

IN THE YOUTH COURT OF HARRISON COUNTY, MISSISSIPPI

IN THE INTEREST OF

A MINOR (DOB:)

MOTION TO WITHDRAW, SET ASIDE, AND/OR VACATE THE PLEA AND DISMISS THE CHARGE OR, IN THE ALTERNATIVE, MOTION FOR CONTINUANCE

COMES NOW the Minor Child, the above-styled and numbered cause, by and through his attorneys, Amelia Huckins and Jeremy Eisler, files this Motion to Withdraw, Set Aside, and/or Vacate the Plea and Dismiss the Charge or, in the Alternative, Motion for Continuance whereby he respectfully requests this Court permit him to withdraw or otherwise set aside and vacate the plea previously entered in this case and dismiss the charge or continue this action, and in support thereof, would respectfully show unto the Court the following:

FACTS

is a seventeen-year-old student with disabilities: he has been diagnosed with Attention Deficit Hyperactivity Disorder (“ADHD”), math and reading learning disabilities, and bipolar disorder. Exhibit 1, Section 504 Individual Accommodation Plan (IAP), August 22, 2017; Exhibit 2, Medical Report from Comprehensive Community Health Center, Inc., February 15, 2018.

began attending West Harrison High School in August 2018; previously, he attended . See Exhibit 1, Section 504 Individual Accommodation Plan (IAP), August 22, 2017. High School created an Individual Accommodation Plan pursuant to Section 504 of the Rehabilitation Act of 1973 to meet ’s

unique learning needs; West Harrison High School requested and received a copy of this plan from High School on August 20, 2018. *Id.*; see Exhibit 3, Fax from West Harrison High School to High School, August 20, 2018. Although High School's Section 504 Plan from High School noted that High School's Section 504 Plan was up for review on August 10, 2018, West Harrison High School did not create its own Section 504 Plan for High School until October 16, 2018. Exhibit 4, Harrison County School District Section 504 Accommodation Plan.

A few days later, on October 23, 2018, High School allegedly confronted a teacher at West Harrison High School. What actually transpired on October 23, 2018 is unclear—the accounts of the October 23, 2018 incident vary. The original narrative, written by the school resource officer (“SRO”) and the document used as the basis of the petition in this matter, states that the West Harrison High School principal told him that, “High School stated to a teacher, he is from the ghetto parts of Louisiana and I will shoot you in the head as I look at you and walked out of class and stated fuck off.” Exhibit 5, Incident Narratives, Original Narrative, October 23, 2018. But even this document is inconsistent. In the next sentence, the SRO reported that High School “stated in class he is from the rough parts of Louisiana and you will get shot if you look or touch someone.” *Id.* The statement from High School's teacher provides yet another account of what High School allegedly said. The teacher wrote:

High School refused to complete assignment for the second day in a row. I asked him if he needed help or did not understand. . . . [H]e became angry and yelled that he was not going to do any work because he didn't want to be in here. I motioned him to the door at which point he began yelling that he was from the ghetto in Louisiana and they dealt with things differently there. He said he would just as soon shoot me in the fucking head as look at me and to fuck off.

Exhibit 6, Statement of High School, October 23, 2018. Student statements of the October 23, 2018 incident also fluctuate. One student wrote that High School said, “You don't know me I'm from the ghetto side of [L]ouisiana I'll kill you.” Exhibit 7, Student Statement. Another student stated

that said, "I'm from the ghetto part of Louisiana an[d if you] try to make me do anything, imma [*sic*] kill you." Exhibit 8, Student Statement, October 23, 2018. A third student alleges that said, "I will fucking kill you! Fuck you!" Exhibit 9, Student Statement, October 23, 2018. A different student described the incident in the following way: "[H]e said he didn't want to be in this class anyway and he was from the ghetto part of Louisiana and if you look at him stupid he'll kill them." Exhibit 10, Student Statement. Other student statements are similarly inconsistent. *See generally* Exhibit 11, Student Statements.

As a result of the alleged incident at West Harrison High School on October 23, 2018, was arrested and sent to the Harrison County Juvenile Detention Facility. Exhibit 12, Charge/Bond Information, Harrison County Sheriffs Department, October 23, 2018; Exhibit 13, Harrison County Juvenile Detention Center Booking Card, October 23, 2018. was charged with one count of Assault: Simple to Put in Fear by Physical Menace in violation of § 97-3-7(1)(a) of the Mississippi Code of 1972, Annotated. Exhibit 14, Petition, October 24, 2018.

PROCEDURAL POSTURE

A detention hearing was held in this case on October 25, 2018, and this Court ordered a Prescreen. Exhibit 15, Detention Order, October 25, 2018. This Court also determined that would remain in the custody of the Harrison County Juvenile Detention Facility. *Id.* A prescreen was conducted on October 30, 2018, and the screener made a finding that impatient treatment was not needed. Exhibit 16, Youth Pre-Evaluation, October 30, 2018.

On October 31, 2018, a reconvened detention hearing occurred and entered an admission to count 1 of the petition filed in this cause. Exhibit 17, Adjudication Order, October 31, 2018. At the October 31, 2018 reconvened detention hearing, , through his former public defender, , objected to the Court moving forward with this cause because

(1) West Harrison High School did not give _____ the special education services and accommodations required under the Individuals with Disabilities Education Act (“IDEA”), 20 U.S.C. §1400 *et seq.*, which would have prevented the alleged behavior as stated in the petition and (2) it had not yet been determined whether West Harrison High School would follow the requirements set out in § 37-11-18.1 of the Mississippi Code of 1972. § 37-11-18.1 requires schools to create a behavior modification plan for habitually disruptive students no later than two weeks after the disruptive behavior before expelling the habitually disruptive student. Miss. Code. § 37-11-18.1. The statute defines “disruptive behavior” as including “foul, profane, obscene, threatening, defiant or abusive language or action toward teachers”; “habitually disruptive” behavior is defined as including “behavior that was initiated, willful and overt on the part of the student and which required the attention of school personnel to deal with the disruption.” *Id.* This Court agreed to withhold _____’s adjudication pending further information being provided to the Court. Exhibit 17, Adjudication Order, October 31, 2018. This Court released _____; however, _____ was placed on house arrest for forty-five days with an ankle monitor beginning October 31, 2018. *Id.*

On November 26, 2018, _____ received a notice from this Court for a disposition hearing scheduled for January 14, 2019. Exhibit 18, Notice to _____, November 26, 2018. On December 14, 2018, Amelia Huckins and Jeremy Eisler entered an appearance in this matter, replacing _____ as _____’s counsel. Exhibit 19, Entry of Appearance, December 14, 2018.

Concurrently, on November 26, 2018, West County Harrison High School ordered a comprehensive special education evaluation for _____ Exhibit 20, MET Documentation Form, November 26, 2018. As of January 7, 2019, that comprehensive evaluation has not been conducted.

ARGUMENT

I. This Court should allow [redacted] to withdraw his October 31, 2018 admission and dismiss the simple assault charge.

[redacted]'s admission—that he “did purposefully, knowingly, and unlawfully commit the act of Assault: Simple to Put in Fear by Physical Menace”—lacks the factual basis necessary to support a simple assault conviction; for this reason, this Court should permit [redacted] to withdraw his admission and dismiss the charge. Exhibit 17, Adjudication Order, October 31, 2018.

a. [redacted]'s October 31, 2018 admission functions as a guilty plea in this matter; this Court has the discretion to allow pleas to be withdrawn and to dismiss the charge altogether.

The Mississippi Uniform Rules of Youth Court Practice do not have a provision for guilty pleas; however, admissions made pursuant to the Mississippi Uniform Rules of Youth Court Practice are analogous to guilty pleas in adult criminal court: admissions in Youth Court are

[A]ccept[ed] as proof of the allegations if the judge finds that: the parties making the admission fully understand their rights and fully understand the potential consequences of their admission to the allegations; the parties making the admission voluntarily, intelligently and knowingly admit to all facts necessary to constitute a basis for court action under Mississippi's Youth Court Law; the parties making the admission have not in the reported admission to the allegation set forth facts that, if found to be true, constitute a defense to the allegation; and the child making the admission is effectively represented by counsel.

U.R.Y.C.P. 24(a)(2). The Mississippi Rules of Criminal Procedure establish nearly identical procedures for entering guilty pleas in court: to accept a plea, the court must assure that (1) “the accused is competent to understand the nature of the charge”; (2) “the accused understands the nature and consequences of the plea”; (3) “the plea is voluntarily and intelligently made and that there is a factual basis for the plea”; and (4) the accused has a right “to be represented by counsel in any criminal proceeding.” Miss. R. Crim. P. 7.1(a); 15.3(c), (d)(1), (d)(2). Thus, [redacted]'s Youth

Court admission is functionally the same as a guilty plea made by an adult in traditional criminal court proceedings.

The Mississippi Uniform Rules of Youth Court Practice do not discuss withdrawing admissions; therefore, the Mississippi Rules of Criminal Procedure are instructive in outlining the procedure for withdrawing guilty pleas. *See generally* U.R.Y.C.P. (failing to create specific procedures for withdrawing admissions in Youth Court). The Mississippi Rules of Criminal Procedure permit [redacted] to withdraw his guilty plea: per Rule 15.4(c), the Court has discretion to permit or deny a motion for withdrawal of a guilty plea with sufficient good cause being shown. Miss. R. Crim. P. 15.4(c).

Similarly, regarding dismissing the charge, the Mississippi Uniform Rules of Youth Court Practice grant Youth Court judges the discretion to “dismiss the petition” by “terminat[ing] the proceedings” “at any time” when “the court finds such action to be conducive to the welfare of the child and in the best interests of the state.” U.R.Y.C.P. 24(a)(9). This Court should determine that good cause exists in this matter to permit [redacted] to withdraw his guilty plea pursuant to Rule 15.4(c) of the Mississippi Rules of Criminal Procedure and that dismissing the simple assault charge against [redacted] is conducive to [redacted]’s welfare and in the state’s best interest pursuant to Rule 24(a)(9) of the Mississippi Uniform Rules of Youth Court Practice.

- b. This Court should allow [redacted] to withdraw his guilty plea and dismiss the charge against him because this matter should have been handled exclusively by West Harrison High School.**

By referring [redacted] to Youth Court without providing [redacted], a student with disabilities, with the services and accommodations he needs, West Harrison High School shirked its responsibility to [redacted]; for this reason, this Court should allow [redacted] to withdraw his plea and dismiss the simple charge assault against him. As [redacted]’s previous counsel noted in the

reconvened detention hearing, West Harrison High School should have followed the requirements contained in Mississippi Code § 37-11-18.1 when the alleged events of October 23, 2018 transpired. Again, § 37-11-18.1 places a burden on schools to develop a behavior modification plan for habitually disruptive students, which includes students who threaten teachers, no more than two weeks after the disruptive behavior occurs before expelling the habitually disruptive student; schools may only expel habitually disruptive students after a behavior modification plan is created and there are three habitually disruptive incidents. Miss. Code. § 37-11-18.1. West Harrison High School ignored § 37-11-18.1. Instead of being given a behavior modification plan for his alleged behavior, [redacted] was expelled and charged with simple assault in this Court. While schools can refer students to law enforcement, schools should not refer students to law enforcement for offenses as a substitute for providing parents and students with the procedural and substantive protections of § 37-11-18.1, the IDEA, Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 701 *et seq.*, and Title II of the Americans with Disabilities Act of 1990, 42 U.S.C. § 12131 *et seq.*

In addition to this alleged incident falling under the purview of Mississippi Code § 37-11-18.1, this Court should also allow [redacted] to withdraw his plea and dismiss the charge because the matter at hand—which involves a student being punished both in school and the court system for the same alleged behavior—is a perfect embodiment of the school-to-prison pipeline. The school-to-prison pipeline, which “refers to the trend of directly referring students to law enforcement for committing certain offenses at school,” has been called “one of our nation’s most formidable challenges” by scholars. Jason P. Nance, *Dismantling the School-to-Prison Pipeline: Tools for Change*, 48 Ariz. St. L.J. 313, 313 (2016). Special education students, such as [redacted], are at a greater risk for falling victim to the school-to-prison pipeline and, according to the

American Bar Association, “the legal community’s intervention is critical” in solving the problems posed by the school-to-prison pipeline. Sarah E. Redfield and Jason P. Nance, *American Bar Association: Joint Task Force on Reversing the School-to-Prison Pipeline*, 47 U. Mem. L. Rev. 1, 4–5 (2016) (“[C]ertain groups of students—for example, students . . . with disabilities . . . —are disciplined more harshly, including referral to law enforcement for minimal misbehavior, achieve at lower levels, and eventually drop out or are pushed out of school, often into juvenile justice facilities and prisons.”). This Court is in the unique situation of being able to provide that critical intervention desperately needs: this Court can allow to withdraw his guilty plea and dismiss the charges against him so that his school can provide him with the special education services he requires and prevent this young man from being another victim with a disability of the school-to-prison pipeline.

c. There is no factual basis for to plead guilty to or be convicted of simple assault.

This Court should permit to withdraw his guilty plea and dismiss the charge against because none of the statements provided to this Court that form the basis of the petition provide a factual basis sufficient to support the simple assault charge. was charged with simple assault by putting another in fear by physical menace. Exhibit 14, Petition, October 24, 2018. Under Mississippi Code § 97-3-7(1)(a), subpart (iii) is the only part of the statute that discusses putting another in fear by physical menace. Miss. Code. § 97-3-7(1)(a). This relevant part reads: “A person is guilty of simple assault if he . . . attempts *by physical menace* to put another in fear of imminent serious bodily harm.” *Id.* at § 97-3-7(1)(a)(iii) (emphasis added). The only case . . . ’s counsel could find that cites § 97-3-7(1)(a)(iii), *Hawkins v. State*, No. 2017-KA-00883-SCT, 2018 Miss. LEXIS 431 (Miss. Oct. 25, 2018), illustrates what constitutes a violation of § 97-3-7(1)(a)(iii). In that case, the defendant “wrapped a towel around the neck” of a nurse at

a behavioral health facility “and began choking her.” *Id.* at *4. That nurse testified that she was afraid that the defendant “was trying to kill her.” *Id.* Next, the defendant bit another nurse twice as the facility’s staff attempted to restrain the defendant while waiting for police to arrive. *Id.* The nurse who got bitten “testified that she was concerned about the transmission of diseases from the bites.” *Id.* The defendant was indicted for two counts of simple assault by putting another in fear by physical menace under § 97-3-7(1)(a)(iii). *Id.* at *4–5. The Mississippi Supreme Court affirmed the defendant’s conviction for simple assault pursuant to § 97-3-7(1)(a)(iii). *Id.* at *16. While case law discussing § 97-3-7(1)(a)(iii) is scant, this example demonstrates that a conviction under § 97-3-7(1)(a)(iii) requires physical action, not words alone.

Here, in contrast, [redacted] did not engage in any activity that constitutes “physical menace” under § 97-3-7(1)(a)(iii). Even though the statements used to charge [redacted] under § 97-3-7(1)(a)(iii) vacillate wildly, *see supra* pages 2–3, they all have one thing in common: no one alleged that [redacted] laid his hands on his teacher, made a threatening gesture, had a gun, ever came into physical contact with his teacher, or engaged in any other physical menace in any way during the alleged events that occurred on October 23, 2018. Therefore, because the Mississippi Uniform Rules of Youth Court Practice require “facts necessary to constitute a basis for court action” and there is no factual basis to support court action under § 97-3-7(1)(a)(iii) here, this Court should allow [redacted] to withdraw his October 31, 2018 admission and dismiss the charge against [redacted] U.R.Y.C.P. 24(a)(2); (a)(9).

II. If this Court denies [redacted]’s Motion to Withdraw, Set Aside, and/or Vacate the Plea and Dismiss the Charge, this Court should grant a continuance in this matter pending the outcome of [redacted]’s comprehensive special education evaluation.

A continuance in this matter is prudent if this Court denies the Motion to Withdraw, Set Aside, and/or Vacate the Plea and Dismiss the Charge given that West Harrison High School will be conducting a comprehensive special education evaluation for . See Exhibit 20, MET Documentation Form, November 26, 2018. The Mississippi Uniform Rules of Youth Court Practice allow for a continuance to be granted prior to a disposition hearing if “necessary to allow the parties to prepare for their participation in the proceedings.” U.R.Y.C.P. 26(a)(1); (b)(1). A continuance is needed here if the other Motion is denied because, with the information from ’s comprehensive special education evaluation regarding ’s unique disabilities and needs, the parties will be able to better prepare for the disposition hearing.

This matter centers on ’s education: the incident that forms the basis of the petition in this Court happened at his high school and ’s special education needs were at the center of the October 31, 2018 reconvened detention hearing. Furthermore, this Court determined in its adjudication order that needed to “have a mental health assessment and follow [the] recommendation [from the mental health assessment].” Exhibit 17, Adjudication Order, October 31, 2018. Given that ’s education is the core of this matter, it would be appropriate for this Court to continue the disposition hearing until West Harrison High School completes its comprehensive special education evaluation. That way, the parties will be able to review both the mental health assessment ordered by this Court and ’s special education needs to get the most comprehensive picture of ’s unique needs before the disposition hearing.

WHEREFORE PREMISES CONSIDERED, moves the Court to grant a withdrawal of the ’s admission for good cause shown and for a dismissal of the charge against or, in the alternative, for a continuance of the disposition hearing.

RESPECTFULLY SUBMITTED this the 7th day of January, 2019.

CERTIFICATE OF SERVICE

I, Amelia K. Huckins, do hereby certify that I have this day delivered via hand delivery a true and correct copy of the above and foregoing document to:

Scott W. Weatherly, Prosecutor
Youth Court of Harrison County, Mississippi
761 Esters Boulevard, Biloxi, MS 39530

SO CERTIFIED this the 7th day of January, 2019.

Amelia K. Huckins

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FILED
JAN 07 2019

CONNIE LADNER
CIRCUIT CLERK

BY: _____ D.C.

CONFIDENTIAL

SECTION 504
INDIVIDUAL ACCOMMODATION PLAN (IAP)

Student _____ SASID 9465853593 I.D.# 3100000 DOB _____ Grade _____

Last First

School HIGH SCHOOL 504 Chairperson _____

Date of Annual IAP 08/22/2017 Date of Most Recent Section 504 Evaluation (within 3 years) 08/10/2015

Part A. SECTION 504 DISABILITY: Identified impairment that substantially limits one or more major life activities:
(More than one source of supporting data needed)

Academic/Learning Characteristics of:

04a Other Academic/Learning Disability: Math

04b Other Academic/Learning Disability: Reading

Social/Emotional Characteristics of:

03 ADHD

Documentation:

(27) Behavior Intervention Plan is attached (if appropriate)

Yes No

(28) Medical Plan is attached (if appropriate)

Yes No

(29) Other Relevant Documents are attached (if appropriate)

Yes No

Comments/Additional Supporting Data:

Part B. AREA(S) WHERE IAP IS NEEDED: (Teachers responsible for the subjects listed must receive a copy of the IAP.)

Part C. ACCOMMODATIONS FOR SETTING

Part D. ACCOMMODATIONS FOR PRESENTATION/RESPONSE

Part E. ACCOMMODATIONS FOR TIME DEMANDS

Part F. ACCOMMODATIONS/PROVISIONS FOR BEHAVIOR CONCERNS

Part G. ASSISTIVE TECHNOLOGY

Part H. CLASSROOM ACCOMMODATIONS FOR TEST/QUIZZES

(00) Accommodations are needed at this time

Yes No

(00) Altered testing format is required at this time:

Yes No

Part I. STATEWIDE ASSESSMENT ACCOMMODATIONS (As aligned with above accommodations and disability) *The accommodations below must be aligned to the practices within the classroom and must be in place 30 calendar days before the assessment. If a student needs an accommodation that is not noted below, a Unique Accommodation Request must be submitted to the LDOE for approval.

Check Assessments to be taken within one year:

(01) Grades 3-8 State Assessments (02) EOC (03) ELDA

(00) None (Student does not need standardized testing accommodations or has completed all required testing)

Note: Standardized tests, other than state tests, may have other stipulations for accommodations. Please check with your DTC to access the specific accommodations criteria for each test.

Exhibit 1

INDIVIDUAL ACCOMMODATION PLAN (IAP)

Educational Agency (LEA): St Mary Parish

Name: _____ First Name: _____ Louisiana Secure I.D.: 3100000 School: High School

How are accommodations and modifications that can be utilized within the classroom, classroom tests, and district assessments. Use should be aligned to the accommodations for state assessments in Part I to the extent possible.

B. AREA(S) WHERE IAP IS NEEDED: (Teachers responsible for the subjects checked must receive a copy of this IAP.)

- Art/Music
- Computer Lab
- Vocational Electives
- English
- Field Trips
- Spelling
- Physical Education
- Library
- Social Studies
- Gifted/Talented
- Science
- Health
- Other: _____

Justify the rationale for accommodations for the indicated setting(s), including the data used to make the determination. Attach any additional information. Student needs accommodations in all of his academic subject areas due to his inability to focus, impulsive behavior, and reading and Math deficits.

Requested accommodations must be appropriate and must not subvert the purpose of the test. District 504 Coordinator should be consulted for appropriateness of other accommodations not listed below.

C. ACCOMMODATIONS FOR SETTING

- Assign preferential seating
- Reduce/minimize distractions
- Provide home/school communication (details attached)
- Post or provide visual cues and/or markers
- Instruction: Select One
- (09) Change location to increase physical access
- (11) Stand near student when giving directions/redirection
- (12) Use notebook for assignments/materials/homework
- (07) Other

Justify the rationale for accommodations for the indicated setting(s), including the data used to make the determination. Attach any additional information. Student easily becomes distracted and requires minimized distractions and preferential seating to ensure he remains on task. Teachers should provide home/school communication by staying in contact with the student's Grandparents. His Grandparents should be notified when she student falls behind academically or when behavior problems arise.

D. ACCOMMODATIONS FOR PRESENTATION/RESPONSE

- Use graphic organizers as teaching/learning tools
- Use teacher-initiated signal to redirect attention
- Prioritize tasks/assist with pacing (e.g., lists/desktop notes)
- Break tasks and procedures into sequential steps
- Modify assignments (e.g. vary length, limit number of items)
- Color code material
- (17) Provide assistance/cues for homework and transitions
- (21) Do not count off for spelling when grading content
- (23) Computer-assisted instruction
- (25) Alter format of materials on page (e.g., font/spacing/color)
- (15) Use virtual/multisensory modes to reinforce instruction
- (36) Monitor assignments daily

Provide study assistance (Select all that apply): Peer notes Photocopies of teachers notes Study guide Other

Assign (Select all that apply): Notetaker Peer tutor Scribe Work buddies Other

Provide options for student to obtain information and demonstrate knowledge through use of (Select all that apply): Alternate project Interviews Oral reports Dramatization Multiple choice items Essay responses Other

Appropriate format for instructional/supplemental materials (e.g. audio, digital, large print) (Specify): _____

E. ACCOMMODATIONS FOR TIME DEMANDS

- Increase time allowed for (Select all that apply): Classroom - Time and a Half Classroom - Double Time Classroom - Other
- Homework - Time and a Half Homework - Double Time Homework - Other
- Projects - Time and a Half Projects - Double Time Projects - Other

Provide timelines for completing tasks in chunks (05) Provide assistance for transitions (Specify): _____

Allow breaks during work periods or between tasks (09) Other (Specify): _____

Local Educational Agency (LEA): St. Mary Parish

Student Name:	First Name	Louisiana Secure I.D.: 9465853593	School:	High School
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PART F. ACCOMMODATIONS/PROVISIONS FOR BEHAVIOR CONCERNS

- 02) Establish procedures and routines to help complete activities (09) Tiered Positive Behavior Support Program
- 03) Reinforce appropriate behavior (05) Visits with counselor or other service personnel
- 04) Determine reason for behavior and teach replacement skills (12) Structured social skills training/formal instruction
- 06) Develop, implement, and monitor a structured behavior intervention plan (BIP) Note: Required for students who exhibit recurrent problematic behavior and/or have repeated suspensions. (Behavior Intervention Plan attached)
- 07) Minimize triggers (Specify): _____
- 08) Other (Specify): _____

PART G. ASSISTIVE TECHNOLOGY

- 01) Manipulatives (08) Digital Recorder
- 02) Organizers (09) Colored reading filters/overlays
- 03) Highlighters/Markers (10) Adapted grips, pencils, utensils, other tools (Circle)
- 04) Text to Speech Program (12) Electronic Scribe/Recorder
- 06) Digital/Electronic Books (13) FM System
- 25) Speech to Text
- 11) Calculators (Only available if a math-related disability is documented)
 Specify the math-related disability AND ALL data used to determine the appropriateness of the accommodation. Attach any additional information.
 Due to the student's deficits in Math, he needs calculator use to ensure that he is successful.
- 07) Word Processor with certain features (Select all that apply): Talking spell checker Grammar checker Word prediction Other
 If other, specify: _____
- 26) Other (Specify the technology needed and identify all of the data used to make this determination. Attach any additional information.)

PART H. CLASSROOM ACCOMMODATIONS FOR TESTS/QUIZZES

- 00) Accommodations are needed at this time. Yes No (If no, proceed to Parts J and K)
 - 00) Altered testing format is required at this time. Yes No (If yes, specify below)
 Altered testing format needed: _____ Reason for altered format: _____
 - 01) Prior notice of tests (27) Small Group Testing
 - 02) Shortened tests (08) Alternate options for demonstrating learning
 - 01) Allow student to write on tests (28) Individual Testing
 - 02) Increased time for written projects: (09) Increased time for completion:
 If other, specify: _____ If other, specify: _____
 - 05) Modified test format
- I understand that the selected accommodations must be appropriate and must not subvert the purpose of the test. I have consulted with the District 504 Coordinator for the appropriateness of other accommodations not listed above.
 Specify modified test format recommended: _____

(15) Tests read aloud (Only available if a reading-related disability is indicated and the student is reading significantly below grade level.)
 Note: The required read aloud criteria are only needed for ELA. Refer to Testing Manual criteria for use on state assessments in order to ensure alignment.
 Specify the reading-related disability and all data considered when making the decision to provide this accommodation. Attach any additional information.
 The student is currently reading below his peers. His current reading level is 6.8 according to the WRAT 4 test given in August of 2017.

Specify reading discrepancy:
 If other, specify degree of deficit: The student is reading more than 4 grade levels below his actual grade placement according to the WRAT 4 test.

Local Educational Agency (LEA): St Mary Parish

Student Name: _____ First Name: _____ Louisiana Secure ID: 9465853593 School: _____ High School

PART I. STATEWIDE ASSESSMENT ACCOMMODATIONS (As aligned with above accommodations and disability)
 The accommodations below must be aligned to the practices within the classroom and must be in place 30 calendar days before the assessment. If a student needs an accommodation that is not noted below, a Unique Accommodation Request must be submitted to the LDOE for approval.
 All assessments to be taken within one year:
 (01) Grades 3-8 State Assessments (02) EOC (03) ELDA (00) None (Student does not need standardized testing accommodations or has completed all required testing)
 Note: Standardized tests, other than state tests, may have other stipulations for accommodations. Please check with your DTC to access the specific accommodations criteria for each test.

PAPER				ONLINE			
Grades 3-4 Math	Grades 3-4 ELA	Grades 3-4 Social Studies	Grades 3-8 Science	Grades 3-8 Math	Grades 3-8 ELA	Grades 3-8 Social Studies	End Of Course
TEXT TO SPEECH/HUMAN READER/RECORDED VOICE							
<input type="checkbox"/> Text to Speech/ Human Reader/ Recorded Voice	<input type="checkbox"/> Text to Speech/ Human Reader/ Recorded Voice	<input type="checkbox"/> Text to Speech/ Human Reader/ Recorded Voice	<input type="checkbox"/> Text to Speech/ Human Reader/ Recorded Voice	<input type="checkbox"/> Text to Speech/ Human Reader/ Recorded Voice	<input type="checkbox"/> Text to Speech/ Human Reader/ Recorded Voice	<input type="checkbox"/> Text to Speech/ Human Reader/ Recorded Voice	<input checked="" type="checkbox"/> Text to Speech/ Human Reader/ Recorded Voice (Except reading comprehension)
FM SYSTEM							
<input type="checkbox"/> FM System							
HEARING DEVICE							
<input type="checkbox"/> Hearing Device							
INTERPRETER							
<input type="checkbox"/> Interpreter							
AUDIO AMPLIFICATION							
<input type="checkbox"/> Audio Amplification							
				<input type="checkbox"/> Touch Screen Monitor			
							<input type="checkbox"/> Communication Assistance (Script)
REFRESHMENT/ACCOMMODATION							
<input type="checkbox"/> Directions Clarified*							
<input type="checkbox"/> Highlighting Tool*							
<input type="checkbox"/> Headphones or Noise Buffers*							
<input type="checkbox"/> Redirect to the Test*							
<input type="checkbox"/> Large Print							
<input type="checkbox"/> Listening Device							
<input type="checkbox"/> Color Overlay	<input type="checkbox"/> Change Background Font & Colors*						
<input type="checkbox"/> Extra White Paper*	<input type="checkbox"/> Tactile Graphics						
<input type="checkbox"/> Tactile Graphics	<input type="checkbox"/> General Masking*						

*Accessible to all students.

INDIVIDUAL ACCOMMODATION PLAN (IAP)

Educational Agency (LEA): St Mary Parish

Student Name: _____ First Name: _____ Louisiana Secure I.D.: 3100000 School: High School

PAPER				ONLINE			
Grades 3-4 Math	Grades 3-4 ELA	Grades 3-4 Social Studies	Grades 3-8 Science	Grades 3-8 Math	Grades 3-8 ELA	Grades 3-8 Social Studies	End Of Course
Communication Accommodations							
Speech to Text	<input type="checkbox"/> Speech to Text	<input type="checkbox"/> Speech to Text	<input type="checkbox"/> Speech to Text	<input type="checkbox"/> Speech to Text or Recorded Answers	<input type="checkbox"/> Speech to Text or Recorded Answers	<input type="checkbox"/> Speech to Text or Recorded Answers	<input type="checkbox"/> Speech to Text or Recorded Answers
Word Processor	<input type="checkbox"/> Word Processor	<input type="checkbox"/> Word Processor	<input type="checkbox"/> Word Processor	<input type="checkbox"/> Word Processor	<input type="checkbox"/> Word Processor	<input type="checkbox"/> Word Processor	<input type="checkbox"/> Word Processor
Alternate Keyboard	<input type="checkbox"/> Alternate Keyboard	<input type="checkbox"/> Alternate Keyboard	<input type="checkbox"/> Alternate Keyboard	<input type="checkbox"/> Alternate Keyboard	<input type="checkbox"/> Alternate Keyboard	<input type="checkbox"/> Alternate Keyboard	<input type="checkbox"/> Alternate Keyboard
Communication Device	<input type="checkbox"/> Communication Device	<input type="checkbox"/> Communication Device	<input type="checkbox"/> Communication Device	<input type="checkbox"/> Communication Device	<input type="checkbox"/> Communication Device	<input type="checkbox"/> Communication Device	<input type="checkbox"/> Communication Device
Calculation Devices (except on fluency items)							
Calculator	<input type="checkbox"/> Calculator	<input type="checkbox"/> Calculator	<input type="checkbox"/> Calculator	<input type="checkbox"/> Calculator	<input type="checkbox"/> Calculator	<input type="checkbox"/> Calculator	<input checked="" type="checkbox"/> Calculator
Manipulatives	<input type="checkbox"/> Manipulatives	<input type="checkbox"/> Manipulatives	<input type="checkbox"/> Manipulatives	<input type="checkbox"/> Manipulatives	<input type="checkbox"/> Manipulatives	<input type="checkbox"/> Manipulatives	<input type="checkbox"/> Manipulatives
Multiplication Chart	<input type="checkbox"/> Multiplication Chart	<input type="checkbox"/> Multiplication Chart	<input type="checkbox"/> Multiplication Chart	<input type="checkbox"/> Multiplication Chart	<input type="checkbox"/> Multiplication Chart	<input type="checkbox"/> Multiplication Chart	<input type="checkbox"/> Multiplication Chart
100s Chart	<input type="checkbox"/> 100s Chart	<input type="checkbox"/> 100s Chart	<input type="checkbox"/> 100s Chart	<input type="checkbox"/> 100s Chart	<input type="checkbox"/> 100s Chart	<input type="checkbox"/> 100s Chart	<input type="checkbox"/> 100s Chart
Number Line	<input type="checkbox"/> Number Line	<input type="checkbox"/> Number Line	<input type="checkbox"/> Number Line	<input type="checkbox"/> Number Line	<input type="checkbox"/> Number Line	<input type="checkbox"/> Number Line	<input type="checkbox"/> Number Line
Response Accommodations							
Slant Board	<input type="checkbox"/> Slant Board	<input type="checkbox"/> Slant Board	<input type="checkbox"/> Slant Board	<input type="checkbox"/> Slant Board	<input type="checkbox"/> Slant Board	<input type="checkbox"/> Slant Board	<input type="checkbox"/> Slant Board
Blank Paper	<input type="checkbox"/> Blank Paper	<input type="checkbox"/> Blank Paper	<input type="checkbox"/> Blank Paper	<input type="checkbox"/> Blank Paper	<input type="checkbox"/> Blank Paper	<input type="checkbox"/> Blank Paper	<input type="checkbox"/> Blank Paper
Word Prediction	<input type="checkbox"/> Word Prediction	<input type="checkbox"/> Word Prediction	<input type="checkbox"/> Word Prediction	<input type="checkbox"/> Word Prediction	<input type="checkbox"/> Word Prediction	<input type="checkbox"/> Word Prediction	<input type="checkbox"/> Word Prediction
Adapted Grips, Writing Tools	<input type="checkbox"/> Adapted Grips, Writing Tools	<input type="checkbox"/> Adapted Grips, Writing Tools	<input type="checkbox"/> Adapted Grips, Writing Tools	<input type="checkbox"/> Adapted Grips, Writing Tools	<input type="checkbox"/> Adapted Grips, Writing Tools	<input type="checkbox"/> Adapted Grips, Writing Tools	<input type="checkbox"/> Adapted Grips, Writing Tools
Answers Recorded	<input type="checkbox"/> Answers Recorded	<input type="checkbox"/> Answers Recorded	<input type="checkbox"/> Answers Recorded	<input type="checkbox"/> Answers Recorded	<input type="checkbox"/> Answers Recorded	<input type="checkbox"/> Answers Recorded	<input type="checkbox"/> Answers Recorded
Transferred Answers	<input type="checkbox"/> Transferred Answers	<input type="checkbox"/> Transferred Answers	<input type="checkbox"/> Transferred Answers	<input type="checkbox"/> Transferred Answers	<input type="checkbox"/> Transferred Answers	<input type="checkbox"/> Transferred Answers	<input type="checkbox"/> Transferred Answers
							<input type="checkbox"/> Dictionary
							<input type="checkbox"/> Thesaurus
Time & Scheduling							
Extended Time	<input type="checkbox"/> Extended Time	<input type="checkbox"/> Extended Time	<input type="checkbox"/> Extended Time	<input type="checkbox"/> Extended Time	<input type="checkbox"/> Extended Time	<input type="checkbox"/> Extended Time	<input checked="" type="checkbox"/> Extended Time
Allow Breaks	<input type="checkbox"/> Allow Breaks	<input type="checkbox"/> Allow Breaks	<input type="checkbox"/> Allow Breaks	<input type="checkbox"/> Allow Breaks	<input type="checkbox"/> Allow Breaks	<input type="checkbox"/> Allow Breaks	<input type="checkbox"/> Allow Breaks
Other Considerations							
Individual Testing	<input type="checkbox"/> Individual Testing	<input type="checkbox"/> Individual Testing	<input type="checkbox"/> Individual Testing	<input type="checkbox"/> Individual Testing	<input type="checkbox"/> Individual Testing	<input type="checkbox"/> Individual Testing	<input type="checkbox"/> Individual Testing
Small Group Testing	<input type="checkbox"/> Small Group Testing	<input type="checkbox"/> Small Group Testing	<input type="checkbox"/> Small Group Testing	<input type="checkbox"/> Small Group Testing	<input type="checkbox"/> Small Group Testing	<input type="checkbox"/> Small Group Testing	<input type="checkbox"/> Small Group Testing
Specified Seating	<input type="checkbox"/> Specified Seating	<input type="checkbox"/> Specified Seating	<input type="checkbox"/> Specified Seating	<input type="checkbox"/> Specified Seating	<input type="checkbox"/> Specified Seating	<input type="checkbox"/> Specified Seating	<input type="checkbox"/> Specified Seating
Alternate Location	<input type="checkbox"/> Alternate Location	<input type="checkbox"/> Alternate Location	<input type="checkbox"/> Alternate Location	<input type="checkbox"/> Alternate Location	<input type="checkbox"/> Alternate Location	<input type="checkbox"/> Alternate Location	<input type="checkbox"/> Alternate Location

Accommodations such as those listed in Sections C through H enhance academic performance for many students. However, Section 504 accommodations are required for students with a learning, behavior, or health-related condition that significantly reduces the student's ability to receive a Free Appropriate Public Education.

Section 504 accommodations should be noted on this IAP only if they are consistently needed to provide this student equal access to educational opportunities or to allow the student to learn and demonstrate learning despite his/her disability.

Students may receive the above-listed standardized testing accommodations if those accommodations are routinely received during the instructional period. Unique accommodations not specifically listed require approval using the unique accommodation approval form.

Section 504 accommodations require additional documentation and LDOE approval 30 calendar days prior to state assessments.

Local Educational Agency (LEA): St Mary Parish

IDENTIFICATION
Name: _____ First Name: _____ Louisiana Secure I.D.: 3100000 School: _____ High School

J. INSTRUCTIONAL SERVICES/INTERVENTIONS
 1) Multisensory Structured Language Program(s) (Bulletin 1903 Guidelines) (Specify): _____
 2) 3-Tier Intervention Model: _____
 3) Remediation/Tutoring: _____
 4) Title I Services: _____
 5) Other: _____

K. SPECIAL CONSIDERATIONS
 1) Parent programs or agency involvement suggested (Specify): _____
 2) Alert bus driver or other personnel (Specify): _____
 3) In-service school personnel involved with the student on the disability: _____
 4) Suggest interventions strategies for periods of transition (e.g., changing classes, PE, cafeteria et al) (Attach any additional information.): _____
 5) Other: _____

Requested accommodations must be appropriate and must not subvert the purpose of the test or violate test security. Check with the District Section Coordinator, School Test Coordinator, and/or District Test Coordinator for the appropriateness of other accommodations not listed above.

L. SIGNATURES OF 504/SBLC MEMBERS PARTICIPATING IN THE INDIVIDUAL ACCOMMODATION PLAN

(Required Signatures)

Teacher	Date:
<i>[Signature]</i>	8/22/17
Principal/Designee	Date:
<i>[Signature]</i>	8/22/17
504/SBLC Chairperson	Date:
<i>[Signature]</i>	8/22/17

Parent(s)	Date:
X <i>[Signature]</i>	8/22/17
504/SBLC Member	Date:
X <i>[Signature]</i>	8/22/17
Student	Date:
X	

School Test Coordinator	Date:
<i>[Signature]</i>	8/22/17

Signature optional pursuant to LEA procedures.

**LEA 504 Coordinator/Designee	Date:
X	

***Signature optional pursuant to LEA procedures.*

M. NOTIFICATION OF PARENT RIGHTS must be documented on this form or on alternate form and maintained with confidential records at all times. Please attach alternate form that documents notification of parental rights (if applicable).

Parent received a copy of Notice of Parent Rights.

Parent Signature	Date:
<i>[Signature]</i>	8/22/17

The Louisiana Department of Education and the Local Educational Agency are public service agencies that do not discriminate in employment or educational services on the basis of race, sex, religion, age, disability, or national origin.

Thursday, February 15, 2018 3:34 PM

Demographics

Name:
Home Phone:

DOB:
Patient Number: 116982

Medications

Prescribed Medications

Description	Dx Code	SIG	Prescriber	Order Date	Original Order
SEROquel 50 mg tablet		take 1 tablet by Oral route 1 time per day	HALIE ORY	02/07/2018	02/07/2018
Trileptal 300 mg tablet		take 1 tablet by Oral route 2 times per day	HALIE ORY	02/07/2018	02/07/2018

Current Medications

Description	Dx Code	SIG	Prescriber	Order Date	Original Order
-------------	---------	-----	------------	------------	----------------

Problems

Current Problems

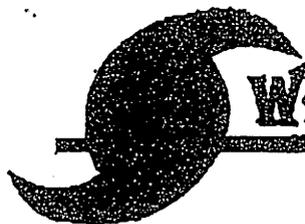
- BODY MASS INDEX (BMI) PEDIATRIC: Z68.5
First Identified: 2/27/2017
- BIPOLAR DISORDER: F31
First Identified: 2/27/2017
- OTHER PERSISTENT MOOD [AFFECTIVE] DISORDERS: F34.8
First Identified: 2/27/2017
- BODY MASS INDEX (BMI) 20-29, ADULT: Z68.2
First Identified: 11/8/2017
- PERVASIVE DEVELOPMENTAL DISORDERS: F84
First Identified: 11/8/2017

Allergies and Adverse Reactions

Identified	Type	Description	Allergic Reactions	Adverse Reactions	Severity	Comments
------------	------	-------------	--------------------	-------------------	----------	----------

COMPREHENSIVE
Community Health Center, Inc.

LA



WEST HARRISON HIGH SCHOOL

STRIVE FOR EXCELLENCE

DANA TROCHESSETT, PRINCIPAL
ERWIN GILLIAM, ASSISTANT PRINCIPAL
DR. MICHAEL WEAVER, ASSISTANT PRINCIPAL

TO: _____ High _____

Student Name: _____

Birthdate: _____ Grade: _____

Please send the following records for this student as soon as possible:

- Transcript Birth Certificate _____
- Shot Records _____ Discipline Records
- IEP Attendance Records _____

When registration is complete the cumulative folder will be requested.

Thank you,

Heather Koenenn
Registrar

228-539-8900/539-8911 (fax)
10399 County Farm Rd
Gulfport, MS 39503

Parental Permission Is no longer required when records are requested by authorized school personnel.
(Family Education Records, Federal Register: June 17, 1976: Volume 41: No. 118 Page 24673).

Exhibit 3

_____ Student will participate in testing with no accommodations.

* ~~Student will participate in testing with the following allowable accommodations:~~

FOR State tests if He had any! Small Group, Extended time, + Read-Aloud

* Other: (Please explain) Already Passed "ALL" state Tests.

Exhibit 4

Section 504 Accommodation Plan

Page 2

Accommodation #1:

Extended time on daily assignments

Class(es): { ALL }

Person(s) Responsible for Implementing Accommodations:

Classroom Teachers

Accommodation #2:

Read-Aloud on Class Tests

Class(es): { ALL }

Person(s) Responsible for Implementing Accommodations:

Classroom Teachers

Accommodation #3:

Copy of Math Notes to student

Class(es): { Any Math Class }

Person(s) Responsible for Implementing Accommodations:

Classroom Math Teachers

Accommodation #4:

Class(es): _____

Person(s) Responsible for Implementing Accommodations:

*Use Additional Accommodation Page if more accommodations are needed.

Harrison County School District
Section 504 Committee Report
Page 3

DETERMINATION OF ELIGIBILITY

Student: _____ DOB: _____

Based on consideration of the evaluated data, the Section 504 Committee has determined that the above named student:

- Meets Section 504 eligibility criteria
- Does Not meet Section 504 eligibility criteria

Additional Comments:

ADD/ADHD
Reading & Math Deficits

Section 504 Committee Members Signatures and Titles:

Date:

<u>Eric Allen</u>	<u>10-16-18</u>
<u>Ally Hansen</u>	<u>10-16-18</u>
<u>CLT [Signature]</u>	<u>10/16/18</u>
<u>T. [Signature]</u>	<u>10/16/18</u>
<u>X [Signature]</u>	<u>10-16-18</u>
	<u>10-16-18</u>

*Information on the district's procedural safeguards has been provided to the parent.

- Cc: Parent(s) or Guardian
- Student's Permanent File
- Classroom Teachers
- Appropriate Staff

Incident Narratives

Original Narrative

Author: Deputy J. Britton #111 Date Created: 10/23/2018 1500 Hrs Supp #: 0

On 10/23/2018 at approximately 1420 hours Deputy Britton who was on duty at West Harrison High School was notified by the front desk that a student needs to speak with him. Deputy Britton was advised by the front desk clerk that a student he spoke with on 10/22/2018 identified as [redacted] is by his office door to speak with him. Deputy Britton walked down the hall where [redacted] was sitting in the Principal [redacted] office. Mrs. [redacted] advised Deputy Britton that [redacted] stated to a teacher, he is from the ghetto parts of Louisiana and I will shoot you in the head as I look at you and walked out of class and stated fuck off.

Deputy Britton spoke with [redacted] said he stated in class he is from the rough parts of Louisiana and you will get hot if you look or touch someone. [redacted] stated the teacher was making him mad accusing him for being on his phone and trying to make him do his work. [redacted] stated to Deputy Britton he go mad so he did not respond to Mrs. [redacted].

Deputy Britton called Teacher [redacted] down to the office to get her side of the incident. Mrs. [redacted] stated [redacted] was refusing to do his assignments for the second day in a row. Mrs. [redacted] asked [redacted] if he needs help or do not understand the work given. Mrs. [redacted] advised [redacted] ignored her. Mrs. [redacted] stated [redacted] he needs to respond to her to which [redacted] became angry and yelled he was not going to do his work. Mrs. [redacted] stated she motioned him toward the door when [redacted] began yelling he was from the ghetto in Louisiana and the deal with things differently there. Mrs. [redacted] stated [redacted] stated on his way out of class "I would just as soon shoot you in the fucking head as he looked at me and to fuck off".

Mrs. [redacted] got statements from the students in the classroom, all statements were conclusive with each other.

Mrs. [redacted] is handling the school discipline administratively.

Guardians of [redacted] were contacted and notified of the incident.

Deputy Britton also notified CID (Criminal Investigation Department)

Youth Court was notified of the incident. Youth Court requested a report to be forwarded to them and for [redacted] to be transported to Juvenile Detention Center.

Signed: Deputy J. Britton #111 | Reviewed: [redacted]

Statement October 23, 2018

refused to complete assignment for the second day in a row. I asked him if he needed help or did not understand. He refused to look at me or acknowledge me. I told him I needed him to respond- to which he became angry and yelled that he was not going to do any work because he didn't want to be in here. I motioned him to the door at which point he began yelling that he was from the ghetto in Louisiana and they dealt with things differently there. He said he would just as soon shoot me in the fucking head as look at me and to fuck off.

the student said "Good, I didn't want to be
in this damn class anyways. You don't
know me I'm from the ghetto side
of Louisiana I'll kill you" this
incident occurred on October 23rd of
around 2 P.M.

On October 23, 2018, I was walking into class. Mrs. [redacted] was going over instructions. The boy wasn't doing any work so she asked him "if he need any help." Then she asked him "are you gonna do your work?" He got up & said from what I heard "I'm from the ghetto part of Louisiana any try to make me do anything gonna kill you."

@ about 2:00 PM
10/23/18

Approximately
2:00
stuffed
gu y!

10/23/18

MAN fuck you I'm from the ghetto side
of ~~the~~ Louis Iana, I will fucking kill you!!!

Misob~~stia~~ was asking him if he
needs help, then he went off ~~the~~
threatening to ~~kill~~ quote "I will fucking kill
you! Fuck you!"

personally I believe he should be expelled.

About 2 O'clock 4th period

Student wasn't doing his work and Mrs. asked why he wasn't doing his work and he didn't answer; Mrs. said she couldn't help him if he didn't respond. Next thing I heard was her tell him to go to iss and he said he didn't want to be in this class anyway and he was from the ghetto part of Louisiana and if you look at him stup. d nelli kill them.

~~scribble~~

so well he said something about being from the "ghetto side of Louisiana" 10/23/18 4th block

Mr. [unclear] didn't really say anything to him, but when we didn't do any work. She told him he didn't need to be in here. He got up and stated the above statement. He then said something about coming up here and shaking

"If you don't know me." "You don't know where I'm from." "Talking to me like that" - Male student statement

He cursed out the teacher. saying
"I grew up in a ghetto neighborhood in Louisiana, you don't know what it's like. I'll ~~kill~~ ^{use a knife} ^{to} ^{kill} you / shoot you." Today at about 2 o'clock on October 23. To be honest most I heard was cursing and Mrs. just tell him to get out and call someone, I was working on make up work.

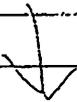
4th Block
Time: 2:00
OCT 23

I'm going to kill you (The teacher)



Student

Teacher



She was asking him what was wrong
and why he wasn't doing his work

time of the matter: 2:00

10-23-18

During 4th period the teacher asked why a male student was not working, the student did not reply so the teacher asked for the student to leave the classroom. The student replied: It's not like I wanted to be put in this damn class, Fuck! Especially if you don't know where I am from. I am from the ghetto side of Louisiana, look at me the wrong way I'll kill you.

Around 2:00

10/23/18

Ms.

Was next to the student trying to help him. Then she started walking to the door and I guess she was kicking him out. He then said "I don't want to be in the damn class no way" and as he was at the door he was talking about how she didn't know him and that he was from the ghetto part of LA. and how "if you look at him silly he'll kill you"

7:00

Talk about the teacher said
male. Student said he found
a crazy part of Louisiana. If
you look at him wrong he will
shoot you.

At 2:00 - Male student said "I don't think you know me, and where
I'm from, I'm from the Ghetto part of Louisiana, and if you talk to me like
that you get killed." To Mrs. ...

2:00 October 23rd

Ms. asked the student what was wrong multiple times and he did not answer. She was being rude so Ms. was gonna send him to the office. ~~to the~~ He said "good better than being in here." She told him to go to the office and he said "You don't even know where I come from, I grew up in the ghetto part of Louisiana. Fuck you treat me like that I'll kill you." ~~when~~ And he continued to the office.

10/23/18
ms.
class
4th block

Around 7 pm, a student started using
inappropriate language when the teacher
was trying to help him. He said damn.
He also said "I'm from the ghetto part
of Louisiana and when you look as horrible
like that you get killed."



CHARGE/BOND INFORMATION

Harrison County Sheriffs Department

Officer
Deputy Jeremy Britton(Badge #: 111) - Harrison County Sheriffs Department
Agency
Harrison County Sheriffs Department
Date Created
10/23/2018 1452 Hrs

Case Number	AR01495	Arrest Date	10/23/2018 1400 Hrs	Bond Amount		Bond Type	
-------------	---------	-------------	---------------------	-------------	--	-----------	--

Arrest Location		Latitude / Longitude	30.434926 / -89.194244
-----------------	--	----------------------	------------------------

Defendant Name: _____ Sex: Male Race: White DOB: _____ Age: 17

Charges: 7-3-7(b) SIMPLE ASSAULT TEACHER

Court Details	
Court District	Court Date
Justice	

Charge/Bond Information		
Is Felony?	Charge	Offense Date
Felony	Assault by threat to a teacher	
Case/Cause #	Bond \$	Bond A/O
018004790		

Charge/Bond Information		
Is Felony?	Charge	Offense Date
Case/Cause #	Bond \$	Bond A/O

Charge/Bond Information		
Is Felony?	Charge	Offense Date
Case/Cause #	Bond \$	Bond A/O

Charge/Bond Information		
Is Felony?	Charge	Offense Date
Case/Cause #	Bond \$	Bond A/O

Charge/Bond Information		
Is Felony?	Charge	Offense Date
Case/Cause #	Bond \$	Bond A/O

Charge/Bond Information		
Is Felony?	Charge	Offense Date
Case/Cause #	Bond \$	Bond A/O

Charge/Bond Information		
Is Felony?	Charge	Offense Date
Case/Cause #	Bond \$	Bond A/O

Charge/Bond Information		
Is Felony?	Charge	Offense Date
Case/Cause #	Bond \$	Bond A/O

/felony ?	Charge	Offense Date
/Cause #	Bond \$	Bond A/O
Charge/Bond Information		
felony ?	Charge	Offense Date
Cause #	Bond \$	Bond A/O

SS# [] BOOKING OFFICER: *C. SAHRE* | CASE # []

FULL NAME (Last, First, Middle) [] AGE [17] ALIAS [] MSP # [9404]

HARRISON COUNTY JUVENILE DETENTION CENTER BOOKING CARD
DATE OF DETENTION [10/23/18] TIME DETAINED [16:28]
NAME, BADGE # AND OFFICE OF LAW ENFORCEMENT OFFICER [Dorothy Patton / #111 HCSD]

REASON FOR DETENTION [Assault by threat to a teacher]
DATE OF RELEASE [] TIME RELEASED []
RELEASED TO []

MARITAL STATUS OF PARENTS [Divorced] CHILD'S RELIGION [Baptist] LAST SCHOOL ATTENDED [West Harrison High School] GRADE/SPECIAL ED [12th/NO]

FATHER [] ADDRESS (STREET, CITY, ZIP) [] PHONE []

MOTHER [] ADDRESS (STREET, CITY, ZIP) [] PHONE []

LEGAL GUARDIAN (IF OTHER THAN PARENT) [Grandfather] ADDRESS (STREET, CITY, ZIP) [] PHONE []

ALLERGIES: MEDICATION / FOOD []

PHONE CALL MADE YES [] NO []
Number Called [Refused]

MEDICAL PROBLEMS: [N/A]

MEDICATIONS: []

SPECIAL INSTRUCTIONS: [Back/Chest problems]

[boomy I Buprofen]

ARE YOU GANG AFFILIATED YES [] NO []

IF YES WHICH GANG: []

RACE []

SEX []

BIRTHDATE []

HEIGHT | WEIGHT | EYES []

COMB | EVLN []

HAIR []



DATE: 10/23/2018
MSP # 9404
NAME []

Exhibit 13

IN THE YOUTH COURT OF HARRISON COUNTY, MISSISSIPPI

IN THE INTEREST OF :

, A MINOR

Race: WHITE
Age: 17 years old

Sex: MALE
DOB:

PETITION

COMES NOW the HARRISON COUNTY prosecuting attorney and files the petition alleging that the minor child is a Delinquent Child or a Child in Need of Supervision within the purview of the Mississippi Youth Court Act and would show unto the Court the following to-wit:

JURISDICTION

is a child within the meaning of the Mississippi Youth Court Act who at the time of the commission of the act(s) alleged herein, for whom the following applies:

Residence : , MISSISSIPPI

Court Ordered PHYSICAL AND LEGAL Custody to HARRISON COUNTY JUVENILE DETENTION on Tuesday, October 23, 2018.

GUARDIAN
(PPC) MISSISSIPPI

COUNT 1

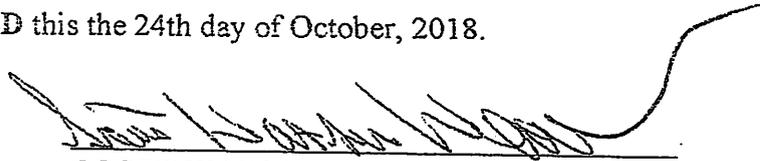
That on or about 10/23/2018, in HARRISON COUNTY, MISSISSIPPI, did purposefully, knowingly, and unlawfully commit the act of ASSAULT: SIMPLE TO PUT IN FEAR BY PHYSICAL MENACE in violation of §97-3-7(1)(a) of the Mississippi Code of 1972, Annotated against the peace and dignity of the State of Mississippi. DID ATTEMPT TO PUT A SCHOOL TEACHER ACTING WITHIN THE SCOPE OF HER DUTY AND OFFICE BY THREATENING TO SHOOT HER.

WHEREFORE, PREMISES CONSIDERED, Petitioner prays that this Petition be received and filed and that proper process be issued to all commanding them to appear before this Court at such time as the Court may direct to make inquiry into the allegations herein set forth for determining if should be adjudged a Delinquent Child or a Child in Need of Supervision and in order that this

Court may take such disposition as may be for the best interest and welfare of .

A PARENT, GUARDIAN, OR CUSTODIAN OF A CHILD SHALL BE A PARTY TO THIS CASE PURSUANT TO THE MISSISSIPPI YOUTH COURT LAW. A PERSON MADE A PARTY TO THIS CASE MAY BE REQUIRED: TO PAY FOR THE SUPPORT OF THE CHILD PLACED IN CUSTODY OF ANY PERSON OR AGENCY INCLUDING ANY NECESSARY MEDICAL TREATMENT PURSUANT TO SECTION 43-21-615 OF THE MISSISSIPPI CODE; TO PAY FOR COURT ORDERED MEDICAL AND OTHER EXAMINATIONS AND TREATMENT OF A CHILD, FOR REASONABLE ATTORNEY'S FEES AND COURT COSTS, AND FOR OTHER EXPENSES FOUND NECESSARY OR APPROPRIATE IN THE BEST INTEREST OF THE CHILD PURSUANT TO SECTION 43-21-619 OF THE MISSISSIPPI CODE; TO PAY DAMAGES OR RESTITUTION AND TO PARTICIPATE IN A COUNSELING PROGRAM OR OTHER SUITABLE FAMILY TREATMENT PROGRAM PURSUANT TO SECTION 43-21-619 OF THE MISSISSIPPI CODE; TO RECEIVE COUNSELING AND PARENTING CLASSES PURSUANT TO SECTION 43-21-605 OF THE MISSISSIPPI CODE; TO DO OR OMIT TO DO ANY ACT DEEMED REASONABLE AND NECESSARY FOR THE WELFARE OF THE CHILD PURSUANT TO SECTION 43-21-617 OF THE MISSISSIPPI CODE.

RESPECTFULLY SUBMITTED this the 24th day of October, 2018.



SCOTT WATSON WEATHERLY JR.,
PROSECUTING ATTORNEY

FILED
OCT 25 2018
CONNIE LADNER
CIRCUIT CLERK
BY:  D.C.

SCANNED

IN THE YOUTH COURT OF HARRISON COUNTY, MISSISSIPPI

IN THE INTEREST OF:

A MINOR

DETENTION ORDER

THIS DAY, THIS CAUSE, came on for DETENTION HEARING with the SCOTT WATSON WEATHERLY JR. (PROSECUTING ATTORNEY), GERALD A WATSON (DESIGNEE), AMANDA GLOVER EVANS (ATTORNEY FOR YOUTH), (YOUTH), (GUARDIAN) and (GRANDMOTHER - PATERNAL) in attendance before this Court and this Court finding that it has subject matter jurisdiction and fully considering the premises herein finds as follows, to-wit:

1. is 17 years old, has been alleged to be a Delinquent Child or a Child in Need of Supervision for committing the act of ASSAULT: SIMPLE TO PUT IN FEAR BY PHYSICAL MENACE in violation of §97-3-7(1)(a) of the Mississippi Code of 1972, Annotated , whose resident address is
2. On 10/23/2018 the PHYSICAL AND LEGAL custody of was removed from (GUARDIAN) and placed with HARRISON COUNTY JUVENILE DETENTION without a hearing.
3. Custody was necessary because, was endangered or another person would be endangered by
4. There was no reasonable alternative to changing the PHYSICAL AND LEGAL custody of
5. Probable cause exists that the above named minor has committed the alleged delinquent act such that good and sufficient cause exists to continue the PHYSICAL AND LEGAL custody of with HARRISON COUNTY JUVENILE DETENTION and there is no reasonable alternative to continuing the PHYSICAL AND LEGAL custody of with HARRISON COUNTY JUVENILE DETENTION.

IT IS ORDERED AND ADJUDGED that the PHYSICAL AND LEGAL custody of will remain with HARRISON COUNTY JUVENILE DETENTION.

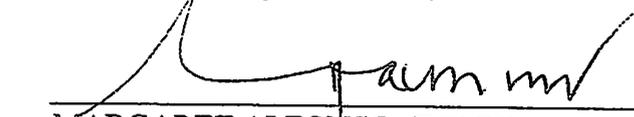
IT IS ORDERED AND ADJUDGED that HARRISON COUNTY JUVENILE DETENTION shall have complete authority to provide for any medical care or

psychological care and/or treatment for _____ and shall, upon presentation of this Order to any agency, hospital, organization, school, person or office including the Clerk of this Court, Mississippi Department of Child Protection Services, human service agencies, pediatricians, psychologists, psychiatrists, and law enforcement agencies, be entitled and hereby is authorized to inspect and/or copy any records relating to the _____ without the consent of _____ or his/her/their parents.

IT IS ORDERED AND ADJUDGED that the following be and hereby is ordered for _____ : **CHILD HELD IN DETENTION.**

IT IS ORDERED AND ADJUDGED that said minor shall undergo a prescreen evaluation to be perform by the Gulf Coast Mental Health Center.

SO ORDERED AND ADJUDGED this the 25th day of October, 2018.



MARGARET ALFONSO, JUDGE

tcv

F I L E D
NOV 15 2018
CONNIE LADNER
CIRCUIT CLERK
BY: _____ D.C.

SCANNED

Youth Pre-Evaluation

10-30-18	Time In: 8:30	Time Out:	Interview Location: Biloxi Detention
Individuals Present:			
Preparative Aids/Assisted Devices:		Pending Felony Charges: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number:	Youth court of HARRISON County		CMHC Region: 13
Crisis Involvement: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Voluntary CSU Admission Sought: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Information from this interview will be reported on a standardized form and submitted to the chancery court and civil commitment examiners. You have the right to refuse to participate. Other sources of information including a review of your legal medical records and interviews with family member and the affiant requesting commitment will be included in this report.

Respondent Demographics

DOB:	Age: 17	Gender: M	Race:
Medicaid #: yes	Medicare#:		
Address:	Phone Number:		
Does respondent have a legal guardian or conservator: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Name/Conservator Contact Information:			
Source of Information: <input checked="" type="checkbox"/> Respondent <input type="checkbox"/> Affiant <input type="checkbox"/> Chart Review <input type="checkbox"/> Other			

Affiant Demographics

Name: HARRISON Co. Youth Court	Relation of Respondent: Professional
Number: 435-3201	Home Address: 761 Eastern Blvd Biloxi, MS.
Source of Information: <input type="checkbox"/> Respondent <input type="checkbox"/> Affiant <input type="checkbox"/> Chart Review <input checked="" type="checkbox"/> Other	

Respondent Psychosocial Information

Currently Living:	With mom, his Aunt, his Dad, then his dog. <i>Acron says things can sometimes</i>		
Current Grade in School: 12	Name of School: West Harrison	<i>Wants to do home school "can't keep up"</i>	
Has IEP or 504C: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of most recent IEP or 504C:		
Legal Justice Involvement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Describe: Threatening A Teacher		
Source of Information: <input checked="" type="checkbox"/> Respondent <input type="checkbox"/> Affiant <input type="checkbox"/> Chart Review <input type="checkbox"/> Other			

Psychiatric History

Current Psychotropic Medications: None	Dosage & Date/Time Last Taken:	Is the medication helpful or problematic:
Psychiatric Hospitalizations: Brentwood/Cypress Grove	Locations/Dates: Shreveport LA / LA.	
Outpatient Treatments: None	Locations/Dates:	
Biological Testing:)	Provider/Dates:	
Source of Information: <input checked="" type="checkbox"/> Respondent <input type="checkbox"/> Affiant <input type="checkbox"/> Chart Review <input type="checkbox"/> Other		

SCANNED

Medical Status & Treatment History

Medications (not listed above): *Taking meds "didn't work"* Dosage & Date/Time Last Taken: _____ Is the medication helpful or problematic: *IT has been problematic*

Medication Allergies: *NOT KNOWN* (*Bees*)

Under Physician Care For: _____ Physician's Name: _____

Previously Treated In The Past: _____ Provider/Dates: _____

Hospitalization History: _____ Physical Disabilities: _____

Communicable Diseases:

DS
 Hepatitis A
 Hepatitis B
 Hepatitis C
 TB (Tuberculosis)

Influenza
 Head Lice
 Scabies
 Body Lice
 STIs
 Other

Pregnant: Yes No

Source of Information: Respondent Affiant Chart Review Other

Developmental Disability

Birth/ Delivery Complications: Yes No Describe: _____

Developmental Milestones On Time: _____ If no, describe: _____

Talked Crawled Toilet Trained Feeding *OK*

History of Special Education Ruling: Yes No If yes, describe: _____

Estimated IQ Below 70: Yes No If yes, describe: _____

Estimated Sub-Average Intellectual Functioning Before Age _____ If yes, describe: _____

Estimated Adaptive Functioning Deficits: Yes No If yes, describe: _____

Observed Adaptive Functioning Deficits: _____

Source of Information: Respondent Affiant Chart Review Other

Mental State Exam

Date to Date: _____ Time: _____ Place: _____

Orientation: *OK* (provide words)

Greeting Response: *OK*

Recall: _____

Obedient Written Command: Yes No If no, describe: _____

Do you understand the reason for our meeting today to be? *Yes*

Source of Information: Respondent Affiant Chart Review Other

Psychiatric Symptoms Past Month

Symptoms	Respondent (R)		Informant (I)		Symptoms	Respondent (R)		Informant (I)	
	R	I	R	I		R	I	R	I
Depressed Mood/ Appears Sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Dizzy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Attempts to "Annoy" Others	<input type="checkbox"/>	<input type="checkbox"/>
Laughs Very Little	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shaking/Trembling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Defies Requests	<input type="checkbox"/>	<input type="checkbox"/>
Sweats Frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Excessive Sweating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Angry & Resentful	<input type="checkbox"/>	<input type="checkbox"/>
Increase in Appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sullen	<input type="checkbox"/>	<input type="checkbox"/>
Increase in Appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tingling in Hands or Feet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Irritable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Symptoms continues		R	I	Mood Symptoms continues	R	I
Insured or Underactive (without)		<input type="checkbox"/>	<input type="checkbox"/>	Headache	<input type="checkbox"/>	<input type="checkbox"/>
Daily Sleeping		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Behavioral Symptoms	R	I
Nightmares/Night Terrors		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lying	<input type="checkbox"/>	<input type="checkbox"/>
Drawn From Peers		<input type="checkbox"/>	<input type="checkbox"/>	Cheating	<input type="checkbox"/>	<input type="checkbox"/>
Pushed or Rejected by Peers		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Steals	<input type="checkbox"/>	<input type="checkbox"/>
Injury or Self Harm		<input type="checkbox"/>	<input type="checkbox"/>	Physically Harms People	<input type="checkbox"/>	<input type="checkbox"/>
About Killing Self/Wishes to Die		<input type="checkbox"/>	<input type="checkbox"/>	Physically Harms Animals	<input type="checkbox"/>	<input type="checkbox"/>
To Adults/Dependent		<input type="checkbox"/>	<input type="checkbox"/>	Destroys Property	<input type="checkbox"/>	<input type="checkbox"/>
Specific Situations or Objects		<input type="checkbox"/>	<input type="checkbox"/>	Difficulty Sitting Still	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ridges		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Blurts Words/Interrupts	<input type="checkbox"/>	<input type="checkbox"/>
Easily Distracted		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sets Fires	<input type="checkbox"/>	<input type="checkbox"/>
Disorganized		<input type="checkbox"/>	<input type="checkbox"/>	Threatens Others	<input type="checkbox"/>	<input type="checkbox"/>
Forgetful/Misplaces		<input type="checkbox"/>	<input type="checkbox"/>	Physical Fights With Peers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Belongings		<input type="checkbox"/>	<input type="checkbox"/>	Used a Weapon	<input type="checkbox"/>	<input type="checkbox"/>
Loses Temper Frequently		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Delinquent Peers	<input type="checkbox"/>	<input type="checkbox"/>
Argues with Adults		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Palpitations	<input type="checkbox"/>	<input type="checkbox"/>
Home <input checked="" type="checkbox"/> School <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			

Psychiatric Symptoms Past Month		Respondent (R) Informant (I)	
Disorder Symptoms		R	I
Absence of Emotions		<input type="checkbox"/>	<input type="checkbox"/>
Absence of Speech		<input type="checkbox"/>	<input type="checkbox"/>
Absence of Movement		<input type="checkbox"/>	<input type="checkbox"/>
Lack of Hygiene		<input type="checkbox"/>	<input type="checkbox"/>
Lack of Eating/Feeding		<input type="checkbox"/>	<input type="checkbox"/>
Delusions		<input type="checkbox"/>	<input type="checkbox"/>
Paranoid <input type="checkbox"/> Grandiose <input type="checkbox"/>			
Obsessive Symptoms			
Thoughts <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>
Severity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		<input type="checkbox"/>	<input type="checkbox"/>
Specific Obsessions:		<input type="checkbox"/>	<input type="checkbox"/>
A HISTORY		ALSO OF ABOVE	
Exposure <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Type/approx. Date)		GREAT Grandfather died Syria also in Turkey	
Triggers:			
Mental		Crowding <input type="checkbox"/> Room Checks <input type="checkbox"/> Confusing Signs <input type="checkbox"/> Slamming Doors <input type="checkbox"/> Noise <input type="checkbox"/>	
		Leaving Bedroom Door Open <input type="checkbox"/> Dark Room <input type="checkbox"/> Too Hot or Too Cold <input type="checkbox"/>	

<input type="checkbox"/> Lack of Privacy <input type="checkbox"/> Confined Spaces <input type="checkbox"/> Being Stared at <input type="checkbox"/> Being Approached by Women	<input type="checkbox"/> Being Approached by Men or Women <input type="checkbox"/> Being Touched <input type="checkbox"/> Being Ignored <input type="checkbox"/> Being Teased/Picked on	<input type="checkbox"/> Arguments <input type="checkbox"/> People Too Close <input type="checkbox"/> Feeling Pressured <input type="checkbox"/> Tall or Large People	<input checked="" type="checkbox"/> People Yelling <input type="checkbox"/> Contact with Family <input type="checkbox"/> Being Ordered to do Something <input type="checkbox"/> Smells <input type="checkbox"/> People Focusing on My Symptoms
<input type="checkbox"/> Taste <input type="checkbox"/> Heart Pounding <input type="checkbox"/> Clenching Teeth <input type="checkbox"/> Bouncing Legs <input type="checkbox"/> Sweating	<input type="checkbox"/> Time of Day <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Flushed/Red Face <input type="checkbox"/> Singing <input type="checkbox"/> Rocking	<input type="checkbox"/> Sounds <input type="checkbox"/> Sights <input type="checkbox"/> Sensations/textures <input type="checkbox"/> Breathing Hard <input checked="" type="checkbox"/> Crying <input type="checkbox"/> Can't Sit Still <input type="checkbox"/> Pacing	<input type="checkbox"/> Wringing hands <input type="checkbox"/> Wringing Hands <input type="checkbox"/> Clenching Fists <input type="checkbox"/> Cursing/Swearing <input type="checkbox"/> Giggling

Information: Respondent Affiant Chart Review Other

Birthday

Suicide Assessment

Attempts: *S* Friend or Family Member Completed Suicide: _____
 Date: _____ Approximate Date: *S*
 Method of suicide: _____
 Source of Information: Respondent Affiant Chart Review Other

Behaviors Exhibited by Respondent

History or Present Danger to Others Yes No (If Yes, mark appropriate statement(s) below)

<input type="checkbox"/> Threats of Suicide <input type="checkbox"/> Suicide Attempts <input type="checkbox"/> High Risk Behavior	<input type="checkbox"/> Plan for Suicide <input type="checkbox"/> Family History of Suicide <input type="checkbox"/> Provoking Harm to Self from Others	<input type="checkbox"/> Pre-Occupation with Death <input type="checkbox"/> Self-Mutilation
---	--	--

Violence Risk Assessment

Thoughts about harming another person Yes No

Whom: _____
 How long have you had these thoughts: _____
 Specific plan: _____
 To means to carry out plan: _____

Source of Information: Respondent Affiant Chart Review Other

Violence Risk Factors Present

Unknown	Present	Unknown
<input type="checkbox"/> Male Gender	<input type="checkbox"/>	<input type="checkbox"/> Substance Abuse
<input checked="" type="checkbox"/> Suspiciousness/Perception of Hidden Threat	<input type="checkbox"/>	<input type="checkbox"/> Comorbid MI & Substance Use Dx
<input type="checkbox"/> Early Offense History	<input type="checkbox"/>	<input type="checkbox"/> Anger
<input type="checkbox"/> Psychopathy (PCL:SV>12)	<input type="checkbox"/>	<input type="checkbox"/> Antisocial Personality Diagnosis
<input checked="" type="checkbox"/> Violent Fantasies	Frequency, type, recency	
<input checked="" type="checkbox"/> Previous Violence Against Other People	Frequency, severity, type	
<input type="checkbox"/> Childhood Physical Abuse	Frequency, severity	

Source of Information: Respondent Affiant Chart Review Other

Insight Process				
Insight	Insight	Preoccupations		
Normal	<input type="checkbox"/> Good	<input type="checkbox"/> Somatics	<input type="checkbox"/> Self	
Engaged	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Children	<input type="checkbox"/> Finances	
Intractable	<input type="checkbox"/> Poor	<input type="checkbox"/> Spouse/Sig Other	<input type="checkbox"/> Other	
Not Vigilant	<input type="checkbox"/> No Insight	<input type="checkbox"/> Job		
Not Focused				
Source of Information: <input type="checkbox"/> Respondent <input type="checkbox"/> Affiant <input type="checkbox"/> Chart Review <input type="checkbox"/> Other				
Insight	<input type="checkbox"/> Blunted	<input type="checkbox"/> Constricted	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Broad
Facial Expression				
Significant		<input type="checkbox"/> Grimacing		
Blank		<input type="checkbox"/> Smiling		
Untrained		<input type="checkbox"/> Other		
Untrained				

Summary & Recommendations

Based on the data gathered for the current Pre Evaluation Screening:

It is **NOT** recommended that this respondent receive a civil commitment exam.

1) Current available information indicates that present symptomatology is due to

- Dementia Intellectual/Developmental Disability Epilepsy Chemical Dependency Mental Illness

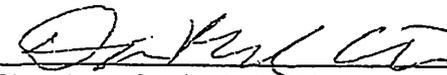
2) The following referrals for appropriate evaluation or treatment have been provided:

- a. would prefer from an institution level & possibly
Outpatient therapy. Home schooling is possible
- b. _____
- c. _____

It **IS** recommended that this respondent receive a civil commitment exam. Based on the data available for the current Pre Screening Evaluation the following symptomatology cannot be managed/treated in a less restrictive environment:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Comments: _____


 Signature-Credentials

IN THE YOUTH COURT OF HARRISON COUNTY, MISSISSIPPI

IN THE INTEREST OF:

..., A MINOR

ADJUDICATION ORDER

THIS DAY, THIS CAUSE, came on for an ADJUDICATION HEARING with SCOTT WATSON WEATHERLY JR. (PROSECUTING ATTORNEY), GERALD A WATSON (DESIGNEE), AMANDA GLOVER EVANS (ATTORNEY FOR YOUTH), THERESA PETERSON (DYS COUNSELOR), ... (YOUTH), ... (GUARDIAN) and ... (GRANDMOTHER - PATERNAL) in attendance before this Court and this Court finding that it has subject matter jurisdiction and fully considering the premises herein finds as follows, to-wit:

1. On 10/31/2018, ... entered an admission by HEARING to the allegations contained in Count 1 of the petition that on or about 10/23/2018, in HARRISON COUNTY, MISSISSIPPI, ... did purposefully, knowingly, and unlawfully commit the act of ASSAULT: SIMPLE TO PUT IN FEAR BY PHYSICAL MENACE in violation of §97-3-7(1)(a) of the Mississippi Code of 1972.

IT IS ORDERED AND ADJUDGED that the allegation contained in Count 1 of the petition, that ... did purposefully, knowingly, and unlawfully commit the act of ASSAULT: SIMPLE TO PUT IN FEAR BY PHYSICAL MENACE in violation of §97-3-7(1)(a) of the Mississippi Code of 1972, Annotated, is ADJUDICATION WITHHELD.

IT IS ORDERED AND ADJUDGED that minor shall be placed on house-arrest with an electronic ankle monitor under Court Programs, Inc. for a period of forty-five (45) days; that minor shall not leave his home except for the purpose of going to school, doctor, counseling, church and JROTC.

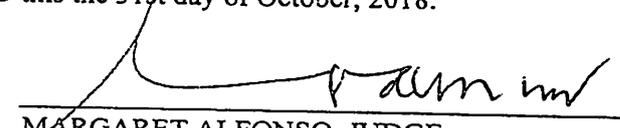
IT IS ORDERED AND ADJUDGED that said minor shall have a mental health assessment and follow recommendation.

IT IS ORDERED AND ADJUDGED that a Disposition Hearing shall be had in this matter on January 14, 2019, at 1:00 p.m. The Court shall be notified of any address changes within forty-eight (48) hours.

IT IS ORDERED AND ADJUDGED that all provisions of previous Orders not specifically modified herein shall remain in full force and effect.

SO ORDERED AND ADJUDGED this the 31st day of October, 2018.

FILED
NOV 17 2018
CONNIE LADNER
CIRCUIT CLERK


MARGARET ALFONSO, JUDGE

BY: _____ D.C.

SCANNED

IN THE YOUTH COURT OF HARRISON COUNTY, MISSISSIPPI

IN THE INTEREST OF:

NOTICE

TO:

You are hereby commanded to appear personally before the Youth Court of HARRISON COUNTY, Mississippi at the Courthouse located at 761 Esters Boulevard, Biloxi, MS 39530 on January 14, 2019 at 01:00 PM, for a/an DISPOSITION hearing and then and there to testify in the within cause pending before the Court. You have a right to be represented by an attorney if you so desire. You are requested to immediately notify the youth court of the name and address of your attorney if you so employ one. If indigent, the above named minor/s has a right to have an attorney appointed free of charge, and should immediately apply to the youth court for such appointed counsel. You have a right to subpoena witnesses in your behalf.

HEREIN fail not to appear, under the penalty prescribed by statute.

A PARENT, GUARDIAN, OR CUSTODIAN OF A CHILD SHALL BE A PARTY TO THIS CASE PURSUANT TO THE MISSISSIPPI YOUTH COURT LAW. A PERSON MADE A PARTY TO THIS CASE MAY BE REQUIRED: TO PAY FOR THE SUPPORT OF THE CHILD PLACED IN CUSTODY OF ANY PERSON OR AGENCY INCLUDING ANY NECESSARY MEDICAL TREATMENT PURSUANT TO SECTION 43-21-615 OF THE MISSISSIPPI CODE; TO PAY FOR COURT ORDERED MEDICAL AND OTHER EXAMINATIONS AND TREATMENT OF A CHILD, FOR REASONABLE ATTORNEY'S FEES AND COURT COSTS, AND FOR OTHER EXPENSES FOUND NECESSARY OR APPROPRIATE IN THE BEST INTEREST OF THE CHILD PURSUANT TO SECTION 43-21-619 OF THE MISSISSIPPI CODE; TO PAY DAMAGES OR RESTITUTION AND TO PARTICIPATE IN A COUNSELING PROGRAM OR OTHER SUITABLE FAMILY TREATMENT PROGRAM PURSUANT TO SECTION 43-21-619 OF THE MISSISSIPPI CODE; TO RECEIVE COUNSELING AND PARENTING CLASSES PURSUANT TO SECTION 43-21-605 OF THE MISSISSIPPI CODE; TO DO OR OMIT TO DO ANY ACT DEEMED REASONABLE AND NECESSARY FOR THE WELFARE OF THE CHILD PURSUANT TO SECTION 43-21-617 OF THE MISSISSIPPI CODE.

WITNESS my hand and seal of office, on November 26, 2018.



_____, D.C.

IN THE YOUTH COURT OF HARRISON COUNTY, MISSISSIPPI

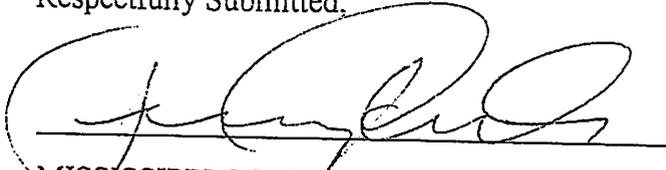
IN THE INTEREST OF:

A MINOR

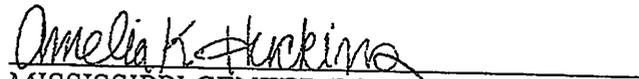
ENTRY OF APPEARANCE

COMES NOW the Mississippi Center for Justice, through counsel, Jeremy D. Eisler, Esq., and Amelia K. Huckins, Esq., enters its appearance on behalf of _____, his Grandmother and Next Friend _____ and his Grandfather and Next Friend _____

Respectfully Submitted,



MISSISSIPPI CENTER FOR JUSTICE
By: Jeremy D. Eisler, Esq., Of Counsel
MSB 5493
963 Division Street
Biloxi, MS 39530
Phone: (228) 435-7284
Fax: (228) 435-7285



MISSISSIPPI CENTER FOR JUSTICE
By: Amelia K. Huckins, Esq., Of Counsel
MSB 105694
963 Division Street
Biloxi, MS 39530
Phone: (228) 435-7284
Fax: (228) 435-7285

FILED
DEC 14 2018
CONNIE LADNER
CIRCUIT CLERK
BY: _____ D.C.

SCANNED

MET DOCUMENTATION FORM

School: West Harrison High
 ID: 001611816 DOB: _____ Grade: _____ Age: 17 Gender: M Ethnicity: White
 Referral Source: Teacher _____ TST Committee _____ Parent Reevaluation _____ Preschool _____ Other: _____

Request: 11-13-18 Date of MET-meeting: 11-26-18

Following information was reviewed by MET: (Check only the documentation reviewed) Information/Reports provided by parent/guardian Universal Screening results student and class data Required Tier I, II, and III forms Progress monitoring for academic objectives Progress monitoring for behavior objectives Student Data Form Social/Emotional Worksheet Copy of cumulative record insert Discipline reports from current and previous years Attendance reports from current and previous years	<input checked="" type="checkbox"/> Current grades <input type="checkbox"/> Vision screening <input type="checkbox"/> Hearing screening <input checked="" type="checkbox"/> Teacher Narrative <input type="checkbox"/> Behavior logs <input type="checkbox"/> FBA/BIP <input type="checkbox"/> Developmental History <input type="checkbox"/> Classroom observation <input type="checkbox"/> Current or previous IEP with goals updated <input type="checkbox"/> L/S Dismissal Narrative <input type="checkbox"/> Reevaluation Summary <input checked="" type="checkbox"/> Other/Specify: <u>504 Plan</u>	<u>Need Vision/Hearing screening and</u> <u>Developmental History</u>

Recommendation of Team for Initial Referrals:
 Comprehensive Assessment is recommended.
 Comprehensive Assessment is not recommended.

Recommendation of Team for Reevaluations:
 IEP Committee Decision – Comprehensive Assessment is recommended.
 _____ Notice (PWN) for Additional Assessment is completed at MET.

IEP Committee Decision – Comprehensive Assessment is not recommended at this time. Based on information reviewed, this student continues to need special education services and related services as indicated on the current IEP. The current eligibility should be continued.

_____ Notice (PWN) for No Additional Assessment is completed at MET.
 _____ Language/Speech Dismissal: Committee recommends dismissal from speech services.
 Parent does not attend meeting. Parent must be given written notice for decision within 7 days.

Recommendations: Psychologist will contact Guardian for vision/Hearing screening and Developmental History and medical diagnosis of ADHD.

MET Members Signatures/Positions:	
<u>[Signature]</u>	Assistant Principal
<u>[Signature]</u>	ILC
<u>[Signature]</u>	SPED case mgr.
<u>[Signature]</u>	School Psychologist
<u>[Signature]</u>	General Ed Teacher

CERTIFICATE OF SERVICE

I certify that I have this day sent the instant Entry of Appearance to the following persons by First Class U.S. Mail postage prepaid at the following addresses:

1) Amanda Glover Evans, Esq., Public Defender
Youth Court of Harrison County, Mississippi
761 Esters Boulevard, Biloxi, MS 39530
P.O. Box 134, Biloxi, MS 39533
Phone: (228) 435-3201
Fax: (228) 435-4784
Email: agevans@co.harrison.ms.us

2) Scott Watson Weatherly, Jr., Esq., Prosecutor
Youth Court of Harrison County, Mississippi
761 Esters Boulevard, Biloxi, MS 39530
P.O. Box 134, Biloxi, MS 39533
Phone: (228) 435-3201
Fax: (228) 435-4784
Email: swweatherly@co.harrison.ms.us

This the 14th day of December, A.D. 2018



JEREMY D. EISLER



AMELIA K. HUCKINS