
Name (and if appropriate, Attorney No.)

Address

City, State, Zip Code

Telephone No.

E-Mail Address

☐ Self-Represented Movant ☐ Attorney for Movant

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAII

IN THE MATTER OF) FC-M No. _____
)
) NOTICE OF INTENT TO DISCHARGE
) RESPONDENT FROM ASSISTED
) COMMUNITY TREATMENT
)
Respondent.)
Birthdate: _____)
☐ Male ☐ Female ☐ Other)
)
☐ a Minor.)
_____)

NOTICE OF INTENT TO DISCHARGE
RESPONDENT FROM ASSISTED COMMUNITY TREATMENT

STATE OF HAWAII

TO:

Name and Address of Guardian Ad Litem:

Name and Address of Respondent's
Attorney:

Name and Address of Respondent:

Name and Address of Respondent's
Spouse/Reciprocal Beneficiary:

Name and Address of Adult Child:

Name and Address of Adult Child:

Name and Address of Legal Guardian:

Name and Address of Administrator and
Designated Mental Health Program:

Name and Address of Other(s):

Name and Address of
Petitioner/Petitioner's Attorney

Name and Address of Legal Parent(s):

Name and Address of Adult Child:

Name and Address of Adult Child:

Name and Address of Treating Psychiatrist:

Name and Address of APRN and
Designated Mental Health Program:

Name and Address of Other(s):

YOU ARE HEREBY NOTIFIED that I, _____,
Respondent's treating ☐ psychiatrist ☐ advanced practice registered nurse with authority
and an accredited national certification in an advanced practice registered nurse (APRN)
specialization, intend to discharge Respondent from court-ordered assisted community
treatment on _____ because: HRS§334-131(a).
(Month/Day/Year)

- ☐ 1. The Order Granting the Petition for Assisted Community Treatment (Order) filed in
this case on _____ will expire on _____.
(Month/Day/Year) (Month/Day/Year)
- ☐ 2. The Respondent is no longer a property subject for assisted community treatment
by the criteria set forth in HRS §334-121.
- ☐ 3. It has been more than sixty (60) days since the most recent hearing involving
Respondent, held on (Month/Day/Year) _____, and Respondent
has met the criteria for assisted community treatment as set forth in HRS §334-121.

YOU ARE HEREBY FURTHER NOTIFIED that, pursuant to HRS § 334-131, any
person specified as entitled to receive this Notice who objects to the intended discharge on
the grounds that the Respondent is a proper subject for assisted community treatment, may
file a written objection with the Family Court and a hearing shall be set on the matter.

NOTICE IS HEREBY GIVEN that this Notice 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* by a Judge of this Court that personal delivery is permitted during those
hours.

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

Signature of Treating ☐ Psychiatrist ☐ Advanced
Practice Registered Nurse with prescriptive authority
and an accredited national certification in an APRN
psychiatric specialization



If you need an accommodation for a disability when participating in a court program, service, or activity,
please contact the ADA Coordinator as far in advance as possible to allow time to provide an
accommodation: Call the ADA Coordinator of the First Circuit Family Court Office at 954-8200, fax
954-8308, or send an e-mail to adarequest@courts.hawaii.gov. The ADA Coordinator will work to
provide, but cannot guarantee your requested auxiliary aid, service, or accommodation.

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