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**IN THE COURT OF COMMON PLEAS FOR PHILADELPHIA COUNTY**
**FAMILY COURT DIVISION – JUVENILE BRANCH**

In the Interest of [redacted] : CP-51-DP-[redacted]
: FN-[redacted]

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**MOTION FOR REUNIFICATION**

AND NOW, [redacted], (hereinafter "Mother"), pursuant to the primary purposes of the Juvenile Act, 42 Pa.C.S. § 6301(b)(1), to "preserve the unity of the family whenever possible" and "separate[] the child[ren] from parents only when necessary for [their] welfare, safety or health," hereby requests this Honorable Court grant her *Motion for Reunification* so that her daughter, [redacted] ("the Child"), may be safely and immediately reunified with her, and in support thereof avers the following:

1. On March 20, 2019, the Honorable [redacted] adjudicated the Child dependent based on a Dependency Petition filed by the Department of Human Services of the City of Philadelphia ("DHS"). Judge [redacted] also found that Mother was a perpetrator of child abuse under the Child Protective Services Law ("CPSL"). The Child received a second degree burn after she accidentally knocked over a hookah that was being used in Mother's home and the hot coals burned the skin on her chest. Instead of taking the Child immediately to the hospital, Mother attempted to self-treat the wound. The next day, a paternal aunt took the Child to the hospital, where her wound was treated

with an ointment. See paragraphs 39-42, infra. The Child was committed to the custody of DHS and placed in foster care, where she remains.

2. Mother is fully compliant with her court-ordered case plan objectives.

3. On January 9, 2020, Mother completed a parenting course at the Achieving Reunification Center ("ARC"). See Exhibit A.

4. On February 7, 2020, Mother completed a housing assistance course at the ARC. See Exhibit B.

5. Mother's last two random drug screens, on February 18, 2020 and March 18, 2020, at the Clinical Evaluation Unit ("CEU") were **negative** for all substances. See Exhibit C. Previously, Mother's drug screens were positive for marijuana. She has **never** tested positive for any other illicit substance. Mother has not been able to complete random drug screens since March 2020 due to the closure of the CEU at Family Court as a result of the COVID-19 pandemic, but avers that she remains substance free.

6. On March 2, 2020, Mother completed a dual-diagnosis assessment at the CEU. On March 16, 2020, the CEU referred Mother for outpatient treatment at Merakey-Temple Health Episcopal Hospital ("Merakey"), located at 100 E. Lehigh Avenue, Philadelphia, PA 10125. See Exhibit D. Mother was scheduled for an intake at Merakey on March 25, 2020. However, Merakey was closed when she arrived due to COVID-19. Upon information and belief, CUA advised Mother that certain agencies were providing virtual treatment, including the Wedge. Subsequently, Mother attended the Wedge for an intake appointment.

7. The Wedge conducted an intake assessment to determine the appropriate service for Mother. The Wedge referred Mother for Intensive Outpatient Treatment ("IOP") due

to her history of marijuana use. The Wedge did not refer Mother for outpatient mental health treatment.

8. Mother has been attending Intensive Outpatient Treatment ("IOP") at the Wedge since mid-April 2020. Mother attends group sessions three days per week. These group sessions are each three hours long. Mother also attends individual sessions with her counselor twice per month or more, as needed. Mother has been compliant with her treatment at the Wedge, and has completed her treatment goals. Her most recent treatment plan is attached hereto as Exhibit E.

9. During this time, Mother was pregnant with her second child to whom she gave birth on June 23, 2020. Mother's pregnancy was high-risk, which limited her ability to travel outside of the house. The baby is **safe in her care** under a Safety Plan, and has been since she was discharged from the hospital.

10. Under the Safety Plan, CUA conducts weekly home safety assessments at Mother's home. No issues regarding the safety of Mother's newborn child have been reported during any of these safety visits since they began upon the baby's discharge from the hospital.

11. Upon information and belief, the CUA case manager contacted Mother's individual counselor at the Wedge, Ms. [redacted] and inquired as to whether Mother was receiving or needed mental health treatment as a part of her treatment plan at the Wedge. Ms. [redacted], who had been Mother's counselor at the Wedge for several months, explained that she did not feel that Mother needed mental health treatment at this time, and that she was open in her groups and demonstrated appropriate coping strategies in her group and individual sessions. Furthermore, Ms. [redacted] explained that the Wedge conducted an intake assessment for Mother when she first sought treatment, and the

intake assessor determined that Mother did not have any unmet mental health needs that could not be addressed through IOP treatment (group and individual sessions) and therefore did not refer her for mental health outpatient treatment.

12. Despite receiving this information from Mother's treatment team at the Wedge, CUA and DHS insisted that Mother engage in mental health as a condition for reunification. Upon information and belief, DHS believes Mother needs mental health to take responsibility for the circumstances which led to her daughter, the Child, being placed out of her care. Upon information and belief, Mother has expressed regret regarding what happened to her daughter, L.B., and articulated that she has learned from her mistake in multiple treatment settings (*e.g.* IOP, individual therapy, interactions with CUA, etc.). Moreover, Mother, in fact, expressed this sentiment during the adjudicatory hearing well over a year ago, where she testified on her own behalf and expressed regret for what happened to the Child and her role in it:

> [THE CHILD ADVOCATE]: Okay. And you admit that you should have taken your child to the hospital?
>
> [MOTHER]: Yeah. I do admit that was a poor, you know, poor judgement.

N.T. at 70:13-14.[1]

13. Importantly, during the dispositional phase of the adjudicatory hearing, the Assistant City Solicitor ("ACS") specifically requested that Mother be referred for a Parenting Capacity Evaluation ("PCE"), but Judge [redacted] **denied that request**. See N.T. at 78:16-20 ("I'm not ordering her to go for a Parenting Capacity Evaluation at this

[1] The transcript from the adjudicatory hearing is attached hereto for the Court's convenience as Exhibit F.

point."). Now, DHS and CUA wish to force Mother to engage in mental health treatment which she clinically does not need, to address supposed capacity concerns, before she can reunify with her daughter.

14. Nonetheless, in order to satisfy any outstanding obligations for reunification, Mother completed a psychiatric evaluation through the Wedge on August 6, 2020. See Exhibit G. The psychiatric evaluator, Dr. [redacted], MD, Assistant Medical Director at the Wedge, diagnosed Mother with a primary diagnosis of cannabis dependence (in remission), nicotine dependence (active). **Her main psychological stressor is regaining custody of her daughter**. See Exhibit G at 5. Dr. [redacted] "Diagnostic Impressions and Evaluation Summary" states as follows:

> 26 yr old female with cannabis use disorder and tobacco use disorder – with no childhood trauma, no psychiatric hospitalizations,; no suicide attempts; no p; sober psychotropics since Sept 2019. No mood sx, no depression/anxiety/psychosis/trauma. **Intrinsic motivation for sobriety**. **Adherent to treatment plan**.

Id. (emphasis added).

15. Upon information and belief, Mother was transparent during her evaluation with Dr. [redacted] and articulated to Dr. [redacted] the reason why her daughter was removed from her care by DHS. Id. at 1. Dr. [redacted] had no concerns with Mother's transparency during her evaluation of her.

16. Dr. [redacted] treatment recommendation, as listed in the evaluation, is simply for continued IOP. Id. at 5-6. Dr. [redacted] did **not** recommend Mother for any mental health treatment beyond what is offered through IOP. She was **not** referred for mental health outpatient treatment; psychiatric rehabilitation; psychiatric hospitalization; or any

other form of mental health treatment. Id. Dr. [redacted] did **not** recommend Mother be prescribed medication. Id. at 6.

17. Despite the professional recommendations of Dr. [redacted] and Mother's compliance with her Wedge treatment plan, DHS continued to insist that Mother engage in mental health treatment. To satisfy DHS's demand, Mother requested to be enrolled in outpatient mental health treatment through the Wedge.

18. In order to enroll Mother in mental health outpatient treatment, the Wedge performed another assessment for Mother in order to assign her a diagnosis under the DSM-V. The Wedge assessed Mother on August 19, 2020 and added "adjustment disorder" to the list of diagnoses that Dr. [redacted] identified. Upon information and belief, Dr. [redacted] did not believe, based on her assessment, that Mother met the diagnostic criteria for adjustment disorder during her August 6, 2020 evaluation. There is no reason to suspect that Mother has acquired a new mental health disorder in these intervening weeks; rather, upon information and belief, the Wedge added this disorder in order to provide a medical basis for enrolling Mother in mental health outpatient treatment.

19. Mother began mental health outpatient treatment in September 2020. She has attended approximately four or five outpatient mental health sessions. According to her therapist, Mr. [redacted], she is compliant and making good progress in her treatment.

20. Accordingly, Mother is compliant with her dual-diagnosis Single Case Plan goal.

21. Mother applied for and receives unemployment insurance. Prior to the COVID-19 pandemic, Mother was employed at Patriot Home Care. On September 2, 2020,

Mother began working as a Home Health Aid through Patriot Home Care again. Accordingly, she is in compliance with her case plan objective of obtaining employment.

22. Mother consistently visits with her daughter, [redacted] From March through August, Mother attended virtual visitation twice weekly. The CUA visitation coach/case aide who supervised the visits until September 2020, Ms. [redacted], provides glowing reports about Mother's care for her daughter during the visits. On May 1, 2020, Ms. [redacted] wrote an email note to Mother's Peer Parent Advocate from Community Legal Services, Inc., indicating her impressions of Mother and the Child during the visitation. CUA leadership, including the CUA case manager, CUA supervisor, Mr. Sanders, and CUA director, Ms. [redacted], on the case were all copied on this email so were on notice of the positive report. The letter states:

> Since my time here at turning points [the CUA agency providing case management] ( since January, I can only speak for my interactions only) and supervising the [redacted] case, **[Mother] has not missed any visits except for 1 and that was because you all were in court that day other wise [Mother] confirms and attends all of her visits**. **During this trying time of this pandemic and not being able to see [redacted] Physically, [Mother] has not missed a beat or a virtual visit**. **The bond they share is great and she has a ton of family support**. **[Mother] and her sisters express their love for [redacted] every encounter they have with her by sharing stories and memories of [redacted] since shes been separated from them. Even when trying times arosed [Mother] dealt with them and kept positive energy during her visit with [redacted]. While in their visits ( When we were in person) [Mother] is very attentive and engaging with [redacted], from reading books, playing with dolls or watching movies on her phone. [Mother] brings [redacted] favorite food and snacks to every visit faithfully**. **Now that our day to day life has changed substantially shes still engaged with [redacted] by playing online games together during our virtual visit, singing and dancing ( as much as she can) with [redacted] and talking about [redacted] sibling that's to come.**

See Exhibit H (emphasis added).

23. Mother's Peer Parent Advocate communicated via telephone with Ms. [redacted], the case aide, on July 27, 2020, to inquire about her impressions of the visits

since May 1, 2020 (the date of the first correspondence). Ms. [redacted] informed the Peer Parent Advocate that Mother had not missed any virtual visits with [redacted] since May 1, 2020, and even attended a visit the day she went into labor with her newborn daughter. Ms. [redacted] informed the Peer Parent Advocate that the Child states, during visitation, that she "misses her Mother." Upon information and belief, the Child wishes to return home to live with her Mother and newborn sister.

24. Mother and Child had their first in-person visitation since before March 16, 2020 on September 9, 2020. This visit was held at Turning Points for Children. Upon information and belief, the Child was extremely excited to see her Mother. Mother overheard the Child in the hallway state, "this is where I come to see my mommy." Mother reports that when the Child entered the visitation room at the CUA agency and saw her Mother, she ran up to her and gave her a big hug. Mother reports that at the end of the visit the Child asked, "am I going to see you again?" and stated that "she loves her [Mother]." Upon information and belief, Mother brings her baby daughter who is in her custody to the visits, and that the Child, [redacted], very much enjoys spending time with her younger sister. Mother has attended all of her in-person visits since September 9, 2020, and all have gone positively.

25. Upon information and belief, the Child was enrolled in trauma-based therapy at Children's Crisis Treatment Center ("CCTC") in April 2020. For whatever reason, CUA never informed Mother that Child had been enrolled in therapy at CCTC. When this information was presented during a Single Case Plan meeting on August 6, 2020, the DHS facilitator urged CUA to include Mother in her daughter's therapeutic treatment. **Immediately thereafter**, Mother was contacted by the CCTC therapist, who began caregiver sessions to introduce Mother to the Child's therapeutic treatment.

26. Mother's home is structurally appropriate and safe. She lives with her mother (the Child's maternal grandmother) and her newborn daughter.

27. On March 17, 2020, DHS filed petitions to involuntarily terminate Mother's rights to the Child and change the goal from reunification to adoption. To this date, there have only been only four permanency review hearings in this matter.[2]

28. A court hearing was scheduled for May 29, 2020, but was cancelled due to court closure as a result of the COVID-19 pandemic.

29. On August 12, 2020, the court scheduled a virtual court hearing via RingCentral for Friday, August 21, 2020.

30. On August 21, 2020, the Court granted a continuance request and scheduled a hearing for status of goal change/permanency review on **October 8, 2020 at 12:30 PM**.

31. Notwithstanding the petitions to terminate her parental rights and change the goal from reunification to adoption, **Mother avers that it no longer remains clearly necessary for the Child to remain removed from her care**, and that reunification is necessary to achieve the primary purpose of the Juvenile Act to maintain the family unit and separate children from their parents only to protect their health, safety, and welfare, and is in [redacted] best interests. See, e.g., In re Mary Kathryn T., 629 A.2d 988, 995 (Pa. Super. Ct. 1993) (citing In re Interest of M.B., 565 A.2d 804 (Pa. Super. Ct. 1989), and 42 Pa.C.S. § 6302) (primary purpose of Juvenile Act is to preserve the unity of the family whenever possible); In Interest of Ryan Michael C., 440 A.2d 535, 536-37 (Pa. Super. Ct. 1982) (citing 42 Pa.C.S. § 6301(b)(1)) (same).

[2] July 18, 2019; October 17, 2019; December 12, 2019; and February 20, 2020.

32. Under the Juvenile Act, children may be removed from their parents and placed in the custody of the State only upon a showing that removal and family separation is *clearly necessary* to protect the health, safety, and welfare of a child. Matter of Read, 693 A.2d 607, 609 (Pa. Super. Ct. 1997) ("If a child is adjudicated dependent under the Juvenile Act, he or she cannot be separated from his or her parents absent a showing that the separation is clearly necessary . . . . '[A] decision to remove a child from his or her parents' custody must be reconciled with the 'paramount purpose' of preserving family unity.'") (quoting In re S.M., 614 A.2d 312, 314-15 (Pa. Super. Ct. 1992)); 42 Pa.C.S. § 6301(b)(3).

33. Clear necessity for removal must be established by clear and convincing evidence, and, as such, is a demanding standard. See, e.g., In re A.L. 779 A.2d 1172, 1175 (Pa. Super. Ct. 2001). It is so demanding because parents maintain a fundamental liberty interest, enshrined in the Fourteenth Amendment to the United States Constitution, to the care, custody, and control over their children, even after children have been removed from their care by the State to protect their safety and well-being. See, e.g., Santosky v. Kramer, 455 U.S. 745 (1982). Accordingly, under the Juvenile Act and the Pennsylvania Rules of Juvenile Court Procedure, the juvenile court has an ongoing obligation to make a comprehensive inquiry into the well-being of children before the court and parents' progress toward alleviating the circumstances which led to the placement of the child. 42 Pa.C.S. § 6351(f) ("At each permanency hearing, a court shall determine all of the following: (1) [t]he continuing necessity for and appropriateness of the placement[;] (2) [t]he appropriateness, feasibility and extent of compliance with the permanency plan developed for the child[;] (3) [t]he extent of progress made toward alleviating the circumstances which necessitated the original

placement."); 42 Pa.C.S. § 6351(f.1) ("[At the permanency hearing] . . . the court shall determine one of the following: (1) [i]f and when the child will be returned to the child's parent, guardian or custodian in cases where the return of the child is best suited to the safety, protection and physical, mental and moral welfare of the child.").

34. In this case, it **no longer remains clearly necessary** for the Child to remain separated from her Mother. Mother has demonstrated that she is substance free through her two negative drug screens, as well as her consistent and positive engagement in IOP treatment at the Wedge. Mother's housing is appropriate and safe for the Child (and her newborn sister). Mother completed her court-ordered parenting and housing courses. Mother has always visited her daughter, and it is reported by CUA that these visits go extraordinarily well. Mother has engaged in outpatient mental health treatment at DHS and CUA's insistence, even though it was not clinically recommended by her treatment team at the Wedge. Accordingly, there is not clear and convincing evidence that it is clearly necessary for this Child to remain separated from her loving, caring Mother.

35. Moreover, **it is in [redacted] best interests to be reunified** with her Mother. Monique B. Mitchell & Leon Kuczynski, Does Anyone Know What Is Going On? Examining Children's Lived Experience of the Transition into Foster Care, 32 CHILD. AND YOUTH SERV. REV. 437, 442-43 (2010) (finding that children can be confused by the uncertainty of the situation of being placed in foster care; the child often has little to no understanding of the reasons she entered foster care, what "foster care" means, and how long she will have to stay in foster care); Catherine R. Lawrence, et al., The Impact of Foster Care on Development, 18 DEVELOPMENT AND PSYCHOPATHOLOGY 57, 58-59,

71-72 (2006)[3] (finding that removal and placement into foster care has been associated with negative developmental consequences that place children at risk for behavioral, psychological, developmental and educational issues that persist even after their time in foster care has concluded). Upon information and belief, the Child is upset at the conclusion of her visits because she is sad to leave her Mother and cannot go home with her. The Child has a baby sister with whom she is not able to develop a relationship with because she is placed in substitute care. The Child has a loving, capable Mother with whom she wishes to live. Accordingly, it is in her best interests to be reunified with her Mother.

36. This case originally opened because the Child suffered a burn after accidentally bumping into a hookah that was being used in Mother's home by her sister, the hot coal causing a second-degree burn on her chest. Mother, instead of immediately taking the Child to the hospital, attempted to treat the burn herself by applying topical ointment, Neosporin, which she purchased from RiteAid. Mother also purchased gauze, which she used to bandage the wound:

> MR. GIBBINS: Now, what did you in response to [the Child being burned], if anything?
>
> [MOTHER]: Immediately I went to Rite-Aid, got Neosporin, A and D ointment, burn cream, gauze, band-aides.
>
> . . .
>
> MR. GIBBINS: Now, did you apply any of those to the child's injury?

[3] Available at https://cca-ct.org/Study%20Impact%20of%20Foster%20Care%20on%20Child%20Dev.pdf.

[MOTHER]: Yes.

MR. GIBBINS: Okay. Tell the Court what you did?

[MOTHER]: I put the Neosporin on it, A and D ointment on it. . . .

. . .

MR. GIBBINS: What about the bandage?

[MOTHER]: Yes. I put the gauze over it. And it wouldn't stick so I had to put the band-aids on it over the corners just so it can stay on her chest.

N.T. at 64:4-23.

37. The paternal aunt, who brought the Child to the hospital, confirmed that Mother gave her Neosporin to treat the Child:

MR. GIBBINS: When Mother gave the Child to you.

[PATERNAL AUNT]: Yes.

MR. GIBBINS: After she came downstairs.

. . .

MR. GIBBINS: She told you the child had been burned, right?

[PATERNAL AUNT]: Yes, sir.

MR. GIBBINS: And she told you that she had administered some treatment?

[PATERNAL AUNT]: Yes.

MR. GIBBINS: To the child right away?

[PATERNAL AUNT]: Yes.

MR. GIBBINS: Did she tell you what it was?

[PATERNAL AUNT]: Neosporin, **and she gave me the bottle**.

N.T. at 53:24-25-54:1-14. (emphasis added).

38. Neosporin is an over-the-counter antibiotic. The active ingredient in Neosporin is Bacitracin. When the Child was taken to the hospital by a paternal aunt approximately one to two days later, the hospital admitted the Child and treated her burn wound. The hospital treated the Child with a single prescription of a topical ointment, Silvadene cream. A quick review of the differences between Neosporin and Silvadene indicates that both are used to treat second-degree burn wounds. For instance, The University of Wisconsin Health System has published literature on the treatment of second-degree burn wounds which states that "[t]hey *may be treated at home*, in the clinic or in the hospital" (emphasis added). See Exhibit J at 1. The University of Wisconsin fact sheet further indicates that second-degree burn wounds may be treated with *either* "Bacitracin or Silvadene dressing": "Apply a thin layer of **Bacitracin or Silvadene** antimicrobial cream or ointment to the burn two times per day . . . ." (emphasis in original). Id. Bacitracin is the **active ingredient** in Neosporin, which is the ointment that Mother provided to the Child after she was burned by the hookah coal. The U-W fact sheet further advises to call the doctor if "you have any signs and symptoms of infection: [r]edness . . . and welling around the burn[;] [f]oul smelling drainage from the wound[;] [f]lu-like symptoms . . . [;] [i]ncreasing burn pain not helped by prescribed pain medicine." Id. at 2.

39. At the adjudicatory and child abuse hearing, the only expert to testify regarding the Child's course of treatment was [redacted], who is a Physician's Assistant, not a medical doctor, nor board-certified dermatologist. There was no evidence that the Child displayed any signs of infection after Mother applied Neosporin to her wound. In fact, according to the medical records from [redacted], entered in into evidence at the adjudicatory hearing as DHS-1, the Child, when brought to the hospital the next day for

treatment, was experiencing **no pain or discomfort**: "Patient rates pain as 0 out of 10." See Exhibit I at 7. Her current symptoms were described as "mild." Id. She was described as "alert, happy, smiling and playful, interactive and playful, consolable . . . ." Id. at 8. The medical records confirm that "**[P]atient's condition relieved by over the counter medications, Neosporin**" (emphasis added). Id. at 7. No other problems were identified on the medical exam. There was no evidence that the Child had experienced signs of infection around the wound. Indeed, the medical records indicate "[n]o erythema or exudate." Id. at 8. Further, the same record states that "[h]istorian denies chills, . . . denies decrease activity, . . . denies fatigue, . . . denies fever," all signs of infection. Id. at 7. The Child's respiratory, cardiovascular, and neurological exams were all normal. Id.

40. Research has illuminated that poor parents, especially poor parents of color, have negative associations with child protectives services and fears of the punitive repercussions—including swift separation, which could, as the instant case demonstrates, be forever despite the Child's stated wishes—that may befall their families and children if they seek services, including medical care. See, e.g., Dorothy E. Roberts, The Racial Geography of Child Welfare: Toward a New Research Paradigm, 87 CHILD WELFARE 2 (2008)[4] (finding, through in-depth interviews with twenty-five (25) African-American women in a predominantly Black neighborhood in Chicago, that "[t]he residents were all aware of intense child welfare involvement in their neighborhood and identified profound effects on family and community social relationships, including interference with parental authority, damage to children's ability to form social relationships, and

[4] Available at https://cap.law.harvard.edu/wp-content/uploads/2015/07/robertsrd.pdf.

distrust among neighbors."); Kelley Fong, Concealment and Constraint: Child Protective Services Fears and Poor Mothers' Institutional Engagement, 97 SOCIAL FORCES 4, at 1-2 (2019) (sociological researchers from Harvard University finding, in a study of eighty-three (83) poor mothers in Province, Rhode Island, that mothers were acutely aware of their interactions with mandated reporting systems, including healthcare, educational, and social service systems, and, accordingly, "sought to shield areas of perceived vulnerability from view."). **This research *in no way* excuses Mother or absolves her of accountability for what happened to her daughter over a year ago; indeed, she has been found to be a perpetrator of child abuse and has expressed remorse and regret for her role in failing to take her daughter to the hospital after she was burned**. But it does help to contextualize Mother's behavior in seeking out over-the-counter treatment for the Child's wounds rather than taking her immediately to the hospital. (Not to mention that major university health systems, as previously discussed, recommend and approve Neosporin for home-based treatment of second-degree burns, which is the treatment Mother provided.) Mother comes from a community where DHS has a heavy presence; she has friends and family who have been affected by DHS intervention. She testified at the adjudicatory hearing that she treated [redacted] injury with an over-the-counter ointment, Neosporin, because she feared repercussions from DHS if she took L.B. to the hospital. N.T. at 34:13-19, 69:1-2. This resulted in the removal of her Child and her placement in foster care for over a year. Mother has held herself accountable by engaging in her treatment and case plan objectives. That is exactly what our laws and system demanded of her. And that is what she has done. Neither she nor the Child should be punished by State-sanctioned separation for any longer.

41. At this juncture, Mother has actively remedied the conditions which led to the Child's placement. The purpose of the Juvenile Act is, ultimately, oriented toward rehabilitation and growth. See Pa.R.J.C.P § 1608, cmt ("Permanency planning is a concept whereby children are not relegated to the limb of spending their childhood in foster homes, but instead, dedicated effort is made by the court and the county agency to **rehabilitate and reunite** the family in a reasonable time . . . .") (emphasis added). The preservation of the family unit is paramount. Under these principles, because Mother has actively engaged in her treatment and goals, and the Child is suffering as a result of remaining separated from her Mother, the circumstances which led to placement have been alleviated and the Child should be reunified with her Mother.

WHEREFORE, based on the foregoing, Mother respectfully requests that this Honorable Court grant Mother's *Motion for Reunification* and immediately reunify the Child, [redacted], with Mother and transfer legal and physical custody to Mother.

Respectfully submitted,

Date: October 2, 2020

___/s/_____
Alex M. Dutton, Esq.
COMMUNITY LEGAL SERVICES, INC.
Counsel for Mother, [redacted]

## VERIFICATION

I hereby verify that the statements made herein are true and correct to the best of my information, belief and knowledge. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsifications to authorities.

Date: October 2, 2020

___/s/_____
Alex M. Dutton, Esq.
COMMUNITY LEGAL SERVICES, INC.
Counsel for Mother, [redacted]

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**IN THE COURT OF COMMON PLEAS FOR PHILADELPHIA COUNTY**
**FAMILY COURT DIVISION – JUVENILE BRANCH**

In the Interest of [redacted] : CP-51-DP-[redacted]
: FN-51-[redacted]

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**ORDER**

AND NOW, this day of 2020, this Honorable Court hereby **ORDERS** and **DECREES** that Mother's Motion for Reunification is **GRANTED**, and the above-captioned Child ([redacted]) is hereby reunified with Mother.

Legal and physical custody is hereby transferred from the Department of Human Services to Mother.

BY THE COURT:

_____

**J.**

Alex M. Dutton, Esq.
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**IN THE COURT OF COMMON PLEAS FOR PHILADELPHIA COUNTY**
**FAMILY COURT DIVISION – JUVENILE BRANCH**

In the Interest of [redacted] : CP-51-DP-[redacted]
: FN-51-[redacted]

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**RULE**

On this day of 2020, a Rule is hereby granted upon the Department of Human Services, to show cause why Mother's *Motion for Reunification* should not be granted.

Rule returnable is scheduled for the day of 2020, at the Family Court of Philadelphia, 1501 Arch Street, Philadelphia PA, Courtroom , at a.m./p.m.

BY THE COURT:

_____

**J.**

Alex M. Dutton, Esq.
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**IN THE COURT OF COMMON PLEAS FOR PHILADELPHIA COUNTY**
**FAMILY COURT DIVISION – JUVENILE BRANCH**

In the Interest of [redacted] : CP-51-DP-0[redacted]
: FN-51-[redacted]

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**CERTIFICATE OF SERVICE**

Alex M. Dutton, Esq., counsel for Mother, [redacted], in the above matter, hereby certifies that he served a copy of Mother's *Motion for Reunification* to the following persons via by e-service and electronic mail in accordance with Pa.R.Civ.P § 208.2(4):

The Honorable [redacted]
Court of Common Pleas, Philadelphia
Family Division, Juvenile Branch
1501 Arch Street
Philadelphia, PA 19102

[redacted]
Assistant City Solicitor, Child Welfare Unit
City of Philadelphia Law Department
1515 Arch Street
Philadelphia, PA 19107
[redacted]

[redacted]
Guardian *ad Litem*
Child Advocacy Unit
Defender Association of Philadelphia

1441 Sansom Street
Philadelphia, PA 19102

[redacted]
Child Advocate Attorney
(expressed interests counsel)
[redacted]

[redacted]
Counsel for Father
[redacted]

Date: October 2, 2020

___/s/_____
Alex M. Dutton, Esq.
COMMUNITY LEGAL SERVICES, INC.
Counsel for Mother, [redacted]