



as an adult because their brains are not fully formed, but any minor who wants life altering, irreversible transgender puberty blockers or surgery, should get them online through the mail.

Unbeknownst to the Klostads, their daughter had threatened suicide via text to an acquaintance she barely knew but had met over the summer. This person took the call for help seriously and contact the Glasgow, MT Police Department. The local police responded with a phone call to the home around 1pm asking if their daughter was OK.

At no point did the officer request to see their daughter or mention that in cases where a minor threatens suicide it is required to “lay eyes” on the minor. Krista responded that her daughter was having a bad day, but was ok and if she had any concerns, or if the situation changed, she would drive her daughter to the hospital. The police officer then proceeded to end the call and Krista didn't know she should have asked follow-up questions of the officer to understand whether CPS would be involved and what to expect next. Had they asked follow-up questions they could have been better prepared.

At 7:40pm Cyndi Baillargeon of Child Protective Services (CPS) a department within Child and Family Services Division (CFSD) shows up at the Kolstad home while Krista was cooking dinner. Ms. Baillargeon asked to come in and speak with their daughter. Having nothing to hide, the Klostads invited Ms. Baillargeon in where Ms. Baillargeon notes the home is in good order with food etc., but also notes the father, Todd Kolstad is drinking a beer and in Ms. Baillargeon's opinion, dinner is being prepared late in the evening.

Ms. Baillargeon then proceeded to interview the Kolstad's daughter alone, outside the presence of her parents. Krista advises parents that when it comes to minors, parents have the right to be there when their child is being interviewed and to never allow any government official to speak to a minor without a parent being present and better yet, an attorney too. She also advises that parents should have a friend as a witness to any conversations between the parents and CPS.

After interviewing their daughter, Ms. Baillargeon speaks with the Klostads and Krista makes it very clear that their Christian beliefs do not allow for gender transitioning and it is the Kolstad's belief that their fundamental Christian values on gender transitioning caused CPS to build a case to take their child away instead of helping the Kolstad family stay intact.

Had the Klostads known then what they know now, they would not have invited the government into their home, to twist their living situation to fit a narrative to be used against them. The Klostads now know never to trust anyone with an email address that ends in mt.gov and they would have been prepared with an attorney present for the CPS inspection and interview.

What they didn't know was under current Montana law, CPS doesn't need a warrant to take your child.

Interestingly, in the 2023 legislative session, Jennifer Carlson sponsored House Bill 37 (HB 37) which required warrants in order for CPS to remove a child from their parents. HB 37 sailed through the house unanimously (100 votes which included every Democrat) and made it to Gov. Gianforte's desk for signature where he promptly vetoed it. A combination of democrats and republicans (42 of them in total) withdrew their support of the bill which



caused the override of the veto to fail. If Gov. Gianforte had signed HB 37, CPS would not have been able to take the Kolstad's daughter without a judge issuing a warrant. In a state that has a 300% higher rate of child removal than any other state, it seems a warrant could go a long way towards preventing abuse within the CPS system and keep more families intact. Three decades of NIH research evaluating the impact of family structure on the health and well-being of children demonstrates that children living with their married parents consistently have better physical, emotional, and academic well-being. CPS should promote the family structure and be extremely reluctant

to remove a child from the environment that is proven to be the best chance of producing healthy children.

After the interview, Ms. Baillargeon, in her authoritarian position as a CPS worker, suggests that it is best for the Kolstad daughter to be admitted to the hospital to ensure she hasn't ingested toxic chemicals and to get a mental health evaluation. The Klostads, having their daughter's health as their primary concern, agreed. What they didn't know at the time was their daughter was already taking puberty blockers she had obtained through a friend whom had purchased then online through Amazon. To this day, they wonder what affect those puberty blockers had on her mental state.

When a loved one is experiencing a mental health crisis, families often go to their local emergency room for help. However, this can set off a cascade of events that most people are unaware of and, quite frankly, blindsided by. The Klostads, like most parents, didn't realize there are laws that limit their role as a parent once their child is committed to the care of a doctor. This often shocks parents or angers them either because their child is or isn't getting the treatment they deem appropriate for them.

The law can be nuanced and complicated, and medical providers and law enforcement officers are not always aware of all of the provisions so it is incumbent on you the parent to understand the law and know your rights and this may include having an attorney on hand to defend your rights.

One key factor that hospital staff will determine when a patient shows up in their emergency room in mental health distress is whether the patient is a danger to themselves or others

Parental Rights in Montana Law

Per MCA 40-6-701 Section 2, which states: “All fundamental parental rights are exclusively reserved to the parent of a child without obstruction or interference by a government entity, including but not limited to the rights and responsibilities to do the following:

- (a) direct the education of the child, including the right to choose public, private, religious, or home schools and the right to make reasonable choices with public schools for the education of the child;
 - (b) access and review all written and electronic education records relating to the child that are controlled by or in the possession of a school;
 - (c) direct the upbringing of the child;
 - (d) direct the moral or religious training of the child;
 - (e) make and consent to all physical and mental health care decisions for the child;
 - (f) access and review all health and medical records of the child;
 - (g) consent before a biometric scan of the child is made, shared, or stored;
 - (h) consent before a record of the child's blood or DNA is created, stored, or shared, unless authorized pursuant to a court order;
 - (i) consent before a government entity makes an audio or video recording of the child, unless the audio or video recording is made during or as part of:
 - (i) a court proceeding;
 - (ii) a law enforcement investigation;
 - (iii) a forensic interview in a criminal or child abuse and neglect investigation;
 - (iv) the security or surveillance of buildings grounds, or transportation of students; or
 - (v) a photo identification card;
 - (j) be notified promptly if an employee of a government entity suspects that abuse, neglect, or a criminal offense has been committed against the child unless the parent is suspected to have caused the abuse;
 - (k) opt the child out of any personal analysis, evaluation, survey, or data collection by a school district that would capture data for inclusion in the statewide data system except data that is necessary and essential for establishing a student's education record;
 - (l) have the child excused from school attendance for religious purposes;
 - (m) participate in parent-teacher associations and school organizations that are sanctioned by the board of trustees of a school district; and
 - (n) be notified promptly if, and provide consent before, the child would share a room or sleeping quarters with an individual of the opposite sex on a school-sponsored trip. A child whose parent does not provide consent must be permitted to attend the trip and must be provided with reasonable accommodations that do not require the child to share a room or sleeping quarters with an individual of the opposite sex.
- (3) Except for law enforcement, an employee of a government entity may not encourage or coerce a child to withhold information from the child's parent and may not withhold from a child's parent information that is relevant to the physical, emotional, or mental health of a child.
- (4) This section may not be construed as invalidating the provisions of Title 41, chapter 3, or modifying the burden of proof at any stage of the proceedings under Title 41, chapter 3.
- (5) When a parent's fundamental rights protected by 40-6-702, 40-6-707, 41-1-402, 41-1-403, 41-1-405, and this section are violated, a parent may assert that violation as a claim or defense in an administrative or judicial proceeding and may obtain appropriate relief without regard to whether the proceeding is brought by or in the name of a government entity, a private person, or any other party. The prevailing party in an action filed pursuant to 40-6-702, 40-6-707, 41-1-402, 41-1-403, 41-1-405, and this section is entitled to reasonable attorney fees and costs.

which includes, as in the Kolstad case, when the individual has attempted suicide or threatened suicide and there is a reasonable probability of suicide unless adequate treatment is given.

The hospital that admitted their daughter for observation, provided “1:1 staffing” for her, meaning, at all times, there was at least one nurse assigned solely to observing her. Under the doctor’s care at the hospital where their daughter was receiving medical attention, she was not deemed a risk for suicide. However, the Kolstads couldn’t relax just because their daughter was in a hospital setting.

Immediately, the hospital staff defied the parents request in direct opposition to their religious beliefs, and refused to call their daughter by her biological name and instead continued to refer to their daughter as “Leo.” The Kolstads also objected to male toiletries and every objection by the parents was met with disdain from hospital staff. Per MCA 40-6-701 Section 2 (e), (See sidebar), the Kolstads parental rights over the medical decisions of their child were being violated.

Frustrated with the lack of ability to influence the care their daughter was receiving, Krista states, “I would be courtesy and kind, but firm and everyone of my requests was met with eye rolling and other body language which showed their contempt for us as parents. It was as if to say to us ‘you lost.’ You are now on our turf and have no power or authority over us or your daughter.”

No one is going to be more concerned for the well-being of a child than the child’s parents and the Kolstads were very concerned about their daughter’s threat to commit suicide and wanted her in a facility that would help her. They feared her fixation on transitioning was exasperating her mental state and wanted to seek the help she needed. When the Kolstads made the decision to send her to the hospital, they assumed like every parent would, that hospital staff would be just as concerned for their child’s well-being as they were. They had no idea the hospital would reinforce and normalize their daughter’s fixation on transgenderism against the families religious beliefs against it.

The decision to allow their daughter to be observed by the hospital was the first step that ripped authority away from this normal, middle-class family and started their battle with the medical industrial complex of transgendering and pitted them against the Montana Department of Public Health and Human Services, a \$7 billion dollar, 3000 employee department. Couple this against the background of hundreds of billions of dollars in grant money from the federal government going to LGBTQ+ causes and the billions in private foundation money, and you realize the enormity of the battle the Kolstads are fighting.

One of the hospital physician informed them their daughter was first on the waiting list for admission to a facility in Billings, Montana. Krista further explains the atmosphere at the hospital, “I was at the hospital from 8am to 6pm everyday asking the physician questions, when I realized the physician was referencing text threads from CPS—we were not included on. Here I am onsite and the staff are excluding us from information about our daughter, but they can manage to make the time to text CPS. I confronted the doctor about this and she brushed it off as CPS doing wellness checks which is routine.”

Things further deteriorated with the doctors assigned to their daughter’s care. By the second day, the doctor told the Kolstads she was going to prescribed Prozac for their daughter’s depression. The Kolstads asked for an alternative medication since they were aware of studies from the National Institutes of Health and other sources that confirmed Prozac could elevate suicidal tendencies.

It’s a common warning on the labels of antidepressant drugs: “may cause suicidal thoughts,” explains licensed clinical psychologist Dr. David Godot, with Psych Lab Psychology Center in an email. Some people who are depressed may think about committing suicide. So, it seems counterintuitive that medications, which are specifically formulated to treat depression, could have this side effect. “The name ‘antidepressants’ is kind of a marketing term that makes the problem of suicidality less understandable,” he adds. “Antidepressant medications do not actually reduce depression – they simply increase levels of certain neurotransmitters.



Forty years ago, researchers imagined that depression was caused by a shortage of those neurotransmitters. However, research has not supported that hypothesis at all. The brain is much more complicated than that.”

The doctor treating the Kolstad’s daughter was not used to having her authority challenged and rebuffed the Kolstads’s concerns, led to the doctor conferring more about their daughter’s health with the case workers than the parents despite Krista being at the hospital from 8am-6pm. Krista recounts how she was constantly being asked to leave and they would not send the therapists to see her daughter into later in the evening after she had left the hospital.

Krista feels they did everything they could to keep us from knowing what medical or psychological tests were being performed on our daughter. It honestly felt like they were grooming her behind our back by specifically using therapists and aides who were non-binary or gender fluid to care for her. The hospital even placed an aide named Deborah outside her door who spoke to her about being non-binary and going to Kalispell for top-surgery. When I brought this up, to both Ms. Baillargeon and the doctor, I was told ‘you should be more concerned about your daughters mental health then what Deborah is saying.”

Confused on who was on whose team and why they, the parents were left in the dark about their daughter’s care, Krista states, “We had no idea the doctor would be having meetings with the CPS case workers without inviting us or even notifying us.”

It is at this point that, per court documents, a bed in Helena did open up, but not only were the Kolstad’s not informed, their daughter was not moved there and no one really knows why.

By 7:30 pm on August 22, 2023, hospital staff has rotated and the hospital is calling to inform the Kolstads that a bed has opened up in Wyoming and their daughter needs to be immediately transferred. Not understanding the need to rush things and why their daughter cannot spend an extra night in the hospital, Krista interrupts the doctor in order to ask questions about what happened to moving her daughter to a bed in Montana and do her rights as a parent change when their daughter is moved to another state.

Krista can tell over the phone the doctor is feeling challenged and is urging her to move her daughter to the bed in WY. The tone of the conversation turns terse, as the doctor is extremely uncomfortable being asked questions and clearly doesn’t want to answer them. As Krista’s questions go unanswered, her concern level raises along with a lot of red flags. “I just wanted to know what protections and rights we had as parents and I was trying to get answers so we knew what to do, and would make an informed decision” she adds. When she pushes the hospital to wait until the next day the conversation ends.

Frantic after being hung up on by the doctor, the Kolstads are in for another surprise, when Ms. Baillargeon shows up on their doorstep within 10 minutes with all the paperwork in hand that says CPS is taking their child and they are not allowed to speak to or visit her.

So, while the minor is in a hospital setting in Glasgow, MDPHHS case workers petitioned a judge requesting an emergency removal because the minor was suicidal and an emergency situation existed, and their request was granted.

“We felt setup for failure,” Krista expresses. “We were not allowed to question anything, we

were’n told anything, and were intentionally kept in the dark and manipulated. To add insult to injury, whomever transported our daughter to WY, allowed her to use their phone to text family and friends and on their way out of town even allowed her to get out of the vehicle and go visit her friends and stop by her employer to tell everyone she was crazy and being sent to WY.”

Eventually, their daughter was moved from WY to a group home youth dynamics setting in Billings for several weeks before CPS released her to her biological mother in Canada. The Kolstads were allowed to visit in person and via zoom. So, when the therapist assigned to evaluate their daughter wore more eyeliner than anyone in the Kolstad family, and his painted nails and hair in a bun portrayed the image of a person who was gender fluid, the Kolstads were worried their daughter’s therapy might be biased. What they discovered is that the therapist was placing their daughter in an all boys group therapy session, referring to her as him, and helping her accept her new male identity. Despite these setbacks in the eyes of the Kolstads, upon their first in person session with their daughter, the therapist thought it went so well he told the Kolstad’s they should come back later than evening and take their daughter out to eat. However, upon returning to the facility, the therapist had to inform them, the CPS case worker, Ms. Baillargeon would not allow it.

Per court documents, physician’s notes say the minor was not suicidal or threatening harm so the Kolstads wondered how it was possible for CPS to get custody of their daughter. As a result, the Kolstads are now suing MDPHHS social workers Cyndi Baillargeon and Baillargeon’s supervisor, Crystal Whitmore, in federal court, for submitting a false affidavit for why they took custody of their daughter and for interfering with their religious freedoms and taking their child without due process. The parents allege several civil rights violations when the social workers placed the teen in a psychiatric facility in Wyoming, and barred the parents from communicating with her.

What is even more bizarre, is that court records show there were several different hospital settings where the minor could have been placed in Montana, but they not only didn’t choose to place the minor in a Montana location, they never notified the parents the option was even available. The case workers, through lies of omission, simply notified the parents the child was headed to a facility in Casper, WY and didn’t really give a say to the parents about it. Not only does this place the minor further away from her parents, it placed the minor in a state that does not have the same level of parental rights over a transitioning minor.

Ultimately, after a brief stay in Billings, CPS sent the Kolstads’s daughter to her biological mother, whom hadn’t seen her in over 7 years, and who now lives in Canada. They did this because the biological mother immediately agreed she would allow her to transition. One must also realize Canada is lax in regulations surrounding transgendering. Furthermore, now that she is living outside the country, Montana and the USA no longer have jurisdiction; thus, it is not clear if she will ever be allowed to return.

Each of the Kolstads were assigned a different public defender to represent them in court. The Kolstads didn’t have the financial ability to pay for a private attorney. But the adage you get what you pay for applies, because the advice the public defenders were giving the Kolstads was to not make waves and do whatever you are told to do regardless of whether you agree to it



or not.

“It was after we lost custody of our daughter that Ms. Baillargeon and her supervisor Crystal Whitmore, told us in order to even have an opportunity to see our daughter again, we would have to accept our daughter’s chosen identity as a male and go through marriage counseling, anger management and AA programs,” says Krista. “We never had issues with alcohol or our marriage and we told Ms. Baillargeon and Ms. Whitmore we were going to decline participation in those programs and our religious beliefs would never allow us to accept that our daughter was a male. This is when they laughed at us and told us we didn’t understand, ‘We had to accept these conditions,’ Krista emphatically stated.

“This was a setup by CPS to make us look like bad people and give them cover for taking away our daughter. This is how the government plays the system against good people,” stepmom Krista exhorts.

After spending five months in court proceedings attempting to regain custody of their daughter and having sought help from Montana elected officials with no success, the Kolstads realized all they had left was the court of public opinion. They needed to get out their side of the story. They also wanted to help any other family that may be going through a similar situation. That is when they posted a video online explaining what happened to them and how CPS gamed the system against them.

This is when the judge overseeing the Kolstads’s case, places a gag order against the Kolstads. The judge is furious the Kolstads have spoken directly with the public and orders the Kolstads

to immediately take down their video and demands them to not publicly talk about the case. The judge also mandated treatment plans for the parents which included marriage counseling, anger management and Alcoholics Anonymous programs.

Realizing the system is rigged against them and with the gag order in place against the, Governor Gianforte and Lt. Governor Juras go on social media in what the Kolstad’s attorney describes as a smear campaign against the Kolstads. The Governor’s Office insinuated there is more to the Kolstads’s story than the general public is privy to and that information not available to the public exonerates the actions of CPS. Lt. Gov. Juris went even further and personally spoke with several people and claimed the Kolstads’ lied about what happened to them and essentially CPS did the right thing by taking their daughter. The Kolstads’s lawyer responded by sending Lt. Gov. Juris a cease-and-desist letter. This letter threatens legal action against Lt. Gov. Juris if she doesn’t stop lying about the Kolstads.

Krista firmly believes that there would be no guarantee they would ever see their daughter again; especially, in light of the fact Montana allowed her to leave the country. So, to Krista, going to marriage counseling, Alcoholic Anonymous and anger management programs would not only legitimize CPS’ actions and the Governor’s smear campaign against them; but it would also be like taking a plea deal. The Kolstads want nothing to do with a system they view as corrupt, unjust and anti-Christian and they place Gov. Gianforte and his Lt. Gov. Juras at what they call the helm of the demonic Montana CPS enterprise that has a child removal rate **between two and three times the national average**, according to the latest national estimates.

As a result of the Gag Order and the comments from the Governor’s Office, the Kolstads faced bullying and physical threats to their lives by fellow Montanans. They also have lost all faith in their local police department and do not feel in the event of an emergency they would get unbiased response from them. Fearing for their safety and also for the safety of family and friends in the community, the Kolstads were forced to flee their home and are now living in another state.

At this point, the Kolstads feel they have lost everything: their daughter was taken away; they lost their sense of safety in their community’ were forced to move out of their dream-forever home they custom built; and live in another state all together. So they are now defying what they view as an unjust gag order and are speaking out about their ordeal at the hands of CPS and the Governor’s Office. “We felt utterly disparaged by the Governor’s and Lt. Governor’s comments about us. The Lt. Governor seemed to go out of her way to tell everyone she knew about how we were not fit parents and the nuances of things left unsaid that gave the appearance we were monsters,” added Krista.

Some grassroots activists say that going against establishment in Montana is akin to being placed on Stalin’s hit list-making Montana feel more like Moscow than Main Street. Perhaps that is how the Kolstads of Glaskow feel-like they have been exiled to Siberia by the Gianforte Governmental Complex that continues to back the Montana swamp against the rights of parents who, not only love their child, but want the best for that child. 🇺🇸