

Part 1: Pre-Hearing

DESCRIPTION OF PRE-HEARING EVENTS

Christopher Fields, age 17, was arrested on August, 16, 2019 for aggravated assault and placed in the detention center. You were notified that you have been appointed to represent Christopher and that his detention hearing is set for August 20, 2019 at 10:00 a.m.

You go to the detention center and meet with Christopher in order to prepare for the detention hearing.

On August 20, 2019 the detention hearing was held and the Court ordered that Christopher shall remain in the detention center. The Court further ordered that a motion to transfer Christopher to the adult court for prosecution shall be filed and that a plea (1st call) hearing is set for September 23, 2019.

A petition charging Christopher with Aggravated Assault was filed on August 23, 2019. A Motion to Transfer was filed by the prosecutor on September 3, 2019.

On September 6, 2019 you receive a court order dated September 4th, 2019 on Christopher's case directing the Division of Youth Services Counselor to prepare a transfer study.

On September 19, 2019, Christopher was served with a summons, with the petition and a motion to transfer attached, to appear in court on September 23, 2019.

Part 2: Transfer Study

Youth's Name: Christopher Fields

Age: 17

School: East Senior High School

Grade: 11th

Performance: He is failing most of his classes.

Attendance: 7 unexcused absences this year

Instant Offense: Arrested: August 16, 2019
Charge: Aggravated Assault

State's allegation:

On August 16, 2019 at the high school football game, police observed a large crowd gathered and making a great deal of noise under the bleachers. Several officers ran to the scene and observed Christopher Field stabbing the complainant repeatedly with a knife. The officers broke up the fight, called for an ambulance and took Christopher into custody. The officers interviewed a few of the students, all of whom reported that they observed a verbal argument between Christopher and the complainant, but that Christopher took the first swing. The complainant did not have a knife or any other weapon. Christopher was arrested. Medical records reveal that the complainant was unconscious upon arrival at the hospital, but will survive. The complainant suffered multiple stab wounds

to his arms, face and torso. His face will likely be permanently disfigured.

Youth's Statement:

While at the high school football game, this guy was talking smack about our team. He was some kid from the other team's school, I think. I told him to be quiet and to respect the home team. The kid then threatened to mess me up. I laughed and told him to try. Then he came at me with a screwdriver he pulled from his pocket. I pulled out a small knife I had in self-defense. I cut him on the arm as he lunged at me. He then really attacked me and we began to fight. The next thing I knew a few officers approached me and I was placed under arrest.

Prior Court Involvement:

Christopher was arrested for possession of marijuana last year. Christopher was initially placed on an informal adjustment, but he continued to test positive for marijuana during random drug tests and was ultimately charged in the matter. Christopher entered an admission to the possession charge and recently completed nine months of probation; however, he still continues to test positive for marijuana.

Summary of Family History:

Christopher lives with his mother and sister in a two-bedroom apartment. The family has resided here for two years. The household is supported by the mother's income. Christopher's father passed away five years ago. The mother describes her home life as fine. She is currently employed as a waitress at a local chain restaurant. She was

unemployed last year. The mother denies any drug or alcohol use and does not have a criminal record.

The mother reports that Christopher has always been a good child and did not require extreme measures of discipline.

The Youth's Development:

According to his mother, Christopher has not reached developmental milestones appropriately. Christopher was placed in special education at an early age. He was held back one year in middle school.

The mother describes Christopher's friends as being nice, but admits that she does not know many of them. Christopher recently has been "hanging out all night." The mother does not know where Christopher goes. The mother feels that peer pressure is a factor in his recent maladaptive behavior.

Christopher enjoys playing basketball and going to the movies. Christopher plans to obtain his GED and seek gainful employment.

School History:

Christopher has been a special education student since the 5th grade. He has an Individual Education Plan (IEP) that is updated each year, with quarterly progress reports. Unsuccessful completion of the 6th grade resulted in Christopher being held

back one year. He recently entered East Senior High this past year and has a new IEP. The school counselor reports that Christopher is not progressing in his plan and does not participate in the services that are offered to him. His grades remain low and he does not show interest in improvement.

Drug Use:

Christopher tested positive for marijuana. He admits to frequent marijuana use.

Evaluation:

Christopher does not seem very remorseful for his actions. He says that he never meant to hurt the complaining witness, but that the complaining witness had it coming to him. He has not learned to manage his anger. Christopher's mother has not punished him for his behavior and continues to let Christopher do whatever he wants and go wherever he wants.

Christopher continues to use drugs and does not participate in the services offered through his IEP at school. Christopher's behavior does not support amenability to treatment.

Recommendation:

We respectfully recommend that Christopher Field be transferred to the jurisdiction of adult criminal court.

Part 3: Investigation for Transfer Hearing

Christopher's Statement:

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Alleged Victim's Statement Received in Discovery:

While at the high school football game, I was talking to some friends of mine telling them how we were going to stomp East Senior High School in this game really bad again this year. We were all laughing and having a good time. This kid I've never seen before walked up and started getting in my face, yelling at me about respecting his team. I told him to get out of my face and the next thing I know the kid takes a swing at me. I dodged the blow and stood back up with my hands out asking him what his problem was. When my hands went out, he cut me with something. Then I saw he had a knife and I tried to take the knife from him before I got cut again and we fought over the knife. The next thing I know some officers are pulling us apart and breaking up the fight. I was bleeding and I guess I passed out. The next thing I remember is waking up in the hospital with a lot of bandages and hurting really bad.

Social History Investigation:

When you were appointed to represent Christopher, you immediately requested all of Christopher's school records including: attendance records, disciplinary records, report cards, any and all psychological evaluations, all special education records, the most recent IEP and prior IEPs and IEP progress reports.

From Christopher's school records, you learned that Christopher has had two psychological evaluations since he was placed in special education in the 5th grade. There were concerns that Christopher had a limited IQ and some behavioral issues and that an evaluation would better assist school educators in setting up appropriate services for Christopher. The first evaluation was conducted while Christopher was in the 5th grade. Christopher was diagnosed with mixed receptive-expressive language disorder. The evaluation recommended services to address these diagnoses that were to be provided by the school system through community-based programs. You learn that Christopher was never placed in such programs. Christopher had another psychological evaluation this past year and was diagnosed with the same disorder along with depression. Again, the evaluation recommended services in the community, but to your knowledge nothing has been done by the school counselor to enroll Christopher in these programs.

In reviewing Christopher's IEP, you noticed that the treatment plan specified tutoring in the areas of reading comprehension and math. However, Christopher reports that he never received tutoring in either subject. To his knowledge, he was never asked about

tutoring. Christopher's grades never improved. Even more troubling is the fact that Christopher's IEP has not changed in the last few years. No adjustments were made to his plan to address his special education needs, nor were any services put in place to manage the diagnoses from his psychological evaluations.

Interview with School Counselor:

The school counselor stated that Christopher is a troubled child that has not shown improvement academically or behaviorally. She reported that Christopher is a special education child who does not show an interest in school. He is disruptive in class and continues to receive failing grades. She stated that Christopher was not receptive to assistance.

Information gained from internet research on mixed receptive expressive language disorder.

Receptive language skills have to do with the ability to understand words, sentences, and speech acts, and expressive language skills are about producing speech.

Children with a receptive language disorder can have trouble understanding what others are saying to them. It may be that the child shows signs of confusion and a lack of understanding in a classroom setting, fails to follow verbal instructions at home, has a hard time getting along with peers, or simply struggles to process speech in direct conversation. They may overly rely on reading facial expressions and have particular trouble with complex sentences.

Children with a developmental expressive language disorder commonly experience difficulties expressing themselves. They may produce incoherent utterances with incorrect grammar or inappropriate vocabulary. Their speech acts can contain false starts, lack cohesiveness, or trail off,

and they may rely on simplified messaging strategies that prevent them from translating more complex levels of thought and reasoning into language.

In a mixed receptive expressive language disorder an individual's ability both to understand and produce speech is affected.

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When a child has trouble trying to express their thoughts but does not struggle with comprehension, it is referred to as just an expressive language disorder. Severe cases are sometimes apparent in children aged 2+, but more mild forms may not be visible until communication issues disrupt learning and social interaction at school.

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Emotional and social repercussions

Humans are social creatures thus when a child's expressive language skills are impaired, it can resonate in many areas of their life, from putting stress on relationships with caregivers and teachers, to affecting their ability to make friends at school and/or participate in group activities.

For example, children with undiagnosed receptive language disorders may commonly get into trouble for not following directions or be seen as deliberately choosing not to do as they are told. In reality, failure to respond to verbal instructions may be because of a lack of communication vs. intentional defiance. The same issues can be seen on the playground when discussions with other students are more likely to occur as a result of misunderstandings, and children may become the target of bullying because of their language skills.

Over time, receptive and expressive language disorders that go untreated can result in low self-esteem and behavioral changes. Not being able to communicate wants and needs can lead to frustration, emotional outbursts, and acting out. Embarrassment over perceived speech deficiencies can also cause kids to withdraw and lose confidence in themselves.

Some children may believe they are less intelligent or less skilled than their peers. They can become demotivated at school and may struggle with depression. That's why providing emotional support and teaching effective communicative coping skills is so important.