

Movant's Name: _____

Mailing Address: _____

Telephone No.: _____

☐ Movant ☐ Attorney for Movant

IN THE FAMILY COURT OF THE SECOND CIRCUIT

STATE OF HAWAI'I

In the Matter of) FC-M No. _____
)
) OBJECTION TO INTENDED DISCHARGE
_____,) OF RESPONDENT FROM ASSISTED
Respondent) COMMUNITY TREATMENT;
) <input type="checkbox"/> EXHIBIT A: PSYCHIATRIST'S
<input type="checkbox"/> a Minor) REPORT (Required);
_____) NOTICE OF HEARING

OBJECTION TO INTENDED DISCHARGE OF
RESPONDENT FROM ASSISTED COMMUNITY TREATMENT

I, _____
Name of Movant

object to the discharge of the Respondent from assisted community treatment. I hereby solemnly declare, under penalty of perjury, that it is Movant's good faith belief that the statements the statements made herein are true and correct:

1. The Movant is:

- ☐ a. an interested party as defined by sec. 334-122, Hawai'i Revised Statutes (HRS), and is the Respondent's ☐ parent ☐ grandparent ☐ spouse ☐ reciprocal beneficiary ☐ adult child ☐ sibling ☐ service provider ☐ outreach worker ☐ case manager
- ☐ b. was specified in the Order Granting Assisted Community Treatment as entitled to receive notice.
- ☐ c. _____

illness or substance abuse.

I believe this because of the following fact(s):

- (4) I believe Respondent, based on his/her treatment history and current condition continues to be in need of treatment in order to prevent a relapse or deterioration which would predictably result in the Respondent becoming imminently dangerous to self or others because of the following facts:

- (5) I believe the Respondent has a history of a lack of adherence to treatment for mental illness or substance abuse, and the Respondent's current mental status or the nature of the Respondent's disorder continues to limit or negate the Respondent's ability to make an informed decision to voluntarily seek or comply with recommended treatment because of the following fact(s):

- (6) I believe assisted community treatment continues to be medically appropriate and in the Respondent's medical interests because of the following fact(s):

- (7) I believe that, after considering less intrusive alternatives, assisted community treatment continues to be essential to prevent the danger posed by the Respondent because of the following:

WHEREFORE, the Movant respectfully requests:

- A. That a hearing on this *Objection to Intended Discharge of Respondent from Assisted Community Treatment* be heard prior to the intended date discharge of Respondent from assisted community treatment stated in paragraph no. 2 above.
- B. That, at the hearing, the Court make findings that the Respondent continues to meet the criteria for assisted community treatment as set forth in HRS sec. 334-121 and order the Respondent to continue the assisted community treatment for the unexpired period of its earlier order; and
- C. That the Court order such other and further relief as it may deem just and proper.

☐ Movant(s) request(s) further relief as follows:

DATED: _____, Hawai'i, _____.
(City) (Date)

☐ Attorney for Movant(s) ☐ Movant(s)



In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require a reasonable accommodation for a disability, please contact the ADA Coordinator at the Family Court Administration Office at PHONE NO. 244-2700, FAX 244-2704 OR TTY 244-2889 or via email at adarequest@court.hawaii.gov at least ten (10) working days prior to your hearing or appointment date. For all Civil related matters, please call 244-2706 or visit the Service Center at 2145 Main Street, Room 141, Wailuku, HI 96793

EXHIBIT A
(Attach Psychiatrist's Report)

IN THE FAMILY COURT OF THE SECOND CIRCUIT

STATE OF HAWAI'I

In the Matter of

) FC-M No. _____

)

) NOTICE OF HEARING

)

_____,

Respondent

)

)

[] a Minor

)

)

NOTICE OF HEARING

STATE OF HAWAI'I

TO:

Office of the Public Defender
ATTN: Assisted Community Treatment
Division
81 North Market Street
Wailuku, HI 96793

Name and Address of Respondent's Attorney

Name and Address of Respondent:

Name and Address of Legal Guardian(s):

Name and Address of Spouse/Reciprocal
Beneficiary:

Name and Address of Legal Parent(s):

Name and Address of Adult Child(ren):

Name and Address of Adult Child(ren):

Name and Address of Administrator and
Designated Mental Health Program:

Name and Address of Treating Psychiatrist:

Name and Address of Other(s):

Name and Address of Other(s):

Name and Address of Other(s):

Name and Address of Other(s):

YOU ARE HEREBY NOTIFIED that an *Objection to Intended Discharge of Respondent from Assisted Community Treatment*, a copy of which is attached, has been filed in this court objecting to the intended discharge of Respondent from the assisted community treatment previously ordered by the court.

YOU ARE HEREBY FURTHER NOTIFIED that hearing of the above-entitled matter is set for hearing on _____ at _____.m. before the presiding Judge of the Family Court at the Hoapili Hale Courthouse, which is located at 2145 Main Street, Third Floor, Wailuku, Hawai'i.

The purpose of the hearing is to determine whether the Respondent continues to meet the criteria for assisted community treatment as set forth in HRS sec. 334-121. If the Court finds that the Respondent continues to meet all of said criteria for assisted community treatment, the Court shall order the Respondent continue with his/her assisted community treatment for the unexpired period of its earlier order pursuant to HRS sec. 334-132(b). The Court may make other orders, as provided by law.

NOTICE IS HEREBY GIVEN OF THE FOLLOWING:

1. The Respondent is entitled to the assistance of an attorney. If the Respondent wants an attorney and is indigent, or if the Court determines that the assistance of an attorney is necessary, the Court shall appoint a Public Defender or other attorney.
2. This Notice of Hearing shall **not** be personally delivered between 10:00 p.m. and 6:00 a.m. on premises not open to the public, unless authorized in writing on the Notice of Hearing by a Judge of this Court that personal delivery is permitted during those hours.

DATED: Wailuku, Hawai'i, _____.

CLERK OF THE ABOVE-ENTITLED COURT



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