
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. _____

)

) OBJECTION TO INTENDED

) DISCHARGE OF RESPONDENT FROM

) ASSISTED COMMUNITY TREATMENT;

) ☐ EXHIBIT A; NOTICE OF HEARING

Respondent.

)

Birthdate: _____

)

☐ Male ☐ Female ☐ Other

)

)

☐ a Minor.

)

)

OBJECTION TO INTENDED DISCHARGE OF
RESPONDENT FROM ASSISTED COMMUNITY TREATMENT

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

1. I, the Movant,

☐ a. am an interested party as defined by section (§) 334-122, Hawai'i Revised Statutes (HRS) and am Respondent's ☐ parent ☐ grandparent
☐ spouse ☐ reciprocal beneficiary ☐ adult child ☐ sibling
☐ service provider ☐ outreach worker ☐ mental health professional
☐ case manager ☐ _____

☐ 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 HRS §§ 334-132 and 134, I request a hearing be held prior to the Respondent's intended discharge date to determine if Respondent continues to meet the criteria for assisted community treatment set forth in HRS § 334-121.

4. Movant asserts that, based on the professional opinion of a psychiatrist or advanced practice registered nurse (APRN) with prescriptive authority and an accredited national certification in an APRN psychiatric specialization (see **Exhibit A**), the Respondent continues to meet each of the four (4) criteria for assisted community treatment as set forth in HRS §334-121(1)-(4) as follows:

a. I believe the Respondent continues to be ☐ to be mentally ill ☐ continues to suffer from substance abuse because of the following facts:

_____ ; **and**

WHEREFORE, the Movant respectfully requests:

- A. That a hearing on this “Objection to Intended Discharge of Respondent from Assisted Community Treatment” (“Objection”) be held prior to the intended date of Respondent’s discharge from assisted community treatment as stated in paragraph number 2 above.
- B. That a hearing on this “Objection” be set to determine if the Respondent still meets the criteria for assisted community treatment as set forth in HRS § 334-121, and he/she continues to meet the criteria for assisted community treatment, that the court order Respondent to continue the 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 requests further relief as follows:

DATED: _____, Hawai‘i, _____
(City) (Date)

Signature of [] Self-Represented Movant
[] Attorney for Movant

EXHIBIT A

(Attach Report of the Psychiatrist or
Advanced Practice Registered Nurse with Prescriptive Authority and an
Accredited National Certification in an APRN Psychiatric Specialization)

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAII

IN THE MATTER OF

) FC-M No. _____

)

) NOTICE OF HEARING

)

)

)

Respondent.

)

Birthdate: _____

)

☐ Male ☐ Female ☐ Other

)

)

☐ a Minor.

)

)

NOTICE OF HEARING

TO THE JUDGE OF THE ABOVE-ENTITLED COURT:

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
Petitioner/Petitioner's Attorney

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

Name and Address of Legal Parent(s):

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 Other(s):

Name and Address of Adult Child:

Name and Address of Adult Child:

Name and Address Treating Psychiatrist:

Name and Address of APRN and
Designated Mental Health Program:

Name and Address of Other(s):

Name and Address of Other(s):

YOU ARE HEARBY 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 the above-entitled matter is set for hearing on _____ at _____ before the presiding Judge of the Family Court at the Ronald T.Y. Moon Kapolei Courthouse, 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 §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 § 334-132(b). The Court may make other orders as provided by law.

NOTICE IS HEREBY GIVEN OF THE FOLLOWING:

1. 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.

[] 2. _____

DATED: Kapolei, Hawai'i, _____.

CLERK OF THE ABOVE-ENTITLED COURT



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.