

Tue 11/29/2016  
11:02 PM

Motion

(Rule 17.3(a))

No. 48027-1-II

93873.3

SUPREME COURT or COURT OF APPEALS, DIVISION II

OF THE STATE OF WASHINGTON

Superior Court of Pierce County

Angela Scoutten aka Schreiner

FILED  
DEC 01 2016  
WASHINGTON STATE  
SUPREME COURT

VS.

Michael J. Scoutten

MOTION FOR: Extension of one business day to ensure Petition was timely filed (filed with the Court of Appeals on 11/29/16) due to Emergency hearings/Domestic Violence. The Appellant's Petition was due on 11/28/16. Petition was timely served on the other party on 11/28/16.

I was unable to file my Petition with the Court of Appeals before end of business day on 11/28/16 due to circumstances beyond my control. The circumstances related to an Emergency situation involving taking my 6 year old daughter to the ER at Mary Bridge Children's Hospital after her step-mother physically assaulted her (see ER visit attached herein).

On Monday, 11/28/16 CPS interviewed my child regarding the incident with her step-mother. I was advised to file a DVPO in the Superior Court of Pierce County (attached hereto, signed at 1:20pm). I waited for an ex parte hearing and attended the hearing (attached hereto, signed at 3:20 pm). Due to CPS interview and emergency court hearings I was unable to file my Petition by the end of the business day at 4pm with the Court of Appeals, Division II. I filed the Petition with the Court of Appeals the following business day on 11/29/16. I was able to serve a timely notice to the opposing party's attorney at the Superior Court of Pierce County on 11/28/16 when he appeared for the ex parte hearing at 3pm.

1. IDENTITY OF MOVING PARTY

Angela Schreiner, Appellant.

2. STATEMENT OF RELIEF SOUGHT

Extension of one business day to ensure Petition was timely filed (filed with the Court of Appeals on 11/29/16) due to Emergency hearings/Domestic Violence.

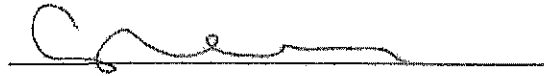
3. FACTS RELEVANT TO MOTION

See attached Medical Records filed herein, DVPO and Ex parte order.

4. GROUNDS FOR RELIEF AND ARGUMENT:

Extraordinary circumstances have been found to justify extensions of time where the findings were defective, despite the reasonable diligence of counsel, "due to excusable error or circumstances beyond the party's control."10 In Weeks v. Chief of State Patrol.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read 'Angela Schreiner', is written over a solid horizontal line.

Signature

Petitioner

Angela Schreiner 11/29/16



16-2-03735-1 47978087 SEALPHC 11-28-16

FILED  
IN COUNTY CLERK'S OFFICE

A.M. NOV 28 2016 P.M.  
PIERCE COUNTY, WASHINGTON  
KEVIN STOCK, County Clerk  
BY \_\_\_\_\_ DEPUTY

**Superior Court of Washington  
County of PIERCE**

In re:

ANGELA SCHREINER  
Petitioner(s),

and

MONICA SCOUTTEN  
Respondent(s).

No. 16 2 03735 1

**Sealed Personal Health Care  
Records  
(Cover Sheet)  
(SEALPHC)  
Clerk's Action Required**

SEALED

**Sealed Personal Health Care Records**

(List documents below and write "Sealed" at least one inch from the top of the first page of each document.)

Records or correspondences that contain health information that:

- Relates to the past, present, or future physical or mental health condition of an individual including past, present, or future payments for health care.
- Involves genetic parentage testing.

Submitted by:

\_\_\_\_\_

**Notice:** The other party will have access to these health care records. If you are concerned for your safety or the safety of the children, you may redact (block out or delete) information that identifies your location.



Memphis T Scoutten

Description: 6 year old female  
Department: Mb  
Emergency Department - Mgp

Dept Phone: 253-403-1418  
Center: MB



Tacoma Police Department

# INCIDENT NOTIFICATION REPORT

Name \_\_\_\_\_

Date \_\_\_\_\_

YOUR CASE NUMBER IS:  
**1633006463**

Reporting Officer(s)  
**C. Bain**

Should you have correspondence with the Tacoma Police Department regarding your case, please refer to the above case number.

**SEE OTHER SIDE FOR VICTIM ASSISTANCE INFORMATION**

PD 003 (05/14) s

Why

Contact Info

1033 REGENTS BLVD STE 102  
Fircrest WA 98466 253-564-1115

w up with a specific doctor or doctor's office, please call the o check that the heathcare provider is covered by your

Reported Medications

mg/mL

ation list with care. Note changes. Take this list with you to Review it with your doctor. Call your doctor if you have any

medication questions.

Always update your medication list if you or your doctor:

- Change the type of medication you take
- Change a medication dose
- Stop a medication
- Start a new medication

Be sure to include over-the-counter and herbal medications on your list. Keep a copy of your medication list with you at all times. You will need it in case of an emergency.

Non-emergency  
Police  
253-798-4721

**Discharge Instructions**

---

Your Child was seen by Andrea R Gravatt, MD

- 1. **Bruise**
- 2. Physical assault

ICD-10-  
CM  
**T14.8**  
Y09

Your child was prescribed  
**Current Discharge Medication List**

Memphis being discharged home. Please follow up closely with your regular doctor within 24 to 48 hours or otherwise as instructed. If at any time the condition worsens or you are worried about how your child is doing, please call your regular doctor or return to the MB ED for further evaluation. If you have any questions or concerns call the consulting nurse at 253-792-6300.

- Follow-up with your primary physician (Paul E Debusschere, MD) As needed
- You have been referred to CAID. Please call to make an appointment
- Return to ED if concerns
- Additional Instructions:
  - Please follow SW evaluation

2534031478



This Sheet to the Restrained Person

16-2-03735-1 47978080 LEIS 11-28-16

Case Number 16 2 03735 1

Domestic Violence Dissolution/Separation/Invalidity/Nonparental Custody/Paternity Antiharassment Sexual Assault

Law Enforcement Information

This completed form is required by law enforcement. This information is necessary to serve, enforce and enter your order into the state wide law enforcement computer. Fill in the following information as completely as possible. Type or print only.

Restrained Person's Information

Name of Restrained Person (Last, First, Middle)

SCOUTTEN, MONICA L.

Drivers License or ID Number (specify type)

Nickname

Sex

Race

Birth date

F

CAUC

OCT 82

Height

Weight

Eye Color

Hair Color

Skin Tone

Build

Relation to Protected Person

5'10"

158

GREEN

BL

WH

STEPMOTHER

Last Known Address (Street, City, State, Zip)

Home Phone

Interpreter Required? Language:

4809 N 8TH ST TACOMA 98404

Other Address (Street, City, State, Zip), if any:

Employer

Employer's Address

Work Hours: Phone:

WINDERMERE TACOMA, WA

Vehicle License Number

Vehicle Make and Model

Vehicle Color

Vehicle Year

BLACK ACURA SUV

BLACK

Protected Person's Information

Name of Protected Person (Last, First, Middle)

SCHWEINER, ANGELA

Sex:

Race:

Birth date: 04/17/85

If your information is not confidential, you must enter your address and phone number(s).

Current Address (Street, City, State, Zip)

Phone

1506 GUYAND LOOP WAY #1002 TACOMA WA 98407

206 743 2544

If your information is confidential, you must provide the name, address and phone number of someone willing to be your "contact."

Contact Name

Contact Address

Contact Phone

(For SA Orders Only) Name and contact phone number of person filing petition on behalf of protected person:

Minor's Information

Describe the minor's relationship using terms such as: child, grandchild, stepchild, nephew, none.

Minor's Relationship to Protected Person Restrained Person

Minor's Name (Last, First, Middle)

Sex

Race

Birth date

Resides With

Person

Person

SCOUTTEN, MEMPHIS T.

F

W

04/15/10

PARENTS

CHILD

STEPCHILD

Hazard Information

Weapons Guns/Rifles Knives Explosives Other

Location of Weapons:

Describe in detail:

N/A

Vehicle On Person Residence

Current Status (For DV Orders Only) (circle)

Restrained Person's History Includes:

Are you and the restrained person living together right now? Yes No Does the restrained person know you are trying to get this order? Yes No Does the restrained person know he/she may be moved out of home? Yes No Is the restrained person likely to react violently when served? Yes No

Mental Health Problems (Commitment, Treatment, Suicide Attempt, Other) Assault Assault with Weapons Alcohol/Drug Abuse

See Reverse For Additional Information

Prepared by:

Date:



16-2-03735-1 47978081 PTORPRT 11-28-16

IN COUNTY CLERK'S OFFICE  
NOV 28 2016  
BY KEVIN R. [Signature]

Superior Court of Washington  
For Pierce County  
ANGELA SCHVEINER  
Petitioner  
MONICA SCOUTTEN  
Respondent

No. 16 2 03735 1  
Petition for Order for Protection  
(PTORPRT)

1.  I am a victim of domestic violence committed by the respondent.  
 A member of my family or household is a victim of domestic violence committed by the respondent.  
 I am a  guardian  guardian ad litem  next friend of a minor who is 13 to 15 years of age and is a victim of domestic violence in a dating relationship with a person age 16 or older. The name of the minor victim is MEMPHIS SCOUTTEN. This person's identifying information is provided in paragraph 5 below.

2.  The victim lives in this county.  
 The victim left their residence because of abuse and this is the county of their new or former residence.

3. The victim's age is:  Under 16  16 or 17  18 or over  
 Respondent's age is:  Under 16  16 or 17  18 or over

4. The victim's relationship with the respondent is:  
 spouse or former spouse  
 parent of a child in common  
 current or former domestic partner  
 current or former cohabitant as part of a dating relationship  
 current or former dating relationship  
 stepparent or stepchild  
 current or former cohabitant as roommate  
 in-law  
 parent or child  
 blood relation other than parent or child

5. Identification of Minors (if applicable)  No Minors involved.

Name (First, Middle Initial, Last)	Age	Race	Sex	How Related to		Resides with
				Petitioner	Respondent	
MEMPHIS SCOUTTEN	6	caucasian	F	child	step-child	parents

16 2 03735 1

6. Other court cases or other restraining, protection or no-contact orders involving me, the minors and the respondent:

Case Name			
Case Number			
Court/County			

I Request an Order for Protection following a hearing that will:

**1. Restrain** respondent from causing any physical harm, bodily injury, assault, including sexual assault, and from molesting, harassing, threatening, or stalking  me  the minors named in paragraph 5 above  these minors only.

(If the court orders this relief, and the respondent is your spouse or former spouse, current or former domestic partner, the parent of a child in common, or a current or former cohabitant as part of a dating relationship, the respondent will not be able to obtain or possess a firearm, other dangerous weapon, ammunition, or concealed pistol license under state or federal law for the duration of the order.)

**2. Restrain** respondent from harassing, following, keeping under physical or electronic surveillance, cyberstalking as defined in RCW 9.61.260, and using telephonic, audiovisual, or other electronic means to monitor the actions, locations, or wire or electronic communication of  me  the minors named in paragraph 5 above  only the minors listed below;  members of the victim's household listed below  the victim's adult children listed below.

MEMPHIS SCOUTTEN

**3. Restrain** respondent from coming near and from having any contact whatsoever, in person or through others, by phone, mail, or any means, directly or indirectly, except for mailing of court documents, with  me  the minors named in paragraph 5 above, subject to any court-ordered visitation  these minors only, subject to any court-ordered visitation:

**4. Exclude** respondent from  our shared residence  my residence  my workplace  my school  the residence, day care, or school of  the minors named in paragraph 5 above  these minors only.

other: MEMPHIS SCOUTTEN

You have a right to keep your residential address confidential.

**5. Direct** respondent to vacate our shared residence and restore it to me.

**6. Prohibit** respondent from knowingly coming within, or knowingly remaining within \_\_\_\_\_ (distance) of  our shared residence  my residence  my workplace  my school  the day care or school of  the minors named in paragraph 5 above.  these minors only.

MEMPHIS SCOUTTEN

other:



<sup>7</sup>  **Grant** me possession of essential personal belongings, including the following:  
  
N/A

<sup>8</sup>  **Grant** me use of the following vehicle:  
Year, Make & Model N/A License No. \_\_\_\_\_

<sup>9</sup>  **Other:**

Protection involving a minor:

<sup>10</sup>  **Subject** to any court-ordered visitation, **Grant** me the care, custody and control of  the minors named in paragraph 5 above  these minors only:  
  
MEMPHIS SCOUTTEN

<sup>11</sup>  **Restrain** respondent from interfering with my physical or legal custody of  the minors named in paragraph 5 above  these minors only:

<sup>12</sup>  **Restrain** the respondent from removing from the state:  the minors named in paragraph 5 above  these minors only:

Additional Requests:

<sup>13</sup>  **Direct** the respondent to participate in appropriate treatment or counseling services.

<sup>14</sup>  **Require** the respondent to pay the fees and costs of this action.

<sup>15</sup>  **Remain Effective** longer than one year because respondent is likely to resume acts of domestic violence against me if the order expires in a year.

Protection involving pets.

<sup>16</sup>  **Grant** me exclusive custody and control of the following pet(s) owned, possessed, leased, kept, or held by me, respondent, or a minor child residing with either me or the respondent. (Specify name of pet and type of animal.):  
  
N/A

<sup>17</sup>  **Prohibit** respondent from interfering with my efforts to remove the pet(s) named above.

<sup>18</sup>  **Prohibit** respondent from knowingly coming within, or knowingly remaining within, 500 (distance) of the following locations where the pet(s) are regularly found:  
 petitioner's residence (You have a right to keep your residential address confidential.)  
 \_\_\_\_\_ Park  
 other: MINORS SCHOOL

Protection from Firearms and Other Dangerous Weapons

**Require** the respondent to surrender any firearm or other dangerous weapon, or any concealed pistol license, and prohibit the respondent from obtaining or possessing a firearm or other dangerous weapon, or a concealed pistol license.

Notice: If you are the respondent's intimate partner, after actual notice and an opportunity to be heard at the hearing, the court may be required to order the respondent to surrender firearms, other dangerous weapons, or concealed pistol license.

**I want emergency temporary protection effective immediately, that lasts (up to 14 days) until the court hearing:**

An emergency exists as described below. I request that a **Temporary Order for Protection** granting the relief requested above in 1) through 12) be issued immediately, without prior notice to the respondent, to be effective until the hearing.

I also request temporary surrender of a firearm or other dangerous weapon without notice to the other party because irreparable injury could result if an order is not issued until the hearing.

What irreparable harm would result if an order is not issued immediately without prior notice to the respondent?

STEP MOTHER PHYSICALLY ASSAULTED CHILD. CHILD IS FEARFUL OF STEP MOTHER. STEP MOTHER HAS THREATENED TO HARM CHILD AGAIN.

Request for Special Assistance From Law Enforcement Agencies:

I request the court order the appropriate law enforcement agency to assist me in obtaining:

Possession of my residence.  Possession of the vehicle designated above.  
 Possession of my essential personal belongings at  the shared residence  respondent's residence

other location \_\_\_\_\_

Custody of  the minors named in paragraph 5 above  these minors only (if applicable):

Other: \_\_\_\_\_

"Domestic violence" means physical harm, bodily injury, assault, including sexual assault, stalking, Or inflicting fear of imminent physical harm, bodily injury or assault between family or household members.

**Statement:** The respondent has committed acts of domestic violence as follows. (Describe specific acts of domestic violence and their approximate dates; beginning with the most recent act. You may want to include police responses.)

Describe the most recent violent act, fear or threat of violence, and why the temporary order should be entered today without notice to the respondent: \_\_\_\_\_

ON 11/25/16 STEP MOTHER PHYSICALLY ASSAULTED STEP CHILD (MEMPHIS SCOUTTEN) BY THROWING CELL PHONE AT STEP CHILDS HEAD RESULTING IN BRUISING AND INJURY. CHILD WAS TAKEN TO MARY BRIDGE CHILDRENS HOSPITAL. (FILED HEREIN) CPS AND CAID INVESTIGATION IS ONGOING. TPD REPORT MADE #11033001453

Describe the past incidents where you experienced violence, where you were afraid of injury or where the respondent threatened to harm or kill you: \_\_\_\_\_

MONICA PHYSICALLY ASSAULTED ANGELA SCHREINER KICKING HER IN THE LEGS IN 2015. TACOMA POLICE REPORT FILED

MONICA SCOUTTEN HAS LOCKED CHILD OUT OF HOME IN 2014. TP REPORT FILED

Describe any violence or threats towards children: STEP MOTHER THREATENED TO HURT CHILD MORE THAN SHE ALREADY HAS.

Describe any stalking behavior by respondent, including use of telephonic, audiovisual or electronic means to harass or monitor: STEP MOTHER HARASSSES MOTHER OVER PHONE & STALKS CHILD.

Describe medical treatment you received and for what: CHILD WAS SEEN IN MARY BRIDE ER (FILED HEREIN)

Describe any threats of suicide or suicidal behavior by the respondent: N/A

Does the respondent own or possess firearms?  Yes  Not sure

Does the respondent use firearms, weapons or objects to threaten or harm you? Please describe:

Has the respondent used, displayed, or threatened to use a firearm or other dangerous weapon in a felony? Please describe:

Has the respondent previously committed an offense that makes him or her ineligible to possess a firearm under the provisions of RCW 9.41.040? Please describe:

N/A

Does possession of a firearm or other dangerous weapon by the respondent present a serious and imminent threat to public health or safety, or to the health or safety of any individual?

Please describe:

NOT SURE

If you are requesting that the protection order lasts longer than one year, describe the reasons why:

STEP MOTHER IS UNSTABLE AND KEEPS PHYSICALLY ASSAULTING CHILD. CHILD IS EXTREMELY FEARFUL OF STEP MOTHER.

Other:

(Continue on separate page if necessary.)

Check box if substance abuse is involved:  alcohol  drugs  other.

Personal service cannot be made upon respondent within the state of Washington.

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Dated: 11/29 at TACOMA, Washington.

  
Signature of Petitioner

You have a right to keep your residential address confidential. If you have one, please provide an address, other than your residence, where you may receive legal documents:

CERTIFIED COPY

FILED  
IN COUNTY CLERK'S OFFICE  
A.M. NOV 28 2016  
CLERK  
KEVIN STOCK, CLERK

SUPERIOR COURT OF WASHINGTON FOR PIERCE COUNTY

ANGELA KRISTEN SCHREINER

Petitioner(s).

vs.

MONICA L SCOUTTEN

Respondent(s).

No.: 16-2-03735-1

Denial Order

- Domestic Violence
- Antiharassment
- Vulnerable Adult
- Sexual Assault
- Stalking

(ORDYMT)

Clerk's Action Required  
Next Hearing Date/Time  
Dec 12, 2016, 1:00 PM  
At: 930 Tacoma Ave South, Room 117  
Tacoma WA 98402

This Matter having come on for hearing upon the request of (name) Petitioner, for a:

- Temporary Order
- Full Order
- Renewal Order
- Modification Order
- Termination Order

and the Court Finding:

- Petitioner  Respondent did not appear
- Petitioner requested dismissal of petition.
- The order submitted has not been completed or certified upon penalty of perjury.
- This order materially changes an existing order. A hearing after notice is necessary.
- No notice of this request has been made or attempted to the  vulnerable adult  opposing party.
- The petitioner has failed to demonstrate that there is sufficient basis to enter a temporary order without notice to the  vulnerable adult  opposing party.

Domestic Violence

- The domestic violence protection order petition does not list a specific incident and approximate date of domestic violence.
- A preponderance of the evidence has not established that there is domestic violence.
- The respondent proved by a preponderance of the evidence that the respondent will not resume acts of domestic violence against the petitioner or the petitioner's children or family or household members when the protection order expires.

- For Respondent's motion to modify or terminate a domestic violence Order for Protection effective longer than two years,
- A preponderance of the evidence failed to establish that:
- the modification is warranted.
  - for a modification to shorten the duration or remove restrictions against domestic violence acts or threats, or for termination, there has been a substantial change of circumstances such that the respondent is unlikely to resume acts of domestic violence against the petitioner or other persons protected in the order, to wit:
    - since the protection order was entered, the respondent  has committed or threatened domestic violence, sexual assault, stalking, or other violent acts;  has exhibited suicidal ideation or attempts;  has been convicted of criminal activity;  neither acknowledged responsibility for the acts of domestic violence that resulted in entry of the protection order nor successfully completed domestic violence perpetrator treatment or counseling;
    - the respondent has continued to abuse drugs or alcohol, if such was a factor in the protection order.
    - the petitioner  has  has not voluntarily and knowingly consented to terminating the protection order
    - the respondent or petitioner moving further away from the other party will stop acts of domestic violence.
    - other \_\_\_\_\_
- the respondent proved that there has been a substantial change of circumstances; however, the court declines to terminate the Order for Protection because the acts of domestic violence that resulted in the issuance of the Order for Protection were of such severity that the order should not be terminated.

Sexual Assault:

- The sexual assault protection order petition does not list a specific incident and approximate date of nonconsensual sexual contact or nonconsensual sexual penetration.
- For a temporary sexual assault protection order, reasons for denial of the order are:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- A preponderance of the evidence has not established that there has been nonconsensual sexual contact or nonconsensual sexual penetration.

Vulnerable Adult:

- The vulnerable adult protection order petition does not list specific incidents and approximate dates of abandonment, abuse, neglect, or financial exploitation of an alleged vulnerable adult.
- A preponderance of the evidence has not established that there has been abandonment, abuse, neglect, or financial exploitation of an alleged vulnerable adult.
- The vulnerable adult protection order petition does not demonstrate that the petitioner is an "interested person" under the definition as stated in RCW 74.34.020(9).

Stalking:

- The stalking protection order petition does not list specific incidents and approximate dates of stalking conduct.
- A preponderance of the evidence has not established that there has been stalking conduct.
- The respondent proved by a preponderance of the evidence that the respondent will not resume acts of stalking conduct against the petitioner or the petitioner's children or family or household members when the protection order expires.

Harassment:

- The harassment protection order petition does not list specific incidents and approximate dates of harassment.
- A preponderance of the evidence has not established that there has been harassment.
- The respondent proved by a preponderance of the evidence that the respondent will not resume harassment of the petitioner when the protection order expires.
- Other:

FILED  
 SUPERIOR COURT  
 PIERCE COUNTY  
 NOV 28 2016  
 BY KEVIN STOCK CLERK

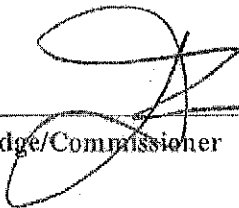
The court orders that:

- The request to waive the filing fee is denied.
- The request for a temporary order is denied and the case is dismissed.
- The request for a full order is denied, and the petition is dismissed. Any previously entered temporary order expires at \_\_\_\_\_m. today.
- The request for a temporary order is denied and the clerk is directed to set a hearing on the petition.
- The request before the court is denied, provided that it may be renewed after notice has been provided to the
  - vulnerable adult
  - opposing party according to the Civil Rules.
- The request to modify, terminate, or renew the order dated \_\_\_\_\_ is denied.
- The request for a temporary/final Order to Surrender Weapons is denied.
- If any firearms or dangerous weapons have been surrendered under this cause number, they shall be released to the respondent, absent some other legal reason that may exist prohibiting the respondent from possessing them.
- The parties are directed to appear for a hearing as shown on page One.  
 The requesting party shall make arrangements for service of the petition/motion and this order on (name) \_\_\_\_\_ by \_\_\_\_\_  
 law enforcement, professional process server, a person who is 18 or older, competent to be a witness, and not a party to the case. A Return of Service shall be filed with the clerk at or before the hearing.

*Failure to Appear at the Hearing May Result in the Court Granting All of the Relief Requested in the Petition or Motion.*

This order is dated and signed in open court.

Date: 11/28/16 Time 1:20 pm

  
 \_\_\_\_\_  
 Judge/Commissioner

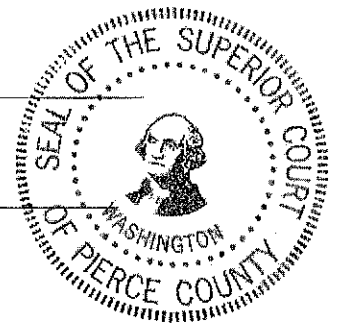
I acknowledge receipt of a copy of this order:

\_\_\_\_\_  
Signature of Respondent/Lawyer WSBA No.

\_\_\_\_\_  
Print Name Date

\_\_\_\_\_  
Signature of Petitioner/Lawyer WSBA No.

\_\_\_\_\_  
Print Name Date

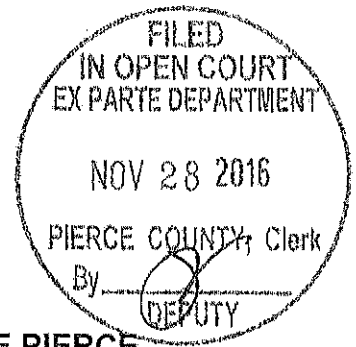


STATE OF WASHINGTON, County of Pierce  
 ss: I, Kevin Stock, Clerk of the above  
 entitled Court, do hereby certify that this  
 foregoing instrument is a true and correct  
 copy of the original now on file in my office.  
 IN WITNESS WHEREOF, I hereunto set my  
 hand and the Seal of said Court this

day of \_\_\_\_\_ 20  
 By Kevin Stock, Clerk  
Deputy

NOV 28 2016





IN THE SUPERIOR COURT OF WASHINGTON, COUNTY OF PIERCE

ANGELA K SCOUTTEN,  
Petitioner(s)

Cause No: 11-3-03452-5

vs.

NOTE FOR COMMISSIONERS CALENDAR (NTC)

MICHAEL J E SCOUTTEN,  
Respondent(s)

EXCEED CAP  SHORTEN TIME

TO THE CLERK OF THE SUPERIOR COURT AND TO:

Name: ANGELA SCOUTTEN

Phone:

Address:

City/State/Zip:

Attorney for:  Petitioner  Respondent

Please take notice that an issue of law in this case will be heard on the date and the time shown below:  
Pierce County Superior Court, County-City Building: 930 Tacoma Ave S - Tacoma, WA 98402

**COURT DATE: DECEMBER 12, 2016 AT 1:30 PM ROOM 117**

- Adequate Cause
- Parenting Plan
- Reconsideration - Comm \_\_\_\_\_
- Child Support
- Review
- Special Set - Comm \_\_\_\_\_
- Contempt
- Temporary Order
- Other \_\_\_\_\_

**PARTY SETTING HEARING MUST CONFIRM BY CALLING 253-798-6697 BY NOON; TWO (2) COURT WORKING DAYS PRIOR TO HEARING OR HEARING WILL BE CANCELLED AND NOT HEARD BY ANY JUDICIAL OFFICER UNTIL THE CASE IS RESCHEDULED FOR A HEARING.**

*Working Copies must be delivered to Commissioner Services - Room 140 by noon, two (2) court days prior to the hearing.*

*Check the TV monitors on the 1<sup>st</sup> or 2<sup>nd</sup> floor lobby to locate your courtroom number.*

- (MO) Show Cause/Family Law, Confirmation Required (MON - THU at 9 AM as posted)
- (OE) Supplemental Proceedings (MON - FRI AT 1:30 PM Room 100)
- (UD) Unlawful Detainer (MON - FRI AT 1:30 PM Room 100)
- (GD) Probate/Guardianship/Minor Settlement (MON - FRI AT 1:30 PM in Room 100)
- (FC) Paternity (MON/TUE/THUR AT 1:30 PM in Room 407)

DIANA LYNN KIESEL \_\_\_\_\_

Date: November 28, 2016

Signed: COURT COMMISSIONER \_\_\_\_\_

Name: ATTY JOHN MILLER

Address:

Phone:

City/State/Zip:

Attorney for:  Petitioner  Respondent

\*\*\*\*\*THE ABOVE INFORMATION MUST BE COMPLETED AND SIGNED\*\*\*\*\*

JA

Scoutten, Memphis T (MR # 2753040)

**Selected Notes/Transcriptions**

**ED Provider Notes by Andrea R Gravatt, MD at 11/25/16 1815**

Author: Andrea R Gravatt, MD	Service: (none)	Author Type: Physician
Filed: 11/26/16 1248	Date of Service: 11/25/16 1815	Note Type: ED Provider Notes
Status: Signed	Editor: Andrea R Gravatt, MD (Physician)	

**May Bridge Emergency Department - Attending Physician Note**

<b>PATIENT NAME:</b> Memphis T Scoutten
<b>MRN:</b> 2753040
<b>AGE:</b> 6 year old female
<b>DOB:</b> 4/15/2010
<b>ED ENCOUNTER DATE:</b> 11/25/2016 , 6:15 PM
<b>PRIMARY CARE PROVIDER:</b> Paul E Debusschere, MD

Memphis arrived via private vehicle accompanied by<sup>[SN1.1]</sup> mother<sup>[SN1.2]</sup>.  
**Referred from/by:** Self referral.

**CHIEF COMPLAINT**<sup>[SN1.1]</sup>

**Chief Complaint**

Patient presents with

- Head Injury
- Alleged Physical Assault<sup>[SN1.3]</sup>

**HISTORY OF PRESENT ILLNESS**

History obtained from<sup>[SN1.1]</sup> self and mother<sup>[SN1.2]</sup>

6:15 PM: The child with significant past medical history<sup>[SN1.1]</sup> of Adams-Oliver syndrome, epilepsy, constipation<sup>[SN1.2]</sup> was well until<sup>[SN1.1]</sup> 1700 today when mother picked up child and noticed a bruise on child's forehead. Bruise was not present yesterday. Patient reports her step-mother purposefully threw a phone at the patient while she was lying on the floor.<sup>[SN1.2]</sup> The phone was not accidentally dropped and no other altercation noted.<sup>[AG1.1]</sup> She then went to her room and "cried under her blanket". She then reports going to watch SpongeBob in the living room.<sup>[SN1.4]</sup> The time that the phone was thrown and hit the patient is unknown.<sup>[SN1.2]</sup> Memphis<sup>[SN1.5]</sup> has had no loss of consciousness, vomiting, seizure activity,<sup>[SN1.2]</sup> headache<sup>[AG1.1]</sup> or other reported symptoms.<sup>[SN1.2]</sup> No orthopedic injuries.<sup>[AG1.1]</sup>

**PAST MEDICAL HISTORY**<sup>[SN1.1]</sup>

**Past Medical History**

Diagnosis

- Adams-Oliver syndrome
- Epilepsy (CMS/HCC)
- H/O constipation
- UTI (lower urinary tract infection)<sup>[SN1.3]</sup>

Date

**PAST SURGICAL HISTORY**<sup>[SN1.1]</sup>

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Scoutten, Memphis T (MR # 2753040)

**Selected Notes/Transcriptions (continued)**

ED Provider Notes by Andrea R Grayatt, MD at 11/25/16 1815 (continued)

**Past Surgical History**

Procedure \_\_\_\_\_ Laterality \_\_\_\_\_ Date \_\_\_\_\_  
• H/o excision of benign lesion<sup>[SN1.3]</sup>

**REVIEW OF SYSTEMS**

Except as noted above or in HPI, at least 10 systems are reviewed and are negative.

**ALLERGIES**

No known allergies.

**IMMUNIZATIONS**

Immunizations are up to date per family.

**FAMILY HISTORY**

No significant family history per parents.

**SOCIAL HISTORY**

The patient lives with family.<sup>[SN1.1]</sup>

**Pediatric History**

**Patient Guardian Status**

- Mother: Scoutten, Angela K
- Father: Scoutten, Michael J

**Other Topics**

- Not on file

Concern

**Social History Narrative**<sup>[SNT.3]</sup>

**VITAL SIGNS:**

Pulse 86 | Temp (Src) 99 (Oral) | Resp 20 | Wt 49 lb 13.2 oz (22.6 kg) | SaO2 100% on room air, normal.

**PHYSICAL EXAMINATION**

**GENERAL APPEARANCE:** Memphis is awake, alert and in no apparent distress. Memphis is active and appearing well hydrated.

**HEENT:**

Head: Normocephalic and atraumatic. The scalp has no hematomas, bruises or step-offs.  
Eyes: Pupils are equal, round, reactive to light and accommodation. The extraocular movements are intact.  
Sclera are clear and there is no eye discharge.  
Ears: Tympanic membranes are clear bilaterally.<sup>[SN1.1]</sup> No hemotympanum.<sup>[SN1.2]</sup>  
Nose: Nasal bridge is normal. Nares are clear.  
Mouth: Oropharynx is clear with moist mucous membranes. Gingival are normal. Dentition is normal. Uvula midline. The tonsils are present. There is no injection or exudate. There are no palatal petechia. There is no peritonsillar fullness.

**NECK:** Supple with normal range of motion. C- spine is non-tender.

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**Selected Notes/Transcriptions (continued)**

**ED Provider Notes by Andrea R Gravatt, MD at 11/25/16 1815 (continued)**

**LUNGS:** There is no increased work of breathing with no retractions. There is no grunting or audible wheezing. Lungs are clear to auscultation bilaterally with no crackles, wheezes, rales.

**HEART:** Regular rate and rhythm; no murmurs, gallops, or rubs. Capillary refill less than 2 seconds.

**ABDOMEN:** Soft, nontender. No rebound, guarding, masses, hepatosplenomegaly.

**EXTREMITIES:** Warm and well perfused; Nontender with normal strength and range of motion of all joints.

**BACK:** No CVA tenderness.

**NEUROLOGIC:** Mental status is appropriate for age. GCS:15. Memphis is alert and interactive. There are no focal deficits noted. Normal gait.

**SKIN:** No rashes or lesions.<sup>[SN1.1]</sup> Erythematous approx 2X2 cm b<sup>[AG1.1]</sup>ruise to forehead, right anterior thigh<sup>[SN1.6]</sup> yellow green<sup>[AG1.1]</sup>, right lateral thigh, right hip, bilateral shins, and right elbow<sup>[SN1.6]</sup> all yellow green<sup>[AG1.1]</sup>,<sup>[SN1.6]</sup>

**LYMPHATICS:** Normal nodes.

**GU:** Normal.

**MEDICAL DECISION MAKING**

Memphis was evaluated by me. History and physical examination are noted above.

**DIFFERENTIAL DIAGNOSIS<sup>[SN1.1]</sup>**

Contusion, NAT,<sup>[SN1.6]</sup>

**LABS/IMAGING RESULTS<sup>[SN1.1]</sup>**

None<sup>[SN1.7]</sup>

**ED COURSE**

6:15 PM:<sup>[SN1.1]</sup>

The child was evaluated and noted to have bruising to her forehead, right anterior thigh, right lateral thigh, right hip, bilateral shin, and right elbow. I reviewed pictures taken yesterday with no forehead bruise noted. The bruise of question is the bruise to her forehead where she allegedly had a cell phone thrown at her by step mother. Social worker was consulted, please see social worker notes. Child gives history compatible with that diagnosis<sup>[SN1.4]</sup> and provides detail of event<sup>[AG1.1]</sup>. The remainder of bruises<sup>[SN1.4]</sup> were compatible<sup>[AG1.1]</sup> with child play. No pattern marking.<sup>[SN1.4]</sup> A report was made by social work to law enforcement. No emergent workup required at this time.<sup>[SN1.8]</sup>

10:01 PM: Social work cleared patient to return home with mother. Law enforcement aware of situation.<sup>[SN1.9]</sup>  
BP 118/72 | Pulse 79 | Temp (Src) 98.6 (Oral) | Resp 22 | Wt 49 lb 13.2 oz (22.6 kg) | SaO2 100%<sup>[SN1.10]</sup>

10:47 PM: Police officer interviewed patient and mother here in emergency department. Plan for patient to be discharged home with mother as previously planned.<sup>[SN1.11]</sup>

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**Selected Notes/Transcriptions (continued)**

**ED Provider Notes by Andrea R Gravatt, MD at 11/25/16 1815 (continued)**

**Medications given:**

The patient was treated with the following medications:<sup>[SN1.1]</sup>

- None<sup>[SN1.7]</sup>

**ASSESSMENT**

**FINAL DIAGNOSIS:**<sup>[SN1.1]</sup>

1. Bruise
2. Physical assault
3. Alleged physical assault<sup>[AG1.1]</sup>

ICD-10-  
CM  
T14.8  
Y09<sup>[AG1.2]</sup>

**PRESCRIPTIONS:**<sup>[SN1.1]</sup>

**Current Discharge Medication List**<sup>[SN1.3]</sup>

**DISPOSITION AND PLAN**

I reviewed Memphis's available medical records. Epic entry and patient medical records were reviewed to determine if the patient has medicinal allergies that warrant a change in the proposed treatment plan. Medical records were also reviewed to determine that the patient's underlying medical conditions are congruent with the current treatment plan.

I have answered the family's questions and explained the diagnosis and plan. They verbalized their understanding.

Memphis is to follow-up with<sup>[SN1.1]</sup> CAID<sup>[AG1.1]</sup>

Should there be any concerns, the child should return here for re-evaluation or see PMD.

Routine anticipatory guidance and instructions were given as stated above.

Informational attachments regarding the child's illness/parental concerns were provided.

Condition of patient: Stable.

Andrea R. Gravatt, MD  
Attending Physician  
Pediatric Emergency Medicine

CC: Medical Records/Medical Transcription to verify correct current primary care provider, and send copy of this note to correct current PCP via PCP's preferred mode of contact.

Epic PCP: Paul E Debusschere, MD

This note has been produced by a Scribe, with final review and acceptance to be done by the attending ED physician, Andrea R. Gravatt, MD. ED Scribe: Sean N Norgard, ED Scribe

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**Selected Notes/Transcriptions (continued)**

**ED Provider Notes by Andrea R Gravatt, MD at 11/25/16 1815 (continued)**

**Mary Bilidge Emergency Department - Attending Physician Note**

Revision History

User Key	Date/Time	User	Provider Type	Action
> AG1.2	11/26/16 1248	Andrea R Gravatt, MD	Physician	Sign
AG1.1	11/26/16 1239	Andrea R Gravatt, MD	Physician	
[N/A]	11/26/16 0201	Sean N Norgard, ED Scribe	Certified Nursing Assistant	Share
SN1.3	11/25/16 2249	Sean N Norgard, ED Scribe	Certified Nursing Assistant	Share
SN1.11	11/25/16 2247	Sean N Norgard, ED Scribe	Certified Nursing Assistant	
SN1.10	11/25/16 2202	Sean N Norgard, ED Scribe	Certified Nursing Assistant	Share
SN1.9	11/25/16 2201	Sean N Norgard, ED Scribe	Certified Nursing Assistant	
SN1.8	11/25/16 1947	Sean N Norgard, ED Scribe	Certified Nursing Assistant	Share
SN1.7	11/25/16 1939	Sean N Norgard, ED Scribe	Certified Nursing Assistant	Share
SN1.4	11/25/16 1928	Sean N Norgard, ED Scribe	Certified Nursing Assistant	Share
[N/A]	11/25/16 1924	Sean N Norgard, ED Scribe	Certified Nursing Assistant	Share
SN1.6	11/25/16 1921	Sean N Norgard, ED Scribe	Certified Nursing Assistant	Share
SN1.5	11/25/16 1920	Sean N Norgard, ED Scribe	Certified Nursing Assistant	
SN1.2	11/25/16 1912	Sean N Norgard, ED Scribe	Certified Nursing Assistant	
SN1.1	11/25/16 1815	Sean N Norgard, ED Scribe	Certified Nursing Assistant	Share

**END OF SELECTED NOTES REPORT**

**Selected Notes/Transcriptions**

**Ancillary Notes by Cobi Annie Silver, MSW at 11/25/16 1846**

Author: Cobi Annie Silver, MSW	Service: (none)	Author Type: PHP-SW
Filed: 11/25/16 2314	Date of Service: 11/25/16 1846	Note Type: Ancillary Notes
Status: Signed	Editor: Cobi Annie Silver, MSW (PHP-SW)	

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**Selected Notes/Transcriptions (continued)**

Ancillary Notes by Cobi Annie Silver, MSW at 11/25/16 1846 (continued)

6 year old.

11/25/2016. 6:46 PM.

**Reason:** SW informed by RN that patient made statements of APX.

**Event:** When this social worker walked in patient's room and introduced self to family, patient stated "My stepmom threw a cell phone at my head". This social worker did not question patient about this further. Patient's mother states she does not know what happened. Patient's father is deployed currently. Patient was with stepmother Monica Scoutten until today 11/25/16 at 5pm.

**History:**

Patient is here with biomother

The alleged incident occurred at biofather and stepmother's home 4809 8th St Tacoma 98406

Biological Parents: Mother - Angela Scoutten. Father - Michael Scoutten, DOB: 4/15/80.

Stepmother: Monica Scoutten

Patient lives with mother<sup>[CS1.1]</sup> from<sup>[CS1.2]</sup> Friday at 5pm until Sunday at 7pm and<sup>[CS1.1]</sup> with<sup>[CS1.2]</sup> father + stepmother from Sunday at 7pm until Friday at 5pm.

Additional children in the home: None with mother. Maddox Scoutten who is less than 1 year old at biofather and stepmothers.

Usual care givers are: Mother, father, stepmother, grandparents

CPS History: YES

**Assessment:**

Patient appears bonded to her mother. Patient's mother appears upset with the situation<sup>[CS1.1]</sup> and is responding appropriately. Patient does not appear to be at imminent risk if discharged home with her mother as the alleged incident occurred at her stepmother's home in stepmother's care.<sup>[CS1.2]</sup>

**Intervention:**

- Met with biomother and patient
- Obtained history from biomother
- Epic In Basket message left for CAID
- Police report made to<sup>[CS1.1]</sup> Tacoma Police Department<sup>[CS1.3]</sup> <sup>[CS1.1]</sup> Officer<sup>[CS1.3]</sup> Bain<sup>[CS1.2]</sup> responded.<sup>[CS1.3]</sup> Case Number:<sup>[CS1.1]</sup> 16-330-01453<sup>[CS1.2]</sup>
- CPS report made. Intake worker<sup>[CS1.1]</sup> Calvin<sup>[CS1.2]</sup> accepted the referral
- Child questioned by social work: No

**Plan:**<sup>[CS1.1]</sup> Patient to discharge home with mother when medically cleared by MD.<sup>[CS1.2]</sup>

Cobi Annie Silver, MSW, LSWAIC  
Personal Health Partner - Social Work  
Mary Bridge Emergency Department<sup>[CS1.1]</sup>

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**Selected Notes/Transcriptions (continued)**

**Ancillary Notes by Cobi Annie Silver, MSW at 11/25/16 1846 (continued)**

Revision History

User Key	Date/Time	User	Provider Type	Action
> CS1.2	11/25/16 2314	Cobi Annie Silver, MSW	PHP-SW	Sign
CS1.3	11/25/16 2030	Cobi Annie Silver, MSW	PHP-SW	
CS1.1	11/25/16 1846	Cobi Annie Silver, MSW	PHP-SW	

**END OF SELECTED NOTES REPORT**

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**Selected Notes/Transcriptions (continued)**

**Ancillary Notes by Cobi Annie Silver, MSW at 11/25/16 1846 (continued)**

Revision History

User Key	Date/Time	User	Provider Type	Action
> CS1.2	11/25/16 2314	Cobi Annie Silver, MSW	PHP-SW	Sign
CS1.3	11/25/16 2030	Cobi Annie Silver, MSW	PHP-SW	
CS1.1	11/25/16 1846	Cobi Annie Silver, MSW	PHP-SW	

**END OF SELECTED NOTES REPORT**

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Tacoma Police Department

# INCIDENT NOTIFICATION REPORT

Name \_\_\_\_\_

Date \_\_\_\_\_

YOUR CASE NUMBER IS:

1633001453

Reporting Officer(s)

C. Bain

Should you have correspondence with the Tacoma Police Department regarding your case, please refer to the above case number.

**SEE OTHER SIDE FOR  
VICTIM ASSISTANCE INFORMATION**

PD 003 (05/14) s