

FAMILY COURT FIRST CIRCUIT STATE OF HAWAII	ORDER FOR PSYCHIATRIC EXAMINATION	CASE NUMBER FC-M No. _____
In the Matter of <div style="text-align: right; margin-right: 50px;">Respondent</div> <input type="checkbox"/> A Minor.	This document is prepared by: <input type="checkbox"/> Attorney for <input type="checkbox"/> Petitioner <input type="checkbox"/> _____ _____ Name _____ Address _____ City, State, Zip Code _____ Telephone Numbers	
Presiding Judge: _____	Hearing Date: _____	
Present at the hearing: <div style="margin-top: 10px;"> <input type="checkbox"/> _____, Petitioner </div> <div style="margin-top: 10px;"> <input type="checkbox"/> _____, Respondent </div> <div style="margin-top: 10px;"> <input type="checkbox"/> _____, _____ </div> <div style="margin-top: 10px;"> <input type="checkbox"/> _____, _____ </div> <div style="margin-top: 10px;"> <input type="checkbox"/> _____, _____ </div> <div style="margin-top: 10px;"> <input type="checkbox"/> _____, _____ </div> <div style="margin-top: 10px;"> <input type="checkbox"/> _____, _____ </div> <div style="margin-top: 10px;"> <input type="checkbox"/> _____, _____ </div>		

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____. Respondent has refused to be examined by a licensed psychiatrist as required by HRS sec. 334-126(h);

____. Respondent has refused the Court's request that he/she submit to be examined by a licensed psychiatrist;

____. There is sufficient evidence to believe that the allegations in the *Petition* to be true.

____.

____.

____.

____.

Therefore, the Court HEREBY ORDERS that:

____. The Respondent shall be committed to a psychiatric facility for examination for not more than forty-eight (48) hours;

____. The examining psychiatrist shall submit his/her findings and recommendations to this Court in the form of a written treatment plan pursuant to HRS sec. 334-126(h)

a. The treatment plan **shall address each** of the following issues:

- (1) Is the Respondent mentally ill or suffering from substance abuse?
- (2) Is the Respondent unlikely to live safely in the community without available supervision?
- (3) Has the Respondent, at some time in the past, (a) received inpatient hospital treatment for mental illness or substance abuse or (b) been found to be imminently dangerous to self or others as a result of mental illness or substance abuse?
- (4) Is Respondent, based on his/her treatment history and current condition, now in need of treatment order to prevent a relapse or deterioration which would predictably result in the Respondent becoming imminently dangerous to self or others?
- (5) Does the Respondent have a history of a lack of adherence to treatment for mental illness or for substance abuse, and does the Respondent's current mental status or the nature of the Respondent's disorder limit or negate the Respondent's ability to make an informed decision to voluntarily comply with recommended treatment?
- (6) Is the assisted community treatment medically appropriate and in the Respondent's medical interests?
- (7) After considering less intrusive alternatives, is assisted community treatment essential to prevent the danger posed by the Respondent?

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b. The Treatment Plan shall also include:

- (1) non-mental health treatment, if appropriate, and provide the rationale for the recommended treatment;
- (2) if treatment includes medication, provide a description of the types or classes of medication which should be authorized, and describe the physical and mental beneficial and detrimental mental effects of such medication;

DATED: Kapolei, Hawai'i, _____.

JUDGE OF THE ABOVE-ENTITLED COURT

Print Judge's Name: _____

c: Petitioner
Respondent
Treating Psychiatrist
Designated Mental Health Program
Others:



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 Family Court office by telephone at 954-8200, fax 954-8308, or via email at adarequest@court.hawaii.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.