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PC: 28

FILED

NOV 19 2020

Timothy W. Fitzgerald
SPOKANE COUNTY CLERK

FILED

2020 NOV 19 P 2:43

TIMOTHY W. FITZGERALD
SPOKANE COUNTY CLERK

Superior Court of Washington, County of Spokane

In re: DVPO 20203021-32

Petitioner/s (person/s who started this case):

Aaron Surina

And Respondent/s (other party/parties):

SIRANYA SURINA

No.

2020 3021-32
17-3-01817-0

Declaration of

(name):

Aaron Surina

(DCLR)

AARON SURINA
CLERK-FILE IN BOTH CASES

Declaration of (name): Aaron Surina

1. I am (age): 43 years old and I am the (check one): ☒ Petitioner ☐ Respondent
☐ Other (relationship to the people in this case):

2. I declare: The attachments are true and
 Authentic copies of originals and
 I make this declaration in good faith.

(Number any pages you attach to this Declaration. Page limits may apply.)

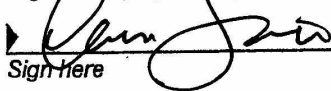
X I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form (and any attachments) are true. ☒ I have attached (number): 27 pages.

Signed at (city and state):

Hayden, ID

Date: 11/19/2020

Sign Here



Print name

Aaron Surina

Warning! Documents filed with the court are available for anyone to see unless they are sealed. Financial, medical, and confidential reports, as described in General Rule 22, must be sealed so they can only be seen by the court, the other party, and the lawyers in your case. Seal those documents by filing them separately, using a Sealed cover sheet (form FL All Family 011, 012, or 013). You may ask for an order to seal other documents

TABLE OF CONTENTS

EXHIBIT	DESCRIPTION	Pg Count
A)	FEB 6, 2018 ORDER FROM COURT OF ABUSE & NEGLECT	2 pgs
B)	ASSAULT OF A CHILD - 2nd Degree	1 pg
C)	CHILD NEGLECT	1 pg
D)	DECLARATION WITH INSTRUCTIONS FROM CHILD ABUSE EXPERTS FOR DMS & AAS WITH DIAGNOSIS OF CHILD ABUSE.	8 pgs
E)	MOTION AND PROPOSED ORDER TO SHORTEN TIME FOR HEARING ON 11/19/20 TO 11/9 FOR REVIEW IN COLOR OR LAW / DENIAL OF RIGHTS HEARING.	3 pgs
F)	CLERK MESSAGES OF DMS PLEADING for help after police left from crime check molestation taking place while on the phone.	1 pg
G)	Photo taken with DMS after punching him in the mouth to Post to social media in hopes it upsets Dad	1 pg
H)	Recent photo of hangar abuse on AAS (TOP) AND Bruises on BODY of DMS	2 pgs
I)	Abuse while at mom's house of DMS & AAS	4 pgs
J)	Photos of Boys with Dad.	3 pgs

TOTAL 26 pgs -

Ex A

COPY

FILED

2018 FEB 06 P 4: 25

TIMOTHY W. FITZGERALD
SPOKANE COUNTY CLERK

(Clerk's Date Stamp)

	SUPERIOR COURT OF WASHINGTON COUNTY OF SPOKANE
Siringa Surina Petitioner:	
vs.	
Aam Surina Respondent:	

CASE NO. 17-3-01317-0

ORDER RE: ALLOCATION OF
GUARDIAN AD LITEM FEES

(OR)
Clerk's Action Required

Due date for presentment of Order Appointing Guardian ad Litem: 2/20/18
Docket call at 8:30 a.m. in Courtroom 202

I. BASIS

The Court ordered that a Guardian ad Litem be appointed in the above referenced case.

II. FINDING

After reviewing the case record to date, and the Financial Declaration of both parties, the Court finds that the parties shall each contribute to the Guardian ad Litem's fees.

☒ There are credible allegations of child abuse and/or neglect.

☐ The mother is indigent.

☐ The father is indigent.

☐ County pay is authorized at \$60 per hour up to \$_____.

ORDER RE: ALLOCATION OF GAL FEES

PAGE 1 OF 2

Ex. A

III. ORDER

IT IS ORDERED that the parties shall pay the following percentages of the Guardian ad Litem's fees:

Father: 81 %

Mother: 19 %

Other: _____ %

OR

IT IS ORDERED that the parties shall pay the following for Guardian ad Litem fees:

Father: \$ _____

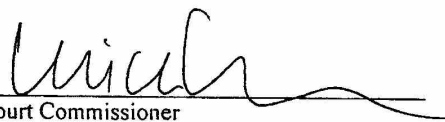
Mother: \$ _____

Other: \$ _____

Spokane County \$ _____

Any funds expended by the County are subject to reimbursement.

Dated: 2/6/18


Court Commissioner

NICHOLE SWENNUMSON
Court Commissioner

SPOKANE COUNTY SHERIFF

FIELD CASE REPORT

2018-10000025

REPORTED DATE/TIME		1/1/2018 00:10
OCCURRED DATE/TIME		12/31/2017 00:00
OCCURRED INCIDENT TYPE		Abuse
OCCURRED TIME DATE/TIME		12/31/2017 23:58

LOCATION OF OCCURRENCE
1616 S ROCKY RIDGE DR
Spokane Valley, WA

OFFENSES

01 9A 36.130 F
ASSAULT OF A CHILD-2D

1 Confirmed

AGE/SUBJECT TYPE		1616 S ROCKY RIDGE DR	
Adult	Suspect	SURINA, SIRINIYA	
DOB	AGE & AGE RANGE	ADDRESS STREET CITY STATE ZIP	
04/24/1985	32	1616 S ROCKY RIDGE DR Spokane Valley, WA 99212	
SEX	HEIGHT & RANGE	WEIGHT & RANGE	HAIR

Photo not found

Ex B

Ex. C



SPOKANE COUNTY SHERIFF

CASE# **2017-10140493**

FIELD CASE REPORT

REPORTING DISTRICT: **SC10**

EVENT	REPORTED DATE/TIME 10/18/2017 16:49	OCCURRED SUSPECT TYPE Child Neglect	LOCATION OF OCCURRENCE 1616 S ROCKY RIDGE DR Spokane Valley, WA
	OCCURRED FROM DATE/TIME 10/11/2017 15:00	OCCURRED THRU DATE/TIME 10/13/2017 20:00	

OFFENSES	START/DESCRIPTION	COUNTS	ATTY/PROSECUT

SUBJECT	JACKET/SUSPECT TYPE Adult Suspect	NAME (LAST, FIRST, MIDDLE SUFFIX) SURINA, SIRINIYA				
	DOB 04/24/1985	AGE or AGE RANGE 32	ADDRESS (STREET, CITY, STATE, ZIP) 1616 S ROCKY RIDGE DR Spokane Valley, WA 99212			
	RACE Asian	SEX Female	HEIGHT or RANGE 5'2	WEIGHT or RANGE 100	HAIR Black	EYE Brown
	DL NUMBER/ST-1 43G	PRIMARY PHONE (331)222-7929		PHONE #2		

SUBJECT	JACKET/SUSPECT TYPE Juvenile Victim	3B
	3B	

SUBJECT	JACKET/SUSPECT TYPE Adult Guardian	NAME (LAST, FIRST, MIDDLE SUFFIX) SURINA, AARON M				
	DOB 04/20/1977	AGE or AGE RANGE 40	ADDRESS (STREET, CITY, STATE, ZIP) 1616 S ROCKY RIDGE DR Spokane Valley, WA 99212			
	RACE White	SEX Male	HEIGHT or RANGE 6'2	WEIGHT or RANGE 270	HAIR Blonde	EYE Blue
	DL NUMBER/ST-1 43G	PRIMARY PHONE Home (707)200-4372		PHONE #2		

REPORTING OFFICER 592005 Giacomini	DATE 10/18/2017	REVIEWED BY Buell, Andrew D	10/19/2017
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EX D

FILED

NOV 09 2020

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

TIMOTHY W. FITZGERALD
SPOKANE COUNTY CLERK

Superior Court of Washington, County of Spokane

2020-345 SMT

17-3-0817-0

In re:

Petitioner/s (person/s who started this case):

Aaron Surina

And Respondent/s (other party/parties):

No.

20202021-32

20202975-32

Declaration of

(name):

AARON SURINA

(DCLR)

CLERK -> PLEASE FILE IN ALL
RELATIVE CASES LISTED.

Declaration of (name): AARON SURINA

1. I am (age): 43 years old and I am the (check one): ☒ Petitioner ☐ Respondent
☐ Other (relationship to the people in this case): _____

2. I declare: THE ATTACHED DOCUMENTS ARE
TRUE AND AUTHENTIC PAPERS ISSUED
IN THE CHILD ABUSE CASE 2020-208-8378
AND THE CLERK OF SPOKANE COUNTY WAS
SERVED THAT OFFICIAL DISCHARGE INSTRUCTIONS.

THESE DOCUMENTS INSTRUCT THE PETITIONER
TO RECOMMENDATIONS OF THE PEDIATRIC WARD
WHO EVALUATED BOTH CHILDREN DMS & TAS.

EX D

I humbly REQUEST THIS COURT TO
PROVIDE THE RECOMMENDED PROTECTIONS
THIS 9th DAY OF NOVEMBER IN 2020.

(Number any pages you attach to this Declaration. Page limits may apply.)

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form (and any attachments) are true. ☒ I have attached (number): 5 pages.

Signed at (city and state): Spokane, WA

Date: 11/9/2020


Signature

AARON SURINA
Print name

Warning! Documents filed with the court are available for anyone to see unless they are sealed. Financial, medical, and confidential reports, as described in General Rule 22, must be sealed so they can only be seen by the court, the other party, and the lawyers in your case. Seal those documents by filing them separately, using a Sealed cover sheet (form FL All Family 011, 012, or 013). You may ask for an order to seal other documents.

EXD

Superior Court of Washington
County of

In re: CHILD SAFETY

AARON SUEINA
MAS DMS

Petitioner(s),

and SIRIYA SUEINA

BENJAMIN SRIRATTANAKUN

Respondent(s).

20202975-32
No. 20203021-32

Sealed Personal Health Care
Records

(Cover Sheet)

(SEALPHC)

Clerk's Action Required

Sealed Personal Health Care Records

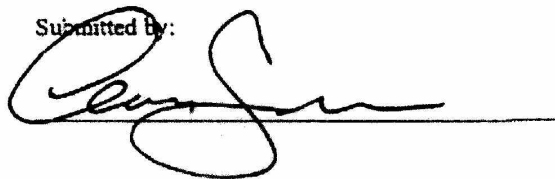
(List documents below and write "Sealed" at least one inch from the top of the first page of each document.)

Records or correspondences that contain health information that:

☒ Relates to the past, present, or future physical or mental health condition of an individual including past, present, or future payments for health care.

☐ Involves genetic parentage testing.

Submitted by:



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

EX D

SEALED

AFTER VISIT SUMMARY



D- M. S. DoB:

11/8/2020 PROVIDENCE SACRED HEART MED CTR PEDIATRIC EMERGENCY 509-474-5690

Instructions

Given the information that D- shared with me and D- 's physical exam findings and after consulting with a the Child Abuse Experts at Partners with Family and Children, I do not recommend D- or his sibling return to mother's care until an investigation can occur into the allegations. I am discharging him into your (Father's) care. This recommendation is for D- 's safety. Please call your social worker, Rena Perez, tonight or tomorrow morning to see if they are able to help with this. I attempted to reach her but she was not available to discuss this recommendation. If that is not possible, please pursue an emergency protective order at family court tomorrow.

Clotrimazole cream twice a day for 7 days in groin area for yeast infection.

Albuterol 2-4 puffs every 4 hours as needed.

**Your child's medications have changed**

- ➔ START giving your child:
clotrimazole (LOTRIMIN)

Review your child's updated medication list below.

**Pick up these medications from any pharmacy with your child's printed prescription**

clotrimazole

Today's Visit

You were seen by Stephanie M Bowdish, ARNP

Reason for Visit

Well Child Evaluation

Diagnoses

- Child physical abuse, suspected, initial encounter
- Yeast infection
- Mild intermittent asthma with exacerbation

Medications Given

albuterol Last given at 8:03 PM

Your Child's End of Visit Vitals

Blood Pressure
114/60



Temperature (Oral)
98.3 °F



Pulse
110



Respiration
24



Oxygen Saturation
97%

Ex D

SEALED

**Schedule an appointment with Robert P. Maixner, MD as soon as possible for a visit in 3 days (around 11/11/2020)**

Why: For reassessment and ED visit follow-up

Specialty: Pediatrics

Contact: 1919 S GRAND BLVD

Spokane WA 99203

509-747-3081

What's Next

Your child currently has no upcoming appointments scheduled.

Allergies

Allergen	Noted	Reactions
Cat Hair Extract	Jan 17, 2018	Not Noted
Dog Epithelium	Jan 17, 2018	Not Noted
Dust Mite Extract	Feb 13, 2015	Hives, Rash

Intolerance

No active intolerances/contraindications

Important Information

There may be times after you are discharged that your condition needs to be re-evaluated.

Call your doctor immediately, come to the **Emergency Department** or call **911** if you experience:

- Difficulty breathing or unusual shortness of breath
- Chest pain
- Excessive bleeding or drainage at the operative site
- Persistent nausea or vomiting
- Fever, chills, and/or increased pain that is not relieved by pain medication
- You should also call anytime you feel that your condition is an emergency.

EX D

5/21/60

Your Child's Medication List

GIVE your child these medications



START

clotrimazole 1% cream
Commonly known as: LOTRIMIN

Apply twice daily to affected area for 7 days..

ASK your child's doctor about these medications



ASK

albuterol 90 mcg/puff inhaler

Inhale 2 puffs into the lungs every 6 hours
as needed for Wheezing.

MyChart is an online portal that lets you communicate with your care team and access your electronic medical record. At your next visit, ask how you can sign up. It's free!

EX D

SEALED



AFTER VISIT SUMMARY

A A.S. a DoB:

11/8/2020 PROVIDENCE SACRED HEART MED CTR PEDIATRIC EMERGENCY 509-474-5690

Instructions

Given reports provided during today's visit, I do not recommend A.S. return to mother's care as scheduled tomorrow for his own safety. I am discharging him into father's care. Please call your social worker at DCYF tonight, Rena Perez, to notify her of this recommendation. I tried to reach her today but did not have success. If you are not able to reach her social worker, please present to the Spokane County court house to request an emergent protective order tomorrow.

Plan to follow-up with partners and family and children as scheduled for forensic interview. To follow-up with law enforcement as directed by your social worker and law enforcement.

Have any injuries today that require medical treatment. The bruises should heal on their own.



Schedule an appointment with Robert P. Maixner, MD as soon as possible for a visit in 3 days (around 11/11/2020)

Why: For reassessment and ED visit follow-up, As needed

Specialty: Pediatrics

Contact: 1919 S GRAND BLVD
Spokane WA 99203
509-747-3081

Today's Visit

You were seen by Stephanie M Bowdish, ARNP

Reason for Visit

Well Child Evaluation

Diagnosis

Physical child abuse, suspected, initial encounter

Your Child's End of Visit Vitals



Blood Pressure
111/63



Temperature (Temporal)
97.6 °F



Pulse
96



Respiration
24



Oxygen Saturation
98%

What's Next

Your child currently has no upcoming appointments scheduled.

MyChart

MyChart is an online portal that lets you communicate with your care team and access your electronic medical record. At your next visit, ask how you can sign up. It's free!

A A.S.

Printed by [15024426] at 11/8/20 8:12 PM

Page 1 of 2 **Epic**

EX D

SEALGO

Allergies

No active allergies

Intolerance

No active intolerances/contraindications

Important Information

There may be times after you are discharged that your condition needs to be re-evaluated.

Call your doctor immediately, come to the **Emergency Department** or call **911** if you experience:

- Difficulty breathing or unusual shortness of breath
- Chest pain
- Excessive bleeding or drainage at the operative site
- Persistent nausea or vomiting
- Fever, chills, and/or increased pain that is not relieved by pain medication
- You should also call anytime you feel that your condition is an emergency.

Your Child's Medication List

Your child has not been prescribed any medications.

Ex E

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF SPOKANE

AARON SURINA ^{AAS}
^{DMS}
Petitioner/Plaintiff(s).

VS.

BENJAMIN SRINIVASAN
SIRINYA SURINA
Respondent/Defendant(s).

2:20-345-SMJ
20202975-32 / 20203021-32
CASE NO. PENDING

MOTION TO EX PEDITE HEARING
(Type of Document)

I, AARON SURINA, 43 years young humbly
request to this honorable court relief
from further action prior to A HEARING, OR
NEW EVIDENCE FILED ON 11/9/2020 UNDER THESE
ACTIVE CASE #'S AND AS RECOMMENDED AND
PUT ON RECORD NOV 6, 2020 IN EX PARTE
UNDER SPOKANE COUNTY SUPERIOR COURT.

PLEASE ORDER EXPEDITED REVIEW DURING HEARING
ON NOV 10, 2020 @ 9:00 AM in response to
a non scored petition for writ of Habeas Corpus.

Dated: 11/9/2020

Signed

[Signature]
Plaintiff/Petitioner or Defendant/Respondent

Address 1700 N. STINSON

State ID

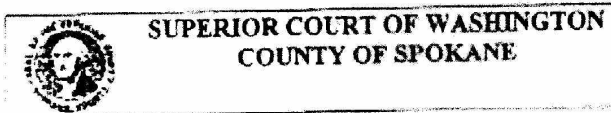
ZIP 83835

Ex. E

Exhibit

US DISTRICT COURT a
EASTERN DIVISION OF WASHINGTON

(Clerk's Date Stamp)



SUPERIOR COURT OF WASHINGTON
COUNTY OF SPOKANE

Petitioner(s): Aaron Surina Dms
AAS

vs.

Respondent(s): Sawya Surina
DeJames Smith

Waedt

2:20-345-SMJ

2020 2975-32

CASE NO. 2020 3102-32

ORDER 17-3-01817-0

(OR)

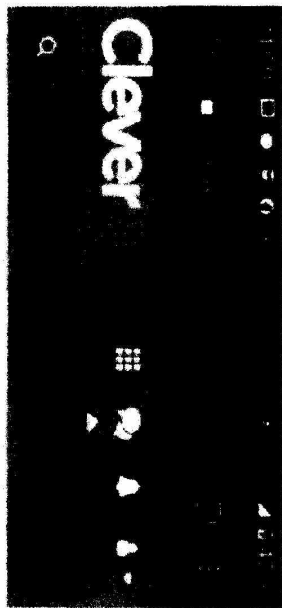
I. BASIS

Aaron Surina moved the court for Shortened time
to review evidence - (Hearing on 11/10/20 for
Emergency Protection Order)

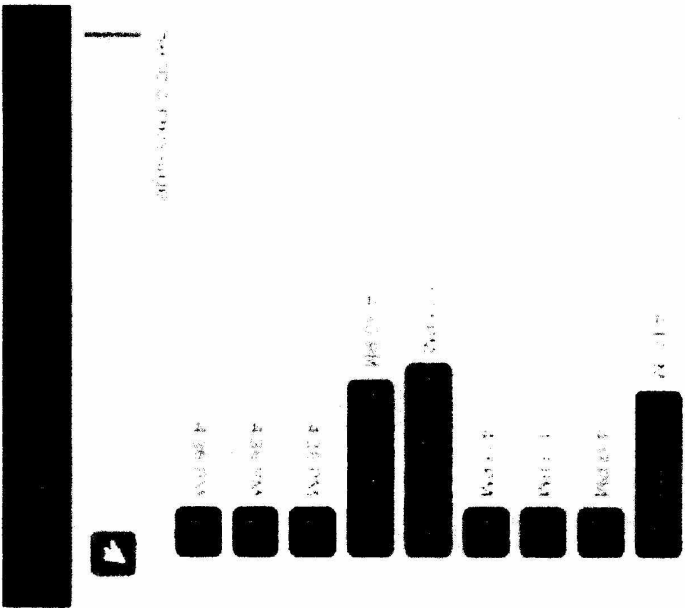
II. FINDING

After reviewing the case record to date, and the basis for the motion, the court finds that:

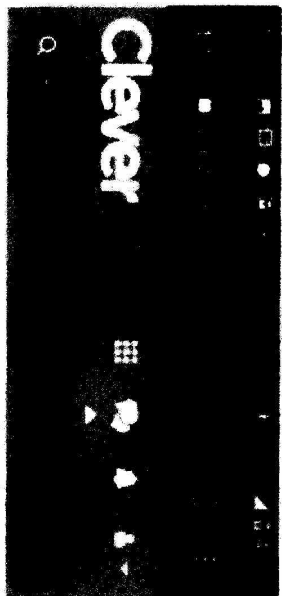
good cause exists to review new evidence
relative to tomorrow's hearing on a writ
of ^{habeas} corpus - Shorten time on existing
Petition for continued Protection,



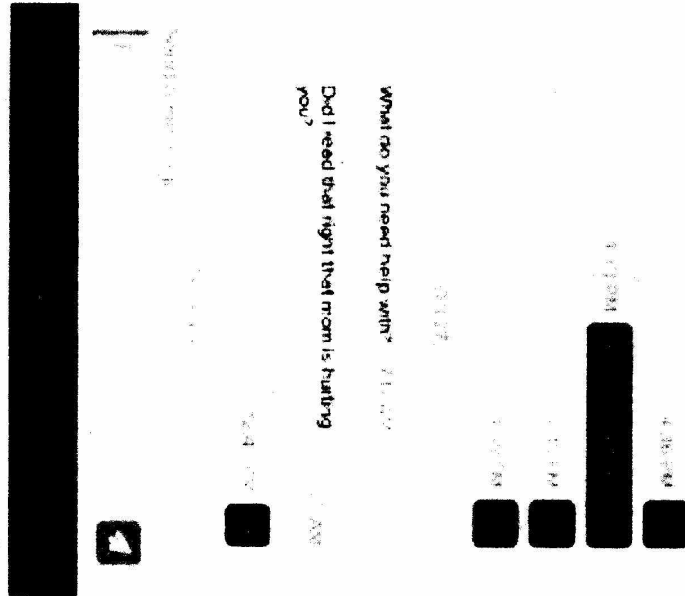
← K. Stevens



Ex F



← K. Stevens



Ex G.

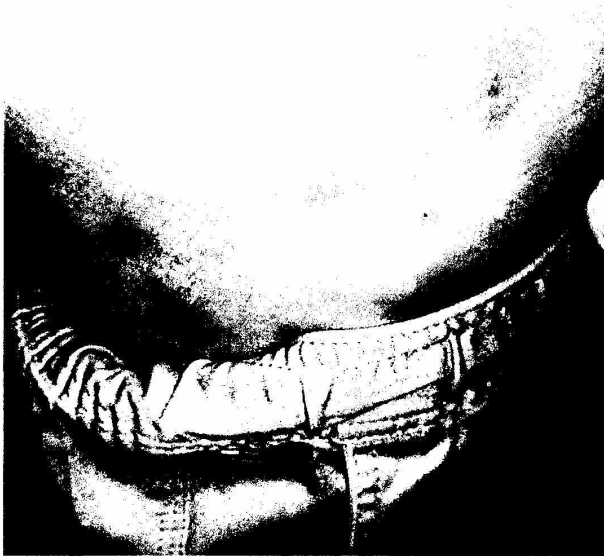


2 likes

ohsosway Mother and Son! 📷

Ex H.

AAS and DMS as picked up from Moms – Fall 2020



Ex H.



Bruises from Mom's House



Ex I

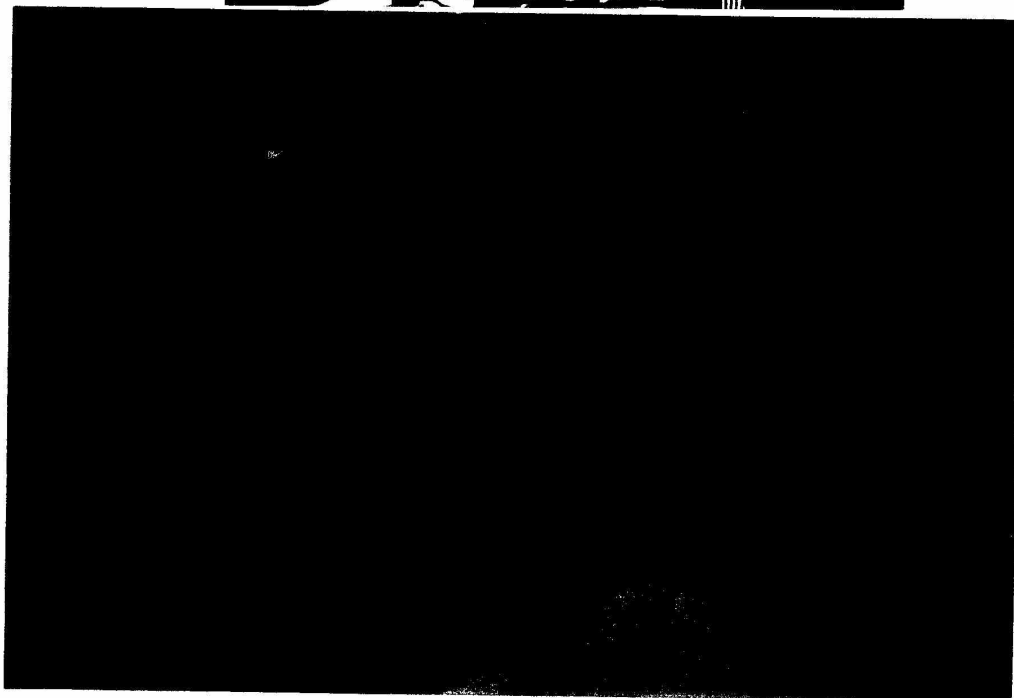
Bruises
and
Burns
from Mom's
House



Ex I

Bruise
and
cut eye
from Mom's
nouse

(MORAGES DAY 2020)
ended up at SAMC
Pediatric ER.





? →
e

EX I

Bruises
from
mom's
house



Ex J

Boys with Dad



Ex J



Boys with Dad



Exhibit J

Surina Boys heading into Court with Dad
11/10/2020 -

