

Adults w/ 2 children

Initial Filing (MCH)

Lodged

PT 2/2

Kaitlin Kalna Darwal, CA 260273
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East Palo Alto, CA 94303
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Facsimile: (866) 688-5204

Attorney for Respondents

Adults w/ children

Initial Filing
(MCH)

FILE COPY

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
OFFICE OF THE IMMIGRATION JUDGE
SAN FRANCISCO, CALIFORNIA

In the Matter of:

a;
Respondents,
In Removal Proceedings.

A

, A'

Hearing Date: September 3, 2015
Hearing Time: 8:30 AM
Before: Hon. Laura L. Ramirez

Received
Department of Justice
SEP - 3 2015

Executive Office for Immigration Review
Immigration Court
San Francisco, California

EXHIBIT LIST IN SUPPORT OF FORM I-589, APPLICATION FOR ASYLUM,
WITHHOLDING OF REMOVAL, AND PROTECTION UNDER THE CONVENTION
AGAINST TORTURE

<u>Exhibit</u>	<u>Page</u>
A. Preliminary Declaration of F11 ; dated August 18, 2015, in support of her Form I-589, Application for Asylum, Withholding of Removal, and Protection Under the Convention Against Torture	1
B. Copy of the first page of Ms. (; Lodged Form I-589, Application for Asylum, Withholding of Removal, and Protection Under the Convention Against Torture dated April 15, 2015	7

C.	Copy of Ms. [redacted]; Guatemalan passport (biographical page)	8
D.	Copy of Ms. [redacted] s son [redacted] 'a's Guatemalan passport (biographical page)	9
E.	Copy of Ms. [redacted] 's son [redacted] 's Guatemalan birth certificate, with certified English translation	10
F.	Copy of Ms. [redacted] s daughter [redacted] 's Guatemalan passport (biographical page)	13
G.	Copy of Ms. [redacted] z's daughter [redacted] 's Guatemalan birth certificate, with certified English translation	14
H.	Letter from [redacted], School-Based Services Program/Counseling Manager, YWCA Rape Crisis Department, dated June 18, 2015, evidencing that Ms. [redacted] z received counseling services at the YWCA Silicon Valley's Rape Crisis Department.....	17
I.	Copy of letter from [redacted], ACSW, MSW, Psychiatric S.W., dated November 19, 2014, evidencing that Ms. [redacted] is receiving treatment and was hospitalized on 10/31/14, 11/4/14, 11/8/14, 11/5/14, and 11/9/14	18
J.	Copies of Progress Notes from Psychiatrist [redacted], MHSA Central Wellness and Benefits Center from December 2014 to April 2015, evidencing that Ms. [redacted] has been diagnosed with Psychosis NOS, is receiving ongoing treatment, and is taking Olanzapine (a drug used to treat psychotic disorders)	19
K.	Copy of Mental Health Psychosocial Assessment, MHSA Central Wellness and Benefits Center, dated November 19, 2014, evidencing that Ms. [redacted] z was diagnosed with PTSD, anxiety, and depression	23

PRELIMINARY DECLARATION OF
IN SUPPORT OF I- 589, APPLICATION FOR ASYLUM, WITHHOLDING OF REMOVAL AND
CONVENTION AGAINST TORTURE

1. My name is _____ z. I was born on October 21, 1989 in Esquipulas, Chiquimula, Guatemala. I am afraid to return to Guatemala because I suffered many years of sexual, physical, and emotional abuse in Guatemala by the father of my ex-partner. I also suffered years of physical abuse from my older brother. I also suffered years of sexual abuse from my uncle when I was a child. The police will not protect me from these people. In Guatemala, the police are very corrupt. No one will protect me if I have to return to Guatemala. There is nowhere that I could live safely in Guatemala. My ex-partner's father will find me wherever I am. I am very afraid of returning to Guatemala and I have suffered a lot.

The Harm I Suffered In Guatemala

2. I grew up with my parents and my siblings. I have one older brother named _____, and I have two younger sisters and one younger brother. We lived in a small municipality with about 20 homes. I went to school. I liked school. My father and mother worked a lot, so they were often not there. We often had to care for ourselves.

Abuse I Suffered from My Uncle

3. When I was about four or five years old, my uncle started abusing me sexually. I remember that he touched me all over my body including my vagina. He lived about five minutes walking from our house. He would come over when no one was home.
4. He abused me approximately every week. He would tell me not to tell anyone. He would tell me that my parents would not believe me because I was a little girl. I was scared of him. I would cry a lot. I would ask him stop, but he did not.
5. He also sexually abused my little sister. He would abuse her in front of me.
6. When I was about eight years, I tried to kill myself because of this abuse. I took a bunch of pills and was hospitalized. The abuse stopped after this.
7. After my suicide attempt, I told my mother about the abuse. My mother took me to the police to report the abuse, but the police did nothing. They told me that I needed proof and that it had been too many years. I felt very sad. I felt like the police would not protect me.

Abuse I Suffered from Brother

8. My brother I is about two years older than I am. When he was a little child, he went to live with our grandparents. He returned to our house when he was about nine years old. He started beating me when I was about 10 years old. He would hit me with his hands. As he got older, the abuse became worse. He would hit me in my face and on my body. He would kick me. I have a scar on my left arm where he hit me with a hot object from the kitchen.
9. When he hit me, he would call me bad names. He would call me a bitch. He would tell me that I was nothing.
10. He would hit my other siblings as well. He would hit us every week. I lived in fear of him. My parents were not there to protect us, and I also think they were afraid of him as well. also hit my mother.
11. When I was about 16 years old, sexually assaulted me. He threw me on the floor and started tearing my clothes. He touched my breasts. I fought against him. He became very angry and this is where he burned my arm.
12. After this incident, I went to the police and made a report. spent 10 days in jail, but then he was released. Nothing more happened to him.
13. After was released from jail, I went to live with my grandparents. came looking for me, but I was able to escape him. I lived with my grandparents for about three years. It was during this time that I met .. In February of 2009, I moved in with and his father.

Physical, Sexual, and Emotional Abuse By My Ex-Partner's Father

14. I moved in with and his father's mother did not live there. The abuse from's father started about two months after I moved into their house. The first time it happened, was working. He worked far from the house. I was in my room, and entered the room. He came towards me and asked me to be with him. I said no, but he forced himself on me. He tore my clothes and grabbed me. He raped me. He threatened me not to yell. I cried. He told me that if I told anyone that he would kill my parents. I was very scared.
15. is a very important person where we lived. He had a lot of money and he had connections with the police and the gangs where we lived. I would hear him on the phone talking about business deals that involved drugs. He would also tell me about his connections with the police.

16. [redacted] would rape me whenever he wanted. Sometimes it would be once a week, sometimes every 15 days. I do not even really know if the father of my children is [redacted] or [redacted].
17. He would threaten me when he raped me. He would threaten harm to my parents and my children. I lived in constant fear. I felt ashamed. I felt like I was nothing. He would even rape me in front of my children. Sometimes he would hit me as well. One time he hit me in the face. [redacted] asked me what happened, and I told him I fell in the bathroom.
18. Sometimes when he was raping me, he would choke me. He raped me when I was pregnant. He would pull my hair when he raped me or even when I was doing work around the house. He would also force me to have sex with him and other women.
19. One time I tried to prevent him from raping me, and he put a gun to my head. He threatened to kill me. He raped me.
20. He also forced me to work in the house. I had to clean the house and his clothes. He would yell at me. He would call me a dog and a bitch. He would call me bad names and tell me that I was stupid. He would throw things at me when I was working.
21. Sometimes when I would leave the house, he would lock me out of the house. He controlled my life and movements. He would force me to wear short skirts.
22. When I was pregnant with my son, I was sick and [redacted] refused to allow me to seek medical help. I was bleeding, and he refused to let me go to the hospital. Another time, I was about six months pregnant with my son, and I fell when [redacted] was raping me. I was finally able to go to the doctor. The doctor asked me if I was being abused, but I said no because I was so scared.
23. I never reported the abuse to the police, because [redacted], had money and connections. When I previously tried to report abuse of my uncle to the police, the police did nothing. He threatened me, and I was scared.
24. He continued raping me until June of 2014, when I fled Guatemala. When my daughter was two years old, [redacted] told me that he was going to touch my daughter. This is why I finally had the courage to leave.

Harm I Suffered in Mexico and Entry into the United States

25. I fled with my daughter. I was desperate to get my daughter away from [redacted] I did not even tell [redacted]. It was such a difficult and horrible decision because I had to leave my son. I told my son that I had to leave with [redacted] and that [redacted] would care for him. I am still so sad over this decision.

26. I paid a coyote to leave Guatemala. We traveled through Mexico by bus. We did not receive permission to stay in Mexico.
27. In Reynosa, Mexico, the coyotes brought us to a warehouse. There were a lot of people being held by the coyotes in a warehouse. The coyotes had connections with the cartels. They threatened us with death if we tried to escape. The doors were locked. We did not have sufficient water or food. Everyone was maltreated. I did not have diapers for my daughter.
28. My daughter and I spent about 22 days being held captive in the warehouse. The men in charge beat me and even hit my daughter when she cried. I was raped by two coyotes in front of my daughter numerous times. Other women were raped as well.
29. Eventually, they allowed us to leave. They said they were done and threw us out. We then followed another coyote across the border. He forced each of us to carry a backpack. I do not know what was in the back pack. He said if we do not carry the backpack that we would be turned over to the cartel. I was very scared. We crossed the river. After we crossed the river, a helicopter with lights was above us. Everyone ran. I was with my daughter and did not know what to do.
30. Eventually, I came into contact with immigration officials. I told them that I was afraid to Guatemala. Most of the officials spoke English so I could not talk to them very much.

Why I Am Afraid to Return to Guatemala

31. I fear returning to Guatemala because I have suffered so much violence and abuse. I am afraid of . I believe he will kill me as he has threatened. He has tried to contact me since I left Guatemala. In the mind of I am his property. He has many contacts in Guatemala. I am so afraid of him. The police will not protect me in Guatemala. There is nowhere in Guatemala that my children and I can live safely.
32. My son came to the United States a few weeks after I did with his father. They came because a gang tried to kill . The gang threatened to kill 1 and his brothers. The gang also threatened to kill my son. I do not know exactly what happened because I and I have separated since we have been in the United States. We separated because I do not want to tell him what his father did. However, I know that the gangs in my country are very dangerous, so I am afraid for myself and my children, particularly my son since that gang threatened to kill him.
33. All the harm I have suffered has affected me greatly. Starting in October of 2014, I started having serious mental health problems. I have never had problems like this before. I was hospitalized in October and in November of 2014. Since

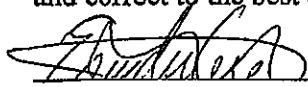
then I have taken Olanzapine to help me and I have regular meetings with doctors. I have also seen a therapist. When I think about everything that happened to me, I cry, feel sad, and having trouble sleeping. I suffered too much.

34. I am very scared of returning to Guatemala. I fear for the my life and the lives of my children.

I declare under penalty of perjury that the above statement is true and correct to the best of my knowledge, information, and belief. Executed this 18 day of August 2015 in East Palo Alto, California.

Declarant

I declare that the foregoing was read to me in my native language, Spanish, and it is true and correct to the best of my ability under the penalty of perjury.

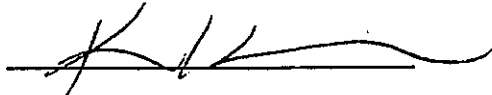


Date

8/18/15

I certify that I, Kaithlin Kalna Darwal, am fluent in the Spanish and English languages, and that I read the foregoing to _____ her native language, Spanish.

Executed this 18th of August, 2015, at East Palo Alto, California.



FOR LODGING

PURPOSES ONLY

I-589, Application for Asylum
 and for Withholding of Removal

START HERE - Type or print in black ink. See the instructions for information about eligibility and how to complete and file this application. There is NO filing fee for this application.

NOTE: Check this box if you also want to apply for withholding of removal under the Convention Against Torture.

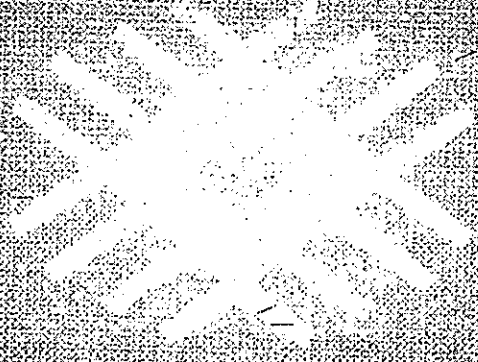
Part A - Information About You			
1. Alien Registration Number(s) (A-Number) (if any)		2. U.S. Social Security Number (if any)	
3. Complete Last Name		4. First Name	5. Middle Name
6. What other names have you used (include maiden name and aliases)?			
7. Residence in the U.S. (where you physically reside)			
Street Number and Name			Apt. Number
City	State	Zip Code	Telephone Number
San Jose	CA	95133	
8. Mailing Address in the U.S. (if different than the address of flight) (SEE INSTRUCTIONS)			
In Care Of (if applicable):		Telephone Number	
Street Number and Name		Apt. Number	
City		Zip Code	
LODGED NOT FILED EXECUTIVE OFFICE FOR IMMIGRATION REVIEW IMMIGRATION COURT SAN FRANCISCO, CA		RECEIVED DEPARTMENT OF JUSTICE 2015 APR 15 AM 11:05	
9. Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	10. Marital Status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
11. Date of Birth (mm/dd/yyyy)	12. City and Country of Birth		
	GUATEMALA		
13. Present Nationality (Citizenship)	14. Nationality at Birth	15. Race, Ethnic, or Tribal Group	16. Religion
17. Check the box, a through c, that applies: a. <input type="checkbox"/> I have never been in Immigration Court proceedings. b. <input type="checkbox"/> I am now in Immigration Court proceedings. c. <input type="checkbox"/> I am not now in Immigration Court proceedings, but I have been in the past.			
18. Complete 18 a through c.			
a. When did you last leave your country? (mmm/dd/yyyy)		b. What is your current I-94 Number, if any?	
c. List each entry into the U.S. beginning with your most recent entry. List date (mm/dd/yyyy), place, and your status for each entry. (Attach additional sheets as needed.)			
Date	Place	Status	Date Status Expires
19. What country issued your last passport or travel document?		20. Passport Number	
		Travel Document Number	
		21. Expiration Date (mm/dd/yyyy)	
22. What is your native language (include dialect, if applicable)?		23. Are you fluent in English? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. What other languages do you speak fluently?			
For EOIR use only.		Action: Interview Date: _____ Asylum Officer ID#: _____ Decision: Approval Date: _____ Denial Date: _____ Referral Date: _____	

EXHIBIT B Form I-589 (Rev. 12/29/14) Y

3

VISAS

OBSERVACIONES/OBSERVATIONS
This passport document is issued by the Ministry of Foreign Affairs and is valid only for the territory of Guatemala.



Este pasaporte consta de 2 páginas. This passport contains 2 pages.



PASAPORTE / PASSPORT

REPUBLICA DE GUATEMALA

Tip / Type: Pas. Emisor / Country of Issuance: Guatemala M / Passport No. P
GTM



GUATEMALTECA
Fecha de nacimiento / Date of Birth: _____

Sexo / Gender: _____
F. CHIQUIMULA ESQUIPULAS

Fecha de Emisión / Date of Issue: 29 DIC / DEC 14
Fecha de vencimiento / Date of expiry: 28 DIC / DEC 19

Autoridad / Authority: MIN. REL. EX.
No. de / Marca / Bouklet No. _____

Firma del Titular / Holder's signature

[Handwritten signature]



<<80

EXHIBIT C



Registro Nacional de las Personas

República de Guatemala
Concepción Las Minas, Chiquimula
Registro Civil de las Personas
Certificado de Nacimiento



El infrascrito Registrador Civil del Registro Nacional de las Personas de Concepción Las Minas

CERTIFICA

que con fecha ocho de febrero de dos mil diez fue inscrito el nacimiento No. 685 de

Datos del inscrito

Nombres y apellidos del inscrito

Masculino

Fecha de nacimiento

Genéro

Guatemala, Chiquimula, Chiquimula, Hospital Modular "Arana Osorio"

Lugar de nacimiento

Datos de la madre

Nombres y apellidos de la madre

Guatemala, Chiquimula, Esquipulas

Lugar de origen

Datos del padre

Nombres y apellidos del padre

Guatemala, Chiquimula, Concepción Las Minas

Lugar de origen



ECASTRO044
24/06/2011 09:11:51a.m.
ECASTRO044

EXHIBIT

English Translation of Birth Certificate

[Judicial Seal of Guatemala]

[Signature]

[Registry Logo]

**NATIONAL REGISTRY OF PERSONS
Republic of Guatemala
Concepcion Las Minas, Chiquimula
Civil Registry of Persons
Birth Certificate**

The undersigned Civil Registrar of the National Registry of Persons of Concepcion Las Minas,
CERTIFIES
that on the date February 8, 2010, of the Civil Registry of the Municipality of Concepcion Las
Minas, Department of Chiquimula, was registered the birth No. _____

Data of the registered:

Names and last names of the registered

Date of birth

Gender

Guatemala, Chiquimula, Chiquimula, Modular Hospital "Arana Osorio"
Country, Department, City of birth

Data of the mother:

Names and last names of the mother

Country, Department, City of birth

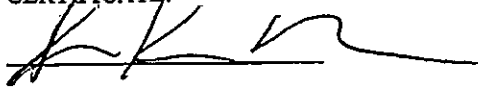
Data of the father:

Names and last names of the father

Country, Department, City of birth

ECASTRO044
6/24/2011 09:11:51 a.m.
ECASTRO044

I CERTIFY THAT I, Kaitlin Kalna Darwal, AM PROFICIENT IN THE SPANISH AND ENGLISH LANGUAGES, AND THAT THE ABOVE IS A FAITHFUL TRANSLATION OF THE ATTACHED BIRTH CERTIFICATE.



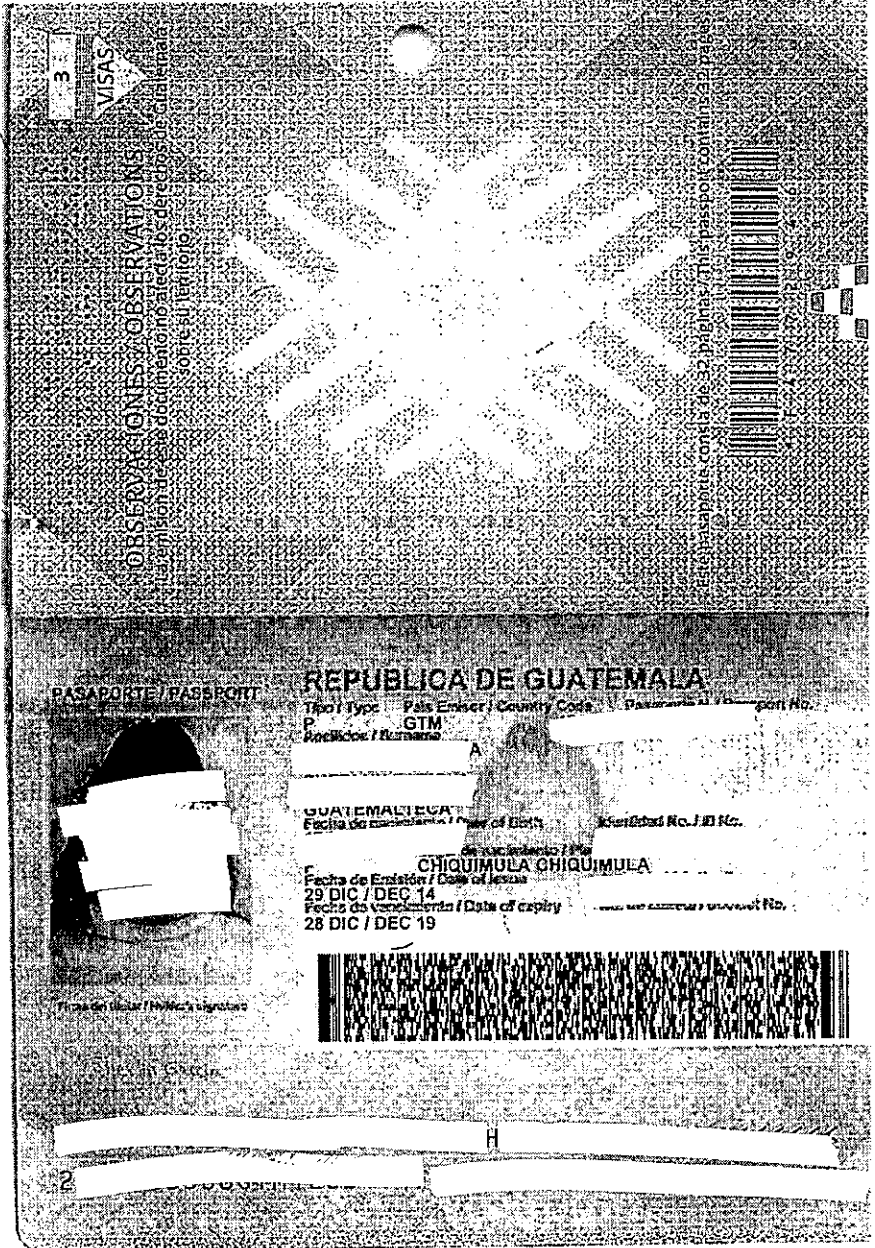
Signature

Executed on August 26, 2015, at East Palo Alto, California.

2117-B University Ave.

East Palo Alto, CA 94303

(650) 391-0343



3

VISA

OBSERVACIONES / OBSERVATIONS

Observaciones / Observations
Observaciones / Observaciones

El pasaporte contiene un chip de alta frecuencia. Este pasaporte contiene un chip de alta frecuencia.

PASAPORTE / PASSPORT

REPUBLICA DE GUATEMALA

Tipo / Type País Emisor / Country Code Pasaporte al / Passport No.

P. GTM

Apellido(s) / Surname

GUATEMALTECA

Fecha de Emisión / Date of Issue

29 DIC / DEC 14

Fecha de Vencimiento / Date of Expiry

28 DIC / DEC 19



2

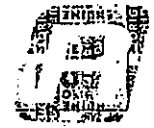
EXHIBIT F

Registro Nacional de las Personas

República de Guatemala

Registro Civil de las Personas

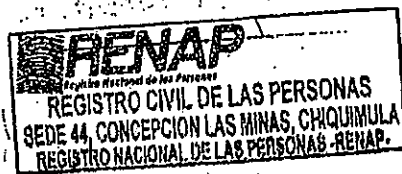
Certificado de Nacimiento



El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de Concepción Las Minas, Departamento de Chiquimula, CERTIFICA

que con fecha veintiuno de mayo de dos mil doce, en el Registro Civil del Municipio de Concepción Las Minas, Departamento de Chiquimula, quedó inscrito el nacimiento No. 1378 de:

Código Único de Identificación (CUI) No.	
Datos del inscrito	
Nombres y apellidos del inscrito	Femenino
Fecha de nacimiento	Género
País, Departamento, Municipio de nacimiento	
Datos de la madre	
Nombres y apellidos de la madre	
País, Departamento, Municipio de nacimiento	
Datos del padre	
Nombres y apellidos del padre	
País, Departamento, Municipio de nacimiento	
Observaciones	
NO CONSTA NINGUNA ANOTACIÓN	
-----ULTIMA LINEA-----	



ID: 044000046909
1 de 2

ECASTRO044
11/08/2014 09:12:34a.m.
REG_044_014

EXHIBIT 6

English Translation of Birth Certificate

[Judicial Seal of Guatemala]

[Signature]

[Registry Logo]

**NATIONAL REGISTRY OF PERSONS
Republic of Guatemala
Civil Registry of Persons
Birth Certificate**

The undersigned Civil Registrar of the National Registry of Persons of the Municipality of Concepcion Las Minas, Department of Chiquimula,
CERTIFIES
that on the date May 21, 2012, of the Civil Registry of the Municipality of Concepcion Las Minas, Department of Chiquimula, was registered the birth No. 107702

Personal Identification Code No.

Data of the registered:

Names and last names of the registered

Female

Date of birth

Gender

Guatemala, Chiquimula, Chiquimula, Modular Hospital "Arana Osorio"
Country, Department, City of birth

Data of the mother:

Names and last names of the mother

Guatemala, Chiquimula, Esquipulas
Country, Department, City of birth

Data of the father:

Names and last names of the father


Guatemala, Chiquimula, Concepcion Las Minas
Country, Department, City of birth

Observations

NO FURTHER ANNOTATIONS NEEDED

-----FINAL LINE-----

I CERTIFY THAT I, Kaitlin Kalna Darwal, AM PROFICIENT IN THE SPANISH AND ENGLISH LANGUAGES, AND THAT THE ABOVE IS A FAITHFUL TRANSLATION OF THE ATTACHED BIRTH CERTIFICATE.



Signature

Executed on August 26, 2015, at East Palo Alto, California.

2117-B University Ave.

East Palo Alto, CA 94303

(650) 391-0343

eliminating racism
empowering women

ywca

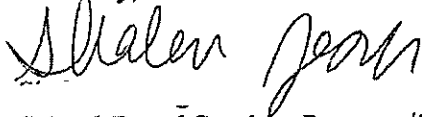
silicon valley

June 18, 2015

Attention:

This letter is to verify that _____ as received counseling services at the YWCA Silicon Valley's Rape Crisis Department. The peer counseling program is a short-term crisis counseling program offering 6 free counseling sessions with a California state-certified Rape Crisis Counselor. Rape crisis peer counseling is psycho-educational counseling focused on the effects of sexual assault or sexual abuse on a person's life and the development of coping skills to deal with trauma. If I can be of any further assistance please feel free to contact me directly.

Sincerely,



School-Based Services Program/Counseling Manager
YWCA Rape Crisis Department

sj _____ :a-sv.org

EXHIBIT H

*Dedicated to the Health
of the Whole Community*



Central Wellness and Benefits Center
2221 Erborg Lane
San Jose, California 95128
Tel (408) 885-6220
Fax (408) 885-3977

DEPARTMENT OF
MENTAL HEALTH

11/19/2014

To Immigration Court

This letter is to inform you that Ms. _____ had an initial appointment today 11/19/2014 at Central Wellness and Benefits Center (CWBC) for a psychosocial assessment. Ms. (_____) has been hospitalized at the Emergency Psychiatric Hospital on 10/31/2014, 11/4/2014 and on 11/8/2014. She was also admitted to Fremont Hospital on 11/5/2014 and then again on 11/9/2014. She is scheduled to see the psychiatrist Dr. _____ on 11/24/2014 for a complete evaluation. If you have any questions please feel free to contact me at 408-885-6220.

Thank You,

_____ ACSW, MSW

Psychiatric S.W

EXHIBIT I

04/06/2015
9:11 am

MHD Progress Note
For Client ID: / #?
And Recorded Service Dates of: 04/06/2015 - 04/06/2015

Service Item	Service Date	Duration	Place of Service
U-789 MHSA Central Wellness and Benefits Center 36220 Medication Visit MD	L-000012 (4331) Central MH 2221 Enborg Lane 04/06/2015	30	Office
No Service Status Found			

Narrative:

S. Pt is a married 25 year-old Guatemalan woman, Spanish speaker with a diagnosis of Psychosis NOS, who presents for her 2-month follow-up. Pt reports, "I've been doing well. I think I'm gaining weight." Pt denies any depressive, manic and psychotic symptoms. Pt denies any side effects and says that she takes her med daily. Pt denies any alcohol and drugs, as well as any medical concern. Pt lives with her husband and their children (3 year-old daughter and 5 year-old son) without problems.

O. Pt is a mod built female, casually dressed and groomed, good eye contact, nl speech, euthymic, A and Ox3, no sul/hom, no AVV hall, no FOI/LOA. BP=98/56, pulse=67, wt=134 lbs.

- Compliance - fair
- Side effects - pt denies any
- Substance abuse - pt denies any
- Med allergies - NKDA
- PCP - none
- Family involvement - pt prefers solo
- Labs - last done on 11-10-14
- MORS score - 7

A. Axis I - Psychosis NOS -.pt denies any symptoms, but c/o wt gain
 Axis II - deferred
 Axis III - none

P. Continue Olanzapine 5mg qhs. Pt agrees to continues despite possible risk of wt gain. Pt concurs with tx plan. Return to clinic in 3 months (pt requests this).

A. de Hoyos MD 4-6-15

43882

Psychiatrist

02/09/2015
9:10 am

MHD Progress Note

For Client ID:

And Recorded Service Dates of: 02/09/2015 - 02/09/2015

Service Item	Service Date	Duration	Place of Service
U-789 MHSA Central Wellness and Benefits Center 36220 Medication Visit MD	L-000012 (4931) Central MH 2221 Enborg Lane 02/09/2015	30	Office
No Service Status Found			

Narrative:

S. Pt is a married 25 year-old Guatemalan woman, Spanish speaker with a diagnosis of Psychosis NOS, who presents for her monthly follow-up. Pt arrived 35 minutes late and says, "I rely on others to bring me here," Pt reports, "I've been doing well mentally, but I have a bad cold right now and not feeling so good physically." Pt denies any depressive, manic and psychotic symptoms. Pt denies any side effects and says that she is compliant with her med. Pt denies any alcohol and drugs, as well as any medical concern. Pt lives with her family without problems.

O. Pt is a mod built female, casually dressed and groomed, running nose, nasal sounding speech, euthymic, sl fatigue looking, A and Ox3, no sui/hom, no AV hall, no FOI/LOA.

- Compliance - fair
- Side effects - pt denies any
- Substance abuse - pt denies any
- Med allergies - NKDA
- PCP - none
- Family involvement - pt prefers solo
- Labs - last done on 11-10-14
- MORS score - 6

A. Axis I - Psychosis NOS - pt denies any symptoms and side effects
 Axis II - deferred
 Axis III - none

P. Continue Olanzapine 5mg qhs. Pt encouraged to go to county med clinic to register for PCP. Pt concurs with tx plan. Return to clinic in 2 months.

A. de la Cruz, MD 2.9.15

Psychiatrist
43882

01/12/2015
9:17 am

MHD Progress Note

For Client ID: / _____

And Recorded Service Dates of: 01/12/2015 - 01/12/2015

Service Item	Service Date	Duration	Place of Service
U-789 MHSA Central Wellness and Benefits Center 36220 Medication Visit MD	L-000012 (4331) Central MH 2221 Enborg Lane 01/12/2015	30	Office
No Service Status Found			

Narrative:

S. Pt is a married 25 year-old Guatemalan woman, Spanish speaker with a diagnosis of Psychosis NOS, who presents for her monthly follow-up. Pt reports, "I've been okay, except that I sometimes get headaches. The medications seems to take them away." Pt denies any depressive, manic and psychotic symptoms. Pt denies any side effects and says that she is compliant with her med. Pt denies any alcohol and drugs, as well as any medical concern. Pt's cousin () says that pt is doing okay and questions whether pt should be left to administer her med or, she feels, it would be better to continue as he husband gives it to her.

O. Pt is a mod built female, casually dressed and groomed, good eye contact, nl speech, euthymic, A and Ox3, no sui/hom, no AV hall, no FOI/LOA. BP=90/59, pulse=60, wt=123 lbs.

- Compliance - fair
- Side effects - pt denies any
- Substance abuse - pt denies any
- Med allergies - NKDA
- PCP - none
- Family involvement - pt accompanied by cousin
- Labs - last done on 11-10-14
- MORS score - 6

A. Axis I - Psychosis NOS - pt denies any, but c/o intermittent headaches
 Axis II - deferred
 Axis III - none

P. Continue Olanzapine 5mg qhs. Pt will try to find PCP - her cousin says she will help her take to Planned Parenthood. Pt concurs with tx plan. Return to clinic in 4 weeks.

Juan A. De Hoyos, MD 1-12-15

Juan A. De Hoyos 43862
 Psychiatrist

12/16/2014
9:02 am

MHD Progress Note

For Client ID: /
And Recorded Service Dates of: 12/16/2014 - 12/16/2014

Service Item	Service Date	Duration	Place of Service
U-789 MHSA Central Wellness and Benefits Center 36220 Medication Visit MD	L-000012 (4331) Central MH 2221 Erborg Lane 12/16/2014	30	Office

No Service Status Found

Narrative:

S. Pt is a married 25 year-old Guatemalan woman, Spanish speaker with a diagnosis of Psychosis NOS, who presents for her monthly follow-up. Pt arrived 12 minutes late. Pt reports, "I'm doing okay. I'm not having any problems like before." Pt denies any depressive, manic and psychotic symptoms. Pt denies any side effects and says that she takes her med on daily basis. Pt denies any alcohol and drugs, as well as any medical concern. Pt is accompanied by cousin (Francisca), who says that pt is doing okay - except for one day that pt didn't take her meds, pt was irritable.

O. Pt is a mod built female, casually dressed and groomed, good eye contact, nl speech, euthymic, A and O x3, no sui/hom, no AV hall, no FOI/LOA. Med consent signed and AIMS done.

- Compliance - fair
- Side effects - pt denies any
- Substance abuse - pt denies any
- Med allergies - NKDA
- PCP - none
- Family involvement - pt accompanied by female cousin
- Labs - from Fremont H. on 11-10-14, see chart
- MORS score - 6

A. Axis I - Psychosis NOS - pt denies any symptoms and side effects
Axis II - deferred
Axis III - none

P. Continue Olanzapine 5mg qhs. Pt advised to go to county med clinic to register for PCP. Pt concurs with tx plan. Return to clinic in 4 weeks.

J. De Hoyos MD 12-16-14

Juan A De Hoyos 43862
Psychiatrist

11/20/2014
3:06 pm

MHD Progress Note

For Client ID: / [REDACTED]
And Recorded Service Dates of: 11/19/2014 - 11/19/2014

Service Item	Service Date	Duration	Place of Service
U-789 MMSA Central Wellness and Benefits Center 33001 Assessment Initial/ Follow Up 102 Initial	L-000012 (4331) Central MH 2221 Erborg Lane 11/19/2014	90	Office

Narrative:

Mental Health Psychosocial Assessment

Identifying Data: Clt is a 25 year old, Guatemalan, monolingual Spanish speaking, unemployed, heterosexual female who is currently with a partner and 2 kids in an apartment with other family members.

Presenting Mental Health Problem: Clt was referred from Fremont Hospital. Clt reported that without medication, she has no appetite, trouble sleeping, feels stressed, anxious, paranoid, hears voices, is delusional, has poor concentration and a hard time focusing. Clt mentioned having racing thoughts, is very distracted and is overly protective of her children.

Relevant Mental Health History: (PLEASE NOTE: Clt was a poor historian)
Clt reported she was sexually molested from the age of 6-7 by her father's brother-in-law. Clt said she never received any treatment for this. Clt reported she came to the US in June 2014 and the process of getting here was very difficult. Clt reported she witnessed a lot of violence. Clt said girls were getting raped by the "coyotes" and forced to do inhumane things. Clt reported that the whole process was very hard and difficult because she was traveling with her 2 year old daughter. Clt said her partner and their 4 year old son were separated from her daughter. Clt reported they suffered hunger, thirst and abuse on their way here. She said she, her daughter along with her partner would be left stranded for a couple of days with no food or water to drink. Clt said once she arrived to San Jose, Ca. she was taken to a shelter. Clt's first EPS visit was on 10/31/2014 then again on 11/4/2014 and finally on 11/8/2014. Clt also reported she was hospitalized in Fremont on 11/5/2014 and then again on 11/9/2014 (information also obtained by medical records). No other hospitalization or treatment. Clt is currently dealing with the San Francisco immigration and has an ankle bracelet for detection.

Alcohol & Substance Abuse History: Clt reported she first had alcohol at the age of 21 and would drink socially. Clt said she never had drugs, alcohol and denied the use of street drugs.

Medical History: Clt reported no medical history at this time.

Current Medications

Dosage	Start/End Dates	Results
5 mg po hs	11/2014	"is helping"

Family History of Mental Illness and Substance Abuse: Clt reported no family history of mental health issues, drug or alcohol abuse.

EXHIBIT K

11/20/2014
3:06 pm

MHD Progress Note

For Client ID: / [REDACTED]

And Recorded Service Dates of: 11/19/2014 - 11/19/2014

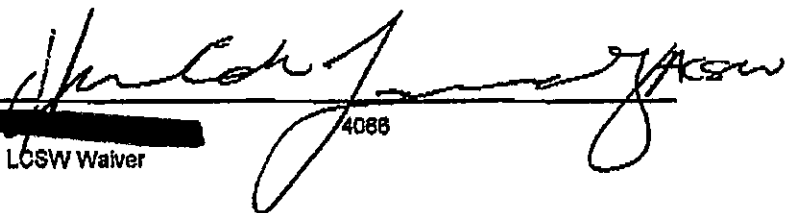
Service Item Service Status	Service Date	Duration	Place of Service
U-789 MHSA Central Wellness and Benefits Center 33001 Assessment Initial/ Follow Up 102 Initial	L-000012 (4331) Central MH 2221 Enborg Lane 11/19/2014	90	Office

rief Personal, Social, Legal History + Religious/Cultural Issues: Clt said she was born and raised by both parents in Guatemala | she has 2 brothers and 2 sisters. Clt is child #2. She also mentioned she has 5 step-siblings (on father's side). Clt said she attended Junior High school in Guatemala. Clt also said she came to the USA in June 2014 and was detained by the Texas immigration but was released to her family in San Jose, Ca. Clt said her immigration status is still in the works in San Francisco, Ca. Clt has 2 children a 4 year old son and 2 year old daughter that traveled with her and her partner during their journey to the US. Clt said on the way here, her partner and 4 year old son had been separated from her and her 2 year old daughter. Clt said she does not have a job at this time but at times helps her cousin clean houses. Clt also reported being Christian.

Factors: Clt is currently dealing with immigration and was asked to wear an ankle bracelet.

Initial Status: Clt was cooperative and open to questions. She had some difficulty answering simple questions. Clt was casually dressed for the weather and well groomed. She appeared younger than stated age and is petite. Clt had some eye contact and normal affect. Her mood and affect was congruent, depressed and guarded. Clt had little to no insight into her illness and judgment was fair. Clt was not taking any medication (A/V/H or S/H/I) at this time.

<u>Diagnosis Code</u>	<u>Diagnosis</u>
I 309.81	PTSD
IR/O 296.90	Mood Disorder NOS
IR/O 309.28	Adjustment Disorder with Mixed Anxiety and Depressed Mood
II 799.9	Deferred
III By Hx	None (00)
IV	Social, Occupational, Economic, Legal and other.
V GAF	45


[REDACTED] 4088
LCSW Waiver

11/20/2014
3:06 pm

MHD Progress Note

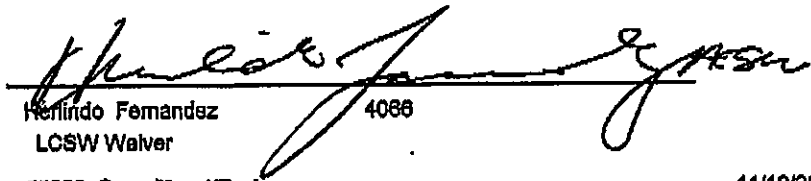
For Client ID: / [REDACTED]

And Recorded Service Dates of: 11/19/2014 - 11/19/2014

Service Item	Service Date	Duration	Place of Service
U-789 MHA Central Wellness and Benefits Center 39000 Treatment Planning/Plan Development	L-000012 (4934) Central MH 2221 Enborg Lane 11/19/2014	27	Office
No Service Status Found			

Narrative:

Clt came in to work on the initial treatment plan. See chart for the completed and signed treatment plan.

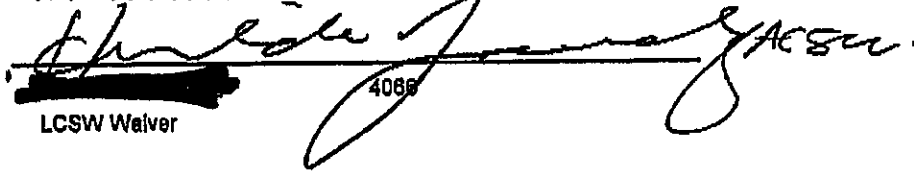


Herlindo Fernandez 4086
LCSW Waiver

30000 Case Mgmt/Brokerage	11/19/2014	47	Office
No Service Status Found			

Narrative:

Clt is scheduled to see Dr. De Hoyos for a Med-Eval on 11/24/2014 at 10:00 AM. Clt was accompanied by her female cousin [REDACTED]. Clt asked writer if her cousin could come in with her during the intake. Writer explained to clt that it was up to her. Clt said she would like for her cousin to sit in with her. Writer asked clt to please sign a consent to release confidential information (see chart for the signed consent). Clt also reported that she is currently working with the San Francisco Immigration Dept. and said she will need a letter from writer indicating that she was here for an appt. Writer agreed to provide clt with the letter after she signed another consent (see chart for the signed consent and copy of the letter). Clt was provided with community resources and was reminded of the importance of keeping this and every appt. as needed. Clt was also encouraged to call back if she has further questions or issues. She was also notified of MHUC for after hours. Clt thanked writer and said she will call if needed.



[REDACTED] 4086
LCSW Waiver

Mental Health Psychosocial Assessment

I. Identifying Data: Clt is a 25 year old, Guatemalan, monolingual Spanish speaking, unemployed, heterosexual female who is currently living with her partner and 2 kids in an apartment with other family members.

II. Presenting Mental Health Problem: Clt was referred from Fremont Hospital. Clt reported that without medication, she has no appetite, has a hard time sleeping, feels stressed, anxious, paranoid, hears voices, is delusional, has poor concentration and a hard time focusing. She also mentioned having racing thoughts, is very distracted and is overly protective of her children.

III. Relevant Mental Health History: (PLEASE NOTE: Clt was a poor historian)
Clt reported she was sexually molested from the age of 6-7 by her father's brother-in-law. Clt said she never received any treatment for the abuse. Clt reported she came to the US in June 2014 and the process of getting here was very difficult. Clt reported she witnessed a lot of abuse. Clt said girls were getting raped by the "coyotes" and forced to do inhumane things. Clt reported that the whole process was unpleasant and difficult because she was traveling with her 2 year old daughter. Clt said her partner and their 4 year old son were separated from her and her daughter. Clt reported they suffered hunger, thirst and abuse on their way here. She said she, her daughter along with other people would be left stranded for a couple of days with no food or water to drink. Clt said once she arrived to San Jose, Ca. she was taken to EPS. First EPS visit was on 10/31/2014 then again on 11/4/2014 and finally on 11/8/2014. Clt also reported she was hospitalized in Fremont Hospital on 11/5/2014 and then again on 11/9/2014 (information also obtained by medical records). No other hospitalization or treatment reported. Clt is currently dealing with the San Francisco immigration and has an ankle bracelet for detection.

IV. Alcohol & Substance Abuse History: Clt reported she first had alcohol at the age of 21 and would drink socially. Clt said she never abused alcohol and denied the use of street drugs.

V. Medical History: Clt reported no medical history at this time.

VI. Current Medications

Name	Dosage	Start/End Dates	Results
Zyprexa	5 mg po hs	11/2014	"Is helping"

VII. Family History of Mental Illness and Substance Abuse: Clt reported no family history of mental health issues, drug or alcohol abuse.

VIII. Brief Personal, Social, Legal History + Religious/Cultural Issues: Clt said she was born and raised by both parents in Guatemala. She said she has 2 brothers and 2 sisters. Clt is child #2. She also mentioned she has 5 step-siblings (on father's side). Clt said she attended and completed Junior High school in Guatemala. Clt also said she came to the USA in June 2014 and was detained by the Texas immigration department but was released to her family in San Jose, Ca. Clt said her immigration status is still in the works in San Francisco, Ca. Clt said she has 2 children a 4 year old son and 2 year old daughter that traveled with her and her partner during their journey to the US. Clt said that on their way here, her partner and 4 year old son had been separated from her and

her 2 year old daughter. Clt said she does not have a stable job at this time but at times helps her cousin clean houses. Clt also reported being Christian.

IX. Risk Factors: Clt is currently dealing with immigration and was asked to wear an ankle bracelet.

X. Mental Status: Clt was cooperative and open to questions. She had some difficulty answering simple questions. Clt was casually dressed appropriate for the weather and well groomed. She appeared younger than stated age and is petite. Clt had some eye contact and normal speech. Her mood and affect was congruent, depressed and guarded. Clt had little to no insight into her illness and judgment was fair. Clt denied having A/V/H or S/H/I at this time.

XI. Diagnosis	Code	Diagnosis
Axis I	309.81	PTSD
Axis IR/O	296.90	Mood Disorder NOS
Axis IR/O	309.28	Adjustment Disorder with Mixed Anxiety and Depressed Mood
Axis II	799.9	Deferred
Axis III	By Hx	None (00)
Axis IV		Social, Occupational, Economic, Legal and other.
Axis V	GAF	45

For further comments, see progress notes dated:

Signature *[Handwritten Signature]* Discipline MSW Date 11/19/2014

Licensed Signature, as needed: _____ Discipline _____ Date _____

Santa Clara Valley Health & Hospital System
 Mental Health Department - CWBC
 Psychosocial Assessment

