

Exhibit 67

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UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON

5 STATE OF WASHINGTON, et al.

6 Plaintiffs,

7 v.

8 THE UNITED STATES OF AMERICA, et al.

9 Defendants.

10 NO. 2:18-CV-00939-MJP

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13 **DECLARATION OF JOSEPH A. CURTATONE AND MARY E. SKIPPER**

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Today, we, Joseph A. Curtatone and Mary E. Skipper, declare under penalty of perjury that the foregoing is true and correct to the best of our knowledge and information.

We further declare under penalty of perjury that we have no personal or financial interest in the outcome of this case.

The above declaration was signed by us on July 2, 2018.

Joseph A. Curtatone
Mary E. Skipper

The above declaration was filed on July 2, 2018, by the undersigned, and is being filed electronically with the Clerk's Office of the Western District of Washington.

DECLARATION OF JOSEPH A. CURTATONE AND MARY E. SKIPPER

We, Joseph A. Curtatone and Mary E. Skipper, declare as follows:

1. We collectively represent the city of Somerville, Massachusetts, and the Somerville Public Schools.
 - a. Joseph A. Curtatone is the Mayor of Somerville, which is a city of more than 81,000 residents located in Middlesex County. Somerville is the most densely populated city in New England, and with its long history as a gateway city, serves as home to various immigrant populations.
 - b. Mary E. Skipper is the Superintendent of Schools for the Somerville Public Schools (“SPS”), a school system serving a diverse population of more than 5,000 students from prekindergarten through grade 12.
2. One or both of us has personal knowledge of the matters set forth below.
3. More than 10 percent of Somerville’s population is Hispanic or Latino, including many who are first generation immigrants. As of 2015, nearly one in four Somerville residents were foreign-born. The top five countries of birth for foreign-born Somerville residents were Brazil, Portugal, China, India, and El Salvador.
4. 42 percent of SPS’s student population is Hispanic or Latino, including many who are first generation, with a particularly large population of Salvadoran and Honduran students.
5. If children separated from their parents at the southern border come to reside in Somerville, they will be entitled to education by SPS.
6. The city of Somerville and Somerville Public Schools welcome all children, no matter their immigration status or familial situation. We view diversity as a core strength, and our public support for immigrant populations has allowed residents to come out of the shadows

and pursue professional and educational opportunities that may not have been previously available to them.

7. But the detrimental and draconian policy of separating children from their parents will cause significant harm to children. This policy has already had a chilling effect on the City's community and economy. It will also cause difficulties for SPS – or any school district – to educate these children.

8. The City, SPS, and the Commonwealth of Massachusetts which provides significant resources to SPS, will incur additional costs as a result of the particular vulnerabilities of children who have been separated from their parents.

9. Children who have been separated from their family are deeply traumatized by that experience. They may be scared to even go to school and be away from their caregivers, and they could develop long-lasting mental health, behavioral, and special education needs.

10. Trauma can undermine a child's ability to learn and grow in the classroom. Evidence suggests if a child experiences some form of trauma—abuse, separation, death, or violence—she may develop a different set of needs that should be addressed to be successful in school. Children who suffer trauma are also more likely to require special services, costing the city and state additional money.

11. For example, SPS social workers and guidance counselors may need to spend more time with these students, to help them overcome the impacts of the trauma inflicted on them, stretching an already over-burdened staff. Moreover, children with significant trauma may require special education services due to mental health-related disabilities.

12. Parents and guardians are important partners in public education. They serve as advocates for their children, improving the education that those children receive and the quality

of the schools, overall. For a child without a parent or guardian, SPS teachers and administrators must take extra care to make sure that a child's educational needs are being met, requiring extra time and resources from the district and the Commonwealth. The City and schools may also have to address food or housing insecurity that may result if children are not living with their parents.

13. Urban districts like SPS, with long histories of receiving immigrants, can also struggle to provide translation services as the population of newcomers changes over time. This challenge is only exacerbated for children without a parent or guardian, or for whom trust in government systems has been significantly undermined.

14. Separating children from their immigrant parents will also threaten public safety and welfare in Somerville. Anti-immigrant federal policies have created a culture of fear that has eroded trust in the police and local authorities. As a result, many foreign-born Somerville residents are less likely to report violence, crime, abuse, and other harmful community acts. This impact will only get worse as a result of the fear of widespread family separation.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY THIS 29th DAY OF JUNE,
2018.



Joseph A. Curtatone



Mary E. Skipper

Exhibit 68

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7 **UNITED STATES DISTRICT COURT**
8 **WESTERN DISTRICT OF WASHINGTON**
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10 STATE OF WASHINGTON, et al.

11 NO. 2:18-CV-00939

12 Plaintiff,

13 v.
14 THE UNITED STATES OF AMERICA,
15 et al.,
16 Defendants.

17 DECLARATION OF TOM
18 TORLAKSON IN SUPPORT OF
19 PLAINTIFFS' MOTION FOR
20 EXPEDITED DISCOVERY

21 I, Tom Torlakson, declare as follows:

22 1. I am a resident of the State of California. I am over the age of 18 and have personal
23 knowledge of all the facts stated herein. If called as a witness, I could and would testify
24 competently to the matters set forth below.

25 2. Since 2011, I have served as California's nonpartisan elected State
26 Superintendent of Public Instruction, and the head of the California Department of Education
("CDE"). In my role, I direct all functions of CDE, act as the Secretary and Executive Officer
of the California State Board of Education ("SBE"), and execute the policies set by the SBE.
Before joining CDE I taught in Contra Costa County's Mount Diablo Unified School District
(where I remain a teacher-on-leave), served on the Antioch City Council, Contra Costa County
Board of Supervisors, and the California State Senate and State Assembly. During my tenure
in the California State Legislature, I acted to protect education funding, improve student

1 nutrition and physical education, and ensure school safety. I also sponsored legislation to
2 increase funding for textbooks, computers, and other instructional materials, and promoted
3 efforts to close the digital divide, eliminate the achievement gap, and reduce the dropout rate.

4 3. I am familiar with the federal government's "zero-tolerance" policy and
5 Executive Order "Affording Congress an Opportunity to Address Family Separation," which I
6 understand are being challenged in this case.

7 4. California guarantees all K-12 children in our state a free public education.
8 This includes all school-age children who reside in California regardless of their citizenship
9 status.

10 5. Each year, California public schools serve approximately 6,200,000 students
11 attending grades K-12. In compliance with state and federal law, California does not require
12 disclosure of a student's immigration status to attend school and participate in public education
13 programs. Based on reports issued by the federal government, it is public knowledge that many
14 unaccompanied minors attend California public schools.

15 6. I am informed and believe, based on information I received from the CDE's
16 school fiscal services division, that on average, California spent over \$14,000 per student in the
17 2017-18 school year. Included in the total K-12 funding was an additional \$6,400 per students
18 for students in our special education programs, and approximately \$2,400 additional funding
19 per student for students in English learner programs. Over 91% of California's K-12 funding
20 comes from state and local resources.

21 7. CDE administers several state and federal education programs to assist
22 unaccompanied minors. These programs include assistance with nutrition by way of free and
23 reduced cost lunch programs, before and after school programming, health programs, including
24 programs designed to assist students in learning English.

25 8. CDE also administers child development programs that are available to
26 unaccompanied minors. These programs include child development services for children from

1 birth through 12 years of age. These programs provide an educational component that is
 2 developmentally, culturally, and linguistically appropriate for the children served. The
 3 programs also provide meals and snacks to children, parent education, referrals to health and
 4 social services for families, and staff development opportunities to employees. CDE
 5 additionally administers a migrant child care and development program for families who earn
 6 at least 50 percent of their total gross income from employment in fishing, agriculture or
 7 agriculturally-related work.

8 9. Unaccompanied children like all students, are in strong need for comprehensive
 9 student supportive services that promote academic success and address the whole child. The
 10 CDE, in collaboration with the State Mental Health Policy Workgroup and other stakeholders,
 11 advocate for increased services, resources, funding, training, and policy change to better
 12 support the mental health and wellness of all students, including immigrant students. The CDE
 13 also provides mental health first aid training to help school staff identify and support students
 14 who may be experiencing a mental health challenge or is in crisis. These services are
 15 particularly important for children who have suffered any form of trauma, such as traumatic
 16 separation from their parents.

17 10. Under Title III of the federal Elementary and Secondary Education Act, as
 18 amended by the Every Students Succeeds Act, CDE is required to set aside funds to provide
 19 subgrant awards to local educational agencies (LEAs) that meet eligibility requirements for
 20 participation in the Title III Immigrant Student Education Subgrant Program. Title III
 21 Immigrant Student Education Program funds are to be specifically targeted to eligible
 22 immigrant students and their families through the provision of supplementary programs and
 23 services for the underlying purpose of assuring that these students meet the same challenging
 24 grade level and graduation standards as mainstream students. The federal grants amounts have
 25 not increased proportionally with the increase in eligible students, including unaccompanied
 26 children that have arrived in California over the past few years, and the CDE has not received

1 any indication of any forthcoming increase in federal funding as a result of the forcible
2 separation of children.

3 11. In 2014, the number of unaccompanied minors served by California schools
4 dramatically increased when the State experienced an influx of unaccompanied children. In
5 response, during the 2014-2015 school year, CDE identified \$3.5 million in federal funding to
6 assist schools that saw an increase in unaccompanied immigrant children. The funds were
7 dedicated to improve instruction, provide tutoring and intensified instruction, and to conduct
8 community participation programs.

9 12. In addition, in 2015, the US ED allocated an additional \$1.8 million in federal
10 Title III funds to address the needs associated with the increase in unaccompanied immigrant
11 children.

12 13. Unaccompanied children who attend California public schools often have a
13 need for services, including mental health, due to trauma experienced in their countries of
14 origin and at the border while in custody. Research supported by the Substance Abuse and
15 Mental Health Services Administration confirm that adverse childhood experiences including
16 trauma, parental separation and parental incarceration are strongly related to the development
17 and prevalence of a wide range of health problems throughout a person's lifespan. If our
18 schools experience an influx of children who have undergone severe trauma, including the
19 forcible separation from parents, transfer from various locations around the country, and
20 incarceration in immigration detention facilities, additional resources will need to be allocated
21 to offer them services that they may not have otherwise required.

22 14. In my experience and in my opinion as a long time educator, unaccompanied
23 immigrant children like all children, are better able to integrate into our public schools and learn
24 when they are in a healthy environment that is free of trauma. By contrast, children who have
25 suffered traumatic experiences often feel the effects of those experiences for years or even
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1 decades, irreparably damaging their ability to learn, grow, and contribute to our nation and our
2 community.

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4 I declare under penalty of perjury under the laws of the State of California and the United
5 States of America that the foregoing is true and correct.

6 DATED this 28th day of June, 2018 at Sacramento, California.

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Tom Torlakson
TOM TORLAKSON
California State Superintendent of Public
Instruction

Exhibit 69

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7 **UNITED STATES DISTRICT COURT**
8 **WESTERN DISTRICT OF WASHINGTON**
9

10 STATE OF WASHINGTON, et al.
11

12 Plaintiff,
13
14 v.
15 THE UNITED STATES OF AMERICA,
16 et al.,
17
18 Defendants.

NO. 2:18-CV-00939

DECLARATION OF MARI
CANTWELL IN SUPPORT OE
PLAINTIFFS' MOTION FOR
EXPEDITED DISCOVERY

I, Mari Cantwell, declare as follows:

1. I am a resident of the State of California. I am over the age of 18 and have personal
knowledge of all the facts stated herein. If called as a witness, I could and would testify
competently to the matters set forth below.

2. I am the Chief Deputy Director the California Department of Health Care
Services (DHCS), which operates California's version of the federal-state Medicaid program
under title XIX of the federal Social Security Act, known as Medi-Cal.

3. In this capacity, I am responsible for overseeing the administration of the Medi-
Cal program and the delivery and financing of care for over 13.5 million beneficiaries.
Approximately one-third of Californians receive health care services financed or organized by
DHCS, making DHCS the largest health care purchaser in California.

1 4. Undocumented and certain other adult immigrants without satisfactory
 2 immigration status who meet all other Medi-cal program requirements may qualify for limited
 3 or restricted scope Medi-cal coverage, which includes emergency services and pregnancy
 4 related services. These restricted scope services are jointly funded by the State of California
 5 and the federal government. In addition, children under 19 years of age are eligible for full-
 6 scope Medi-Cal benefits regardless of immigration status, as long as they meet all other
 7 eligibility requirements. These full-scope services for children, beyond emergency and
 8 pregnancy related services, are paid for by the State of California and local public entities. The
 9 average cost to provide healthcare coverage per child per year in Medi-Cal is \$2,160.

10 5. DHCS manages the following programs, as part of or in addition to Medi-Cal,
 11 all of which are available and utilized by undocumented minors, and are designed to meet the
 12 needs of children:

- 13 • California Children's Services is a state health care and services program for
 14 children up to 21 years old with certain diseases or health problems;
- 15 • The Health Care Program for Children in Foster Care is a program that provides
 16 public health nurse expertise in meeting the medical, dental, mental and
 17 developmental needs of children and youth in foster care;
- 18 • The Child Health and Disability Prevention program is a preventive program
 19 that delivers periodic health assessments and services to low income children
 20 and youth in California; and
- 21 • The Early and Periodic Screening, Diagnosis, & Treatment (EPSDT) benefit
 22 requires Medi-Cal to cover a wide variety of services if determined medically
 23 necessary, including services to correct or ameliorate defects and mental
 24 illnesses or conditions, and is often accessed by children and youth who are in
 25 foster care or other institutional settings, or who are at imminent risk of such

1 placement. This includes services that may not otherwise be covered under the
2 Medi-Cal state plan.

3 Each of these programs utilizes state, local and federal funding.
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5 I declare under penalty of perjury under the laws of the State of California and the United
6 States of America that the foregoing is true and correct.

7 DATED this 22 day of June, 2018, in Sacramento, California.

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10 MARI CANTWELL
11 Chief Deputy Director
12 Department of Health Care Services
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Exhibit 70

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7 **UNITED STATES DISTRICT COURT**
8 **WESTERN DISTRICT OF WASHINGTON**

9 STATE OF WASHINGTON,

10 Plaintiff,

11 v.

12 THE UNITED STATES OF AMERICA,
13 et al.,

14 Defendants.

15 NO. 2:18-cv-00939

16 DECLARATION OF REBECCA LEE
17 IN SUPPORT OF PLAINTIFFS'
18 MOTION FOR EXPEDITED
19 DISCOVERY

20 I, Rebecca Lee, declare as follows:

21 1. I am a resident of the State of California. I am over the age of 18 and have
22 personal knowledge of all the facts stated herein. If called as a witness, I could and would
23 testify competently to the matters set forth below.

24 2. I am currently employed by the California Department of Public Health
25 (CDPH) as the Chief of the Financial Management Branch, a position that I have held since
26 March 2, 2016.

27 3. I am familiar with the federal government's "zero-tolerance" policy and
28 Executive Order "Affording Congress an Opportunity to Address Family Separation," which I
29 understand are being challenged in this case.

30 4. The CDPH is responsible for overseeing the public health of all Californians.
31 The CDPH develops strategic policies and plans regarding issues affecting vulnerable
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1 communities, including immigrants and refugees, to increase positive health outcomes. CDPH
 2 services are generally available to all persons in the State of California, regardless of their
 3 immigration status.

4 5. The Office of Health Equity (OHE), created in 2012, is charged with aligning
 5 state resources and programs to achieve the highest level of health and mental health for all
 6 people, with special attention to those in vulnerable communities. By statute, vulnerable
 7 communities include immigrants and refugees. OHE also administers the Mental Health
 8 Services Act-funded California Reducing Disparities Project, an initiative that seeks to
 9 improve mental health outcomes in unserved, underserved, and inappropriately served
 10 communities that include immigrants and refugees. OHE seeks to ensure that culturally and
 11 linguistically competent health and mental health services are provided throughout the State of
 12 California. OHE's budget of \$52.7 million utilizes \$785,000 in federal funding and \$51.9
 13 million in state funding.

14 6. The Maternal, Child, and Adolescent Health Division (MCAH) provides
 15 educational and preventative interventions, largely through local assistance, to promote the
 16 health and well-being of mothers, children, and families. Some programs include screening for
 17 specific conditions and guidance regarding medical care, institutional care, and aftercare
 18 services directed toward reducing maternal and infant morbidity and mortality. Several MCAH
 19 programs include mothers and children in immigrant or mixed-immigrant households.
 20 MCAH's budget of \$117 million utilizes \$109 million in federal funding from various sources,
 21 including the Title V Maternal and Child Health Block Grant, the Maternal, Infant, and Early
 22 Childhood Home Visiting Program, and the Personal Responsibility Education Program, and
 23 \$8 million in state funding.

24 7. The Office of Refugee Health (ORH) works with local counties, health
 25 providers, and voluntary resettlement agencies to provide culturally and linguistically-
 26 appropriate health assessments and services to newly arrived refugees and asylees. The

1 Refugee Health Assessment Program and the Refugee Medical Assistance Program are housed
 2 under the ORH. California is the largest recipient of refugees in the nation. Between Fiscal
 3 Years 2003-2016, California received 15-17% of all refugees who entered the United States. In
 4 FY 2016, California completed health assessments for almost 5,000 minor refugees. In FY
 5 2016, the Federal Office of Refugee Resettlement reimbursed the ORH approximately \$7.1
 6 million for providing health assessments for all arriving refugees.

7 8. The mission of the Office of Binational Border Health (OBBH) is to facilitate
 8 communication, coordination, and collaboration among California and Mexico health officials,
 9 health professionals, and communities in order to optimize binational and border health. Its
 10 works focuses on critical infectious and chronic diseases, as well as environmental issues that
 11 threaten the health security of the border region. A primary focus of OBBH is enhancing the
 12 region's ability to detect and respond to infectious disease threats. Key activities include
 13 surveillance and monitoring of infectious diseases, facilitating cross-border exchange of health
 14 information, investigating binational infectious disease cases and outbreaks, as well as acting
 15 as the communication liaison between CDPH and public health officials in Baja California on
 16 public health matters of binational interest. OBBH is also tasked with publishing the Annual
 17 Border Health Status Report to the Legislature, to provide a general overview of the health
 18 status of border communities in the California-Mexico border region. OBBH receives state and
 19 federal funding. In FY 2017-2018 OBBH received \$768,000 in state funds and \$273,000 in
 20 federal funds.

21 9. CDPH is also committed to helping children avoid adverse childhood events
 22 that may cause short- and long-term health impacts. For example, the California Essentials for
 23 Childhood Initiative addresses child maltreatment and other childhood traumas through
 24 education and implementation of trauma-informed policies and practices throughout public and
 25 private organizations and systems. The Initiative's budget consists of \$268,000 in federal
 26 funding and no state funding. The "Let's Get Healthy California" initiative, which tracks

1 statewide indicators of population health, is likewise committed to raising awareness and
2 combatting childhood trauma that occurs before the age of 18, including “Reducing Adverse
3 Childhood Experiences,” as a key indicator in the Healthy Beginnings goal area. Let’s Get
4 Healthy California’s budget of \$544,000 utilizes, \$203,000 in federal funding and \$341,000 in
5 state funding.

6 I declare under penalty of perjury under the laws of the State of California and the
7 United States of America that the foregoing is true and correct.

8 DATED this 25 day of June, 2018 at Sacramento, California.

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11 REBECCA LEE
12 Financial Management Branch Chief
13 California Department of Public Health
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Exhibit 71

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UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON

6 STATE OF WASHINGTON, et al.,
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8 Plaintiff,
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10 v.
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12 THE UNITED STATES OF AMERICA, et
13 al.,
14

Defendants.

NO. 2:18-CV-00939

DECLARATION OF M. MARCELA
RUIZ IN SUPPORT OF
PLAINTIFFS' MOTION FOR
EXPEDITED DISCOVERY

I, M. Marcela Ruiz, declare as follows:

1. I am a resident of the State of California. I am over the age of 18 and have
personal knowledge of all the facts stated herein, except as to those matters stated upon
information and belief; as to those matters, I believe them to be true. If called as a witness, I
could and would testify competently to the matters set forth below.

2. I am currently employed by the California Department of Social Services
(CDSS), and have served as Chief of the Immigration and Refugee Programs Branch since July
2017. Before assuming my current role, I was the Chief of the Immigration and Civil Rights
Branch since May 2016.

3. I am responsible for oversight of the Immigration and Refugee Programs
Branch (IRPB), which includes the Immigration Services Unit (ISU) and Refugee Programs
Bureau (RPB). The ISU administers funding for pro bono immigration legal services. The RPB
operates on behalf of CDSS to assist refugees and other eligible populations in California. The

1 RPB administers California's Refugee Resettlement Program (RRP) and has oversight
 2 responsibility for the following programs: the California Newcomer Education and Well-Being
 3 (CalNEW), Refugee School Impact, Refugee Cash Assistance, Refugee Social
 4 Services/Targeted Assistance, Services to Older Refugees, and the Unaccompanied Refugee
 5 Minors (URM) Program. Other populations that are eligible for the RRP to the same extent as
 6 refugees include asylees, Cuban/Haitian Entrants, certified trafficking victims and certain
 7 family members, individuals with certain Special Immigrant Visas, and certain
 8 Amerasians. The URM, RSI, and CalNew are the three programs that exclusively serve
 9 minors. The RPB also administers the Trafficking and Crime Victims Assistance Program
 10 (TCVAP), a state-sponsored and funded program for victims of trafficking and domestic
 11 violence and other serious crimes who are not eligible for the RRP.

12 4. The ISU's budget for State Fiscal Year 2018-2019 is \$65 million, including \$3
 13 million dedicated to serving unaccompanied minors. All of these funds are appropriated from
 14 the State's general fund. The ISU awards funding to approximately 100 non-profit legal
 15 services providers throughout the State who provide immigration legal services including
 16 education and outreach, training and technical assistance, and legal representation.

17 5. The IRPB monitors the unaccompanied minor placements in California as
 18 reported by the Office of Refugee Resettlement (ORR), Administration for Children &
 19 Families, of the United States Department of Health and Human Services. ORR is responsible
 20 for the care and custody of unaccompanied minors only until they are placed with a sponsor.
 21 ORR reports that more unaccompanied minors have been placed in California than any other
 22 state in the country since Federal Fiscal Year (FFY) 2015, including 7,381 minors in FFY 2016
 23 and 6,268 in FFY 2017.

24 6. ORR does not provide information to RPB or ISU about the specific location or
 25 placement of unaccompanied minors. IRPB state-funded programs that serve unaccompanied
 26

1 minors in California rely on the State's funding to support outreach, identification, and referral
 2 services.

3 7. Since 2014, California has appropriated \$12 million to support legal services for
 4 unaccompanied minors. As reported by legal services providers, almost all unaccompanied
 5 minors served by the State's legal services program have viable legal claims. Legal service
 6 providers have reported full scope representation of 2,147 unaccompanied minors since 2014.
 7 The providers have reported completion of 657 cases, including 474 petitions for asylum.

8 8. The RPB operates with a \$64.9 million budget, including \$3.3 million in state
 9 funding for CalNEW and \$12.3 million for TCVAP.

10 9. The Unaccompanied Refugee Minor (URM) Program and the Refugee School
 11 Impact (RSI) grant are both funded by ORR and provide ongoing support to eligible
 12 unaccompanied minors.

13 10. Under certain circumstances, unaccompanied minors are considered refugees
 14 and can be eligible for the URM Program. The URM Program provides a wide range of
 15 assistance to unaccompanied minors with an eligible immigration status. Eligible immigration
 16 statuses for the URM program are: refugee, asylee, Cuban/Haitian entrant, victim of human
 17 trafficking with an ORR eligibility letter, non-citizen victim of domestic violence and other
 18 serious crimes with a U-Visa, and Special Immigrant Juvenile Status granted while in ORR
 19 custody. The URM Program provides the following benefits and services: foster care
 20 placement, case management, assistance with family reunification, assistance linking to mental
 21 health and medical services, Independent Living Program, transitional housing, and education
 22 services. The RPB contracts with Catholic Charities of Santa Clara County, Crittenton
 23 Services for Children and Families, and International Christian Adoptions to facilitate the
 24 provision of these services. The Program is fully federally funded by ORR. There were 289
 25 URM served through this program between January 1, 2017 and December 31, 2017.
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1 11. The RPB awards Refugee School Impact (RSI) funds through grants to school
 2 districts to provide supplementary educational and social adjustment support services including
 3 academic, English-language acquisition, and mental and well-being supports. Unaccompanied
 4 minors may be eligible for RSI program services once they are granted an eligible immigration
 5 status. California's RSI budget FFY 2018 is \$1 million.

6 12. The California Newcomer Education and Well-Being project (CalNEW) was
 7 established in 2017 as a wholly state-funded program with the intention to meet the needs of a
 8 growing number of refugee children, including unaccompanied minors, in California schools.
 9 The State allocated \$10 million dollars over three state fiscal years, starting with FY 2017-
 10 2018, to improve the well-being, English-language proficiency, and academic performance of
 11 refugee youth in impacted school districts.

12 13. To supplement the limited federal support for refugee students enrolled in
 13 California Schools, RPB awarded seven school districts funding with CalNEW funds,
 14 including Oakland Unified School District (OUSD) and San Francisco Unified School District
 15 (SFUSD). These two districts identified a significant unaccompanied minor population that are
 16 in need of services. OUSD was awarded \$611,840 and SFUSD was awarded \$240,000 in FY
 17 2017. OUSD reports it has enrolled over 1,300 unaccompanied minors in its school district
 18 since 2013 and that it has identified a need for much higher level of investment to achieve
 19 successful academic and social integration outcomes for this population. OUSD partners with
 20 immigration legal services providers, also supported by state funding, and reports that over 200
 21 unaccompanied minor students have been granted asylum. State funding for OUSD will
 22 support specialized case managers, in addition to programs that promote improved academic
 23 performance and socio-emotional well-being adjustment for eligible unaccompanied minors.

24 I declare under penalty of perjury under the laws of the State of California and the United
 25 States of America that the foregoing is true and correct.

1 DATED this 29th day of June, 2018 at Sacramento, California.

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4 M. MARCELA RUIZ
5 Branch Chief
6 Immigration and Refugee Programs
7 Branch of the California Department of
8 Social Services

Exhibit 72

1
2 **UNITED STATES DISTRICT COURT**
3 **WESTERN DISTRICT OF WASHINGTON**

4 STATE OF WASHINGTON,

5 Plaintiff,

6 v.

7 DONALD TRUMP in his official capacity
8 as President of the United States, et al.,

9 Defendants.

10 NO.

11 DECLARATION OF JOSETTE D.
12 MANNING, SECRETARY OF THE
13 DELAWARE DEPARTMENT OF SERVICES FOR CHILDREN,
14 YOUTH AND THEIR FAMILIES, IN
15 SUPPORT OF PLAINTIFFS' MOTION FOR
16 PRELIMINARY INJUNCTION

17 DECLARATION OF JOSETTE D. MANNING, SECRETARY OF THE
18 DELAWARE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND
19 THEIR FAMILIES, IN SUPPORT OF PLAINTIFFS' MOTION FOR
20 PRELIMINARY INJUNCTION

21 I, Josette D. Manning, declare as follows:

22 1. I am over the age of 18 and have personal knowledge of all the facts stated herein.

23 2. I am the Cabinet Secretary of the Delaware Department of Services for Children,
24 Youth and Families.

25 3. This declaration is submitted in support of Plaintiffs' Motion for Preliminary
26 Injunction.

27 4. The State of Delaware licenses, registers, and monitors all residential and
28 nonresidential childcare facilities in Delaware, including child placement and adoption agencies.
29 Delaware's monitoring scheme includes, among other things, the right of entrance, inspection,
30 and access to the papers of childcare facilities operating within Delaware and entities that operate
31 within Delaware and place children in other states.

32 5. While children forcibly separated from their parents pursuant to the Trump
33 Administration's policy are not presently located within any facility within the State of
34 Delaware, Bethany Christian Services, a business entity headquartered in Michigan, has
35 facilitated such placements and has a business location within the State of Delaware. Upon

1 information and belief, this entity has assisted in placing children forcibly separated from their
2 parents in other co-plaintiff States.

3 6. Should separated children ultimately be placed within Delaware, its education
4 and child welfare systems may be saddled with unanticipated fiscal and operational burdens due
5 to the need to provide care for children who have been psychologically traumatized by
6 involuntary separation from their parents.

7 7. In order to ensure a complete injunction, to protect the sovereignty of the State of
8 Delaware by protecting its obligation to assist parents in meeting the needs of children, and to
9 maintain the appropriate licensure and supervision of childcare facilities within the State,
10 Delaware joins this action.

11 I declare under penalty of perjury that the foregoing is true and correct based on
12 information and belief.

13 DATED this 27th day of June, 2018 at Wilmington, Delaware.

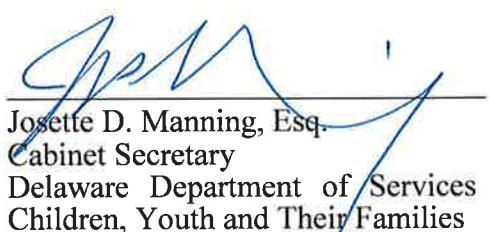
14 
15 Josette D. Manning, Esq.
16 Cabinet Secretary
17 Delaware Department of Services for
18 Children, Youth and Their Families

Exhibit 73

1
2 **UNITED STATES DISTRICT COURT**
3 **WESTERN DISTRICT OF WASHINGTON**
4

5 STATE OF WASHINGTON, et al.
6

7 Plaintiffs,
8

9 v.
10

11 THE UNITED STATES OF AMERICA, et al.
12

13 Defendants.
14

15 NO. 2:18-CV-00939-MJP
16

17 **DECLARATION OF MARY M. BOURQUE**
18

1 I, Mary M. Bourque, declare as follows:

2 1. I am the Superintendent of Schools for the Chelsea Public Schools (“CPS”), a
3 school system serving a diverse population of 6,326 students from prekindergarten through
4 grade 12.

5 2. I have personal knowledge of the matters set forth below.

6 3. Eighty-six percent of CPS students identify as Hispanic, including large
7 populations of Salvadorans, Hondurans, and Guatemalans. Eighty-one percent of CPS students
8 have a first language that is not English, and CPS has the highest percentage of students in
9 Massachusetts who are English Language Learners (just under 40% of the entire student
10 population).

11 4. CPS is a gateway school system that welcomes many immigrant families and
12 educates all students and families, regardless of their immigration status.

13 5. To the extent that children separated from their parents at the southern border
14 are reunited with their parents or placed with sponsor families in Chelsea, they will be
15 welcomed by CPS and provided the full range of CPS’s services, as required by law.

16 6. The policy of separating children from their parents will cause harm to children
17 that will make it exponentially harder for CPS to educate these children.

18 7. Children who have been separated from their family may experience serious
19 trauma and uncertainty about their future; traumatic events have an impact on the brain and
20 brain development. Traumatic events and the impact on the prefrontal cortex of the brain leave
21 children in these cases living in a constant flight or fight status which makes it more
22 challenging for students to access learning. Many of these students are more likely to need
23 additional counseling services and emotional supports. Untreated trauma may lead to the need
24 for special education services. They are also more likely to have difficulty with self-regulation
25 and building trusting relationships.

1 8. Without parents to care for them, these children may also suffer from food or
2 housing insecurity.

3 9. They may also be vulnerable to trafficking and other exploitation.

4 10. CPS will incur additional costs as a result of the particular vulnerabilities of
5 children who have been separated from their parents. The Commonwealth of Massachusetts,
6 which funds CPS through a complex formula, will also incur additional costs. In Chelsea, state
7 funding accounts for more than 63 percent of education spending.

8 11. CPS social workers and guidance counselors may need to spend more time with
9 these students, to help them overcome the impacts of the trauma inflicted on them. Class sizes
10 will increase as money is taken from regular education in order to hire more social workers and
11 guidance counselors to address this increasing at-risk student population.

12 12. Children who suffer trauma are also more likely to require more intense special
13 education support services in the area of emotional impairment as a result of trauma, costing
14 the city and state additional money.

15 13. Addressing the social and emotional as well as mental health needs of these
16 students puts academics second to this urgency. As a result, state-mandated “accountability
17 status” – a rating between 1 and 5 given to the district by the state – is disproportionately lower
18 in cities such as Chelsea who are welcoming and educating these students. The impact of a
19 lower “accountability rating” is felt by the municipality most particularly in the area of real
20 estate; families do not want to purchase a home in an area with what is perceived as lower
21 performing schools. With respect to state costs, districts with a lower accountability rating
22 often receive additional funds and resources from the state to help improve results.

23 14. The ongoing fear of Immigration and Customs Enforcement (“ICE”) and
24 deportation, and increased ICE visibility, in the community has children arriving at school
25 upset, fearful, and in tears, and has led families to avoid seeking health and preventive

1 services. This delay in seeking care may lead to more serious health issues and may result in
2 higher costs for the state. These problems will only compound as immigrant children arrive in
3 the community after having been forcibly separated from their parents by immigration
4 officials.

5 15. Parents and guardians play an important role in CPS, partnering with schools
6 and advocating for the needs of their children. This partnership improves the education that
7 those children receive and the quality of the schools overall. For a child without a parent or
8 guardian, CPS teachers and administrators must take extra care to make sure that a child's
9 educational needs are being met, requiring extra time and resources from the district and the
10 Commonwealth.

11 16. In conclusion, because of the policy of separating children from their parents at
12 the border, children arriving in Massachusetts will be welcomed into our schools, and they will
13 require a range of services to address the trauma they have experienced in order to prepare
14 them for learning.

15
16 I declare under penalty of perjury under the laws of the United States of America that the
17 foregoing is true and correct.

18
19 Executed on this 29 day of June, 2018 at Chelsea, Massachusetts.

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23
24 Mary M. Bourque

Exhibit 74

1
2 **UNITED STATES DISTRICT COURT**
3 **WESTERN DISTRICT OF WASHINGTON**
4

5 STATE OF WASHINGTON, et al.
6

7 Plaintiffs,
8

9 v.
10

11 THE UNITED STATES OF AMERICA, et al.
12

13 Defendants.
14

15 NO. 2:18-CV-00939-MJP
16

17 **DECLARATION OF PRIYA TAHILIANI**
18

I, Priya Tahiliani, declare as follows:

1. I am the Assistant Superintendent for the Office of English Learners in the Boston Public Schools (“BPS”), a school system serving a diverse population of more than 56,000 students from prekindergarten through grade 12.
2. I have personal knowledge of the matters set forth below.
3. The cultural and linguistic diversity of Boston Public Schools students enriches the learning experience for all. In the Boston Public Schools, about one in five (more than 11,000) of our students were born outside of the U.S., hailing from more than 130 different countries, including over 1,500 students who come from El Salvador, Guatemala, Honduras, and other central American countries.¹
4. To the extent that children separated from their parents at the southern border are reunited with their parents or placed with sponsor families in Boston, they will be welcomed by BPS and provided the full range of BPS’s services, as required by law. BPS is charged with providing a high quality education to every student regardless of immigration status. Great pride is taken in fostering a culturally and linguistically responsive education with the supports needed to ensure equitable access to opportunities that promote language acquisition, bilingualism, biliteracy and lifelong learning in a safe and welcoming environment.
5. Pursuant to research from the American Psychological Association, the fear of a family member’s deportation affects children’s health and safety, their capacity to perform

¹ Boston Public Schools enrollment data as of April 2018.

academically, and their overall well-being, especially when these children have been separated from their parents.² To this end, the policy of separating children from their parents may result in harms to children that will make it exponentially harder for BPS to educate these children.

6. For children experiencing the reality of a deportation of a family member, this psychological toll only rises exponentially. A study from the University of Texas at Austin found that children whose parents were detained or deported (whether or not the child stayed in the U.S.) were more likely to report depressive symptoms, negative moods, physical symptoms, and negative self-esteem. All children in this study exhibited probable anxiety disorders, including separation anxiety disorder.³ Moreover, this kind of toxic stress experienced by children who are separated from their family and who do enter our school system, is felt not only by the child but reverberates through the entire school community that educates and cares for that child.

7. BPS has re-allocated funds and staff resources to support educators of children whom are separated from their families. For instance, teachers were trained to support newcomer students and English Learner students experiencing trauma through professional development workshops and through Professional Learning Communities so that teachers may better understand the trauma that students experience, how this trauma may impact student learning, and how teachers can develop age appropriate activities to help students manage fear in the classroom setting.

² Zayas, L.H., and Laurie Cook Heffron, PhD. "Disrupting young lives: How detention and deportation affect US-born children of immigrants." <http://www.apa.org/pi/families/resources/newsletter/2016/11/detention-deportation.aspx>

³ Zayas, L.H., (2015). *Forgotten citizens: Deportation, children, and the making of American exiles and orphans*. New York: Oxford

8. Similarly, BPS has re-allocated funds and staff resources to support families that may be experiencing trauma. In collaboration with the City of Boston's Mayor's Office for Immigrant Advancement, Know Your Rights presentations were provided to inform families and educators of basic immigrant rights as well as to provide updates on the ever-changing current immigration policies. Undergirding the work to support immigrant families is the BPS We Dream Together website which provides a consolidated platform for resources for immigrant students, families, and educators.

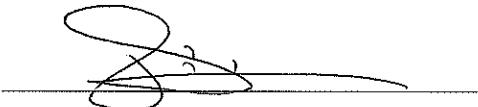
9. BPS social workers and guidance counselors may need to spend more time with these students, to help them overcome the impacts of the trauma inflicted on them.

10. Parents and guardians play an important role in BPS, partnering with schools and advocating for the needs of their children. This partnership improves the education that those children receive and the quality of the schools overall. For a child without a parent or guardian, BPS teachers and administrators must take extra care to make sure that a child's educational needs are being met, requiring extra time and resources from the district.

11. In conclusion, because of the policy of separating children from their parents at the border, children arriving in Massachusetts will be welcomed into our schools. To the extent that these students may require services to address the trauma they have experienced, the Boston Public Schools will continue to devote staff and other resources in order to prepare these students to succeed academically.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on this 29 day of June, 2018 at Boston, Massachusetts.



PRIYA TAHILIANI

Exhibit 75

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE**

9 STATE OF WASHINGTON, *et al.*,

NO. 2:18-cv-00939 - MJP

Plaintiffs,

DECLARATION OF
DARON KORTE

V.

12 DONALD TRUMP in his official capacity
as President of the United States, *et al.*,

Defendants.

I, Daron Korte, pursuant to 28 U.S.C. § 1746, hereby declare as follows:

1. I am over the age of 18 and have personal knowledge of all the facts stated herein.

2. I am an Assistant Commissioner for the Minnesota Department of Education. I oversee the divisions of Special Education; Compliance and Assistance; Rulemaking; and Health, Nutrition, and Youth Development.

3. There are 2,072 public schools in Minnesota.

4. In Minnesota, all children, including children who have been separated from their parents, are entitled to a free public education.

5. For state fiscal year 2017, the statewide per pupil expenditures was, on average, \$11,890. The estimated statewide per pupil expenditures for the current fiscal year is, on

1 average, \$12,251 per child. Of this total, approximately 96% comes from state and local
2 resources.

3 6. If an immigrant child requires services through the English Learners program,
4 the state funds \$700 to \$950 per child.

5 7. Unaccompanied children may require special education, mental health services,
6 and other programs delivered within the school district.

7 8. According to the National Child Traumatic Stress Network, traumatic events in
8 a child's life can impair learning and impact school performance. For example, traumatic
9 events can cause intrusive thoughts, interrupted sleep and nightmares, anger and moodiness,
10 and/or social withdrawal, which can interfere with the child's memory and ability to
11 concentrate. This can have an adverse impact on a child's school performance. See National
12 Child Traumatic Stress Network Schools Committee, *Child Trauma Toolkit for Educators*,
13 NCTSN, Oct. 2008, at 4.

14 I declare under penalty of perjury under that the foregoing is true and correct.

15 DATED this 29th day of June, 2018 at Roseville, Minnesota.

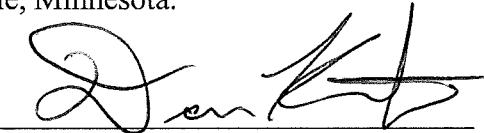
16 
17 DARON KORTE

Exhibit 76

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7 **UNITED STATES DISTRICT COURT**
8 **WESTERN DISTRICT OF WASHINGTON**
9 **AT SEATTLE**

10 STATE OF WASHINGTON, *et al.*,

11 NO. 2:18-cv-00939 - MJP

12 Plaintiffs,

13 DECLARATION OF
14 LAURIE POSSIN

v.

DONALD TRUMP in his official capacity
as President of the United States, *et al.*,

Defendants.

I, Laurie Possin, pursuant to 28 U.S.C. § 1746, hereby declare as follows:

1. I am over the age of 18 and have personal knowledge of all the facts stated
herein.

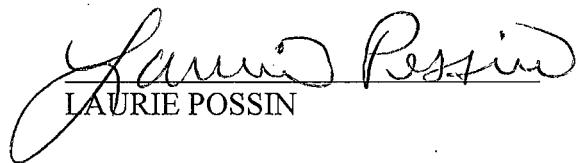
2. I am employed by the Minnesota Department of Human Services as a Manager
for the Child Care Assistance Program.

3. The Child Care Assistance Program provides financial assistance to help
families with low incomes pay for child care so that parents and legal guardians may pursue
employment. The Child Care Assistance Program also helps ensure that children are safe and
well cared for, and supports healthy child development.

1 4. Non-citizen children are eligible for the Child Care Assistance Program in
2 settings that are subject to public education standards, such as Head Start or pre-kindergarten
3 or school-age care programs operated under public education standards.

4 I declare under penalty of perjury that the foregoing is true and correct.

5 DATED this 28th day of June, 2018 at St. Paul, Minnesota.

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7 LAURIE POSSIN
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Exhibit 77

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7 **UNITED STATES DISTRICT COURT**
8 **WESTERN DISTRICT OF WASHINGTON**
9 **AT SEATTLE**

10STATE OF WASHINGTON, *et al.*,

11 Plaintiffs,

12 v.

13DONALD TRUMP in his official capacity
as President of the United States, *et al.*,

14 Defendants.

NO. 2:18-cv-00939 - MJP

DECLARATION OF
MARIE ZIMMERMAN

15 I, Marie Zimmerman, pursuant to 28 U.S.C. § 1746, hereby declare as follows:

16 1. I am over the age of 18 and have personal knowledge of all the facts stated
17 herein.

18 2. I am the State Medicaid Director for the Minnesota Department of Human
19 Services.

20 3. Emergency Medical Assistance (“EMA”) covers the care and treatment of
21 certain emergency medical conditions. Undocumented minors, who are residents of
22 Minnesota, are eligible to receive EMA, provided they meet all other Medical Assistance
23 eligibility requirements apart from immigration/citizenship status. For purposes of EMA,
24 children that are living in the State are considered Minnesota residents. There is no residency
25 duration requirement for children applying for EMA.

26 4. Any person acting on behalf of a minor child may file an application for EMA.

1 5. EMA is available for services up to three months prior to the month in which
2 the application for EMA is made.

3 I declare under penalty of perjury that the foregoing is true and correct.

4 DATED this 29 day of June, 2018 at St. Paul, Minnesota.

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6 MARIE ZIMMERMAN
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Exhibit 78

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

1 STATE OF WASHINGTON, et al.,
 2
 3

4 Plaintiff,
 5
 6

7 v.
 8
 9

10 DONALD TRUMP in his official capacity as
 11 President of the United States, et al.,
 12
 13

Defendants.

011_MinuteOrder.p
df

NO. 2:18-cv-00939-MJP
DECLARATION OF CHRISTINE NORBUT
BEYER

15 I, Christine Norbut-Beyer, declare as follows:

16 1. I am over the age of 18 and have personal knowledge of all the facts stated herein.

17 2. I am the Commissioner of the New Jersey Department of Children and Families
 18 (DCF). I have served as Commissioner or Acting Commissioner since January 16, 2018. In
 19 this capacity, I oversee all Department activities, including child protection and welfare
 20 activities for the State of New Jersey, administration of the state's systems for providing
 21 services to children to address behavioral health needs or intellectual and developmental
 22 disabilities.

23 3. Children residing in New Jersey are eligible for behavioral health services through
 24 DCF's Children's System of Care (CSOC) regardless of citizenship status. Services provided
 25 include mobile response services for crisis stabilization, out of home placement for children
 26 with needs that cannot be addressed in home, and both in and out of home therapeutic services.

4. Under state law, DCF's Division of Child Protection and Permanency (CP&P) is
 obligated to investigate and address allegations of child abuse and neglect. When the safety of
 any child requires his or her removal from the custody of his or her parent or guardian, CP&P
 also has responsibility for his or her placement in foster care or other appropriate setting, as
 well as responsibility for his or her care while in such placement.

5. To the extent that children separated from their parents as a result of parental
 incarceration for immigration violations are reunited with their parents or placed with sponsor
 families in New Jersey, they may be eligible for child behavioral health services through
 CSOC. The policy of separating migrant children from their parents causes psychological harm
 to children and increases the likelihood of the child and family needing to access a behavioral
 health intervention.

6. The same children, if reunited with parents or placed with sponsors in New Jersey, if
 subject to abuse or neglect, would be eligible for services through CP&P, and if circumstances
 warrant, would enter the care and custody of the same.

7. The trauma of parental separation can reasonably be expected to increase the need for
 behavioral health and therapeutic services for children.

8. While the Office of Refugee Resettlement has publicly reported that 6,183 children were
 released to sponsors in New Jersey between October of 2015 and May of 2018, DCF, which is
 the sole agency authorized to provide child abuse and neglect registry checks in New Jersey,
 has received only 880 requests for such checks for ORR identified sponsors and adult
 household members.

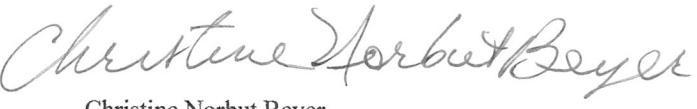
9. The home study requirements in ORR policy also fall short of requirements imposed by
 New Jersey law on all other foster care or adoptive placements in the state, including
 placements with relatives and placements made by other state agencies under the ICPC. New
 Jersey law requires a comprehensive home study and evaluation of all foster care and adoptive
 placements made by the state, approved by the state under the ICPC, or made by private
 adoption agencies. ORR requires an onsite home study only in the limited circumstances
 specifically delineated in the Trafficking Victims Protection Reauthorization Act of 2008
 (TVPRA) when releasing to a sponsor who has or is seeking to sponsor multiple unrelated
 children, or when the child is under 12 years of age and being released to a non-relative
 sponsor.

10. The placement of children with sponsors who have not been subject to the degree of
 evaluation and screening required by New Jersey law in all other circumstances substantially
 increases the risk that such children will be abused or neglected.

11. The infliction of undue trauma on children, and the reckless placement of children in
 New Jersey of children in potentially unsafe settings, reasonably ensures that DCF will incur

I declare under penalty of perjury under the laws of the State of Washington and the United States of America that the foregoing is true and correct.

DATED this 30 day of June, 2018 at Trenton, New Jersey



Christine Norbut Beyer

DECLARATION OF CHRISTINE NORBUT
BEYER

Exhibit 79

1
2
3 **UNITED STATES DISTRICT COURT**
4 **WESTERN DISTRICT OF WASHINGTON**

5 STATE OF WASHINGTON, et al.,

NO. 18-cv-00939

6 Plaintiffs,

DECLARATION OF
HOWARD A. ZUCKER, M.D., J.D.

7 v.

8 DONALD TRUMP in his official capacity
as President of the United States, et al.,

9 Defendants.

10 I, HOWARD A. ZUCKER, M.D., J.D., pursuant to 28 U.S.C. Section 1746 declare as
11 follows:

12 1. I am the Commissioner of the New York State Department of Health (“DOH”).
13 I make this declaration in my capacity as the Commissioner after consultation with DOH
14 program staff directing the initiatives detailed below. I respectfully submit this Declaration in
15 order to place before the Court certain testimony and documents relevant to the relief requested.
16 I am familiar with the matters set forth herein, either from professional knowledge, conversations
17 with DOH staff, or on the basis of documents that have been provided to and reviewed by me.

18 2. I have extensive knowledge of pediatric medicine and care. I am board-certified
19 in six specialties/subspecialties and trained in pediatrics at Johns Hopkins Hospital,
20 anesthesiology at the Hospital of the University of Pennsylvania, pediatric critical care
21 medicine/pediatric anesthesiology at The Children’s Hospital of Philadelphia, and pediatric
22 cardiology at Children’s Hospital Boston/Harvard Medical School. I was a professor of clinical
23 anesthesiology at Albert Einstein College of Medicine of Yeshiva University and pediatric
24 cardiac anesthesiologist at Montefiore Medical Center in the Bronx. I also served as associate
25 professor of clinical pediatrics and anesthesiology at Columbia University College of Physicians
26 and Surgeons.

1 & Surgeons and pediatric director of the ICU at New York Presbyterian Hospital. I am a former
 2 Columbia University Pediatrics Teacher of the Year.

3 3. As Commissioner of DOH, I must “take cognizance of the interests of health and
 4 life of the people of the state, and of all matters pertaining thereto and exercise the functions,
 5 powers and duties of the department prescribed by law”. Public Health Law (“PHL”) §206(1)(a).

6 **Defendant’s Policy Harms New York State’s Property Interests**

7 4. In FY 2017, Office of Refugee Resettlement (“ORR”) placed 3,938 children with
 8 New York resident sponsors. *See* Unaccompanied Alien Children Released to Sponsors by State,
 9 available at [https://www.acf.hhs.gov/orr/resource/unaccompanied-alien-children-released-to-](https://www.acf.hhs.gov/orr/resource/unaccompanied-alien-children-released-to-sponsors-by-state)
 10 sponsors-by-state. ORR placed another 1,577 unaccompanied alien children (“UAC”) with New
 11 York resident sponsors from October 2017 through April 30, 2018. *Id.*

12 5. When the children in the UAC program are in the care and custody of the ORR
 13 their expenses and care are the responsibility of the federal government, and are subject to
 14 appropriate state oversight. Once a child in the UAC program is placed outside of ORR’s
 15 congregate setting and with a sponsor who resides in New York State, the child is entitled to a
 16 variety of services funded by the state.

17 **New York State Early Intervention Expenses**

18 6. The Department’s Center for Community Health oversees/administers the
 19 State’s various supplemental programs, such as the Early Intervention Program (“EIP”),
 20 Women, Infants and Children (“WIC”), and the Child and Adult Care Food Program
 21 (“CACFP”).

22 7. Social-emotional development is an important developmental area of concern
 23 for young children who are separated from their parents/caregivers¹.

24

25 1 Guidance is available and includes clinical clues that an infant or toddler may need help – for example,
 26 concerns about sleep patterns, eating, extreme fussiness, or relating to people – and specific steps that can be
 taken to refer children for evaluation and intervention as appropriate. For additional information on social-
 emotional development in childhood, refer to *Meeting the Social-Emotional Needs of Infants and Toddlers*:

1 8. DOH deems children in the foster care system a priority population and seeks to
 2 ensure that these children have access to appropriate EIP services. DOH identifies these
 3 children through a child find system.

4 9. Pursuant to Part C of the IDEA, all States are required to establish a child find
 5 system. In accordance with 69-4.1(c) of NYCRR Child Find System is defined as “all policies
 6 and procedures established by the state early intervention service agencies to: (1) ensure that
 7 at-risk and eligible children are identified, located, and referred to the early intervention
 8 official or public health officer as designated by the municipality; (2) determine the extent to
 9 which children are receiving needed services; and (3) ensure coordination among the state
 10 agencies’ major efforts to identify at-risk and eligible children.”

11 10. The EIP serves infants and toddlers with developmental delays. The Part C EIP
 12 was created by Congress in 1986 as part of the IDEA. IDEA authorizes EIP for infants and
 13 toddlers with disabilities and requires states to provide a free appropriate education for all
 14 students with disabilities, ages 3-21. Therefore, it is imperative that New York’s EIP is able to
 15 access all unaccompanied minors to fulfil Part C requirements as well as State law and
 16 regulations.

17 11. New York joined the federal EIP in 1987 with the New York State Department
 18 of Health appointed as the lead Agency. State law was enacted in 1992 establishing an
 19 entitlement to EIP services for eligible children effective July 1, 1993. Per Federal guidelines,
 20 all services are provided to eligible children and their families at no cost to families, and the
 21 program is delivered in partnership with local governments. If a child is uninsured, the initial
 22 service coordinator (“ISC”) is responsible for assisting in identifying and applying for benefit
 23 programs for which the child or family may be eligible, including Medicaid, the Children’s
 24 Health Insurance Program known as Child Health Plus in New York, and Social Security

25
 26 *Guidance for Early Intervention Program Providers and Other Early Childhood Professionals.* This guidance
 document is available here: <https://www.health.ny.gov/publications/4226.pdf>.

1 Disability Income, however, the children are not required to enroll in order for EIP services to
 2 be provided.

3 12. Each year, New York's EIP serves over 60,000 children ages 0-3 who have
 4 moderate to severe developmental delays.

5 13. It is important for DOH to ensure that those providing care to displaced young
 6 children and local health departments/Early Intervention Officials are aware of young children
 7 who are separated from their parents/caregivers and currently located in their communities so
 8 that children who have developmental delays or special health needs, experiencing difficulty or
 9 showing signs of distress can be connected to services as early as possible.

10 14. The EIP includes 1,279 providers that contract with New York State to bill for
 11 EIP services. Total annual expenditures for New York's EIP total more than \$650 million
 12 across all payers (Medicaid, commercial insurance, and state and local funding).

13 15. The EIP spending breakdown is as follows:

a.	Commercial Insurance	\$12,796,197.21	2.0%
b.	Medicaid	\$289,712,038.56	45.0%
c.	State Funds	\$167,170,389.46	26.0%
d.	County Funds	\$173,993,670.66	27.0%

18 16. While EIP costs and services vary based on the child's needs and intensity of
 19 services offered, for the 2017 program year the average cost of services delivered ranged from
 20 \$5,820 to \$22,000 per child.

21 17. For the most recent program year, 2016-17, total EIP spending for services was
 22 \$643,672,295.88.

1 New York State Child Health Nutritional Expenses

2 18. Unaccompanied young people being held in transitional housing experience a
 3 deterioration in their nutritional health status due to dietary acculturation, sudden changes in
 4 dietary patterns due to adoption of the dietary practices of this country. Staff housing these
 5 minors have significant knowledge gaps in the culturally competent delivery of nutrition
 6 services. Not meeting their nutritional needs including micro and macro nutrient deficiencies
 7 (i.e. vitamin D, calcium, iron, protein etc.) can result in long term consequences in development
 8 and wellbeing.

9 19. The Special Supplemental Nutrition Program for Women, Infants, and Children
 10 (“WIC”) is a federally funded, state administered, locally operated program that provides
 11 nutritious supplemental foods, nutrition education and breastfeeding support, and referrals to
 12 other needed services and at no cost to low-income pregnant, breastfeeding, and postpartum
 13 women and infants and children up to five years of age who are determined to be at nutritional
 14 risk.

15 20. DOH administers WIC and the Child and Adult Care Food Program (“CACFP”).
 16 WIC provides supplemental foods, nutrition education and breastfeeding support and referral to
 17 other needed services. CACFP provides reimbursement to child care organizations to improve
 18 the nutritional quality of meals and snacks served to children in their care.

19 21. It is important for DOH to engage those working with vulnerable unaccompanied
 20 young people to ensure eligible children less than five years of age are referred to WIC, and
 21 organizations caring for children in group settings participate in CACFP. The screening for both
 22 food insecurity and nutritional status including anthropometric measures is necessary to assess
 23 individual needs to provide appropriate nutrition services.

24 22. In New York State, WIC serves approximately 420,000 individuals each month,
 25 including more than 300,000 infants and children, through 91 local providers at 400 sites
 26

1 throughout the state. The food benefits are valued at nearly \$375 million annually, averaging
 2 approximately \$140 for infants, \$55 for children and \$50 for women per month.

3 **New York State Child Health Plus Expenses**

4 23. New York State has long been committed to ensuring that all children in the state
 5 have access to comprehensive health care services. All children under age 19, regardless of
 6 immigration status, are eligible for the Child Health Insurance Program (“CHP”) in New York
 7 State.

8 24. CHP covers nearly 400,000 children. Children with household incomes at or
 9 below 160% of the federal poverty level (\$19,416 for household of one, \$40,152 for a
 10 household of four) are eligible for CHP coverage with no monthly premium contribution.
 11 Children in households with income up to 400% of the federal poverty level are eligible on a
 12 sliding scale with monthly premium contributions of \$9 to \$60 per month. Available at
 13 https://www.health.ny.gov/health_care/child_health_plus/eligibility_and_cost.htm.

14 25. CHP provides children with comprehensive health insurance coverage. The
 15 benefits package includes well-child care; physical exams; immunizations; diagnosis and
 16 treatment of illness or injury; X-rays and lab tests; outpatient surgery; emergency care;
 17 prescription and non-prescription drugs, if ordered by a physician; inpatient hospital medical
 18 and surgical care; short-term therapeutic outpatient services (chemotherapy, hemodialysis);
 19 inpatient and outpatient treatment for alcoholism, substance abuse, and mental health; dental
 20 care; vision care; speech and hearing services; durable medical equipment; emergency ground
 21 ambulance transportation to a hospital; and hospice. CHP does not cover long-term care, non-
 22 emergency transportation or medical supplies.

23 26. Generally, the CHP program is jointly funded by the federal and the state
 24 governments. However, the federal government does not provide any funding for children it
 25 deems “unqualified immigrants.” Health coverage for these children is covered entirely with
 26 state funds.

1 27. Studies of the CHP program in New York and nationally have found that children
 2 enrolled in the program have greater access to care than uninsured children, better health
 3 outcomes and fewer absences from school.

4 **Defendant's Policy Violates New York State's Patients' Rights**

5 28. The Patients' Bill of Rights are found in Sections 405.7 and 751.9 of Title 10 of
 6 the Official Compilation of Codes Rules and Regulations of the State of New York ("NYCRR")
 7 contain, which prohibits discrimination based on "race, color, religion, sex, gender identity"²,
 8 national origin, disability, sexual orientation, age, or source of payment".

9 29. The statement of rights of patients under PHL §2803(1)(g) has always included
 10 the right to receive treatment without discrimination based on characteristics defined by the
 11 Human Rights Law and the regulations of the New York State Division of Human Rights.

12 30. Furthermore, New York State has a long history of promoting, supporting and
 13 protecting breastfeeding by women and their infants through regulations and legislation. PHL
 14 §2505-a provides the rights of breastfeeding mothers and was created to strengthen and codify
 15 hospital regulations, increase awareness and educate prospective and new mothers, healthcare
 16 personnel and the public of State regulations and legislation protecting women's rights to be
 17 supported in breastfeeding. Subsequent amendments included informing mothers of their right
 18 to breastfeed in public, their place of employment and at child day care centers. The
 19 Breastfeeding Mothers' Bill of Rights states "Choosing the way you will feed your new baby is
 20 one of the important decisions you will make in preparing for your infant's arrival. Doctors
 21 agree that for most women breastfeeding is the safest and most healthy choice." Separating
 22 infants from their mothers denies infants in the UAC program the right to receive the best
 23 possible nutrition and be nursed and cared for by their mothers at such a critical stage of

25 2 Pursuant to the authority vested in the Commissioner of Health by PHL § 2803, 10 NYCRR 405.7 and
 26 751.9 were amended, to be effective upon publication of a Notice of Adoption in the New York State Register,
 adding gender identity.

1 development. New York State has confirmed that a nine (9) month old infant as well as non-
 2 verbal toddlers have been separated from family at the border and placed in New York.

3 31. A nursing mother has the “right to breastfeed [her] baby in any location, public
 4 or private, where you are otherwise authorized to be.” PHL §2505-a. For example, when an
 5 infant must be separated from his or her mother at a hospital due a critical health emergency,
 6 such as placement in a neonatal intensive care unit, “[i]f nursing is not possible, every attempt
 7 will be made to have your baby receive your pumped or expressed milk.” Id. Children in the
 8 UAC program are to be treated no differently in New York State.

9 32. Clear and effective communication should not be a barrier to anyone receiving
 10 appropriate care and services. Patients in New York have the right to understand their rights and
 11 utilize them. “If for any reason [they] do not understand or [they] need help, the hospital must
 12 provide assistance, including an interpreter.” 10 NYCRR 405.7(c), Patients’ Bill of Rights.
 13 Agencies in New York are required to provide interpretation services and translation on
 14 documents and forms to any non-English speakers, regardless of immigration status. Pursuant
 15 to 10 NYCRR § 405.7, all hospitals in New York State are required “to develop a language
 16 access plan, appoint a Language Access Coordinator, provide interpreters within 10 minutes in
 17 the emergency room and 20 minutes elsewhere in the hospital, and notify patients about their
 18 rights to language services, among other things. The regulations also prohibit the use of family
 19 members, strangers and minor children as interpreters except in emergencies.”

20 33. Given the influx of children in the UAC program, more interpreters will be
 21 needed at facilities to ensure appropriate care is given to these children.

1 Trauma to Children

2 34. The situation that the children in the UAC program are experiencing causes actual
 3 damage and trauma to a developing brain. Separating immigrant children from parents is a
 4 highly stressful, traumatic experience. Adverse experiences in childhood can cause lasting, often
 5 irreversible damage to children's health, well-being, and development³.

6 35. Prolonged stress (also known as toxic stress) can permanently disrupt the
 7 structure and function of a child's developing brain. These changes can manifest as greater
 8 likelihood of adopting unhealthy behaviors (*e.g.*, smoking and illicit drug use), increased risk of
 9 diseases (*e.g.*, obesity, heart disease, and cancer), depression, and socioeconomic inequalities⁴.

10 36. When a child experiences continuous unpredictable stress certain brain cells
 11 release chemicals that lead to inflammation and can cause mood disorders, which may last a
 12 lifetime. Separating immigrant children from their parents can harm children's mental health
 13 and result in negative changes in child behavior⁵⁶⁷⁸⁹, and can include:

- 14 e. problems with eating and sleeping
- 15 f. increased fear, anxiety, and depression
- 16 g. more frequent crying

17 ³ Felitti, V.J., Anda, R.F., Nordenberg, D., et al. (1998). Relationship of Childhood Abuse and Household
 18 Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE)
 19 Study. *American Journal of Preventive Medicine*. Vol 14(4): 245-258.

20 ⁴ Shonkoff J.P. & Garner, A.A. (2012). The Committee on Psychosocial Aspects of Child and Family
 21 Health, Committee on Early Childhood, Adoption, and Dependent care, and Section on Developmental and
 22 Behavioral Pediatrics. The Lifelong Effects of Early Childhood Adversity and Toxic Stress. *Pediatrics*. Vol
 23 129(1): e232-246.

24 ⁵ Chaudry, A., Capps, R., Pedroza, J., Castañeda, R., Santos, R., & Scott, M. (2010). *Facing Our Future: Children in the Aftermath of Immigration Enforcement*. Washington, DC: Urban Institute. Available at:
<https://www.urban.org/sites/default/files/publication/28331/412020-Facing-Our-Future.PDF>.

25 ⁶ Allen, B., Cisneros, E., & Tellez, A. (2015). The children left behind: The impact of parental
 26 deportation on mental health. *Journal of Child and Family Studies*. 24:386– 392.

27 ⁷ Suarez-Orozco, C., Jin Bang, H., & Yeon Kim, H. (2011). I Felt Like My Heart Was Staying Behind:
 28 Psychological Implications of Family Separations & Reunifications for Immigrant Youth. *Journal of Adolescent
 Research*. Vol 26(2):222-257.

29 ⁸ Dreby, J. (2015). U.S. immigration policy and family separation: The consequences for children's well-
 30 being. *Social Science & Medicine*. 132: 245-251.

31 ⁹ Brabeck, K., Lykes, M. B., & Hunter, C. (2014). The psychosocial impact of detention and deportation
 32 on U.S. migrant children and families. *American Journal of Orthopsychiatry*. 84:496-505.

- 1 h. withdrawn and angry/aggressive behavior
 2 i. problems in school

3 37. Immigrant children who have experienced family separation are more likely to
 4 face substance abuse and unemployment later in life¹⁰¹¹.

5 38. In addition to the physical and mental health issues forcibly separating children
 6 from their parents can cause, they are also at an increased risk for becoming victims of human
 7 trafficking. Reasons for this include, but are not limited to, language barriers, the lack of a
 8 support system, economic vulnerability and potential history of trafficking and/or abuse they
 9 may have experienced in their home country. Additionally, there have been cases of sponsors
 10 trafficking children in their care. *See infra*, footnote 12, pages 7 and 22 of Report; *see also* U.S.
 11 Senate Report titled *Protecting Unaccompanied Alien Children from Trafficking and Other*
 12 *Abuses: The Role of the Office of Refugee Resettlement*¹². Lastly, the separation policy itself
 13 may force families to separate before coming into contact with U.S. officials at the border,
 14 thereby making the child even more vulnerable to trafficking.

15 39. The U.S. Department of State recently issued the 2018 Trafficking In Persons
 16 Report. As stated within, “**Removal of a child from the family should only be considered as**
 17 **a temporary, last resort...**The physical and psychological effects of staying in residential
 18 institutions, combined with societal isolation and often subpar regulatory oversight by
 19 governments, **place these children in situations of heightened vulnerability to human**
 20 **trafficking**¹³.” [Emphasis added]

21 ¹⁰ Capps, R., Castañeda, R.M., Chaudry, A., & Santos, R. (2007). Paying the Price: the Impact of
 22 Immigration Raids on America's Children. Urban Institute for the National Council of La Raza. Retrieved from:
http://www.urban.org/UploadedPDF/411566_immigration_raids.pdf.

23 ¹¹ Zuñiga, V. & Hamann, E.T. (2006). Going home? Schooling in Mexico of transitional children.
CONFines (Mexico), 4:41-57.

24 ¹² The Senate Report is available at
<https://www.hsgac.senate.gov/imo/media/doc/Majority%20&%20Minority%20Staff%20Report%20-%20Protecting%20Unaccompanied%20Alien%20Children%20from%20Trafficking%20and%20Other%20Abuse%202016-01-282.pdf>

25 ¹³ U.S. Department of State. (2018). *2018 Trafficking In Persons Report*. Office of the Under Secretary
 26 for Civilian Security, Democracy, and Human Rights. Available at: www.state.gov/j/tip/rls/tiprpt/2018/index.htm.

1 40. The majority of child victims of trafficking have been subjected to pre-trafficking
 2 traumas including marginalization (due to poverty and war) and **abrupt parental separation**
 3 **due to migration**¹⁴.

4 41. According to the Alliance To End Slavery & Trafficking¹⁵, separating immigrant
 5 families (who are already uniquely vulnerable to human trafficking) further increases their risk
 6 to human trafficking.

7 42. The New York State Department of Health is a member of the Interagency Task
 8 Force on Human Trafficking, which was created under Social Services Law Section 483-ee and
 9 is co-chaired by the New York State Division of Criminal Justice Services and the State Office
 10 of Temporary and Disability Assistance. Public Health Law requires that certain health care
 11 facilities assess for and provide treatment or referral to suspected human trafficking victims. See
 12 PHL § 2805-y.

13 43. Trafficking can involve school-age youth, particularly those made vulnerable by
 14 challenging family situations, and can take a variety of forms including forced labor, domestic
 15 servitude, and commercial sexual exploitation.

16 44. Once the separated immigrant children sent to New York are identified and
 17 located, they will be screened for vulnerability to trafficking. If it is suspected that they were
 18 trafficked, they will be connected with the Local Department of Social Services, local health
 19 district, or local Rape Crisis Program who will assist them with New York State confirmation
 20 through Division of Criminal Justice Services or Office of Temporary and Disability Assistance
 21 and/or Federal certification as a human trafficking victim, which provides them with assistance
 22 and potential paths for immigration relief. More importantly, they should be reunited with their
 23 families and provided resources to ensure their safety while in the U.S.

24

¹⁴ Abu-Ali, A. & Al-Bahar, M. (2011). Understanding child survivors of human trafficking: A micro and
 25 macro level analysis. *Procedia – Social and Behavioral Sciences*. 30:791-796.

26 ¹⁵ Separating Immigrant Families Increases Vulnerabilities to Human Trafficking. Available at:
<https://endslaveryandtrafficking.org/separating-immigrant-families-increases-vulnerabilities-to-human-trafficking/>.

1 **Additional Health Risks**

2 45. The stress, trauma, and undernourishment of young children separated from their
 3 parents may make them more susceptible to communicable diseases. In addition, being held in
 4 congregate settings increases the risk of communicable diseases being transmitted from child to
 5 child. Finally, when children are separated from their families or caregivers, vital health history
 6 is lost that would contribute to knowledge about their vulnerabilities. If vaccine history is
 7 unknown, undervaccination can lead to outbreaks of vaccine preventable diseases.

8 46. The DOH is responsible for investigations of and control of all communicable
 9 disease in New York State, outside of New York City. The DOH also operates the Vaccines for
 10 Children Program, which supplies vaccines for children who are uninsured and who receive
 11 Medicaid.

12 47. DOH will engage local health departments and agencies caring for children
 13 separated from their parents or caregivers to ensure appropriate health care is given and that
 14 residents of congregate settings are protected from transmission of communicable disease. All
 15 attempts will be made to obtain medical history and immunization records and all children will
 16 be cared for and vaccinated accordingly.

17 48. The Department recently asked all hospitals and clinics to complete a Health
 18 Electronic Response Data System (“HERDS”) survey to determine how many of these at-risk
 19 children have sought medical assistance and the conditions they are presenting with.

20 49. The DOH also sent out an advisory to offer an update on identifying and
 21 providing care to children who are experiencing traumatic events, including children affected by
 22 recent events which separated them from their parents while attempting to cross the United States
 23 border. Since many of these children have been transferred to New York State facilities, the
 24 advisory provides guidance for New York State healthcare providers and facilities on how to
 25 identify and provide care for children affected by trauma.

1 50. As of Thursday evening, June 28, 2018, 84% of hospitals have submitted the
2 HERDS survey. Of those, nine (9) hospitals have reported treating immigrant children in the
3 timeframe specified in the survey. Those 9 hospitals are located in NYC or Long Island. So far,
4 25 immigrant children age 1-17 were identified. DOH staff continue to follow-up with hospitals
5 that did not submit a HERDS survey, as well as seek data from free-standing clinics and federally
6 qualified health centers.

7 51. I declare under penalty that the foregoing is true and correct and of my own
8 personal knowledge.

9
10 DATED this 29th day of June, 2018 at New York, New York.

11
12 
13 HOWARD A. ZUCKER, M.D., J.D.
14 Commissioner, New York State
15 Department of Health
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Exhibit 80

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7 **UNITED STATES DISTRICT COURT**
8 **WESTERN DISTRICT OF WASHINGTON**

9 STATE OF WASHINGTON, et al.,

NO. 18-cv-00939

10 Plaintiff,

DECLARATION OF BRIAN S.
CECHNICKI

11 v.

12 DONALD TRUMP in his official capacity
as President of the United States, et al.,

13 Defendants.

14
15 I, BRIAN S. CECHNICKI, declare as follows:

16 1. I am over the age of eighteen and have personal knowledge of all the facts stated
17 herein.

18 2. The New York State Education Department (“SED”) is charged with the “general
19 management and supervision of all public schools and all of the educational work of the state,
20 including the operations of the University of the State of New York.” N.Y. Educ. Law §101
21 (McKinney 2018). It is the administrative arm of the University of the State of New York and
22 is charged with carrying out the legislative mandates and policies of the Board of Regents. N.Y.
23 Educ. Law §§101, 207, 305 (McKinney 2018).

1 3. I am currently the Director of Education Finance at SED, a position I have held
 2 since September 2014. My duties and responsibilities include, but are not limited to, the
 3 oversight of the State aid office, which is responsible for making State aid calculations and
 4 payments to school districts. I am personally familiar with the formulas for calculating General
 5 Support for Public Schools (GSPS) for New York State school districts.

6 4. As described below, New York State will incur expenses to educate
 7 Unaccompanied Alien Children (UACs) placed within the state because under state law, children
 8 ages six through sixteen (or seventeen) who reside in New York must attend school, and students
 9 over five and under twenty-one years of age who have not received a high school diploma are
 10 entitled to attend the public schools of the school district in which they reside. N.Y. Educ. Law
 11 §§ 3202(1), 3205 (McKinney 2018). There are approximately 692 public school districts in New
 12 York that serve approximately 2.6 million students.

13 5. Moreover, the Individuals with Disabilities Act ("IDEA") requires the State of
 14 New York to provide special education services to students with learning or emotional
 15 disabilities. Under this federal law, children ages three to twenty-one are entitled to special
 16 education and related services¹ when clinically warranted. 20 U.S.C. § 1411. New York State
 17 law also entitles qualified students to English Language Learner ("ELL") programs and
 18 services.² N.Y. Comp. Codes R. & Regs. Tit. 8, § 154 (2018).

19
 20
 21
 22 ¹ Related services are developmental, corrective, and other supportive services as are required to assist a
 23 student with a disability and include: speech-language pathology, interpreting services, psychological services,
 24 physical therapy, occupational therapy, and counseling services (such as rehabilitation counseling services, school
 25 health services, school nurse services, and school social work). N.Y. Educ. Law § 4401(1), (2)(k) (McKinney 2018);
 26 N.Y. Comp. Codes R. & Regs. tit. 8, §200.1(qq) (2018).

27 ² Programs and services for ELLs include provision of a bilingual education or English as a new language
 28 program and, for students not demonstrating adequate performance on the State's annual English language
 29 proficiency assessment, may also include support services. N.Y. Educ. Law § 3204(2-a) (McKinney 2018); N.Y.
 30 Comp. Codes R. & Regs. tit. 8, § 154-2.3(d), (j) (2018).

1 6. Through its formula-based allocation of State funds to school districts, New York
2 State recognizes that certain populations of students, such as students with disabilities and
3 English language learners, cost more money to be educated in this State because they require
4 more services. The vast majority of State formula-based aid includes additional pupil weightings
5 and other factors that drive greater State resources to school districts for such students. 2018
6 Sess. Laws of N.Y. Ch. 59 Part CCC (S. 7509-C) (McKinney 2018).

7 7. While costs will vary depending on the school district's location and the child's
8 needs, the statewide average to educate a student in New York is approximately \$22,000³ per
9 year. This amount includes instructional costs as well as non-instructional expenses such as
10 central administration costs, operations and maintenance, transportation, and debt service.

11 8. As of the 2015-16 school year, the statewide average level of per pupil
12 instructional spending⁴ that school districts across New York State spend (inclusive of all
13 funding sources) on general education is \$12,615.⁵ These costs represent roughly 85% of pupils
14 statewide.⁶

15 9. As of the 2016-17 school year, the statewide average proportion of total school
16 district spending that is supported by state resources (as described in ¶6) is 40.8%.⁷

17 10. As of the 2016-17 school year, the statewide average proportion of total school
18 district spending that is supported by federal resources is 4.0%.⁸

19 ³ See U.S. Census Bureau, 2016 Public Elementary-Secondary Education Finance Data,
20 <https://www.census.gov/data/tables/2016/econ/school-finances/secondary-education-finance.html> (last visited
June 28, 2018).

21 ⁴ "Per pupil instructional spending" does not include spending in areas such as central administration costs,
22 operations and maintenance, transportation, and debt service. (See ¶5, *supra*.)

23 ⁵ See Fiscal Accountability Summary,
<https://data.nysed.gov/fiscal.php?year=2017&instid=800000038068> (last visited June 28, 2018).

24 ⁶ See Fiscal Accountability Summary,
<https://data.nysed.gov/fiscal.php?year=2017&instid=800000038068> (last visited June 28, 2018).

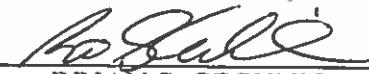
25 ⁷ 2016-2017 School District Fiscal Profiles, <http://www.oms.nysed.gov/saru/Profiles/30thMasterfile.xlsx>
(last visited June 28, 2018).

26 ⁸ n. 6, *supra*.

1 11. As of the 2016-17 school year, the statewide average proportion of total school
2 district spending that is supported by local resources is 55.2%.⁹

3 I declare under penalty of perjury under the laws of the State of New York and the State
4 of Washington and the United States of America that the foregoing is true and correct.
5

6 DATED this 29th day of June, 2018 at Albany, New York.



9 BRIAN S. CECHNICKI
10 Director of Education Finance at
11 the New York State Education
12 Department
13 Education Building Room 139
14 89 Washington Avenue
15 Albany, New York 12234
16 (518) 486-2422
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⁹ n. 6, *supra*.

Exhibit 81

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7 **UNITED STATES DISTRICT COURT**
8 **WESTERN DISTRICT OF WASHINGTON**

9 STATE OF WASHINGTON, et al.,

10 NO. 18-cv-00939

11 Plaintiff,

12 v.
13 DONALD TRUMP in his official capacity
14 as President of the United States, et al.,
15 Defendants.

16 DECLARATION OF MITCHELL
17 KATZ, M.D.

18 I, Mitchell Katz, M.D., declare as follows:

19 1. I am over the age of 18 and state the following facts upon information and belief,
20 based upon conversations with knowledgeable parties.

21 2. I am President and Chief Executive Officer of the New York City Health and
22 Hospitals Corporation (hereinafter “NYC Health + Hospitals”), a public benefit corporation that
23 operates eleven hospitals, five long term care facilities, neighborhood health centers, a certified
24 home care agency and a health plan. We are the largest public health care system in the United
25 States, and we care for individuals without regard to ability to pay.

26 3. I have been President of NYC Health + Hospitals since January 2018. Before
27 assuming this position, I was Director of the Los Angeles County Health Agency, which included
28 the Los Angeles County Department of Health Services, the second-largest public health system

1 in the United States. I also served as Director and Health Officer of the San Francisco Department
2 of Health for thirteen years.

3 4. NYC Health + Hospitals facilities have treated several children, who, based upon
4 information provided to us in the course of taking patient histories, were separated from their
5 families at the southwestern United States border.

6 5. Some of these children were brought to a hospital in our system after being placed
7 with foster parents by area social service organizations tasked with caring for the children.

8 6. NYC Health + Hospitals provided medical and mental health care to the children
9 for such conditions as asthma, strep throat and suicidal ideation.

10 7. It is possible that more children who have been separated from their families at
11 the border were treated in our system.

12 8. NYC Health + Hospitals is a public health system funded by insurance payments
13 and direct government support. Some of the system's funds are provided by New York State,
14 and other funds are provided by New York City.

15 9. The system receives federal funds in the form of Medicaid and Medicare
16 payments, disproportionate share payments and various federally funded grants.

1 I declare under penalty of perjury under the laws of the State of Washington and the
2 United States of America that the foregoing is true and correct.

3 DATED this 29 day of June, 2018 at New York, New York.

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5 
6 MITCHELL KATZ, M.D.
7 President and Chief Executive Officer
New York City Health and Hospitals
Corporation

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Exhibit 82

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7 **UNITED STATES DISTRICT COURT**
8 **WESTERN DISTRICT OF WASHINGTON**

9 STATE OF WASHINGTON,

10 Plaintiff,

11 v.

12 DONALD TRUMP in his official capacity
13 as President of the United States, et al.,

14 Defendants.

15 NO. 2:18-cv-00939-RAJ

16 DECLARATION OF PATRICK
17 ALLEN

18 I, Patrick Allen, declare as follows:

19 1. I am over 18 and have personal knowledge of the facts stated herein.

20 2. I am the Director of the Oregon Health Authority (“OHA”), a state government
21 agency that is responsible for overseeing most of Oregon’s health-related programs, including
22 the Oregon Health Plan (“OHP”), which is Oregon’s Medicaid program. OHA also oversees
23 state programs providing public, behavioral, and psychiatric health. I have been the Director of
24 OHA since September 2017. In this role, one of my responsibilities is ensuring that Oregon
25 provides excellent health care while retaining a high value, sustainable health care system by
26 being a responsible steward of taxpayer dollars.

27 3. Prior to becoming the Director of OHA, I was the Director of the Department of
28 Consumer and Business Services (“DCBS”) in Salem, Oregon for nearly six years. DCBS is

1 Oregon's largest consumer protection and business regulatory agency. As Director of DCBS, I
 2 demonstrated statewide accountability for insurance and securities regulation, worker safety,
 3 workers' compensation insurance, programs to assist injured workers, and construction and
 4 energy efficiency standards with support from almost 1,000 employees. I have also held
 5 leadership positions in the Oregon Building Codes Division and the Oregon Office of
 6 Regulatory Streamlining.

7 4. Children who reside in Oregon are entitled to medical, dental, and mental health
 8 benefits if their families meet certain low-income criteria pursuant to recent state legislation
 9 referred to as "Cover All Kids." Cover All Kids applies to all child residents of Oregon
 10 regardless of their immigration status unless the child is incarcerated. Due to this exception for
 11 incarcerated children, it is possible children who have been separated from their families and
 12 are being detained by the federal government in Oregon may not be eligible for Cover All Kids
 13 healthcare benefits. OHA works to provide healthcare to all eligible children in Oregon. The
 14 average per-member-per-month cost for Cover All Kids coverage is \$184.

15 5. Children who are in the custody of the Oregon Department of Human Services
 16 ("DHS") because they are wards of the court are eligible for OHP regardless of their
 17 immigration status. Some children who are eligible for OHP may also be Title IV-E eligible
 18 under the Social Security Act. If a child is Title IV-E eligible, the federal government
 19 reimburses the state through the Medicaid program for the child's healthcare benefits. Title
 20 IV-E eligibility requires United States citizenship. The average per-member-per-month cost
 21 for OHP coverage for children in DHS' custody is \$664.

22 6. An incarcerated child who is not in DHS custody would not qualify for
 23 coverage under OHP or Cover All Kids. Therefore, it is possible that children who are
 24 detained by the federal government in Oregon may not be in DHS custody and may not qualify
 25 for any healthcare programs and/or coverage in Oregon. Some healthcare expenditures may be
 26

1 covered by the detaining facility. The average cost of a hospitalization for a child in Oregon is
2 approximately \$9,730.

3
4 **I declare under penalty of perjury under the laws of Oregon, Washington and the**
5 **United States that the foregoing is true and correct.**

6 DATED this 29th day of June, 2018 at Salem, Oregon
7

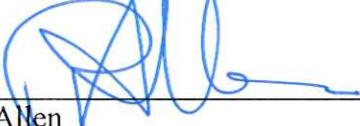
8
9 
10 Patrick Allen
11 Director, Oregon Health Authority
12 500 Summer Street, NE, E-20
13 Salem, OR 97301-5461
14 Tel: 503-947-2340
15 Fax: 503-947-5461

Exhibit 83

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3
4 **IN THE UNITED STATES DISTRICT COURT**
5 **FOR THE WESTERN DISTRICT OF WASHINGTON**
6 **AT SEATTLE**

7 STATE OF WASHINGTON, et al.,
8 Plaintiffs,
9
10 v.
11 DONALD J. TRUMP, et al.,
12 Defendants.

Case No. 2:18-cv-00939-RAJ
DECLARATION OF EMILY NAZAROV

13
14 I, Emily Nazarov, declare:

15 1. I am over 18 and have personal knowledge of the facts set forth in this declaration
16 and I am competent to testify about them.

17 2. I am the Government and Legal Affairs Manager for the Oregon Department of
18 Education. I have been employed by the Oregon Department of Education since September
19 2013.

20 3. The Oregon Department of Education has 540 employees.

21 4. The Oregon Department of Education fosters equity and excellence for every
22 learner through collaboration with educators, partners and communities.

23 5. The Oregon Department of Education promotes nondiscrimination and an
24 environment free of harassment based on an individual's race, color, religion, sex, sexual
25 orientation, gender identity or expression, national origin, marital status, age or disability.

26

1 6. Public schools and school districts in Oregon are subject to all federal and state
2 laws and constitutional provisions prohibiting discrimination.

3 7. It is my understanding that the United States Supreme Court held that children,
4 regardless of their immigration status or that of their parents or guardians, have a constitutional
5 right to receive a free public K-12 education. *Plyer v. Doe*, 457 U.S. 202 (1982). Thus, a child's
6 citizenship or immigration status does not determine whether the child is entitled to an education
7 Therefore, an immigrant or refugee child who has a parent, guardian, or person in a parental
8 relationship residing in Oregon, or is a foster child under the care of the Oregon Department of
9 Human Services or a tribal welfare agency, is entitled to a public education in Oregon.

10 8. Oregon state law requires school districts to provide a free appropriate public
11 education to all children between the ages of 5 and 19 who reside within the district. ORS
12 339.115.

13 9. Individuals between the ages of 4 and 18 are considered resident for school
14 purposes in the school district in which their parents, their guardians or persons in parental
15 relationship¹ to them reside. ORS 339.133.

16 10. Individuals between the ages of 4 and 21 who are placed in foster care are a
17 resident of either the school district of origin or the school district where the individual resides
18 due to placement by the Department of Human Services or a tribal child welfare agency if, based
19 on consideration of all factors relating to the individual's best interests, an Oregon juvenile court
20

21
22 ¹ ORS 339.133(1)(b) defines "person in parental relationship" as:

23 (A) "Person in parental relationship" means an adult who has physical custody of an individual or
24 resides in the same household as the individual, interacts with the individual daily, provides the
individual with food, clothing, shelter and incidental necessities and provides the individual with
necessary care, education and discipline.

25 (B) "Person in parental relationship" does not mean a person with a power of attorney or other written
delegation of parental responsibilities if the person does not have other evidence of a parental relationship.

determines it is not in the best interest of the individual to continue attending the school of origin or any other school in the school district of origin.

11. As explained above, children in Oregon, including those separated from parents, are entitled to a public education. The cost of that education as of 2016-17 was \$11,715 per student, with 92% from state and local resources.

I declare under penalty of perjury of the laws of Oregon, Washington and the United States that the foregoing is true and correct.

EXECUTED on June 26, 2018.

Emily Nazarov
EMILY NAZAROV

Exhibit 84

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7 **UNITED STATES DISTRICT COURT**
8 **WESTERN DISTRICT OF WASHINGTON**

9 STATE OF WASHINGTON,

10 Plaintiff,

11 v.

12 DONALD TRUMP in his official capacity
13 as President of the United States, et al.,

14 Defendants.

15 NO.

16 DECLARATION OF JORDAN
17 BATES

18 I, Jordan Bates, declare as follows:

19 1. I am over 18 and have personal knowledge of the facts stated herein.

20 2. I am an attorney with Youth Rights and Justice ("YRJ") in Portland, Oregon.

21 YRJ is a non-profit public defense law firm. Our office is court-appointed to represent children
22 and parents in the child welfare system and youth in the juvenile delinquency system. Our office
23 also files petitions on behalf of Unaccompanied Minors residing in immigration custody in
24 Portland, OR. I have been employed at YRJ as a staff attorney for over 7 years.

25 3. Prior to working at YRJ, I worked at St. Andrew Legal Clinic, which is a non-
26 profit legal clinic providing family law services to the community at a low cost. The clinic is
located in Washington County, Oregon, a county with a large population of Hispanic and Asian

1 immigrants. Prior to law school, I was a legal assistant at an immigration law firm in Oakland,
 2 California.

3 4. I am a proficient Spanish speaker. I started studying Spanish over twenty years
 4 ago, and have lived and traveled in Central America. With this background, I have been drawn
 5 to assisting young people facing challenges in the immigrant community.

6 5. I began specializing in the overlap between juvenile dependency and immigration
 7 law when I started at YRJ and have since represented over 30 children and teenagers in juvenile
 8 dependency Special Immigrant Juvenile Status (“SIJS”) actions. I have also consulted on
 9 numerous cases and provided several trainings around the state in this area of the law. My office
 10 as a whole has represented well over 60 children in these actions.

11 6. When undocumented children are detained at the border by Immigration and
 12 Customs Enforcement (“ICE”), they can be placed into the custody of the Office of Refugee
 13 Resettlement (“ORR”). This occurs when children are identified as Unaccompanied Minors,
 14 meaning no parent or legal guardian is available to come forward and care for them. This can
 15 include children who have been separated from family at the border.

16 7. Children identified as Unaccompanied Minors are placed in removal proceedings,
 17 and can be transferred to facilities (detention centers, shelters, group homes, foster homes)
 18 throughout the United States, that have contracts with ORR. The children have absolutely no
 19 control over where they will be placed. It is my understanding this same process can apply under
 20 the current family separation policy.

21 8. ORR currently detains some of these children in one of three facilities run by
 22 Morrison Child and Family Services in Portland, Oregon. I am very familiar with the facilities
 23 in which unaccompanied minors live in Portland, Oregon. Most of the children I have
 24 represented have initially resided in these facilities. ORR only houses these children until they
 25
 26

1 are reunified with family or a sponsor, deported, granted immigration relief, or until they turn
 2 18, when they will be transferred to an ICE detention facility.

3 9. These children have often suffered severe trauma in their home countries and are
 4 fleeing from violence, abuse, and neglect. My office has worked in conjunction with
 5 Immigration Counseling Service on these cases for several years. Typically, we will learn of a
 6 child's presence in one of these facilities and then meet with the child to determine if we can file
 7 a case for them in juvenile court.

8 10. Youth, Rights & Justice is typically court appointed to accept cases when the
 9 Oregon Department of Human Services ("Oregon DHS") has removed a child in Oregon from
 10 his or her parents' care. We represent both children and parents in these cases. However, Oregon
 11 law allows anyone to file a Petition in juvenile court under ORS 419B.100, which is what we do
 12 on behalf of some of these unaccompanied minors.

13 11. After doing an initial screening of the case, attorneys from my office will meet
 14 with the children in ORR facilities. If we determine that there are sufficient facts to file a case
 15 based on abuse, neglect, abandonment, or a similar basis under Oregon law, we will file a
 16 juvenile dependency petition, asking the court to make the child a ward, and ultimately place
 17 them into the custody of Oregon DHS.

18 12. Allegations in these petitions must be made against both of the child's parents. If
 19 the court finds jurisdiction, the children are formally placed into the custody of Oregon DHS,
 20 and the parents can be required to complete services in order to have the children placed back in
 21 their care. This could potentially lead to the termination of a parents' rights if they are unable to
 22 prove to the court that they can provide a safe and stable home for the child.

23 13. The ultimate goal of these petitions is to help children leave the immigration
 24 detention system run by ORR, and to allow them to enter Oregon DHS custody. The children
 25
 26

1 are also eligible for special findings that would allow them to seek legal status in the United
2 States, specifically, Special Immigration Juvenile Status (“SIJS”).

3 14. Filing a petition in juvenile court is often the childrens only avenue toward
4 stability in their lives, and in this country. If they are successful in their juvenile court case, we
5 ask for custody to be granted to Oregon DHS, where they can be placed in foster care and receive
6 other necessary services, such as healthcare, education, and other support funded by the state of
7 Oregon. This support can last up to age twenty-one.

8 **I declare under penalty of perjury under the laws of Oregon, Washington and the**
9 **United States that the foregoing is true and correct.**

10 DATED this 29th day of June, 2018 at Portland, Oregon

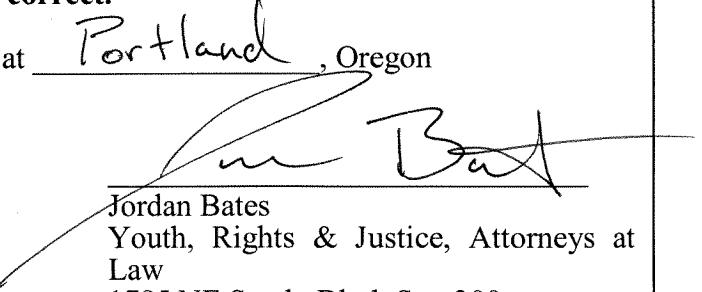
11 
12 Jordan Bates
13 Youth, Rights & Justice, Attorneys at
14 Law
15 1785 NE Sandy Blvd, Ste. 300
16 Portland, OR 97232
17 Tel: 503-232-2540 ext. 142
18 Fax: 503-231-4767

Exhibit 85

1
2 **UNITED STATES DISTRICT COURT**
3 **WESTERN DISTRICT OF WASHINGTON**

4 STATE OF WASHINGTON,

5 Plaintiff,

6 v.

7 DONALD TRUMP in his official capacity
8 as President of the United States, et al.,

9 Defendants.

NO.

DECLARATION OF DEBORAH
GONZALEZ IN SUPPORT OF
PLAINTIFFS' MOTION FOR
PRELIMINARY INJUNCTION

I, Deborah Gonzalez, declare as follows:

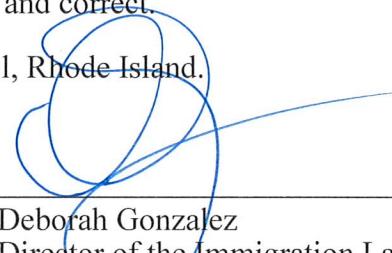
1. I am over the age of 18 and have personal knowledge of all the facts stated herein.
2. I am the Director of the Immigration Law Clinic and Associate Clinical Professor
of Law at Roger Williams University School of Law.
3. Through my work with the local immigrant community in Rhode Island, I am
aware of two Rhode Island families that have been impacted by the Defendant's
family separation policy.
4. The family separation policy has caused these families to suffer instability and
severe psychological and emotional trauma, and has created a need to expend
individual resources to address these particularized issues.
5. As these children become separated from their families and placed in the care of
their family members and become classified by the Department of Homeland Security as
“unaccompanied alien children”, they become eligible for Special Immigrant Juvenile. Special
Immigrant Juvenile status is an immigrant classification that is granted to unaccompanied alien
children who have been declared to have been abandoned, abused or neglected by one or both
parents by a State Family Court with competent jurisdiction.

1 6. In Rhode Island, guardians or parents are able to seek such an order of
2 abandonment abuse or neglect from the Rhode Island Family Court. Within the Family Court's
3 order of abandonment, abuse or neglect is also a finding and an order from the Rhode Island
4 Family court that the child is also entitled to seek services for the child such as psychological
5 and medical services. These services are provided by State agencies, and are paid by the State
6 of Rhode Island.

7 7. It has been reported that children who are abruptly separated by their families
8 suffer severe long-term psychological harm. It remains to be seen how the separation of these
9 families will affect the children living in the State of Rhode Island.

10 8. I declare under penalty of perjury under the laws of the State of Rhode Island and
11 the United States of America that the foregoing is true and correct.

12 DATED this 28th day of June, 2018 at Bristol, Rhode Island.



Deborah Gonzalez
Director of the Immigration Law Clinic
Associate Clinical Professor of Law
Roger Williams University School of Law

Exhibit 86

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE**

STATE OF WASHINGTON, *et al.*,

Plaintiffs,

v.

DONALD TRUMP in his official capacity
as President of the United States, *et al.*,

Defendants.

NO. 2:18-cv-00939 - MJP

DECLARATION OF
JAMES LANE

DECLARATION OF JAMES LANE

I, James F. Lane, declare that the following facts are true to the best of my knowledge, information and belief:

1. I am Virginia's Superintendent of Public Instruction. In this capacity, I serve as the Executive Officer of the Virginia Department of Education ("VDOE") and the Secretary of the Virginia Board of Education. Prior to my appointment as Virginia's Chief School Officer, I served as a Division Superintendent in Chesterfield County, Goochland County, and Middlesex County. I was recognized as the 2017 Virginia Superintendent of the Year for my leadership in Goochland County. I was also one of 100 Superintendents in the nation selected to attend the 2014 Connected Superintendents Summit at the White House in recognition of my leadership in the use of instructional technology. I hold a Doctorate degree in Education from the University of Virginia, and Master's and Bachelor's degrees in Teaching from the University of North Carolina at Chapel Hill. I have personal knowledge of the matters set forth below or have knowledge of those matters based on my review of information and records gathered by members of my staff.

2. The mission of the Virginia Board of Education and the Superintendent of Public Instruction, in cooperation with local school boards, is to increase student learning and academic achievement. The VDOE is the administrative agency for Virginia's public schools. VDOE's mission is to lead and facilitate the development and implementation of a quality public education system that meets the needs of students and assists them in becoming educated, productive, responsible, and self-reliant citizens.

3. Federal and Virginia law requires Virginia public schools to provide all children, regardless of national origin, immigration or citizenship status, with equal access to public education at the elementary and secondary level. This mandate includes providing equal access to public education to unaccompanied children who may be involved in immigration proceedings, including those unaccompanied children separated from their families at the southern border of the United States. Once these children are released to a sponsor, they have a right to enroll in Virginia schools, regardless of their immigration status.

4. The VDOE provides the state share of the cost for educating students enrolled in public schools, and the enrolling local school division is responsible for paying the local share of the cost for educating students enrolled in public schools at a total per pupil statewide average expenditure in excess of \$10,000.

5. Unaccompanied children who have been separated from their families at the southern border of the United States, transported and housed in Virginia will likely result in the additional expenditure of limited state resources in the area of public education, including education costs and additional support services needed in the school setting, such as trauma-informed care strategies and school mental health/psychological services for this vulnerable population.

Pursuant to 28 U.S.C. § 1746, I declare under the penalty of perjury that the foregoing is true and correct.

Executed on June 29, 2018.



James F. Lane
James F. Lane

Exhibit 87

1
2 **UNITED STATES DISTRICT COURT**
3 **WESTERN DISTRICT OF WASHINGTON**
4 **AT SEATTLE**

5 STATE OF WASHINGTON, et al.,

6 Plaintiff,

7 v.

8 DONALD TRUMP in his official capacity
9 as President of the United States, et al.,

10 Defendants.

11 NO. 2:18-cv-00939

12 DECLARATION OF
13 HEATHER BOUCHEY

14 I, Heather Bouchey, declare as follows:

15 1. I am over the age of 18 and have personal knowledge of all the facts stated herein.

16 2. I am the Acting Secretary of the Vermont Agency of Education. I have served as
17 Acting Secretary since April 3, 2018. I am charged with executing the policies of the Vermont
18 State Board of Education, including supervising and directing the execution of the laws relating
19 to public schools, and informing citizens of the condition of and opportunities within the public
20 education system.

21 3. Under the Vermont State Constitution, the State of Vermont has a fundamental
22 obligation to provide, at public expense, substantially equal educational opportunities to all
23 school-age children residing in Vermont's borders. The Vermont General Assembly has made
24 clear that this "right to public education is integral to Vermont's constitutional form of
25 government and its guarantees of political and civil rights." Vt. Stat. Ann. tit. 16, § 1. All children
26 residing in Vermont, regardless of their race, citizenship status, or nationality, are entitled to
 receive a free public education. The Agency of Education and the State's public educators are
 deeply committed to ensuring that all children in the State have an opportunity to receive a free
 and appropriate public education.

1 4. Vermont has approximately 250 public schools that serve over 75,000 children.
2 The Agency of Education is responsible for supervising the expenditure and distribution of all
3 money appropriated by the State to support these schools. The Agency is also responsible for
4 executing and monitoring federal education grants to Vermont schools on behalf of the federal
5 government.

6 5. The State of Vermont invests substantially in education. For state fiscal year
7 2019, approximately 30% of the State's budget is appropriated from the Education Fund to
8 support education-related activities. The average budgeted expenditure per pupil from the
9 Education Fund for 2016-2017 was approximately \$18,400. Depending on each child's needs
10 and location, per pupil spending can vary significantly. For example, students with disabilities,
11 those who have experienced trauma, and those who are not native English speakers will often
12 have greater needs in order to meet state learning standards and will thus require more funding
13 to have those needs met.

14 6. If federal policy changes result in more children residing in the State of Vermont,
15 the State will make sure those children have an opportunity to obtain a free and appropriate
16 public education. That will require additional state and local expenditure.

17 I declare under penalty of perjury under the laws of the State of Vermont and the United
18 States of America that the foregoing is true and correct.

19
20 DATED this 29 day of June, 2018 at Barre, Vermont.
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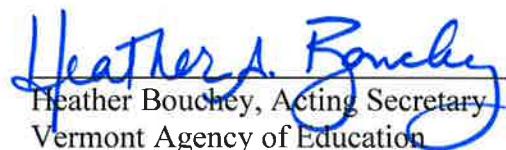

Heather S. Bouchey
Heather Bouchey, Acting Secretary
Vermont Agency of Education

Exhibit 88

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7 **UNITED STATES DISTRICT COURT**
8 **WESTERN DISTRICT OF WASHINGTON**
9 **AT SEATTLE**

10 STATE OF WASHINGTON, et al.,

11 NO. 2:18-cv-00939

12 Plaintiff,

13 v.
14 DONALD TRUMP in his official capacity
15 as President of the United States, et al.,
16 Defendants.

17 DECLARATION OF KENNETH
18 SCHATZ

19 I, Kenneth Schatz, declare as follows:

20 1. I am over the age of 18 and have personal knowledge of all the facts stated herein.

21 2. I am the Commissioner at the Department for Children and Families (“DCF”). I
22 have served as Commissioner since September 7, 2014. I am responsible for increasing access
23 to high quality child development services, improving children’s economic security by
24 establishing child support obligations, providing accurate social security benefit decisions,
25 increasing the self-sufficiency of Vermonters, administering public benefits to assist
26 Vermonter’s basic needs and ensuring that children and youth are safe from abuse.

27 3. DCF is responsible for protecting the welfare of all children living in the State.
28 This responsibility includes providing a variety of services, including when necessary substitute
29 care, to ensure the right of any child living in Vermont to sound health and to normal physical,
30 mental, spiritual, and moral development. *See* Vt. Stat. Ann. tit. 33, § 101. In appropriate

1 circumstances, this responsibility includes commencing juvenile judicial proceedings and
2 incurring significant costs to ensure that children are receiving safe and adequate care. *See*
3 *generally* Vt. Stat. Ann. tit. 33, §§ 5102, 5103, 5116.

4 4. In state fiscal year 2017, DCF's Family Services Division (FSD) commenced
5 5,573 child safety interventions in response to reports of abuse or neglect. During federal fiscal
6 year 2017, there were 1,250 children in DCF custody, 580 other families were receiving ongoing
7 services from DCF but had no children in custody and no court involvement, and 575 other
8 families had court-involved cases but no children in DCF custody.

9 *See* <http://dcf.vermont.gov/sites/dcf/files/DCF/budget/DCF-Outcomes.pdf>

10 5. In state fiscal year 2018, the DCF appropriation to support FSD services was
11 \$112,449,691.

12 6. If federal policy changes result in more children residing in the State of Vermont,
13 the State is committed to ensuring those children are receiving safe and adequate care. That will
14 require additional state expenditure.

15 I declare under penalty of perjury under the laws of the State of Vermont and the United
16 States of America that the foregoing is true and correct.

17
18 DATED this 29th day of June, 2018 at Waterbury, Vermont.

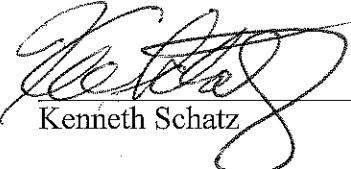
19
20 
21 Kenneth Schatz

Exhibit 89

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7 **UNITED STATES DISTRICT COURT**
8 **WESTERN DISTRICT OF WASHINGTON**
9 **AT SEATTLE**

10 STATE OF WASHINGTON, et al.,

11 NO. 2:18-cv-00939

12 Plaintiff,

13 DECLARATION OF Lisa Schilling

14 v.

15 DONALD TRUMP in his official capacity
16 as President of the United States, et al.,

17 Defendants.

18 I, Lisa Schilling, declare as follows:

- 19 1. I am over the age of 18 and have personal knowledge of all the facts stated herein.
- 20 2. I am the Financial Director for the Department of Vermont Health Access (“DVHA”). I
21 have served as the Financial Director since October 2017, and I oversee the financial
22 operations of a public health plan that pays for health care services for nearly 200,000
23 Vermonters.
- 24 3. DVHA is responsible for managing Vermont’s publicly funded health insurance
25 programs, including the State’s Medicaid program and the State’s children’s health
26 insurance program known as Dr. Dynasaur. DVHA is the largest insurer in Vermont in
 terms of dollars spent and the second largest insurer in terms of covered lives. DVHA is
 projected to incur \$527,181,676 in state expenditures in fiscal year 2019 for the

1 administration and payment of health care services on behalf of Medicaid and Dr
2 Dinasaur beneficiaries.

3 4. Vermont is committed to providing all children who reside in the State with affordable
4 health insurance coverage. According to the most recent Household Health Insurance
5 Survey, only 1% of children in Vermont aged 0 to 17 lacked health insurance coverage.

6 *See*

7 http://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_VTHHIS_Com
8 prehensive Report 2014.pdf. Publicly supported children's health insurance programs
9 like Vermont Medicaid and Dr. Dinasaur provide health care coverage to all children
10 who are eligible, including undocumented immigrant children who are residing in
11 Vermont. *See generally* Vt. Health Benefits Eligibility and Enrollment Rules §§ 2.03(b),
12 7.02(b), 7.03(a)(3), 17.02, 17.03, available at [http://humanservices.vermont.gov/on-line-](http://humanservices.vermont.gov/on-line-rules/hbee/hbee-all-parts-1-8-adopted-with-toc.pdf)
13 rules/hbee/hbee-all-parts-1-8-adopted-with-toc.pdf.

14 5. If federal policy changes result in more children residing in the State of Vermont, the
15 State will make sure those children receive health insurance coverage. That will require
16 additional state expenditure.

17 I declare under penalty of perjury under the laws of the State of Vermont and the United
18 States of America that the foregoing is true and correct.

19
20 DATED this 29th day of June, 2018 at Waterbury, Vermont.
21
22 _____
23 _____
24 _____
25 _____
26

Lisa Schilling

Exhibit 90

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON**

STATE OF WASHINGTON, *et al.*,

NO. 2:18-cv-00939

Plaintiffs,

V.

DONALD TRUMP in his official capacity
as President of the United States, *et al.*,

**DECLARATION OF DOUG
ALLISON IN SUPPORT OF
STATES' MOTION FOR
PRELIMINARY INJUNCTION**

Defendants.

I, DOUG ALLISON, declare as follows:

1. I am over the age of 18 and have personal knowledge of all the facts stated herein.

2. I have been employed by the Washington State Department of Social and Health

Services (DSHS) for 30 years. Within DSHS, I am currently employed as the Supervisor of the Adolescent and Education Unit at Children's Administration Headquarters. My job duties and responsibilities include supervising Statewide program managers who have oversight of several programs, one of which is Behavior Rehabilitation Services (BRS).

3. DSHS Children's Administration is the public child welfare agency for the State of Washington. Our staff work with children and families to identify their needs and develop a plan for services that support families and assure the safety and well-being of children. These services are designed to reduce the risk of abuse, find safe alternatives to out-of-home placement

1 and assure safety and permanency for children in out-of-home care. Unfortunately, Washington
 2 is in the midst of a placement crisis for its foster children. There simply are not enough resources
 3 with the ability and willingness to provide services to our most challenging population.

4 4. In particular, DSHS spends a significant amount of its resources, about one-third
 5 of a \$172,000,000 budget, on BRS. This program is a temporary intensive wraparound support
 6 and treatment program for youth with high-level complex service needs. BRS is a program of
 7 services intended to stabilize youth, move them to a less restrictive service, and assist in
 8 achieving their permanent plan.

9 5. Children who receive BRS are in out-of-home placements, and have demanding
 10 behavioral, developmental and/or mental health issues. BRS is provided in both therapeutic
 11 foster homes and in group care placements with providers who contract to provide these
 12 specialized services. The BRS program provides a more short-term placement intended to serve
 13 the child long enough to stabilize their behaviors so that they can be placed into less restrictive
 14 long term settings, such as traditional foster homes or into permanency.

15 6. There are approximately 50 group homes in Washington that provide placements
 16 and BRS services to children, with space for approximately 298 children. Additionally, 300
 17 children are served in BRS treatment foster homes, in which children receive a placement in a
 18 home-like setting with foster parents and receive BRS services. There is a high demand for BRS,
 19 but there are insufficient resources to meet that demand. Consequently, due in part to the lack of
 20 available placements that can meet the needs of children who require BRS, some foster children
 21 are placed out of state where they receive intensive specialized services, and this presents an
 22 added expense for the State.

23 7. In addition to a lack of BRS resources, there is a shortage of emergent placement
 24 services. These facility-based programs provide placement for a very short period of time—
 25 typically up to 15 days, and do not exceed 30 days. These emergent placement resources provide
 26 placement for children entering the foster care system for whom no foster home or other

1 placement can be identified. They also provide placements for children who must be removed
 2 from their current placement and require a new placement but no other long-term resource is
 3 available to meet their needs. When these resources are at full capacity, the State is forced to
 4 enter into an Exceptional Cost Plan (ECP) with foster families to take children requiring
 5 placement for a night or a few days. These plans can range from \$100-\$600 a night. If there are
 6 still no placement options available, a hotel stay is approved for these children for the night,
 7 which requires at least one-to-one, but often two-to-one, supervision by a DSHS Children's
 8 Administration case worker who works after-hours (costing the State \$2100 each night).

9 8. The U.S. Department of Health and Human Services Office of Refugee
 10 Resettlement (ORR) contracts with state-licensed foster care providers to obtain placements for
 11 children who meet the federal definition of "unaccompanied alien child." These are children who
 12 were initially taken into the custody of U.S. Immigration and Customs Enforcement (ICE), were
 13 either unaccompanied initially or were separated from their parents by ICE, and were transferred
 14 to the custody of ORR for placement while their immigration proceedings are pending, or until
 15 a placement with a family or friend is arranged.

16 9. These federal contracts with state-licensed group care facilities are much more
 17 attractive to the limited pool of state-licensed foster care providers than the state contracts with
 18 BRS. The benefits of the federal contracts include paying for vacant beds, which DSHS does not
 19 fund, and accepting placement of children who often do not display challenging behaviors,
 20 unlike the challenging behaviors that children who receive BRS often display.

21 10. In the last few years, Washington BRS program facilities that used to accept
 22 placements of children in the state's custody did not renew their BRS program operations. In
 23 some cases, this is because the facility decided to contract with the federal government instead
 24 of the State of Washington, and therefore is accepting into their programs children in the custody
 25 of the federal government, rather than foster children in the custody of the state.

1 11. For example, in 2010, a group care facility in North Seattle, Ryther, leased one
 2 of their facilities to another private agency, YouthCare, which used the same site to open a new
 3 group care facility. YouthCare then contracted with ORR to care for children in federal ORR
 4 custody at that facility. This resulted in a loss of 10 placements for the BRS program, thereby
 5 further restricting Washington's ability to provide care for foster children who have highly
 6 specialized needs.

7 12. I understand that on May 7, 2018 the U.S. Attorney General Jeff Sessions
 8 announced the Department of Homeland Security's new official policy of "referring 100 percent
 9 of illegal Southwest Border crossings to the Department of Justice for prosecution." The result
 10 of this policy has been widely publicized and includes the separation of thousands of children
 11 from their parents when the families were detained at the border.

12 13. In order to meet its significant and increasing demand for additional capacity to
 13 accommodate children in its custody because of the policy, it is very possible that the federal
 14 government will contract with Washington state-licensed facilities for the placement of even
 15 more children in Washington. This would further reduce the already limited resources that are
 16 available to children in foster care in the State's custody, especially those with very highly
 17 specialized needs, and would significantly limit the ability of these children to receive the
 18 specialized placement and services that they require.

19 14. As explained above, if a youth in the State's care and custody requires BRS, and
 20 no BRS placements are available, DSHS must utilize ECP to place that youth in a licensed foster
 21 home (costing up to \$600 per day), in an out-of-state group care facility, or in a hotel room with
 22 at least one-on-one supervision by a DSHS case worker (costing \$2100 per day). Thus, to the
 23 extent the federal government contracts for beds in Washington State to meet its ever-growing
 24 need for placement capacity, that will further limit the pool of resources available to these
 25 Washington foster children with highly specialized needs, thereby making it harder for DSHS to
 26

1 meet its statutory and constitutional mandate to meet the needs of these children and straining
2 an already over-burdened budget which is needed in order to safely care for these children.

3 I declare under penalty of perjury under the laws of the State of Washington and the
4 United States of America that the foregoing is true and correct.

5 DATED this 26 day of June, 2018 at Olympia, Washington.



6
7 DOUG ALLISON
8 Supervisor of the Adolescent and
9 Education Unit CA/HQ

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Exhibit 91

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7 **UNITED STATES DISTRICT COURT**
8 **WESTERN DISTRICT OF WASHINGTON**
9

10 STATE OF WASHINGTON,

11 Plaintiff,

12 v.

13 DONALD TRUMP in his official capacity
14 as President of the United States, et al.,

15 Defendants.

16 NO.

17 DECLARATION OF LARESSA
18 FOURRE IN SUPPORT OF STATES'
19 MOTION FOR PRELIMINARY
20 INJUNCTION

21 I, LARESSA FOURRE declare as follows:

22 1. I am over the age of 18 and have personal knowledge of all the facts stated herein.

23 2. I have been employed by the Washington State Department of Social and Health
24 Services (DSHS) for 15 years. I hold a Master's Degree in Psychology and have worked with
25 children, youth, and families for over 20 years in both mental health and child welfare. Within
26 DSHS, I am currently employed as the Administrator of the Children's Long-Term Impatient
Program (CLIP). My job duties and responsibilities include managing Washington State's CLIP
system resources, utilization, and administrative operations.

27 3. All children¹ residing in Washington State, regardless of citizenship or
28 immigration status, have access to the State's behavioral health system within available
29 resources for mental health services.

30

¹ A child is defined as a person under the age of 18.

1 4. In my experience, removal from a parent is most often a traumatizing event. The
 2 State of Washington has various programs/services available to assist resident children with
 3 significant trauma with a continuum of care including outpatient and inpatient services. Inpatient
 4 services may include voluntary and short and long-term involuntary treatment.

5 5. CLIP provides the most intensive, long-term psychiatric treatment available to
 6 children and youth in Washington State. Children and youth who are in need of CLIP treatment
 7 have been diagnosed with a severe psychiatric disorder and determined to be at risk to
 8 themselves, others, or are gravely disabled and are in need of long-term 24 hour care under the
 9 supervision of a psychiatrist. Children and youth in CLIP may have also experienced severe
 10 emotional trauma, childhood abuse or neglect, and are often involved in multiple systems such
 11 as child welfare, developmental disabilities, and mental health.

12 6. CLIP administers a network of five state and Medicaid funded long-term
 13 evaluation and treatment facilities, as authorized by the Washington State legislature in
 14 CH. 71.34 RCW.

15 7. The CLIP facilities comprise a total of 84 beds. The largest facility is the Child
 16 Study and Treatment Center, a 47-bed state-operated children's psychiatric hospital in
 17 Lakewood, Washington. Capacity in the CLIP system is limited and is utilized for only those
 18 children and youth who have attempted all less restrictive treatment options. Admissions to
 19 CLIP are carefully managed to ensure that youth in need of CLIP treatment have access to CLIP
 20 services.

21 8. The average length of stay in a CLIP facility is 250 days. The cost for an average
 22 length of stay in a CLIP facility in 2016 was \$136,000 per child. However, a rate change on
 23 July 1, 2018 will now cost the State of Washington \$210,000 for the average length of stay per
 24 child. Although, CLIP is partially federally funded, the state pays a minimum of 50% of the
 25 CLIP services provided to all children and youth, regardless of citizenship or immigration status.

1 9. Children removed from their parent(s) because of the Department of Homeland
2 Security's "zero tolerance" policy are likely experiencing some level of psychological trauma.
3 In the event any of those separated children are placed in the State of Washington, they may need
4 to access mental health services, up to and including, placement in a long-term inpatient
5 psychiatric facility.

6 10. Any additional children admitted to the CLIP system will strain its resources and
7 is of concern to the State.

8 I declare under penalty of perjury under the laws of the State of Washington and the
9 United States of America that the foregoing is true and correct.

10 DATED this 27th day of June, 2018 at Olympia, Washington.

11 
12 LARESSA FOURRE
13 CLIP Administrator

Exhibit 92

The Honorable Richard A. Jones

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE**

STATE OF WASHINGTON, et al.,

NO. 2:18-cv-00939-RAJ

Plaintiffs,

**DECLARATION OF STEPHANIE
HAPPOLD**

THE UNITED STATES OF AMERICA;
DONALD TRUMP, in his official capacity as
President of the United States of America,
et al..

Defendants.

I, Stephanie Happold, declare as follows:

1. I am over the age of 18 and have personal knowledge of all the facts stated herein.

2. I am the Data Dissemination Administrator for the State of Washington Administrative Office of the Courts (AOC).

3. At the request of the Office of the Attorney General of Washington, on June 22, 2018, I instructed AOC staff to run a search for court cases contained in the Washington State Judicial Information System (JIS) database that have a docket code for a Findings and Order Regarding Eligibility for Special Immigrant Juvenile Status (SIJS) that was ordered in 2015-2018. The report shows the cases that AOC staff found that contain a SIJS order.

1 4. Attached as Exhibit A is a true and correct copy of that report showing over 400
2 cases in the Washington State Court system that have the docket code FOSIJS. This code
3 indicates "Findings and Order Regarding Eligibility for Special Immigrant Juvenile Status."
4

5 5. The report was generated from data maintained by AOC in the regular course of
6 its business. Because of the way data is coded in the case management system, AOC is unable
7 to easily identify whether the hundreds of cases with a FOSIJS entered also had some sort of
8 custodian appointment (dependency, juvenile offender, etc.).

9 I declare under penalty of perjury under the laws of the State of Washington and the
10 United States of America that the foregoing is true and correct.

11 DATED this 27 day of June, 2018 at Olympia, Washington.



12
13 STEPHANIE HAPPOLD
14 Data Dissemination Administrator
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Exhibit A

	A	B	C	D	E	F	G	H	I	J
1										
2	<u>Cases with Findings and Order Regarding Eligibility for Special Immigrant Juvenile Status</u>									
3	Case Court Initials	Case Court Name	Case Number	Case Type Code	Case Type	Case Cause Code	Case Cause	Docket Date	Docket Code	Docket Text
4	S01	ADAMS COUNTY SUPERIOR COURT	17-3-00025-3	03	Domestic	CUS	CHILD CUSTODY	08/21/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
5	S01	ADAMS COUNTY SUPERIOR COURT	17-3-00030-0	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	06/05/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
6	S01	ADAMS COUNTY SUPERIOR COURT	17-3-00058-0	03	Domestic	DIC	DISSOLUTION WITH CHILDREN	12/18/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
7	S01	ADAMS COUNTY SUPERIOR COURT	17-7-00036-3	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	12/05/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
8	S03	BENTON COUNTY SUPERIOR COURT	16-3-00406-8	03	Domestic	CUS	CHILD CUSTODY	07/14/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
9	S03	BENTON COUNTY SUPERIOR COURT	16-8-00299-3	08	Juvenile Offender	GMS	GROSS MISDEMEANOR	01/11/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
10	S03	BENTON COUNTY SUPERIOR COURT	16-8-00318-3	08	Juvenile Offender	FEL	FELONY	01/24/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
11	S03	BENTON COUNTY SUPERIOR COURT	16-8-00319-1	08	Juvenile Offender	GMS	GROSS MISDEMEANOR	01/04/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
12	S03	BENTON COUNTY SUPERIOR COURT	16-8-00467-8	08	Juvenile Offender	FEL	FELONY	05/15/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
13	S04	CHELAN COUNTY SUPERIOR COURT	16-7-70026-1	07	Juvenile Dependency	DEP	DEPENDENCY	05/25/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
14	S04	CHELAN COUNTY SUPERIOR COURT	17-3-00179-0	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	06/19/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
15	S04	CHELAN COUNTY SUPERIOR COURT	17-3-00179-0	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	06/26/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
16	S05	CLALLAM COUNTY SUPERIOR COURT	17-7-00076-1	07	Juvenile Dependency	DEP	DEPENDENCY	03/02/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
17	S06	CLARK COUNTY SUPERIOR COURT	15-3-01913-6	03	Domestic	CUS	CHILD CUSTODY	12/15/2015	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
18	S06	CLARK COUNTY SUPERIOR COURT	16-3-00457-9	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	04/07/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
19	S06	CLARK COUNTY SUPERIOR COURT	17-3-00115-2	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	03/03/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
20	S06	CLARK COUNTY SUPERIOR COURT	17-7-00001-1	07	Juvenile Dependency	DEP	DEPENDENCY	08/08/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
21	S06	CLARK COUNTY SUPERIOR COURT	17-7-00001-1	07	Juvenile Dependency	DEP	DEPENDENCY	03/06/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
22	S06	CLARK COUNTY SUPERIOR COURT	17-7-00303-6	07	Juvenile Dependency	DEP	DEPENDENCY	06/05/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
23	S06	CLARK COUNTY SUPERIOR COURT	17-7-00334-6	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	09/28/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
24	S06	CLARK COUNTY SUPERIOR COURT	18-7-00022-1	07	Juvenile Dependency	DEP	DEPENDENCY	03/08/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
25	S08	COWLITZ COUNTY SUPERIOR COURT	15-3-00529-9	03	Domestic	CUS	CHILD CUSTODY	01/04/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
26	S08	COWLITZ COUNTY SUPERIOR COURT	16-7-00246-2	07	Juvenile Dependency	EFC	EXTENDED FOSTER CARE-DEPNDEC	08/17/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
27	S08	COWLITZ COUNTY SUPERIOR COURT	16-7-00246-2	07	Juvenile Dependency	EFC	EXTENDED FOSTER CARE-DEPNDEC	09/21/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
28	S08	COWLITZ COUNTY SUPERIOR COURT	18-3-00054-2	03	Domestic	CUS	CHILD CUSTODY	02/20/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
29	S11	FRANKLIN COUNTY SUPERIOR COURT	15-7-50230-2	07	Juvenile Dependency	DEP	DEPENDENCY	04/04/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
30	S11	FRANKLIN COUNTY SUPERIOR COURT	16-3-50095-8	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	07/25/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
31	S11	FRANKLIN COUNTY SUPERIOR COURT	16-3-50114-8	03	Domestic	CUS	CHILD CUSTODY	06/20/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
32	S11	FRANKLIN COUNTY SUPERIOR COURT	16-3-50114-8	03	Domestic	CUS	CHILD CUSTODY	07/25/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
33	S11	FRANKLIN COUNTY SUPERIOR COURT	16-7-50398-6	07	Juvenile Dependency	DEP	DEPENDENCY	08/23/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
34	S11	FRANKLIN COUNTY SUPERIOR COURT	16-7-50398-6	07	Juvenile Dependency	DEP	DEPENDENCY	09/12/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
35	S13	GRANT COUNTY SUPERIOR COURT	16-3-00313-3	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	06/24/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
36	S13	GRANT COUNTY SUPERIOR COURT	16-3-00342-7	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	05/25/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
37	S13	GRANT COUNTY SUPERIOR COURT	16-3-00450-4	03	Domestic	DIC	DISSOLUTION WITH CHILDREN	06/09/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
38	S13	GRANT COUNTY SUPERIOR COURT	17-3-00011-6	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	06/30/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
39	S13	GRANT COUNTY SUPERIOR COURT	17-3-00081-7	03	Domestic	CUS	CHILD CUSTODY	08/18/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
40	S13	GRANT COUNTY SUPERIOR COURT	17-7-00301-2	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	11/14/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
41	S13	GRANT COUNTY SUPERIOR COURT	18-7-00030-5	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	02/13/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS

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	A	B	C	D	E	F	G	H	I	J
42	S13	GRANT COUNTY SUPERIOR COURT	18-7-00054-2	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	03/06/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
43	S13	GRANT COUNTY SUPERIOR COURT	18-7-00062-3	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	03/06/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
44	S14	GRAYS HARBOR COUNTY SUPERIOR COURT	16-3-00220-0	03	Domestic	SEP	LEGAL SEPARATION	10/06/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
45	S14	GRAYS HARBOR COUNTY SUPERIOR COURT	17-3-00063-9	03	Domestic	CUS	CHILD CUSTODY	05/01/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
46	S14	GRAYS HARBOR COUNTY SUPERIOR COURT	17-3-00418-9	03	Domestic	DIC	DISSOLUTION WITH CHILDREN	02/07/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
47	S14	GRAYS HARBOR COUNTY SUPERIOR COURT	17-3-00418-9	03	Domestic	DIC	DISSOLUTION WITH CHILDREN	03/19/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
48	S14	GRAYS HARBOR COUNTY SUPERIOR COURT	18-7-00118-2	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	04/19/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
49	S17	KING COUNTY SUPERIOR COURT	14-8-01556-1	08	Juvenile Offender	FEL	FELONY	12/03/2015	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
50	S17	KING COUNTY SUPERIOR COURT	15-3-00801-7	03	Domestic	CUS	CHILD CUSTODY	11/15/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
51	S17	KING COUNTY SUPERIOR COURT	15-3-02537-0	03	Domestic	DIC	DISSOLUTION WITH CHILDREN	10/16/2015	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
52	S17	KING COUNTY SUPERIOR COURT	15-3-05052-8	03	Domestic	CUS	CHILD CUSTODY	11/10/2015	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
53	S17	KING COUNTY SUPERIOR COURT	15-3-05946-1	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	02/02/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
54	S17	KING COUNTY SUPERIOR COURT	15-7-00074-6	07	Juvenile Dependency	CNS	CHILD IN NEED OF SERVICES	12/14/2015	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
55	S17	KING COUNTY SUPERIOR COURT	15-7-01690-1	07	Juvenile Dependency	EFC	EXTENDED FOSTER CARE-DEPNDENC	09/18/2015	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
56	S17	KING COUNTY SUPERIOR COURT	15-7-01721-5	07	Juvenile Dependency	DEP	DEPENDENCY	09/17/2015	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
57	S17	KING COUNTY SUPERIOR COURT	15-7-01733-9	07	Juvenile Dependency	EFC	EXTENDED FOSTER CARE-DEPNDENC	02/29/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
58	S17	KING COUNTY SUPERIOR COURT	15-7-01797-5	07	Juvenile Dependency	DEP	DEPENDENCY	01/08/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
59	S17	KING COUNTY SUPERIOR COURT	15-7-01801-7	07	Juvenile Dependency	DEP	DEPENDENCY	11/12/2015	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
60	S17	KING COUNTY SUPERIOR COURT	15-7-01838-6	07	Juvenile Dependency	DEP	DEPENDENCY	09/30/2015	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
61	S17	KING COUNTY SUPERIOR COURT	15-7-01915-3	07	Juvenile Dependency	DEP	DEPENDENCY	10/21/2015	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
62	S17	KING COUNTY SUPERIOR COURT	15-7-01915-3	07	Juvenile Dependency	DEP	DEPENDENCY	12/04/2015	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
63	S17	KING COUNTY SUPERIOR COURT	15-7-01919-6	07	Juvenile Dependency	DEP	DEPENDENCY	10/09/2015	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
64	S17	KING COUNTY SUPERIOR COURT	15-7-01926-9	07	Juvenile Dependency	DEP	DEPENDENCY	09/30/2015	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
65	S17	KING COUNTY SUPERIOR COURT	15-7-01962-5	07	Juvenile Dependency	EFC	EXTENDED FOSTER CARE-DEPNDENC	01/04/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
66	S17	KING COUNTY SUPERIOR COURT	15-7-01965-0	07	Juvenile Dependency	EFC	EXTENDED FOSTER CARE-DEPNDENC	09/30/2015	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
67	S17	KING COUNTY SUPERIOR COURT	15-7-01998-6	07	Juvenile Dependency	DEP	DEPENDENCY	09/23/2015	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
68	S17	KING COUNTY SUPERIOR COURT	15-7-01998-6	07	Juvenile Dependency	DEP	DEPENDENCY	09/24/2015	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
69	S17	KING COUNTY SUPERIOR COURT	15-7-01998-6	07	Juvenile Dependency	DEP	DEPENDENCY	10/07/2015	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
70	S17	KING COUNTY SUPERIOR COURT	15-7-02017-8	07	Juvenile Dependency	EFC	EXTENDED FOSTER CARE-DEPNDENC	10/14/2015	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
71	S17	KING COUNTY SUPERIOR COURT	15-7-02210-3	07	Juvenile Dependency	DEP	DEPENDENCY	01/08/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
72	S17	KING COUNTY SUPERIOR COURT	15-7-02224-3	07	Juvenile Dependency	DEP	DEPENDENCY	10/16/2015	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
73	S17	KING COUNTY SUPERIOR COURT	15-7-02552-8	07	Juvenile Dependency	DEP	DEPENDENCY	12/30/2015	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
74	S17	KING COUNTY SUPERIOR COURT	15-7-02588-9	07	Juvenile Dependency	DEP	DEPENDENCY	12/18/2015	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
75	S17	KING COUNTY SUPERIOR COURT	15-7-02784-9	07	Juvenile Dependency	DEP	DEPENDENCY	03/28/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
76	S17	KING COUNTY SUPERIOR COURT	15-7-02787-3	07	Juvenile Dependency	EFC	EXTENDED FOSTER CARE-DEPNDENC	03/08/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
77	S17	KING COUNTY SUPERIOR COURT	15-7-02793-8	07	Juvenile Dependency	DEP	DEPENDENCY	03/08/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
78	S17	KING COUNTY SUPERIOR COURT	15-7-02926-4	07	Juvenile Dependency	EFC	EXTENDED FOSTER CARE-DEPNDENC	04/07/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
79	S17	KING COUNTY SUPERIOR COURT	15-8-00765-5	08	Juvenile Offender	FEL	FELONY	12/03/2015	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
80	S17	KING COUNTY SUPERIOR COURT	15-8-00933-0	08	Juvenile Offender	GMS	GROSS MISDEMEANOR	06/07/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
81	S17	KING COUNTY SUPERIOR COURT	15-8-01211-0	08	Juvenile Offender	FEL	FELONY	03/24/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
82	S17	KING COUNTY SUPERIOR COURT	15-8-01778-2	08	Juvenile Offender	FEL	FELONY	01/08/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
83	S17	KING COUNTY SUPERIOR COURT	16-3-00292-1	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	04/14/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
84	S17	KING COUNTY SUPERIOR COURT	16-3-00910-1	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	03/02/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS

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85	S17	KING COUNTY SUPERIOR COURT	16-3-01276-4	03	Domestic	CUS	CHILD CUSTODY	06/02/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
86	S17	KING COUNTY SUPERIOR COURT	16-3-02322-7	03	Domestic	CUS	CHILD CUSTODY	06/08/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
87	S17	KING COUNTY SUPERIOR COURT	16-3-02413-4	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	06/24/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
88	S17	KING COUNTY SUPERIOR COURT	16-3-02429-1	03	Domestic	CUS	CHILD CUSTODY	02/09/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
89	S17	KING COUNTY SUPERIOR COURT	16-3-02429-1	03	Domestic	CUS	CHILD CUSTODY	02/08/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
90	S17	KING COUNTY SUPERIOR COURT	16-3-02696-0	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	01/13/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
91	S17	KING COUNTY SUPERIOR COURT	16-3-02888-1	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	11/17/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
92	S17	KING COUNTY SUPERIOR COURT	16-3-02888-1	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	11/30/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
93	S17	KING COUNTY SUPERIOR COURT	16-3-03305-2	03	Domestic	CUS	CHILD CUSTODY	09/02/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
94	S17	KING COUNTY SUPERIOR COURT	16-3-03450-4	03	Domestic	DIN	DISSOLUTION WITH NO CHILDREN	07/18/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
95	S17	KING COUNTY SUPERIOR COURT	16-3-03688-4	03	Domestic	CUS	CHILD CUSTODY	08/24/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
96	S17	KING COUNTY SUPERIOR COURT	16-3-03688-4	03	Domestic	CUS	CHILD CUSTODY	08/26/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
97	S17	KING COUNTY SUPERIOR COURT	16-3-03719-8	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	07/08/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
98	S17	KING COUNTY SUPERIOR COURT	16-3-03977-8	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	11/29/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
99	S17	KING COUNTY SUPERIOR COURT	16-3-04126-8	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	04/04/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
100	S17	KING COUNTY SUPERIOR COURT	16-3-04181-1	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	03/06/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
101	S17	KING COUNTY SUPERIOR COURT	16-3-04814-9	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	09/06/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
102	S17	KING COUNTY SUPERIOR COURT	16-3-04848-3	03	Domestic	CUS	CHILD CUSTODY	01/09/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
103	S17	KING COUNTY SUPERIOR COURT	16-3-04848-3	03	Domestic	CUS	CHILD CUSTODY	09/19/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
104	S17	KING COUNTY SUPERIOR COURT	16-3-05282-1	03	Domestic	CUS	CHILD CUSTODY	07/28/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
105	S17	KING COUNTY SUPERIOR COURT	16-3-05282-1	03	Domestic	CUS	CHILD CUSTODY	10/03/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
106	S17	KING COUNTY SUPERIOR COURT	16-3-05591-9	03	Domestic	CUS	CHILD CUSTODY	10/27/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
107	S17	KING COUNTY SUPERIOR COURT	16-3-05607-9	03	Domestic	DIC	DISSOLUTION WITH CHILDREN	07/07/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
108	S17	KING COUNTY SUPERIOR COURT	16-3-05766-1	03	Domestic	CUS	CHILD CUSTODY	02/01/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
109	S17	KING COUNTY SUPERIOR COURT	16-3-05807-1	03	Domestic	CUS	CHILD CUSTODY	10/26/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
110	S17	KING COUNTY SUPERIOR COURT	16-3-05964-7	03	Domestic	CUS	CHILD CUSTODY	12/02/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
111	S17	KING COUNTY SUPERIOR COURT	16-3-06069-6	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	03/09/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
112	S17	KING COUNTY SUPERIOR COURT	16-3-06069-6	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	05/04/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
113	S17	KING COUNTY SUPERIOR COURT	16-3-06121-8	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	12/06/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
114	S17	KING COUNTY SUPERIOR COURT	16-3-06360-1	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	12/09/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
115	S17	KING COUNTY SUPERIOR COURT	16-3-06360-1	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	12/12/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
116	S17	KING COUNTY SUPERIOR COURT	16-3-06360-1	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	03/15/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
117	S17	KING COUNTY SUPERIOR COURT	16-3-06680-5	03	Domestic	CUS	CHILD CUSTODY	02/24/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
118	S17	KING COUNTY SUPERIOR COURT	16-3-06807-7	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	11/23/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
119	S17	KING COUNTY SUPERIOR COURT	16-3-06811-5	03	Domestic	CUS	CHILD CUSTODY	02/14/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
120	S17	KING COUNTY SUPERIOR COURT	16-3-07366-6	03	Domestic	CUS	CHILD CUSTODY	05/25/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
121	S17	KING COUNTY SUPERIOR COURT	16-3-07391-7	03	Domestic	CUS	CHILD CUSTODY	02/14/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
122	S17	KING COUNTY SUPERIOR COURT	16-3-07391-7	03	Domestic	CUS	CHILD CUSTODY	03/21/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
123	S17	KING COUNTY SUPERIOR COURT	16-4-05500-9	04	Probate	GDN	GUARDIANSHIP	10/04/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
124	S17	KING COUNTY SUPERIOR COURT	16-4-05501-7	04	Probate	GDN	GUARDIANSHIP	10/04/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
125	S17	KING COUNTY SUPERIOR COURT	16-7-00086-8	07	Juvenile Dependency	DEP	DEPENDENCY	03/03/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
126	S17	KING COUNTY SUPERIOR COURT	16-7-00458-8	07	Juvenile Dependency	DEP	DEPENDENCY	03/03/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
127	S17	KING COUNTY SUPERIOR COURT	16-7-00572-0	07	Juvenile Dependency	DEP	DEPENDENCY	04/27/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS

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128	S17 KING COUNTY SUPERIOR COURT	16-7-00848-6	07	Juvenile Dependency	EFC	EXTENDED FOSTER CARE-DEPNDENC	11/21/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
129	S17 KING COUNTY SUPERIOR COURT	16-7-00848-6	07	Juvenile Dependency	EFC	EXTENDED FOSTER CARE-DEPNDENC	03/10/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
130	S17 KING COUNTY SUPERIOR COURT	16-7-00927-0	07	Juvenile Dependency	DEP	DEPENDENCY	04/22/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
131	S17 KING COUNTY SUPERIOR COURT	16-7-01057-0	07	Juvenile Dependency	DEP	DEPENDENCY	04/22/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
132	S17 KING COUNTY SUPERIOR COURT	16-7-01065-1	07	Juvenile Dependency	DEP	DEPENDENCY	06/08/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
133	S17 KING COUNTY SUPERIOR COURT	16-7-01117-7	07	Juvenile Dependency	DEP	DEPENDENCY	06/15/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
134	S17 KING COUNTY SUPERIOR COURT	16-7-01386-2	07	Juvenile Dependency	DEP	DEPENDENCY	09/09/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
135	S17 KING COUNTY SUPERIOR COURT	16-7-01416-8	07	Juvenile Dependency	DEP	DEPENDENCY	06/10/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
136	S17 KING COUNTY SUPERIOR COURT	16-7-01476-1	07	Juvenile Dependency	DEP	DEPENDENCY	06/17/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
137	S17 KING COUNTY SUPERIOR COURT	16-7-01667-5	07	Juvenile Dependency	DEP	DEPENDENCY	09/09/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
138	S17 KING COUNTY SUPERIOR COURT	16-7-01674-8	07	Juvenile Dependency	DEP	DEPENDENCY	09/29/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
139	S17 KING COUNTY SUPERIOR COURT	16-7-01704-3	07	Juvenile Dependency	DEP	DEPENDENCY	07/22/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
140	S17 KING COUNTY SUPERIOR COURT	16-7-01807-4	07	Juvenile Dependency	DEP	DEPENDENCY	08/19/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
141	S17 KING COUNTY SUPERIOR COURT	16-7-01914-3	07	Juvenile Dependency	DEP	DEPENDENCY	11/04/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
142	S17 KING COUNTY SUPERIOR COURT	16-7-02021-4	07	Juvenile Dependency	DEP	DEPENDENCY	10/10/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
143	S17 KING COUNTY SUPERIOR COURT	16-7-02026-5	07	Juvenile Dependency	DEP	DEPENDENCY	11/18/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
144	S17 KING COUNTY SUPERIOR COURT	16-7-02026-5	07	Juvenile Dependency	DEP	DEPENDENCY	09/08/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
145	S17 KING COUNTY SUPERIOR COURT	16-7-02232-2	07	Juvenile Dependency	DEP	DEPENDENCY	12/30/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
146	S17 KING COUNTY SUPERIOR COURT	16-7-02261-6	07	Juvenile Dependency	DEP	DEPENDENCY	01/24/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
147	S17 KING COUNTY SUPERIOR COURT	16-7-02418-0	07	Juvenile Dependency	DEP	DEPENDENCY	12/16/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
148	S17 KING COUNTY SUPERIOR COURT	16-7-02419-8	07	Juvenile Dependency	DEP	DEPENDENCY	12/16/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
149	S17 KING COUNTY SUPERIOR COURT	16-7-02492-9	07	Juvenile Dependency	DEP	DEPENDENCY	12/30/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
150	S17 KING COUNTY SUPERIOR COURT	16-7-02499-6	07	Juvenile Dependency	DEP	DEPENDENCY	02/10/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
151	S17 KING COUNTY SUPERIOR COURT	16-8-00021-7	08	Juvenile Offender	FEL	FELONY	05/13/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
152	S17 KING COUNTY SUPERIOR COURT	16-8-00135-3	08	Juvenile Offender	FEL	FELONY	07/13/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
153	S17 KING COUNTY SUPERIOR COURT	16-8-00335-6	08	Juvenile Offender	FEL	FELONY	07/13/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
154	S17 KING COUNTY SUPERIOR COURT	16-8-00680-1	08	Juvenile Offender	FEL	FELONY	08/31/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
155	S17 KING COUNTY SUPERIOR COURT	17-3-00277-5	03	Domestic	CUS	CHILD CUSTODY	02/09/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
156	S17 KING COUNTY SUPERIOR COURT	17-3-00543-0	03	Domestic	CUS	CHILD CUSTODY	05/16/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
157	S17 KING COUNTY SUPERIOR COURT	17-3-01005-1	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	08/21/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
158	S17 KING COUNTY SUPERIOR COURT	17-3-01509-5	03	Domestic	DIC	DISSOLUTION WITH CHILDREN	06/14/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
159	S17 KING COUNTY SUPERIOR COURT	17-3-01632-6	03	Domestic	CUS	CHILD CUSTODY	04/14/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
160	S17 KING COUNTY SUPERIOR COURT	17-3-02588-1	03	Domestic	DIC	DISSOLUTION WITH CHILDREN	07/28/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
161	S17 KING COUNTY SUPERIOR COURT	17-3-02907-0	03	Domestic	CUS	CHILD CUSTODY	11/01/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
162	S17 KING COUNTY SUPERIOR COURT	17-3-03080-9	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	08/15/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
163	S17 KING COUNTY SUPERIOR COURT	17-3-03473-1	03	Domestic	CUS	CHILD CUSTODY	08/07/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
164	S17 KING COUNTY SUPERIOR COURT	17-3-03920-2	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	11/13/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
165	S17 KING COUNTY SUPERIOR COURT	17-3-04812-1	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	10/16/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
166	S17 KING COUNTY SUPERIOR COURT	17-3-05637-9	03	Domestic	CUS	CHILD CUSTODY	09/29/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
167	S17 KING COUNTY SUPERIOR COURT	17-3-05637-9	03	Domestic	CUS	CHILD CUSTODY	10/25/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
168	S17 KING COUNTY SUPERIOR COURT	17-3-06144-5	03	Domestic	CUS	CHILD CUSTODY	01/04/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
169	S17 KING COUNTY SUPERIOR COURT	17-3-06244-1	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	02/09/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
170	S17 KING COUNTY SUPERIOR COURT	17-3-06246-8	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	03/02/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS

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171	S17	KING COUNTY SUPERIOR COURT	17-3-06248-4	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	04/11/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
172	S17	KING COUNTY SUPERIOR COURT	17-3-06281-6	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	02/02/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
173	S17	KING COUNTY SUPERIOR COURT	17-3-06886-5	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	12/06/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
174	S17	KING COUNTY SUPERIOR COURT	17-3-06958-6	03	Domestic	CUS	CHILD CUSTODY	11/28/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
175	S17	KING COUNTY SUPERIOR COURT	17-3-07093-2	03	Domestic	CUS	CHILD CUSTODY	05/30/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
176	S17	KING COUNTY SUPERIOR COURT	17-3-07102-5	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	12/06/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
177	S17	KING COUNTY SUPERIOR COURT	17-3-07256-1	03	Domestic	SEP	LEGAL SEPARATION	01/29/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
178	S17	KING COUNTY SUPERIOR COURT	17-3-07344-3	03	Domestic	CUS	CHILD CUSTODY	02/28/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
179	S17	KING COUNTY SUPERIOR COURT	17-7-00154-4	07	Juvenile Dependency	DEP	DEPENDENCY	02/27/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
180	S17	KING COUNTY SUPERIOR COURT	17-7-00203-6	07	Juvenile Dependency	DEP	DEPENDENCY	02/10/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
181	S17	KING COUNTY SUPERIOR COURT	17-7-00224-9	07	Juvenile Dependency	DEP	DEPENDENCY	02/10/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
182	S17	KING COUNTY SUPERIOR COURT	17-7-00274-5	07	Juvenile Dependency	DEP	DEPENDENCY	03/17/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
183	S17	KING COUNTY SUPERIOR COURT	17-7-00565-5	07	Juvenile Dependency	DEP	DEPENDENCY	04/10/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
184	S17	KING COUNTY SUPERIOR COURT	17-7-00585-0	07	Juvenile Dependency	DEP	DEPENDENCY	05/08/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
185	S17	KING COUNTY SUPERIOR COURT	17-7-00663-5	07	Juvenile Dependency	DEP	DEPENDENCY	05/12/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
186	S17	KING COUNTY SUPERIOR COURT	17-7-00667-8	07	Juvenile Dependency	EFC	EXTENDED FOSTER CARE-DEPNDEC	06/12/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
187	S17	KING COUNTY SUPERIOR COURT	17-7-00791-7	07	Juvenile Dependency	DEP	DEPENDENCY	05/12/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
188	S17	KING COUNTY SUPERIOR COURT	17-7-00822-1	07	Juvenile Dependency	DEP	DEPENDENCY	05/12/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
189	S17	KING COUNTY SUPERIOR COURT	17-7-00977-4	07	Juvenile Dependency	DEP	DEPENDENCY	05/26/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
190	S17	KING COUNTY SUPERIOR COURT	17-7-01139-6	07	Juvenile Dependency	DEP	DEPENDENCY	05/26/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
191	S17	KING COUNTY SUPERIOR COURT	17-7-01156-6	07	Juvenile Dependency	EFC	EXTENDED FOSTER CARE-DEPNDEC	06/23/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
192	S17	KING COUNTY SUPERIOR COURT	17-7-01183-3	07	Juvenile Dependency	DEP	DEPENDENCY	09/29/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
193	S17	KING COUNTY SUPERIOR COURT	17-7-01289-9	07	Juvenile Dependency	DEP	DEPENDENCY	06/30/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
194	S17	KING COUNTY SUPERIOR COURT	17-7-01304-6	07	Juvenile Dependency	DEP	DEPENDENCY	06/09/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
195	S17	KING COUNTY SUPERIOR COURT	17-7-01319-4	07	Juvenile Dependency	DEP	DEPENDENCY	06/30/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
196	S17	KING COUNTY SUPERIOR COURT	17-7-01601-1	07	Juvenile Dependency	DEP	DEPENDENCY	08/11/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
197	S17	KING COUNTY SUPERIOR COURT	17-7-01684-3	07	Juvenile Dependency	DEP	DEPENDENCY	08/25/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
198	S17	KING COUNTY SUPERIOR COURT	17-7-01708-4	07	Juvenile Dependency	DEP	DEPENDENCY	09/01/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
199	S17	KING COUNTY SUPERIOR COURT	17-7-01829-3	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	09/08/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
200	S17	KING COUNTY SUPERIOR COURT	17-7-01835-8	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	09/08/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
201	S17	KING COUNTY SUPERIOR COURT	17-7-01835-8	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	04/12/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
202	S17	KING COUNTY SUPERIOR COURT	17-7-01847-1	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	09/29/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
203	S17	KING COUNTY SUPERIOR COURT	17-7-01859-5	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	09/15/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
204	S17	KING COUNTY SUPERIOR COURT	17-7-01879-0	07	Juvenile Dependency	DEP	DEPENDENCY	09/01/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
205	S17	KING COUNTY SUPERIOR COURT	17-7-01879-0	07	Juvenile Dependency	DEP	DEPENDENCY	09/29/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
206	S17	KING COUNTY SUPERIOR COURT	17-7-01948-6	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	09/22/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
207	S17	KING COUNTY SUPERIOR COURT	17-7-02079-4	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	10/06/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
208	S17	KING COUNTY SUPERIOR COURT	17-7-02083-2	07	Juvenile Dependency	DEP	DEPENDENCY	09/22/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
209	S17	KING COUNTY SUPERIOR COURT	17-7-02118-9	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	10/13/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
210	S17	KING COUNTY SUPERIOR COURT	17-7-02147-2	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	10/27/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
211	S17	KING COUNTY SUPERIOR COURT	17-7-02223-1	07	Juvenile Dependency	DEP	DEPENDENCY	10/27/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
212	S17	KING COUNTY SUPERIOR COURT	17-7-02255-0	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	11/17/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
213	S17	KING COUNTY SUPERIOR COURT	17-7-02256-8	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	11/17/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS

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214	S17 KING COUNTY SUPERIOR COURT	17-7-02257-6	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	11/17/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
215	S17 KING COUNTY SUPERIOR COURT	17-7-02269-0	07	Juvenile Dependency	DEP	DEPENDENCY	12/01/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
216	S17 KING COUNTY SUPERIOR COURT	17-7-02276-2	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	12/01/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
217	S17 KING COUNTY SUPERIOR COURT	17-7-02331-9	07	Juvenile Dependency	DEP	DEPENDENCY	02/05/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
218	S17 KING COUNTY SUPERIOR COURT	17-7-02384-0	07	Juvenile Dependency	DEP	DEPENDENCY	12/15/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
219	S17 KING COUNTY SUPERIOR COURT	17-7-02397-1	07	Juvenile Dependency	DEP	DEPENDENCY	12/07/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
220	S17 KING COUNTY SUPERIOR COURT	17-7-02419-6	07	Juvenile Dependency	DEP	DEPENDENCY	12/22/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
221	S17 KING COUNTY SUPERIOR COURT	17-7-02444-7	07	Juvenile Dependency	DEP	DEPENDENCY	12/22/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
222	S17 KING COUNTY SUPERIOR COURT	17-7-02463-3	07	Juvenile Dependency	DEP	DEPENDENCY	12/01/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
223	S17 KING COUNTY SUPERIOR COURT	17-7-02546-0	07	Juvenile Dependency	DEP	DEPENDENCY	05/25/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
224	S17 KING COUNTY SUPERIOR COURT	17-7-02739-0	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	12/15/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
225	S17 KING COUNTY SUPERIOR COURT	17-7-02861-2	07	Juvenile Dependency	DEP	DEPENDENCY	01/26/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
226	S17 KING COUNTY SUPERIOR COURT	17-7-02862-1	07	Juvenile Dependency	DEP	DEPENDENCY	01/26/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
227	S17 KING COUNTY SUPERIOR COURT	17-7-02886-8	07	Juvenile Dependency	DEP	DEPENDENCY	02/02/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
228	S17 KING COUNTY SUPERIOR COURT	17-7-02977-5	07	Juvenile Dependency	DEP	DEPENDENCY	02/09/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
229	S17 KING COUNTY SUPERIOR COURT	17-8-01020-2	08	Juvenile Offender	FEL	FELONY	12/27/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
230	S17 KING COUNTY SUPERIOR COURT	17-8-01036-9	08	Juvenile Offender	FEL	FELONY	12/27/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
231	S17 KING COUNTY SUPERIOR COURT	17-8-01477-1	08	Juvenile Offender	FEL	FELONY	12/27/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
232	S17 KING COUNTY SUPERIOR COURT	18-3-00549-7	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	04/27/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
233	S17 KING COUNTY SUPERIOR COURT	18-3-01074-1	03	Domestic	CUS	CHILD CUSTODY	02/20/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
234	S17 KING COUNTY SUPERIOR COURT	18-3-02053-4	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	04/04/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
235	S17 KING COUNTY SUPERIOR COURT	18-7-00044-9	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	02/09/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
236	S17 KING COUNTY SUPERIOR COURT	18-7-00067-8	07	Juvenile Dependency	DEP	DEPENDENCY	03/02/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
237	S17 KING COUNTY SUPERIOR COURT	18-7-00068-6	07	Juvenile Dependency	DEP	DEPENDENCY	03/02/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
238	S17 KING COUNTY SUPERIOR COURT	18-7-00093-7	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	02/09/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
239	S17 KING COUNTY SUPERIOR COURT	18-7-00134-8	07	Juvenile Dependency	DEP	DEPENDENCY	02/02/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
240	S17 KING COUNTY SUPERIOR COURT	18-7-00241-7	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	02/23/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
241	S17 KING COUNTY SUPERIOR COURT	18-7-00338-3	07	Juvenile Dependency	DEP	DEPENDENCY	02/09/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
242	S17 KING COUNTY SUPERIOR COURT	18-7-00466-5	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	03/16/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
243	S17 KING COUNTY SUPERIOR COURT	18-7-00507-6	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	03/16/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
244	S17 KING COUNTY SUPERIOR COURT	18-7-00668-4	07	Juvenile Dependency	DEP	DEPENDENCY	03/16/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
245	S17 KING COUNTY SUPERIOR COURT	18-7-00679-0	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	03/23/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
246	S17 KING COUNTY SUPERIOR COURT	18-7-00733-8	07	Juvenile Dependency	DEP	DEPENDENCY	03/09/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
247	S17 KING COUNTY SUPERIOR COURT	18-7-00776-1	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	04/06/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
248	S17 KING COUNTY SUPERIOR COURT	18-7-00804-1	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	04/06/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
249	S17 KING COUNTY SUPERIOR COURT	18-7-00921-7	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	04/13/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
250	S17 KING COUNTY SUPERIOR COURT	18-7-00941-1	07	Juvenile Dependency	DEP	DEPENDENCY	05/04/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
251	S17 KING COUNTY SUPERIOR COURT	18-7-01142-4	07	Juvenile Dependency	DEP	DEPENDENCY	05/18/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
252	S17 KING COUNTY SUPERIOR COURT	18-7-01142-4	07	Juvenile Dependency	DEP	DEPENDENCY	06/15/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
253	S17 KING COUNTY SUPERIOR COURT	18-7-01196-3	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	05/04/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
254	S17 KING COUNTY SUPERIOR COURT	18-7-01196-3	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	06/12/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
255	S17 KING COUNTY SUPERIOR COURT	18-7-01206-4	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	04/13/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
256	S17 KING COUNTY SUPERIOR COURT	18-7-01253-6	07	Juvenile Dependency	DEP	DEPENDENCY	05/21/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS

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257	S17 KING COUNTY SUPERIOR COURT	18-7-01256-1	07	Juvenile Dependency	DEP	DEPENDENCY	06/01/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
258	S17 KING COUNTY SUPERIOR COURT	18-7-01256-1	07	Juvenile Dependency	DEP	DEPENDENCY	06/07/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
259	S17 KING COUNTY SUPERIOR COURT	18-7-01285-4	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	05/11/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
260	S17 KING COUNTY SUPERIOR COURT	18-7-01380-0	07	Juvenile Dependency	DEP	DEPENDENCY	06/08/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
261	S17 KING COUNTY SUPERIOR COURT	18-7-01451-2	07	Juvenile Dependency	DEP	DEPENDENCY	06/15/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
262	S17 KING COUNTY SUPERIOR COURT	18-7-01473-3	07	Juvenile Dependency	DEP	DEPENDENCY	06/15/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
263	S17 KING COUNTY SUPERIOR COURT	18-7-01495-4	07	Juvenile Dependency	DEP	DEPENDENCY	05/25/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
264	S17 KING COUNTY SUPERIOR COURT	18-7-01770-8	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	06/15/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
265	S18 KITSAP COUNTY SUPERIOR COURT	15-3-01269-5	03	Domestic	CUS	CHILD CUSTODY	01/08/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
266	S18 KITSAP COUNTY SUPERIOR COURT	15-7-00415-8	07	Juvenile Dependency	DEP	DEPENDENCY	11/25/2015	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
267	S18 KITSAP COUNTY SUPERIOR COURT	16-3-01197-2	03	Domestic	CUS	CHILD CUSTODY	11/30/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
268	S18 KITSAP COUNTY SUPERIOR COURT	16-3-01197-2	03	Domestic	CUS	CHILD CUSTODY	04/19/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
269	S18 KITSAP COUNTY SUPERIOR COURT	17-3-00640-3	03	Domestic	CUS	CHILD CUSTODY	08/16/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
270	S18 KITSAP COUNTY SUPERIOR COURT	17-5-00057-7	05	Adoption	PAT	PARENTAGE-PARENTAL DETERMINAT	03/27/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
271	S21 LEWIS COUNTY CLERK	16-3-00136-1	03	Domestic	CUS	CHILD CUSTODY	04/22/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
272	S21 LEWIS COUNTY CLERK	16-3-00224-4	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	07/25/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
273	S21 LEWIS COUNTY CLERK	17-3-00014-2	03	Domestic	CUS	CHILD CUSTODY	02/27/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
274	S21 LEWIS COUNTY CLERK	17-3-00014-2	03	Domestic	CUS	CHILD CUSTODY	03/09/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
275	S21 LEWIS COUNTY CLERK	17-3-00014-2	03	Domestic	CUS	CHILD CUSTODY	04/26/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
276	S21 LEWIS COUNTY CLERK	17-7-00055-4	07	Juvenile Dependency	DEP	DEPENDENCY	02/09/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
277	S23 MASON COUNTY SUPERIOR COURT	16-3-00221-5	03	Domestic	CUS	CHILD CUSTODY	09/02/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
278	S23 MASON COUNTY SUPERIOR COURT	16-3-00269-0	03	Domestic	CUS	CHILD CUSTODY	08/24/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
279	S23 MASON COUNTY SUPERIOR COURT	16-3-00321-1	03	Domestic	CUS	CHILD CUSTODY	10/26/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
280	S23 MASON COUNTY SUPERIOR COURT	16-7-00045-4	07	Juvenile Dependency	DEP	DEPENDENCY	03/31/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
281	S23 MASON COUNTY SUPERIOR COURT	16-7-00120-5	07	Juvenile Dependency	DEP	DEPENDENCY	07/14/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
282	S23 MASON COUNTY SUPERIOR COURT	16-7-00170-1	07	Juvenile Dependency	DEP	DEPENDENCY	09/13/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
283	S23 MASON COUNTY SUPERIOR COURT	16-7-00206-6	07	Juvenile Dependency	DEP	DEPENDENCY	11/17/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
284	S23 MASON COUNTY SUPERIOR COURT	16-8-00004-1	08	Juvenile Offender	FEL	FELONY	02/21/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
285	S23 MASON COUNTY SUPERIOR COURT	16-8-00004-1	08	Juvenile Offender	FEL	FELONY	04/04/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
286	S23 MASON COUNTY SUPERIOR COURT	16-8-00004-1	08	Juvenile Offender	FEL	FELONY	01/02/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
287	S23 MASON COUNTY SUPERIOR COURT	16-8-00024-5	08	Juvenile Offender	MIS	MISDEMEANOR	02/21/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
288	S23 MASON COUNTY SUPERIOR COURT	16-8-00024-5	08	Juvenile Offender	MIS	MISDEMEANOR	04/04/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
289	S23 MASON COUNTY SUPERIOR COURT	16-8-00024-5	08	Juvenile Offender	MIS	MISDEMEANOR	01/02/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
290	S23 MASON COUNTY SUPERIOR COURT	17-3-00165-9	03	Domestic	CUS	CHILD CUSTODY	06/28/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
291	S23 MASON COUNTY SUPERIOR COURT	17-3-00280-9	03	Domestic	CUS	CHILD CUSTODY	11/03/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
292	S23 MASON COUNTY SUPERIOR COURT	17-3-00280-9	03	Domestic	CUS	CHILD CUSTODY	01/05/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
293	S23 MASON COUNTY SUPERIOR COURT	17-7-00046-1	07	Juvenile Dependency	DEP	DEPENDENCY	03/02/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
294	S23 MASON COUNTY SUPERIOR COURT	17-7-00065-7	07	Juvenile Dependency	DEP	DEPENDENCY	03/23/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
295	S23 MASON COUNTY SUPERIOR COURT	17-7-00065-7	07	Juvenile Dependency	DEP	DEPENDENCY	05/25/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
296	S23 MASON COUNTY SUPERIOR COURT	17-7-00114-9	07	Juvenile Dependency	DEP	DEPENDENCY	06/08/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
297	S23 MASON COUNTY SUPERIOR COURT	17-7-00166-1	07	Juvenile Dependency	DEP	DEPENDENCY	09/07/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
298	S23 MASON COUNTY SUPERIOR COURT	18-7-00031-1	07	Juvenile Dependency	DEP	DEPENDENCY	02/08/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
299	S23 MASON COUNTY SUPERIOR COURT	18-7-00031-1	07	Juvenile Dependency	DEP	DEPENDENCY	03/21/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS

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300	S24 OKANOGAN COUNTY SUPERIOR COURT	15-3-00167-7	03	Domestic	DIC	DISSOLUTION WITH CHILDREN	10/11/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
301	S24 OKANOGAN COUNTY SUPERIOR COURT	15-3-00167-7	03	Domestic	DIC	DISSOLUTION WITH CHILDREN	02/27/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
302	S24 OKANOGAN COUNTY SUPERIOR COURT	16-7-00053-3	07	Juvenile Dependency	DEP	DEPENDENCY	04/19/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
303	S24 OKANOGAN COUNTY SUPERIOR COURT	17-3-00034-1	03	Domestic	CUS	CHILD CUSTODY	04/18/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
304	S25 PACIFIC COUNTY SUPERIOR COURT	17-7-00048-5	07	Juvenile Dependency	DEP	DEPENDENCY	02/01/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
305	S25 PACIFIC COUNTY SUPERIOR COURT	17-7-00048-5	07	Juvenile Dependency	DEP	DEPENDENCY	02/06/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
306	S27 PIERCE COUNTY SUPERIOR COURT	15-3-04860-0	03	Domestic	CUS	CHILD CUSTODY	03/30/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
307	S27 PIERCE COUNTY SUPERIOR COURT	15-7-00778-9	07	Juvenile Dependency	DEP	DEPENDENCY	03/21/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
308	S27 PIERCE COUNTY SUPERIOR COURT	15-7-01549-8	07	Juvenile Dependency	DEP	DEPENDENCY	08/07/2015	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
309	S27 PIERCE COUNTY SUPERIOR COURT	15-7-01609-5	07	Juvenile Dependency	DEP	DEPENDENCY	10/02/2015	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
310	S27 PIERCE COUNTY SUPERIOR COURT	15-7-01668-1	07	Juvenile Dependency	DEP	DEPENDENCY	11/17/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
311	S27 PIERCE COUNTY SUPERIOR COURT	15-7-01780-6	07	Juvenile Dependency	DEP	DEPENDENCY	11/08/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
312	S27 PIERCE COUNTY SUPERIOR COURT	15-7-01780-6	07	Juvenile Dependency	DEP	DEPENDENCY	05/02/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
313	S27 PIERCE COUNTY SUPERIOR COURT	15-7-01825-0	07	Juvenile Dependency	DEP	DEPENDENCY	11/06/2015	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
314	S27 PIERCE COUNTY SUPERIOR COURT	15-7-01938-8	07	Juvenile Dependency	DEP	DEPENDENCY	11/06/2015	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
315	S27 PIERCE COUNTY SUPERIOR COURT	16-7-00089-8	07	Juvenile Dependency	DEP	DEPENDENCY	01/20/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
316	S27 PIERCE COUNTY SUPERIOR COURT	16-7-00497-4	07	Juvenile Dependency	DEP	DEPENDENCY	03/04/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
317	S27 PIERCE COUNTY SUPERIOR COURT	16-7-00646-2	07	Juvenile Dependency	DEP	DEPENDENCY	05/06/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
318	S27 PIERCE COUNTY SUPERIOR COURT	16-7-00647-1	07	Juvenile Dependency	DEP	DEPENDENCY	05/06/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
319	S27 PIERCE COUNTY SUPERIOR COURT	16-7-01035-4	07	Juvenile Dependency	DEP	DEPENDENCY	05/06/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
320	S27 PIERCE COUNTY SUPERIOR COURT	16-7-01700-6	07	Juvenile Dependency	DEP	DEPENDENCY	07/01/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
321	S27 PIERCE COUNTY SUPERIOR COURT	16-7-01705-7	07	Juvenile Dependency	DEP	DEPENDENCY	04/13/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
322	S27 PIERCE COUNTY SUPERIOR COURT	16-7-01705-7	07	Juvenile Dependency	DEP	DEPENDENCY	04/27/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
323	S27 PIERCE COUNTY SUPERIOR COURT	16-7-01705-7	07	Juvenile Dependency	DEP	DEPENDENCY	07/17/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
324	S27 PIERCE COUNTY SUPERIOR COURT	16-7-01706-5	07	Juvenile Dependency	DEP	DEPENDENCY	04/13/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
325	S27 PIERCE COUNTY SUPERIOR COURT	16-7-01706-5	07	Juvenile Dependency	DEP	DEPENDENCY	06/09/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
326	S27 PIERCE COUNTY SUPERIOR COURT	16-7-01706-5	07	Juvenile Dependency	DEP	DEPENDENCY	08/17/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
327	S27 PIERCE COUNTY SUPERIOR COURT	16-7-02062-7	07	Juvenile Dependency	DEP	DEPENDENCY	10/07/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
328	S27 PIERCE COUNTY SUPERIOR COURT	16-7-02062-7	07	Juvenile Dependency	DEP	DEPENDENCY	08/04/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
329	S27 PIERCE COUNTY SUPERIOR COURT	16-7-02103-8	07	Juvenile Dependency	DEP	DEPENDENCY	10/07/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
330	S27 PIERCE COUNTY SUPERIOR COURT	16-7-02129-1	07	Juvenile Dependency	DEP	DEPENDENCY	11/04/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
331	S27 PIERCE COUNTY SUPERIOR COURT	16-7-02316-2	07	Juvenile Dependency	DEP	DEPENDENCY	11/04/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
332	S27 PIERCE COUNTY SUPERIOR COURT	16-7-02555-6	07	Juvenile Dependency	DEP	DEPENDENCY	01/06/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
333	S27 PIERCE COUNTY SUPERIOR COURT	16-7-02719-2	07	Juvenile Dependency	DEP	DEPENDENCY	02/03/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
334	S27 PIERCE COUNTY SUPERIOR COURT	17-3-02650-5	03	Domestic	CUS	CHILD CUSTODY	08/22/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
335	S27 PIERCE COUNTY SUPERIOR COURT	17-3-03945-3	03	Domestic	CUS	CHILD CUSTODY	11/06/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
336	S27 PIERCE COUNTY SUPERIOR COURT	17-7-00248-1	07	Juvenile Dependency	DEP	DEPENDENCY	04/07/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
337	S27 PIERCE COUNTY SUPERIOR COURT	17-7-00250-3	07	Juvenile Dependency	DEP	DEPENDENCY	04/07/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
338	S27 PIERCE COUNTY SUPERIOR COURT	17-7-00679-7	07	Juvenile Dependency	DEP	DEPENDENCY	10/06/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
339	S27 PIERCE COUNTY SUPERIOR COURT	17-7-00769-6	07	Juvenile Dependency	DEP	DEPENDENCY	05/05/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
340	S27 PIERCE COUNTY SUPERIOR COURT	17-7-00770-0	07	Juvenile Dependency	DEP	DEPENDENCY	05/05/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
341	S27 PIERCE COUNTY SUPERIOR COURT	17-7-00771-8	07	Juvenile Dependency	DEP	DEPENDENCY	05/05/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
342	S27 PIERCE COUNTY SUPERIOR COURT	17-7-00988-5	07	Juvenile Dependency	DEP	DEPENDENCY	05/05/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS

	A	B	C	D	E	F	G	H	I	J
343	S27	PIERCE COUNTY SUPERIOR COURT	17-7-01011-5	07	Juvenile Dependency	DEP	DEPENDENCY	05/05/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
344	S27	PIERCE COUNTY SUPERIOR COURT	17-7-01369-6	07	Juvenile Dependency	DEP	DEPENDENCY	08/04/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
345	S27	PIERCE COUNTY SUPERIOR COURT	17-7-01459-5	07	Juvenile Dependency	DEP	DEPENDENCY	07/07/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
346	S27	PIERCE COUNTY SUPERIOR COURT	17-7-01748-9	07	Juvenile Dependency	DEP	DEPENDENCY	07/07/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
347	S27	PIERCE COUNTY SUPERIOR COURT	17-7-01762-4	07	Juvenile Dependency	DEP	DEPENDENCY	08/04/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
348	S27	PIERCE COUNTY SUPERIOR COURT	17-7-01763-2	07	Juvenile Dependency	DEP	DEPENDENCY	08/04/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
349	S27	PIERCE COUNTY SUPERIOR COURT	17-7-01925-2	07	Juvenile Dependency	DEP	DEPENDENCY	09/01/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
350	S27	PIERCE COUNTY SUPERIOR COURT	17-7-01951-1	07	Juvenile Dependency	DEP	DEPENDENCY	08/31/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
351	S27	PIERCE COUNTY SUPERIOR COURT	17-7-02067-6	07	Juvenile Dependency	DEP	DEPENDENCY	09/29/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
352	S27	PIERCE COUNTY SUPERIOR COURT	17-7-02208-3	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	11/03/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
353	S27	PIERCE COUNTY SUPERIOR COURT	17-7-02211-3	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	11/03/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
354	S27	PIERCE COUNTY SUPERIOR COURT	17-7-02277-6	07	Juvenile Dependency	DEP	DEPENDENCY	12/01/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
355	S27	PIERCE COUNTY SUPERIOR COURT	17-7-02302-1	07	Juvenile Dependency	DEP	DEPENDENCY	01/05/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
356	S27	PIERCE COUNTY SUPERIOR COURT	17-7-02401-9	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	12/01/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
357	S27	PIERCE COUNTY SUPERIOR COURT	17-7-02461-2	07	Juvenile Dependency	DEP	DEPENDENCY	01/05/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
358	S27	PIERCE COUNTY SUPERIOR COURT	17-7-02593-7	07	Juvenile Dependency	DEP	DEPENDENCY	01/05/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
359	S27	PIERCE COUNTY SUPERIOR COURT	17-7-02594-5	07	Juvenile Dependency	DEP	DEPENDENCY	01/05/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
360	S27	PIERCE COUNTY SUPERIOR COURT	17-7-02595-3	07	Juvenile Dependency	DEP	DEPENDENCY	01/05/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
361	S27	PIERCE COUNTY SUPERIOR COURT	18-3-00035-1	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	01/03/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
362	S27	PIERCE COUNTY SUPERIOR COURT	18-3-00035-1	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	01/12/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
363	S27	PIERCE COUNTY SUPERIOR COURT	18-3-00924-2	03	Domestic	CUS	CHILD CUSTODY	04/30/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
364	S27	PIERCE COUNTY SUPERIOR COURT	18-7-00022-3	07	Juvenile Dependency	DEP	DEPENDENCY	03/02/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
365	S27	PIERCE COUNTY SUPERIOR COURT	18-7-00662-1	07	Juvenile Dependency	DEP	DEPENDENCY	05/04/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
366	S27	PIERCE COUNTY SUPERIOR COURT	18-7-00865-8	07	Juvenile Dependency	DEP	DEPENDENCY	05/04/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
367	S27	PIERCE COUNTY SUPERIOR COURT	18-7-00893-3	07	Juvenile Dependency	DEP	DEPENDENCY	04/06/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
368	S27	PIERCE COUNTY SUPERIOR COURT	18-7-01248-5	07	Juvenile Dependency	VYG	VULNERABLE YOUTH GUARDIANSHIP	05/04/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
369	S29	SKAGIT COUNTY SUPERIOR COURT	05-3-00042-9	03	Domestic	DIC	DISSOLUTION WITH CHILDREN	04/17/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
370	S29	SKAGIT COUNTY SUPERIOR COURT	11-7-00584-5	07	Juvenile Dependency	DEP	DEPENDENCY	01/26/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
371	S29	SKAGIT COUNTY SUPERIOR COURT	16-3-00519-1	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	12/09/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
372	S29	SKAGIT COUNTY SUPERIOR COURT	16-3-00519-1	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	08/15/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
373	S29	SKAGIT COUNTY SUPERIOR COURT	16-8-00160-7	08	Juvenile Offender	GMS	GROSS MISDEMEANOR	10/20/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
374	S29	SKAGIT COUNTY SUPERIOR COURT	17-3-00549-1	03	Domestic	DIC	DISSOLUTION WITH CHILDREN	10/27/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
375	S29	SKAGIT COUNTY SUPERIOR COURT	17-7-00172-5	07	Juvenile Dependency	CNS	CHILD IN NEED OF SERVICES	04/17/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
376	S31	SNOHOMISH COUNTY SUPERIOR COURT	14-3-00558-1	03	Domestic	CUS	CHILD CUSTODY	03/06/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
377	S31	SNOHOMISH COUNTY SUPERIOR COURT	15-7-00584-3	07	Juvenile Dependency	DEP	DEPENDENCY	10/05/2015	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
378	S31	SNOHOMISH COUNTY SUPERIOR COURT	16-3-00936-2	03	Domestic	CUS	CHILD CUSTODY	07/08/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
379	S31	SNOHOMISH COUNTY SUPERIOR COURT	16-3-01851-5	03	Domestic	CUS	CHILD CUSTODY	08/22/2016	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
380	S31	SNOHOMISH COUNTY SUPERIOR COURT	17-3-00338-9	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	02/28/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
381	S31	SNOHOMISH COUNTY SUPERIOR COURT	17-3-00529-2	03	Domestic	CUS	CHILD CUSTODY	11/14/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
382	S31	SNOHOMISH COUNTY SUPERIOR COURT	17-3-00621-3	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	06/08/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
383	S31	SNOHOMISH COUNTY SUPERIOR COURT	17-3-01230-2	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	09/25/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
384	S31	SNOHOMISH COUNTY SUPERIOR COURT	17-3-01651-1	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	11/17/2017	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS
385	S31	SNOHOMISH COUNTY SUPERIOR COURT	17-3-01856-4	03	Domestic	PPS	PARENTING PLAN/CHILD SUPPORT	04/06/2018	FOSIJS	FND/ORD RE:ELIG SPCL IMGT JUV STATS

Exhibit 93

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7 **UNITED STATES DISTRICT COURT**
8 **WESTERN DISTRICT OF WASHINGTON**

9 STATE OF WASHINGTON, *et al.*,

10 Plaintiff,

11 v.

12 DONALD TRUMP in his official capacity
13 as President of the United States, *et al.*,

14 Defendants.

15 NO.

16 DECLARATION OF DIERK
17 MEIERBACHTOL IN SUPPORT OF
18 THE STATES' MOTION FOR
19 PRELIMINARY INJUNCTION

20 I, DIERK MEIERBACHTOL, declare as follows:

21 1. I am over the age of 18 and have personal knowledge of all the facts stated herein.

22 2. I am the Chief Legal Officer for the Office of Superintendent of Public Instruction
23 (OSPI). OSPI is a Washington State agency that, pursuant to statute, has "supervision over all
24 matters pertaining to the public schools of the state." RCW 28A.300.040(1). This includes,
25 among many other things, development of Washington's state learning standards and the
26 apportionment of state and federal funds to public schools.

27 3. The Washington State Constitution declares that it is "the paramount duty of the
28 state to make ample provision for the education of all children residing within its borders, without
29 distinction or preference on account of race, color, caste, or sex." Our Legislature has also
30 expressly prohibited discrimination in Washington public schools on the basis of, among other
31 things, race, creed, religion, color, or national origin. RCW 28A.642.010. OSPI is tasked by law

1 with developing rules and guidance to eliminate illegal discrimination in schools. RCW
 2 28A.642.020.

3 4. The public schools of the State of Washington under OSPI's supervision make
 4 available a free, public education to all children residing within Washington, regardless of that
 5 child's citizenship status or country of origin. OSPI and the state's public school educators
 6 welcome all children within Washington State and are deeply committed to ensuring that all
 7 children, regardless of their race, immigration status, or national origin, have an opportunity to
 8 receive basic education.

9 5. Washington has almost 300 public school districts that serve over a million
 10 children. OSPI apportions state and federal funding to districts using numerous formulas and
 11 grants that recognize variable costs of districts and the special needs of disadvantaged students.
 12 Depending on the child's needs and location, per pupil spending from the state general fund
 13 ranges anywhere from \$6,000 to \$15,000 per child. Students with disabilities, for example, those
 14 who come from linguistically and culturally diverse backgrounds, and those who are struggling
 15 to meet state learning standards, will have greater needs and thus require more funding to have
 16 those needs met.

17 6. The average state general fund expenditure per pupil for 2016-17 was over
 18 \$11,800 per child.

19 7. More than 90% of school funding comes from state and local, rather than federal,
 20 sources. See <http://k12.wa.us/safs/PUB/FIN/1617/1617Section1Full.pdf>. For the 2017-19
 21 biennium, state spending for basic education will total over \$22 billion, with over \$16 billion
 22 allocated to basic general education services.

23 8. If federal policy changes result in more children residing within the State of
 24 Washington, we will make sure those children have an opportunity to obtain a high-quality
 25 education. That will require additional state and local expenditures.

1 I declare under penalty of perjury under the laws of the State of Washington and the
2 United States of America that the foregoing is true and correct.

3 DATED this 26th day of June, 2018 at Olympia, Washington.

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5 DIERK MEIERBACHTOL
6 Chief Legal Officer
7 Office of Superintendent of Public
Instruction

Exhibit 94

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7 **UNITED STATES DISTRICT COURT**
8 **WESTERN DISTRICT OF WASHINGTON**
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10 STATE OF WASHINGTON, et al.,
11 Plaintiff,
12 v.
13 DONALD TRUMP in his official capacity
14 as President of the United States, et al.,
15 Defendants.

NO. 2:18-cv-00939

DECLARATION OF CARL
YANAGIDA

I, Carl Yanagida, declare as follows:

1. I am over the age of 18 and have personal knowledge of all the facts stated herein.
2. I am the Deputy Chief Financial Officer of the Washington State Health Care Authority. I have served as Deputy Chief Financial Officer since November 2017. I, along with the Chief Financial Officer, oversee the financial activities of the Health Care Authority.

3. The Health Care Authority administers the Washington State Apple Health program, which includes the state's Medicaid program. The Apple Health program is a federal-state-subsidized assistance program that provides low-income households with access to health care coverage. In state fiscal year 2018, the State's projected cost to support this program is \$2.3 billion. In state fiscal year 2019, the State's projected cost to support this program is \$2.4 billion.

4. The Washington State Legislature has indicated that all children in the state of Washington must have health care coverage by 2010 (see RCW 74.09.402). Washington's

1 Apple Health program provides comprehensive health care coverage to all children who are
 2 eligible, including undocumented immigrant children who enter Washington State.

3 5. Specifically, Washington State children residing in households with an income
 4 less than 312 percent of the federal poverty level are eligible for the Apple Health program,
 5 regardless of citizenship and/or documented status. Qualifying children receive access to a full
 6 scope of health care coverage including medical, dental, behavioral health, vision, hearing and
 7 pharmaceutical benefits. In state fiscal year 2018, the State's projected cost to cover all minor
 8 children is \$667 million. In state fiscal year 2019, the State's projected cost to cover all minor
 9 children is \$681 million.

10 6. The annual cost to Washington State for providing health care coverage to
 11 undocumented immigrant children has been relatively stable. For example, in state fiscal year
 12 2016, the State's cost to cover undocumented immigrant children was \$25 million, and the
 13 State's average cost per undocumented child was \$1,248. In state fiscal year 2017, the State's
 14 cost to cover undocumented immigrant children was \$26 million, and the State's average cost
 15 per undocumented child was \$1,290.

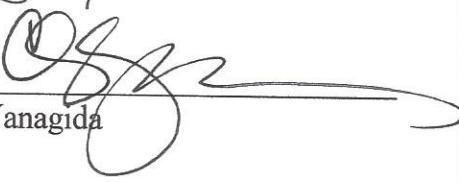
16 7. In state fiscal year 2018, the State's projected cost to cover undocumented
 17 immigrant children is \$24 million, and the State's average projected cost per undocumented
 18 immigrant child is \$1,280. In state fiscal year 2019, the State's projected cost to cover
 19 undocumented immigrant children is \$24 million, and the State's average projected cost per
 20 undocumented immigrant child is \$1,296.

21 8. The State's February 2018 medical assistance forecast provided the historical and
 22 projected costs referenced in this declaration. This forecast was composed through a multi-
 23 agency collaboration between the Health Care Authority, the Washington State Office of
 24 Financial Management, and the fiscal committees of Washington State Legislature.

25 I declare under penalty of perjury under the laws of the State of Washington and the
 26 United States of America that the foregoing is true and correct.

1 DATED this 28 day of June, 2018 at Olympia, Washington.
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Carl Yanagida



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Exhibit 95

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON**

STATE OF WASHINGTON,

NO. 18-CV-939

Plaintiff,

v.

DONALD TRUMP in his official capacity as President of the United States, et al.,

**DECLARATION OF JEFFREY
ARANOWSKI, EXECUTIVE
DIRECTOR OF SAFE AND
HEALTHY CLIMATE, ILLINOIS
STATE BOARD OF EDUCATION**

Defendants.

I, Jeffrey Aranowski, declare as follows:

1. I am over the age of 18 and have personal knowledge of all the facts stated herein.

2. I currently serve as the Executive Director of Safe and Healthy Climate with the

Illinois State Board of Education (ISBE).

3. ISBE is a state agency tasked with administering public education in Illinois.

4. ISBE operates the Illinois Free Breakfast and Lunch Program (Program), through

which ISBE reimburses all public schools, nonprofit private schools, and residential child care institutions that provide nutritious breakfasts and lunches to children who meet the free income-level guidelines established in the National School Lunch Program.

5. In FY 2017, ISBE received \$9,000,000.00 in state funding to provide reimbursements through the Program.

6. In FY 2018, ISBE received \$9,000,000.00 in state funding to provide reimbursements through the Program.

7. In FY 2019, ISBE will receive \$9,000,000.00 in state funding to provide reimbursements through the Program.

8. Meals are reimbursed a per-meal rate. For FY 2017, the reimbursement rate for each breakfast or lunch claimed was \$.0250. For FY 2018, the reimbursement rate for each breakfast or lunch claimed is \$.0275.

1 9. Any funds remaining at the end of the Fiscal Year are prorated to all participating
2 organizations and a final payment is made in August of each year to utilize all State funds
3 appropriated for the Program.

4 10. Schools and institutions submit site-specific meal counts to ISBE on a monthly
5 basis, and one lump payment is made to each claimant for all sites under its control.

6 11. Heartland Alliance is a participant in the Program and receives reimbursement
7 from the State of Illinois for breakfasts and lunches provided to children in its custody at seven
8 (7) Heartland Alliance sites.

9 12. In FY 2017, Heartland received \$7,593.21 through the Program.

10 13. In FY 2018, Heartland has to date received \$5,247.68 through the Program.

11 I declare under penalty of perjury under the laws of the State of Washington and the
12 United States of America that the foregoing is true and correct.

13 DATED this 29th day of June, 2018 at 100 West Randolph Street 14th Floor, Chicago,
14 Illinois.



Jeffrey Aranowski
Executive Director of Safe and Healthy
Climate, Illinois State Board of
Education

Exhibit 96

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON**

STATE OF WASHINGTON, et al.

NO. 2:18-cv-00939

Plaintiff,

DECLARATION OF ALICE WEISS

DONALD TRUMP in his official capacity
as President of the United States, et al.,

Defendants.

I, Alice Weiss, declare as follows:

1. I am over the age of 18 and have personal knowledge of all the facts stated herein. I am the Director of the Health Care Policy and Research Administration for the Department of Health Care Finance (DHCF) for Washington, D.C. I am responsible for policy development associated with the District's Medicaid, Alliance and Immigrant Children's Programs. I have been employed at DHCF since January 2016 and have over 25 years of experience in health care policy and regulatory and legislative affairs pertaining to publicly-financed health care programs.

2. DHCF is the single state agency for the administration of Medicaid in the District of Columbia (the District) and provides insurance coverage to over 270,000 low income residents of the District of Columbia through fee-for-service and managed care service delivery. DHCF is accountable to the United States Centers for Medicare and Medicaid Services (CMS), the federal agency responsible for administration and oversight of the Medicaid program under Titles IXX and XXI of the Social Security Act.

3. The District offers two additional public insurance options to make sure all low-income individuals have access to health coverage: the DC Healthcare Alliance (Alliance) program, which provides coverage for low-income adults who do not qualify for Medicaid, and the Immigrant Children's Program (ICP), which provides coverage comparable to Medicaid for

1 children who are ineligible for Medicaid or CHIP. All applicants for either the Alliance or ICP
 2 programs are screened for Medicaid eligibility before they are determined eligible for any
 3 other publicly financed health insurance programs.

4 **The DC Healthcare Alliance Program**

5 4. The Alliance provides health coverage to low-income District residents who
 6 have no other health insurance and are ineligible for either Medicaid or Medicare. Applicants
 7 must be twenty-one (21) years of age or older; have income at or below 200% of the federal
 8 poverty level ("FPL"); have resources at or below \$4,000 for one person and \$6,000 for couple
 9 or families; and complete a face-to-face interview.

10 5. *Services covered under the Alliance include:* doctor visits, preventive care
 11 (checkups, diet and nutrition), prenatal care (pregnancy), prescription drugs, laboratory
 12 services, medical supplies, and **dental Services up to \$1000.**

13 6. Although behavioral health services are not provided to Alliance members
 14 under the program, they are provided upon demand by District residents through the 100
 15 percent locally funded behavioral services departments run by the District Department of
 16 Behavioral Health.

17 7. *Service Delivery.* Once an applicant has been determined eligible for the
 18 Alliance, he or she will be automatically assigned to a managed care health plan. The Alliance
 19 does not allow providers (doctors, hospitals, and managed care organizations) to charge co-
 20 payments or fees for health services provided. DC Alliance program enrollees are not eligible
 21 for retroactive coverage. As of January 1, 2018, there were 15,943 beneficiaries enrolled in the
 22 program.

23 8. *Program Financing.* The Alliance is 100% locally funded and the weighted
 24 average cost is \$251.58 per beneficiary per month.

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26 /

The Immigrant Children's Program (ICP)

9. The Immigrant Children's Program (ICP) provides health coverage to individuals under the age of twenty-one (21) years old who are not eligible for Medicaid or CHIP. Specifically, children residing in households with an income less than or equal to 200 percent of the FPL are eligible for the Immigrant Children program, regardless of citizenship and/or documented status.

10. ICP beneficiaries receive access to the full scope of health care coverage including doctor visits, eye care, preventive care (checkups, diet and nutrition), dental services and related treatment, prescription drugs, laboratory services, medical supplies, and behavioral health services.

11. *Service Delivery.* Once a child has been determined eligible for the Immigrant Children's Program, he or she will be automatically assigned to a managed care health plan. The Immigrant Children's Program does not allow providers (doctors, hospitals, and managed care organizations) to charge co-payments or fees for health services provided. Immigrant Children program enrollees are not eligible for retroactive coverage. As of January 1, 2018, there were 3, 581 children enrolled in the program.

12. *Program Financing.* The Immigrant Children's Program is 100% locally funded and the weighted average cost is \$251.58 per beneficiary per month.

District's Risk of Injury Due to Separation Policy

13. DHCF and other District programs are likely to incur additional costs associated with the need for additional behavioral health services for individuals who settle in Washington, D.C., owing to the Trump Administration's policy of separating immigrant parents from their children upon entry to the U.S.

14. DHCf is likely to incur additional costs to its Immigrant Children's Program if children separated from their families are resettled in Washington DC and require health coverage. Although these children would otherwise be eligible for health coverage under ICP,

the children and their parents will likely need additional behavioral health services due to the emotional trauma they have endured as a result of the separation resulting from the Trump Administration policies.

15. Although the Alliance program does not currently cover behavioral health services, the District's Department of Behavioral Health will likely incur additional costs for providing locally funded services to parents in families that have been separated from their children at the border under the Trump Administration policy.

16. In addition, any families in which the individuals are given lawfully present status who remain in the United States for five years or more and settle in the District could result in higher spending by the District's Medicaid program for behavioral health services for these individuals if they apply for Medicaid.

I declare under penalty of perjury under the laws of the District of Columbia and the United States of America that the foregoing is true and correct.

DATED this 1st day of JULY, 2018 at District of Columbia.

ALICE WEISS
Director, Health Care Policy and
Research Administration
Department of Health Care Finance

Exhibit 97

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

STATE OF WASHINGTON, et al.,

NO. 2:18-cv-00939-MJP

Plaintiff,

**DECLARATION OF
SUSAN PERRY-MANNING**

DONALD TRUMP in his official capacity
as President of the United States, et al.,

Defendants.

I, Susan Perry-Manning, declare as follows:

I am over the age of 18 and have personal knowledge of all the facts stated herein.

2. I am the Deputy Secretary for Human Services for the State of North Carolina.

In that capacity, I provide leadership over North Carolina's Division of Social Services.

3. When an undocumented, unaccompanied child travels into the United States, the child may be detained by DHS for up to 72 hours. 8 U.S.C. § 1232(b)(3). After that, the child must be turned over to the Office of Refugee Resettlement, a division of the U.S. Department of Health & Human Services, for shelter placement. *Id.* Once in ORR custody, children are placed in supervised shelters where staff must attempt to locate a parent or family member in the United States and determine if family reunification is possible. If ORR is unable to find a parent or other family member, ORR attempts to locate a family friend or caretaker in the United States

1 who may be able to serve as a sponsor, caring for the child during the pendency of any subsequent
 2 immigration proceedings.

3 4. If ORR is unable to find a sponsor, the child is placed in state-licensed group care
 4 facilities or state-licensed long-term foster care programs during the pendency of the child's
 5 immigration proceedings. There are 11 voluntary agency affiliates in North Carolina, partially
 6 funded by ORR, that provide full-range resettlement services to refugees, asylum-seekers, and
 7 victims of human trafficking. If ORR is unable to find a sponsor for an unaccompanied minor,
 8 these 11 organizations help locate and shelter these children during the pendency of their
 9 immigration proceedings.

10 5. If ORR is able to find a sponsor and that sponsor lives in North Carolina, the child
 11 is transferred to the sponsor's custody. The child is then eligible for state-funded programs like
 12 public education. For example, after the 2014 surge in unaccompanied children and women
 13 seeking entrance into the United States, more than 4,200 children had been released to sponsors
 14 in North Carolina. These children's family and sponsor status were processed through the courts
 15 in North Carolina. <https://www.acf.hhs.gov/orr/resource/unaccompanied-alien-children-released-to-sponsors-by-state>.

16 6. All children in the United States have a right to public education, regardless of
 17 citizenship status. This includes unaccompanied minors, who are eligible to enroll in the North
 18 Carolina public school system. The public schools of the State of North Carolina make available
 19 a free, public education to all children residing within North Carolina, regardless of that child's
 20 citizenship status or country of origin. In 2014, Dr. June St. Clair Atkinson, the North Carolina
 21 State Superintendent of Public Instruction, and Philip W. Price, the Chief Financial Officer for
 22 the North Carolina Department of Public Instruction, reiterated this commitment by sending
 23 North Carolina's public school system guidance, instructing them that "[a]ll students under the
 24 age of 21, who are domiciled in school administrative units and have not been removed from the
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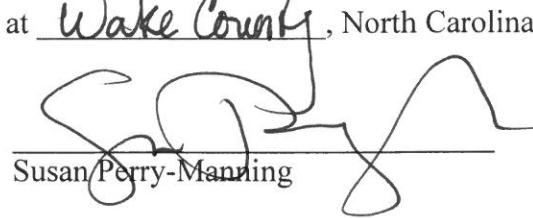
schools administrative unit, or who have not obtained a high school diploma, are entitled to attend the public schools to which they are assigned by local boards of education.” Superintendent Atkinson and CFO Price also reminded school districts that they “may not ask questions regarding or evidence of immigration status, or for any other documentation that is not required in order to register or enroll in school.” http://www.southerncoalition.org/wp-content/uploads/2014/05/Registration-and-Enrollment-Guidance-Letter_2014.pdf.

7. North Carolina has more than 210 public school districts that serve nearly 1.5 million children. The State apportions state and federal funding to districts using formulas and grants that recognize variable costs to districts and the special needs of disadvantaged students. Per pupil spending from the state general fund averaged approximately \$5,250 per child in 2009-2010. <https://legislative.ncpublicschools.gov/20110318-fastfacts.pdf>. Roughly 85% of school funding comes from state and local, rather than federal sources. For FY 2018-19, state spending for basic education will total more than \$9.5 billion. https://www.ncleg.net/Sessions/2017/Budget/2018/conference_committee_report_2018_05_28.pdf.

8. If federal policy changes result in more children residing within the State of North Carolina, the State will have to make sure those children have an opportunity to obtain a sound, basic education. That will require additional state and local expenditures.

9. I declare under penalty of perjury under the laws of the State of North Carolina and the United States of America that the foregoing is true and correct.

DATED this 2nd day of July, 2018 at Wake County, North Carolina.



Susan Perry-Manning

Exhibit 98

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON**

STATE OF WASHINGTON.

Plaintiff,

V.

DONALD TRUMP in his official capacity
as President of the United States, et al..

Defendants.

NO.

DECLARATION OF DAVID SINSKI
IN SUPPORT OF PLAINTIFFS'
MOTION FOR PRELIMINARY
INJUNCTION

I, David Sinski, declare as follows:

1. I am over the age of 18 and have personal knowledge of all the facts stated herein.

2. I am Executive Director of Heartland Human Care Services (“HHCS”) and Vice President of Heartland Alliance. I have held these positions since October 2012. I have over 20 years of experience in youth development and community-based programming. Prior to serving at Heartland, I held various positions at After School Matters, an organization specializing in high school apprenticeship programming; at Alternatives, Inc., which is a community-based, youth serving organization; and at Mujeres Latinas en Acción, an organization that serves Latina women and their families.

3. Heartland Alliance was founded in 1888 and was one of the first entities in Chicago leading the movement to end poverty. Today, Heartland Alliance is a human rights organization that serves over 100 communities in 12 countries, directly providing respectful services to over 400,000 people in the areas of safety, health, housing, education, jobs, and justice. Heartland Alliance believes that everyone in society benefits when people who experience disparities in safety, health, housing, education, economic opportunity and justice,

1 are able to exit poverty, heal from trauma and achieve stability; secure their rights; and shape
 2 policies that respond to their needs.

3 4. HHCS is a human services agency that is related to Heartland Alliance in its
 4 governance and operations. HHCS seeks to achieve freedom from want, fear and injustice for
 5 people marginalized by poverty, displacement or situations of vulnerability by developing and
 6 providing a continuum of services that meet basic needs, build strengths, safeguard human
 7 rights and provide opportunities for positive change. HHCS offers programs that provide
 8 safety, stability and pathways to success with a focus on comprehensive supports through
 9 housing, health care, education and employment.

10 5. Since 1995, HHCS has provided safe shelter and care for children who have
 11 crossed the United States border alone. Often, these children are seeking refuge from violence
 12 and persecution in their home countries and are uniquely vulnerable to abuse and human
 13 trafficking. To that end, HHCS operates nine state-licensed shelters in the Chicago area that
 14 provide temporary housing and care for these children. These shelters serve approximately
 15 3,000 children per year.

16 6. Staff in these HHCS shelters speak multiple languages and have access to
 17 interpretation services to meet the needs of the children in their care, focusing on helping the
 18 children heal from trauma. These children are required to stay in shelter care until they are
 19 released to an approved sponsor, such as a relative or family friend. Our HHCS staff members
 20 in these facilities also work to reunify the children with their families as soon as possible.
 21 While in HHCS care, the program provides proper physical care and maintenance, including
 22 suitable living accommodations, food, appropriate clothing and personal grooming items.
 23

1 HHCS also offers appropriate routine medical and dental care, appropriate mental health
2 interventions, education in a structured classroom setting Monday-Friday, and recreational and
3 leisure time activities.
4

5 7. HHCS provides care and shelter for these children as a service provider for the
6 Department of Health and Human Services' Administration for Children and Families Office
7 of Refugee Resettlement ("ORR"). HHCS has operated shelters in this capacity for
8 approximately 15 years.

9 8. While these children are in HHCS care, the cost of the meals they receive from
10 HHCS is reimbursed through the Child and Adult Care Food Program, which is administered
11 by the Illinois State Board of Education ("ISBE"). HHCS has a signed agreement with ISBE to
12 receive reimbursement for meals for these children.
13

14 9. Over the past two months, the population of children in HHCS care has
15 increasingly included children who have been separated from their families at the borders of
16 the United States. The parents of many of these children have been referred for prosecution and
17 placed in criminal detention, and their children have been transferred to ORR for temporary
18 placement in facilities including the Illinois shelters that HHCS operates.
19

20 10. HHCS will continue to provide shelter and care for children who are separated
21 from their families at the border and referred to HHCS by ORR.
22
23

24 I declare under penalty of perjury under the laws of the State of Washington and the
25 United States of America that the foregoing is true and correct.
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1 DATED this 30 day of June, 2018 at Chicago, Illinois.
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David Sinski
Executive Director, Heartland Human
Care Services

Exhibit 99

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE**

STATE OF WASHINGTON, *et al.*,

Plaintiffs,

V.

DONALD TRUMP in his official capacity as President of the United States,
et al.,

Defendants.

NO. 2:18-cv-00939-MJP

DECLARATION OF
SARAH K. PETERSON

I, Sarah K. Peterson, declare as follows:

1. I am the Washington State Refugee Coordinator and the Chief of Washington's Office of Refugee and Immigrant Assistance (ORIA), a position I have held since 2014. I am over the age of eighteen, competent to testify, and, unless otherwise noted, the information included in this declaration is based on my personal knowledge.

2. Prior to joining DSHS-ORIA, I earned my Master's Degree in Social Work from the University of Pennsylvania in 2003. After earning my degree, I worked for approximately 14 years helping refugee and immigrant communities in Pennsylvania. Part of my experience

1 included being a foster care social worker for an organization that administered programs and
 2 services for unaccompanied immigrant and refugee children funded through the federal Division
 3 of Unaccompanied Children's Services and the Division of Refugee Services at the Office of
 4 Refugee Resettlement (ORR) within the Administration for Children and Families at the
 5 Department of Health and Human Services.
 6

7 3. ORIA is located within the State of Washington, Department of Social and
 8 Health Services (DSHS), Economic Services Administration (ESA), Community Services
 9 Division (CSD). ORIA coordinates and facilitates the provision of services for people who are
 10 refugees and immigrants to enable them to achieve economic stability and integration into
 11 Washington communities. To do this, ORIA braids federal funding from the ORR with other
 12 federal and state dollars, for a total annual budget in 2018 of \$27,925,874. This funding provides
 13 services to more than 10,000 refugees and immigrants each year through contracts with more than
 14 60 different organizations across the state to offer 11 distinct programs and services. Through this
 15 experience, I am familiar with the federal immigration process and how it intersects with
 16 various state programs that serve Washington's refugee and immigrant populations.
 17

18 4. One of the programs that ORIA administers is the Unaccompanied Refugee Minor
 19 (URM) Program for Washington State. Funded by federal dollars through ORR, ORIA partners
 20 with two private non-profit organizations that provide foster care and group homes for
 21 unaccompanied refugee and immigrant children. There are several ways that children and youth
 22 enter the URM Program. They either come to the United States through the formal U.S. Refugee
 23 Admissions Program being processed overseas, are unaccompanied immigrant children that have
 24 successfully gained lawful permanent immigration status in the U.S., such as asylum status or
 25

1 Special Immigrant Juvenile Status, or have been federally designated as victims of human
 2 trafficking. The majority of these unaccompanied children and youth are initially placed in ORR's
 3 Unaccompanied Children's Services. They then transfer to the URM program after gaining an
 4 eligible immigration status. Two providers in Washington State that contract with ORIA to
 5 provide URM services have also contracted with their national resettlement agencies to provide
 6 long-term foster care or group homes for the unaccompanied immigrant children under the care
 7 of ORR. Currently, only one continues to provide these services. There is a direct connection
 8 between the URM and Unaccompanied Children (UC) programs and the providers who serve the
 9 children and youth.

11 5. In my understanding and experience, when a federal immigration agency, such
 12 as Immigration and Customs Enforcement (ICE) or Customs and Border Patrol (CBP)
 13 apprehends and detains a child or youth who is traveling without their parents or guardians,
 14 the relevant federal agencies follow an established process. Congress established this process
 15 in the Homeland Security Act of 2002 to shift the services from an adult detention model to a
 16 child-welfare model of care for unaccompanied minors. Accordingly, federal immigration
 17 agencies may detain an unaccompanied immigrant child for up to 72 hours while making a
 18 referral to the federal Office of Refugee Resettlement, Division of Children's Services (ORR)
 19 who takes custody of the child in order to make an appropriate shelter placement.
 20

22 6. My understanding from ORR staff is that this same process is now being applied
 23 to children who are separated from their parents upon crossing the Southern border under the
 24 recent federal family separation policy. ORR is receiving referrals for children who have been
 25 separated from their parents by the Department of Homeland Security (DHS). Accordingly,
 26

1 DHS refers the children to ORR for shelter placement in the days following apprehension.
 2 Once they are turned over to ORR, the children are placed in ORR-funded and
 3 supervised shelters, where staff are tasked with trying to locate a parent to determine if family
 4 reunification is possible. The children are not immediately placed in private foster care (i.e., a
 5 licensed long term care facility or family placement), but rather all unaccompanied children
 6 are placed initially in the temporary care of a federally contracted shelter. For example, there
 7 is one temporary shelter in Washington State that houses up to 20 youth ages 12-17.

9 7. ORR's first goal for unaccompanied children is to find the least restrictive
 10 placement option and to work towards gaining family reunification. If ORR is unable to find a
 11 parent, then they go about trying to find another family member, relative, friend of the family,
 12 or caretaker in the United States who can care for the child during the pendency of any
 13 immigration proceedings. These adults are frequently referred to as "sponsors" for the child,
 14 and those in this state are not overseen by Washington State's foster care program. When ORR
 15 releases a child to the custody of a "sponsor," ORR does not retain custody of the child; instead,
 16 they consider custody of the child transferred to the "sponsor," and they require that the sponsor
 17 ensure the child participates in pending immigration proceedings, and if applicable, seek legal
 18 custody of the child in state courts.

20 8. Immigrant children in ORR custody may be transferred to secondary
 21 placements while remaining in federal custody if they have no viable family or friends in the
 22 US who can assume custody as sponsors, and a legal service provider or attorney has screened
 23 the child or youth as eligible for a pathway to legal immigration status. If both of these things
 24 are true, ORR will place the child in an ORR contracted federal foster care program. If instead
 25
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1 ORR determines that a pathway to legal status does not exist for a child, the child would
 2 typically continue to stay in a secondary group care placement during their removal
 3 proceedings.

4 9. Recently, ORR staff has confirmed that family reunification is becoming
 5 increasingly complicated, because they are required to ask for more and more documentation
 6 from the sponsor families that want to assume custody of a child. If a potential sponsor does
 7 not have all of the documentation ORR requests, or does not have stable immigration status,
 8 they may be less inclined to go through the fingerprinting process and background check. This
 9 means that there are likely to be more children left in ORR's custody and temporary care for
 10 much longer periods.

12 10. General information on these federal programs is available on the ORR website:
 13 <https://www.acf.hhs.gov/orr/programs/ucs>. Some current statistics are also available from
 14 ORR's website as to how many unaccompanied children are entering Washington in order to
 15 be placed with a sponsor: <https://www.acf.hhs.gov/orr/resource/unaccompanied-alien-children-released-to-sponsors-by-state>. To my knowledge, these data indicate how many
 16 children ORR has placed in Washington placements, including both children who were
 17 separated from a parent by DHS under the new policy, and those who were actually
 18 unaccompanied when they were originally detained. To my knowledge, ORR has not made
 19 public data indicating which of these children were placed in Washington who were separated
 20 from a parent by DHS under the new policy, versus those who were actually unaccompanied
 21 at the time they were originally detained by DHS.

1 11. To my knowledge, in Washington State there is only one facility contracted by
 2 ORR to receive undocumented children directly from DHS for initial shelter care placement.
 3 That facility is located in Seattle and has 20 beds, 12 for girls and 8 for boys. This is the only
 4 facility in Washington State that accepts referrals directly from ICE for the initial detention of
 5 children.

6
 7 12. On Friday, June 8, 2018, ORR staff confirmed to me that there were at that time
 8 six children at this Seattle facility who were detained at the border with their families and
 9 separated by DHS. According to ORR, none of the parents of these youth were being detained
 10 in Washington State.

11
 12 13. There are three other agencies in Washington that contract with ORR to serve
 13 unaccompanied children, and youth would typically be moved to one of their programs from
 14 an initial ORR shelter placement. Placement in a long-term foster care program in Washington
 15 would happen only if no sponsor family is found, and only if the child is determined to have a
 16 legal form of relief in the United States. The other ORR-funded shelter facilities in
 17 Washington State serve children as a secondary placement if they have specialized needs such
 18 as high mental health needs or prior involvement with the juvenile justice system.

19
 20 14. The children that ORR relocates to a secondary placement (either to a
 21 household or shelter) in Washington may arrive from an initial ORR shelter placement located
 22 anywhere in the country, though many of the shelter facilities are in border states such as Texas
 23 and Arizona. By way of example, the six children currently in the care and custody of the
 24 Seattle facility as their initial placement may be released into the general community in
 25 Washington if they have family members here able and willing to go through the extensive

1 screening process for sponsors. If ORR (or the contracted organization) determines that the
 2 child cannot be released to family, they may be transferred to long-term foster care in the
 3 Unaccompanied Children's Services program. This may or may not result in their continued
 4 presence in Washington State. They will remain in the care and custody of ORR until they are
 5 granted a stable immigration status.
 6

7 15. Every child that ORR places in Washington, whether in sponsor placements or
 8 long-term foster care, will be treated as a Washington resident by a variety of state programs.
 9 The children placed here to await adjudication of their immigration proceedings may be here
 10 for an extended period of time due to the extreme back logs in processing petitions for asylum,
 11 Special Immigrant Juvenile Status, or victims of human trafficking. In some cases, the current
 12 wait time to have an immigration judge at the Department of Justice hear an asylum case is six
 13 years.
 14

15 16. When they are released into the State of Washington, asylum seekers are
 16 eligible to receive state-funded public assistance programs, including cash and food assistance.
 17 They may or may not be eligible to work, depending on the federal processing of their specific
 18 immigration case. They may or may not have access to the services and goods they would
 19 need to be economically stable in our communities.
 20

21 17. If DHS continues to separate children from their legitimate families and place
 22 them in long-term foster care programs and sponsor families in our state, it will almost certainly
 23 have detrimental effects on the federal and state programs. The increase in number of children
 24 and parents that are traumatized by the separation from their families will also have a negative
 25
 26

1 impact on the organizations that work within the broader context of our social service
 2 ecosystem.

3 18. As the number of unaccompanied minors in ORR care increases, it has a ripple
 4 effect on a variety of interconnected programs. For example, when I started in my position in
 5 August of 2014, the country had just experienced an influx of unaccompanied immigrant
 6 children being apprehended by immigration officials and placed in the care and custody of
 7 ORR. To cover the increased expenditures of this situation, ORR shifted funding from refugee
 8 services program, which reduced Washington's federal ORR funding. ORIA's URM program
 9 currently has approximately 139 youth in care, and about 50 percent come from referrals or
 10 transitions from ORR's Unaccompanied Children's Services. Quite a few of these referrals
 11 come from the ORR contracted UC providers in Washington State.

12 19. ORIA's URM program is able to work with unaccompanied children once ORR
 13 confirms the transfer due to a stable immigration or qualifying status. Fully funded by ORR,
 14 this program provides children with a safe and stable place to live where they can access
 15 education and physical and mental health services. If there is an increase in children being
 16 placed in ORR's UC program, more children and youth could gain an eligible immigration
 17 status, increasing the number of children in Washington's URM program.

18 20. As a welcoming state, Washington has a comprehensive set of services
 19 available to people who are granted asylum. Specifically, if DHS continues to move asylum
 20 seekers from the Southwestern border to Washington and any of them receive a grant of asylum
 21 and remain in Washington, they will access services that are available and eligible to receive.
 22 Both DSHS and the local service community is likely to incur the increased costs related to
 23

1 these services. In addition, people granted asylum are eligible for all of ORIA's programs and
 2 services, including employment assistance, English language classes, intensive case
 3 management services, self-sufficiency education, immigration assistance, and naturalization
 4 services. ORIA also funds Refugees Northwest, a program of Lutheran Community Services,
 5 to coordinate a special program for people granted asylum. The objective is to help people
 6 navigate complex systems to be able to gain economic stability and begin to integrate into our
 7 local communities.

9 21. In an average year, DSHS may see 400-500 people who have been granted
 10 asylum receiving public assistance, such as cash, food, and medical assistance programs. My
 11 understanding is that there are parents applying for asylum in the custody of DHS in a federal
 12 detention center in Seattle. If they are released, they would need assistance to either resettle
 13 in Washington State or travel to another location within the United States. Many organizations
 14 that partner with ORIA, such as Refugees Northwest or World Relief in Seattle, help people
 15 who are applying for asylum in the United States. Until they receive an official grant of
 16 asylum, asylum-seekers are ineligible for any federally funded programs. Therefore, the
 17 organizations that serve them rely on private resources for these services.
 18

19 22. In addition, asylum seekers residing in Washington State are eligible to receive
 20 state-funded public assistance programs, such as cash assistance and food assistance. There are
 21 limited resources available to assist them with housing costs. A local faith-based emergency
 22 housing shelter often reports serving and housing asylum seekers who are ineligible for other
 23 programs. If granted asylum and released into Washington State, they would be eligible to
 24 receive all state and federally funded programming available through ORIA. They would need
 25
 26

1 similar assistance to navigate the complex systems in the United States. If they had been
2 separated from their children, they would need assistance to navigate federal systems to be
3 reunited with their children. These services would not be covered by federal programs, per se.
4 Therefore, they would likely be covered by organizations that use private or state resources in
5 Washington.

6
7 I declare under penalty of perjury under the laws of the State of Washington and the
8 United States of America that the foregoing is true and correct.

9
10 DATED this 29 day of June, 2018 at Seattle, Washington.

11
12 
Sarah K. Peterson