

Movant's Name: _____

Mailing Address: _____

Telephone No.: _____

Movant Attorney for Movant

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAI'I

In the Matter of _____) FC-M No. _____

_____)
Respondent) OBJECTION TO INTENDED DISCHARGE
OF RESPONDENT FROM ASSISTED
COMMUNITY TREATMENT;

Birthdate: _____ Male Female)
[] EXHIBIT A: PSYCHIATRIST'S
REPORT (Required); NOTICE OF
HEARING

[] a Minor _____)

OBJECTION TO INTENDED DISCHARGE OF
RESPONDENT FROM ASSISTED COMMUNITY TREATMENT

I, _____, object to the discharge of the
Name of Movant
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 mental health professional
- b. was specified in the Order Granting Assisted Community Treatment as entitled to receive notice.
- c. _____

2. Pursuant to the "Notice of Intent to Discharge Respondent from Assisted Community Treatment," Respondent will be discharged from assisted community treatment on

(Month/Day/Year)

3. Pursuant to sections 334-132 and 134 of the Hawai'i Revised Statutes (HRS), I request a hearing be held prior to the Respondent's intended discharge date to determine if the Respondent continues to meet the criteria for assisted community treatment set forth in HRS sec. 334-121.

4. Movant(s) assert(s) that the Respondent continues to meet each of the seven (7) criteria for assisted community treatment as set forth in HRS sec. 334-121(1)-(7) as follows:

(1) I believe the Respondent continues to be mentally ill or continues to suffer from substance abuse because of the following facts: _____

_____;

(2) I believe the Respondent continues to be unlikely to live safely in the community without available supervision based on the professional opinion of a licensed psychiatrist _____, whose opinion is reflected in his/her report which is attached as **Exhibit A**; and

(Name of Psychiatrist)

(3) I believe the Respondent, at some time in the past:
[] received inpatient hospital treatment for mental illness or substance abuse
[] was found to be imminently dangerous to self or others as a result of mental illness or substance abuse.

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

_____;

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 a hearing on this *Objection to Intended Discharge of Respondent from Assisted* 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)

Signature of Attorney for Movant(s)



In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require accommodation for a disability, please contact the ADA Coordinator at the First Circuit Court, Family Court office by telephone at 954-8200, fax 954-8308, or via email at adarequest@courthawaii.gov at least five (5) days prior to your hearing or appointment date.

Please call the Family Court Service Center at 954-8290 if you have any questions about forms or procedures.

EXHIBIT A
(Attach Psychiatrist's Report)

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAI'I

In the Matter of _____) FC-M No. _____
)
)
) NOTICE OF HEARING
)
 _____,)
 Respondent)
)
 Birthdate: _____ [] Male [] Female)
)
 [] a Minor)
 _____)

NOTICE OF HEARING

STATE OF HAWAI'I

TO:

Office of the Public Defender
 ATTN: Assisted Community Treatment
 Division
 1130 North Nimitz Hwy., Suite A-254
 Honolulu, HI 96817

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):

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 Ronald T.Y. Moon Kapolei Courthouse, which is located at 4675 Kapolei Parkway, Kapolei, 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: Kapolei, Hawai'i, _____.

CLERK OF THE ABOVE-ENTITLED COURT

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