes treatment plans help but sometimes they do not. She believes that that Child received adequate care. The apnea is resolved and the tacheomalacia is mild.

DANIEL REIS, MD

18. Dr. Reis is a Pediatric Hospitalist that is Board Certified. He testified that it is his job to triage patients during rounds and he is required to focus on the emergency patients first. He sees around 14 patients a day. He testified that when the Child was at the hospital on May 23, 2018, he did not see the Child and the Child was not at the top of his list. He notes that Dennis Ea, MD did examine the Child and that only after Dr. Reis examined the Child could the Child be discharged. He explained that once he learned that the Mother left without the Child being looked at he rushed over to address the issue. However, the Court notes that there was no need for a hold order. (Ex.3, Pg.18) The records also reflect Dr. Ea's notes explaining that the condition on discharge was stable,

- there were no restrictions/special instructions, there were no new prescriptions, Mother was to continue home meds as prescribed, and follow up with Pulmonology. (Ex. 3, Pg.3)
19. Dr. Reis testified to the Child's need for supplemental oxygen as the stats of 86% were noted during the night. He pointed out that the circumstances surrounding this percentage were not well documented so it is not known whether the desaturation levels were prolonged or not. Without this additional documentation nothing can be derived from this 86% reading of the oxygen stats.
20. Dr. Reis' reports note the following: It was noted to me during the phone call with PNP Vajda that the Child's Caffeine was NOT discontinued on the advice of the primary care of pulmonology, and rather that it was mother's decision to discontinue the Caffeine. The note later describes the following: Apparently, there have been complex family circumstances, and the clinic SW as well as the county are actively involved in assisting Zayvion's care at this time; none of these issues were divulged by mom while at Children's Minnesota; she left before the social work assessment could be done. (Ex. 3, Pg 1) Dr. Reis testified that he did not know that the county was not involved at this time.

TEMBER DICKMAN

21. Tember Dickman is a nurse at Children's Minnesota. She is the nurse who had contact with Mother regarding the apnea machine. Mother asked nurse Dickman to create a document detailing her contact with the apnea program. (Ex.3, Pg.15) Of note is Mother's desire to continue with apnea monitoring. It details the following: 1/2/18 – discussed recent apnea monitor download with D.W. Wheeler, Pulmonologist and

Medical Director of the Apnea Program; and due to Mother's concern of apnea (though none showed up in the download), monitor was continued and he requested download in 2 weeks. The document later details the following: 5/31/2018 – final download for monitor received when monitor returned to PHS; Last documented apnea was 12/29/2017, which was 21 seconds (machine sounds an alarm at 20 seconds); No events from 12/30/2017 – 2/10/2018; and no use after 2/10/2018. Finally, the document noted the following: When I did have contact with Mother she was appropriately concerned and verbalized knowledge of when to contact Child's provider or call 911 if necessary.

KATIE KNETTEL

22. Kate Knettel is the Social Worker assigned to this matter. She has been in this position for sixteen years. She believes that medical neglect cases are rare in the state but she has dealt with a few. She further explained that these children can be at a high level of risk due to parent action as well as inaction. It is her job to screen matters and do a family investigation within 24 hours of a reported event. She would usually investigate any past issues, talk to the reporter, determine if there is a risk of dying, and determine if the parent(s) are cooperating or not. Not all investigations make it to court due to instances where there is a safety plan in place wherein the parent(s) participate in the contract between them and social services. When a parent is not cooperative Ms. Knettel has to go to other sources to gain the information she needs to complete the investigation.
23. Ms. Knettel generated a Child Protection Assessment Summary which has an intake date of May 22, 2018. (Ex. 8) The Court notes that the summary has a July 16, 2018, date at the bottom of the 11 page document. The original reporter was Cassandra Vajda. Ms.

Knettel spoke with Cassandra Vajda on the phone at 4:20 pm on May 22, 2018. The description of need within the summary has the following facts which this Court has found to be not true. That the Child was sent home with a home monitor for apnea spells but that the Mother has not been following through with the apnea machine. That the Child was recently admitted to Children's Minnesota and that the Mother left with the Child against medical advice because she did not think he needed immediate medical attention. That the Mother is not following through with Caffeine to help with the Child's condition. That the Child has a very real risk of dying if the Mother does not comply with the Child's apnea needs. (Ex. 8, Pg. 1) This same summary also notes that the Mother was very defensive when confronted by Cassandra Vajda about her leaving against medical advice. Also, that the Mother refused to provide her location as she was moving soon but also would not disclose the location to where she was moving. The Court finds that that these last two facts are true.

24. Ms. Knettel testified that the Mother would not sign third party releases which would have allowed visitation with her Child in the beginning of this case. Mother did eventually sign the releases, but it was a month later. Supervised visits were set up for June 1, 2018 and June 5, 2018. Mother only attended the first visit. After the first month of no contact with the Child the Mother then had contact once a month. Mother reportedly moved to Wisconsin on June 14, 2018. Towards the end of July 2018, visits have been occurring regularly at two times a week.
25. Ms. Knettel testified to the Mother's Facebook post which she believed to have been untruthful. After the Emergency Protective Care hearing the posts explained that the

county had custody of her girls, that she was denied visits, and that she had evidence proving that she was not neglectful of the Child's needs.

26. Ms. Knettel testified that she attempted to get the Mother's updated address but the Mother told her, that her attorney explained to her, she did not have to provide this information. The medical releases that were court ordered on August 6, 2018 were not delivered until the Monday before this trial took place on Thursday, August 16, 2018.² She also testified that the Child's medical coverage had lapsed in May 2018. The Mother explained to Ms. Knettel that she did not have to get medical assistance in place as the Child was in foster care, thus it was not her responsibility.
27. Ms. Knettel is of the belief that the Mother is very unwilling to cooperate and is untruthful. She believes that cooperation and truthfulness are needed for reunification. That presently the risk to the Child is too high if the Child were to be returned now even if the child is now doing well. She further believes court oversight is needed, as a safety plan will not work alone. She further believes that adjudication is appropriate to protect the child and to educate the Mother.

² The Court notes that the oral order given on August 6, 2018, was that the Mother's releases need to be signed by the close of business on that date. During trial Attorney Rhia Bornman Spears disclosed that she intentionally held the signed releases until delivered on August 13, 2018. Exhibits 1 and 2 have notations on the bottom left of each page that they are printed 8/7/18 1:56 PM. The issue regarding any contempt of court findings will be dealt with in a separate order.

AMANDA SKY ANN WEBER

28. Mother testified that she is in the process of moving to Wisconsin as of July 17, 2018, but she lived at 1010 7th, Avenue NE, Little Falls, MN recently. Her health insurance for the children had lapsed before the Child was taken into the custody of Morrison County. She had no health insurance in June 2018 and has applied for health insurance in Wisconsin. Her application in Wisconsin was not approved as she failed to show proof of Wisconsin residency. (Ex. 13, Pg.2) She was not able to recall the address in Wisconsin where she is living. After approximately a seven minute break from the trial, during Mother's testimony, she still wasn't able to provide an address but she did provide the name of the person whom she was staying with in Wisconsin. The court notes that on May 22, 2018, medical records from Children's Minnesota, indicate Mother was living in St. Cloud and was moving to the St. Paul area but did not have a primary care provider yet in the St. Paul area. (Ex. 3, Pg. 6)
29. During her testimony e-mails were admitted into evidence explaining why she wouldn't sign any forms requested of her or Court ordered for her to sign. She wrote the following: I don't appreciate you calling me uncooperative, because I do not wish to sign any forms presented to me by Morrison County, whom have shown themselves as untrustworthy in the past by fabricating evidence. Since Morrison County has unconstitutionally taken custody of my child without evidence of physical harm, then Morrison County should take care of all his needs. You didn't need my permission to take my son, so you shouldn't need my permission to take care of him. You can't have your cake and eat it too. (Ex 16)

30. Mother testified that she had planned a day trip to the city on May 22, 2018 and did not bring the Child's nebulizers with her even though the child had a cold. The Child's breathing improved while he was provided the nebulizer at Children's Minnesota. She testified that prior to signing the against medical advice form she was informed by the nurse of the risks involved and that she understood the form. (Ex. 4) She further explained that she knew that the discharge exam explained the need for follow-ups but she did not think they were to be immediate.
31. Mother's credibility was attacked directly as it relates to how she remembers things that favor her position and doesn't recall matters that shed her in a bad light. She had no credible response to these questions. The Court deems the majority of her testimony as untrustworthy and largely self-serving. The Court further notes, through all of her testimony, she provided no information as it relates to where she currently lives or how she intends on providing care for her Child in foster care nor her other two children.
32. Mother, acknowledged that the Court Order from the EPC hearing required she sign necessary authorizations for release of information so that service providers may share information and reports with MCSS. (Ex.17, Pg.3) However, she failed to do what the Court ordered.
33. Mother, upon being given the opportunity to reflect, only had one regret and that was signing the against medical advice form because that action has led to her being in trial. She did not believe she has put the Child in danger.

AMANDA RAKOW

34. Amanda Rakow testified that she never received any releases of information therefore she has not received the full picture in this case. She explained that in the beginning the Mother was communicating with her but that after counsel became involved there was no contact with the Mother. She has had no contact with Mother since June 6, 2018. She believes it would be in the best interest of the Child to be adjudicated as a Child in Need of Protection and/or Services. She explained that the underlying issues have not been resolved by Mother. In the future if there is a disagreement between medical treatment providers and what she believes is best for the child the Mother will do what she wants. If the Child gets a cold his conditions will only get worse and if the Mother is involved alone the course of treatment will be different as the Mother will not follow through with what is recommended. She lacks insight. Ms. Rakow believes the Mother is either confused or misunderstands. The Mother needs education regarding the Child's needs.

NOW, THEREFORE, upon consideration of the foregoing Findings of Fact, the Court hereby makes the following,

CONCLUSIONS OF LAW

1. The Minnesota Rules of Juvenile Protection Procedure provide that "in a child in need of protection or services matter, the standard of proof is clear and convincing evidence." Minn. R. Juv. Prot. P. 39.04, Subd. 1.
2. Clear and convincing evidence means that the party's evidence should be unequivocal, uncontradicted, and intrinsically probable and credible. *Deli v. Univ.*, 511 N.W.2d 46

(Minn.App.1994) review denied (Minn.Mar.23, 1994).

3. Petitioner has failed to prove by clear and convincing evidence that The Child is in Need of Protection and/or Services pursuant to Minn. Stat § 260C.007, subd, 6 (5). There is no evidence that the Mother medically neglected the Child when she decided to leave against medical advice on May 24, 2018. The Child was deemed stable that morning by Dr. Ea. The Dr.'s notes further explain that there were no restrictions/special instructions, there were no new prescriptions, Mother was to continue home meds as prescribed, and follow up with Pulmonology. Nothing in the record notes that a Pulmonology consult was to be immediate and there was no hold placed on the child when it was learned that the Mother had indicated she would be leaving against medical advice. The Court makes no determination as to why Cassandra Irene Vajda provided disinformation to D. Reis and or to Katie Knettel. The Court also makes no determination as to how this same disinformation was gained and later provided to the same individuals. The Court is only determining that this is not a medical neglect based case and the Mother acted within her rights and has not placed the Child in Need of Protection and/or services based on leaving against medical advice.
4. Petitioner has failed to prove by clear and convincing evidence that The Child is in Need of Protection and/or Services pursuant to Minn. Stat § 260C.007, subd, 6(3) and (4). Similarly, there is nothing in the record which would lead this Court to believe that the Mother is unwilling to provide the appropriate care for the Child.
5. Petitioner has proved by clear and convincing evidence that The Child is in Need of Protection and/or Services pursuant to Minn. Stat §§ 260C.007, subd, 6(8) and (9). The

mother has failed to provide information regarding her current address. For whatever reason the Mother has decided that this information is not important. The Mother has also, for whatever reason, decided that because the County has taken her child she need not be cooperative as it relates to inquiries regarding her living arrangements nor providing the information needed to obtain medical assistance. It is these facts which leads the Court to believe that the Child is Need of Protection and/or Services as the Mother has a state of immaturity as it relates to these specific issues. Likewise, it is these facts which leads the Court to believe that the Child is Need of Protection and/or Services as the Mother's behavior, as is evidenced by her lack of cooperation, creates a danger to the Child. The Court understands the Mother's frustration and the Court acknowledges that fighting the then perceived medical neglect was justified. However, the Court does not understand the Mother's posturing as it relates to these two issues. It is this Court's belief that the Mother's perceived need to dig in and fight, on these issues as well, has helped the Petitioner prove its case under these sections of the statute.

From the foregoing **FINDINGS OF FACT AND CONCLUSIONS OF LAW** this Court makes as its:

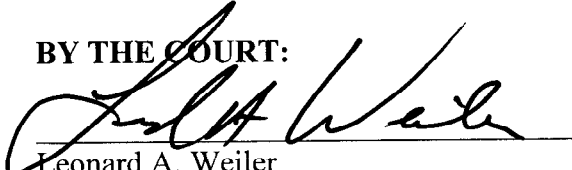
ORDER

1. **THAT**, the child, Zayvion Greogory Weber, **IS NOT** a child in need of protection or services within the meaning of Minn. Stat. §§ 260C.007, subd. 6(3), (4), and (5).
2. **THAT**, the child, Zayvion Greogory Weber, **IS** a child in need of protection or services within the meaning of Minn. Stat. §§ 260C.007, subd. 6(8), and (9).
3. **THAT**, this matter be set for a hearing to address the issue of adjudication.
4. **THAT**, a pre-disposition report is ordered pursuant to Rule 41.03, subd. 1 of the Minnesota Rules of Juvenile Protection Procedure. The report is to specifically address the Mother's current living arrangements as well as their suitability to handle the needs of the Child and medical insurance for the Child.
5. **THAT**, the Mother is ordered to cooperate with the above referenced pre-disposition report by providing the information requested of her.

LET JUDGMENT BE ENTERED ACCORDINGLY.

Dated this 30th day of August, 2018.

BY THE COURT:


 Leonard A. Weiler
 Judge of District Court

49JV-18-786

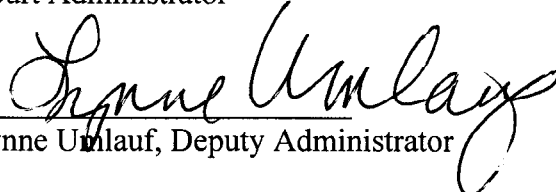
**In the Matter of the Welfare of Child of Amanda Sky Weber, Javoi
Laquan Payne**

JUDGMENT

I hereby certify that the foregoing order constitutes the judgment in the
above-captioned matter.

Dated: 8-30-18

Rhonda Bot
Court Administrator


Lynne Umlauf, Deputy Administrator

In the Matter of the Child(ren) of:

Amanda Weber

Court File: 49JV-18-784

- CHIPS
- CHIPS - Permanency
- CHIPS - Truancy
- Other _____
- Probation Violation

The above entitled case came on before the Honorable Judge Weiler,
Judge of District Court on 9-11-18. Based upon the evidence presented, the
contents of the file and all of the proceedings, the Court makes the following:

WHEREUPON

The child and all persons entitled to participate were notified to be in attendance. The Court verified the name, age and residence of the child. The purpose of the hearing was explained to the child and parent(s)/guardian(s) (if present). Possible consequences of the hearing were explained as set forth on the record.

- Mother Father Child admitted the petition and provided a factual basis on the record.
- The child admitted the probation violation and provided a factual basis on the record.
- The case was scheduled for Intermediate Dispositional Hearing.

ADJUDICATORY FINDINGS

- The child(ren) are hereby adjudicated child in need of protection or services.
- Child(ren) is placed under the protective supervision of Morrison County Social Services.
- Previously order protective supervision of Morrison County Social Services remains in the best interest of the child(ren).
- Probation Violation Found
- Adjudication is withheld.
- The petition is hereby dismissed.

DISPOSITION CONDITIONS

- The attached recommendations are hereby adopted by the court.
- Other: Child returned to Mother today and file closed. GAC Discharged.

- A review hearing will be held _____

YOU ARE SUBJECT TO ANY AND ALL CONDITIONS INDICATED ON THIS ORDER

Date: 9-11-18

[Signature]
JUDGE OF DISTRICT COURT