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☒ Defense Attorney
 ☐ Public Defender 808 274-3422
 ☐ Private Attorney _____
☒ Adult Probation 808 482-2652
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☐ 2nd Examiner Dr. _____
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IN THE _____ COURT OF THE FIFTH CIRCUIT

STATE OF HAWAII

STATE OF HAWAII,) **CR. No.** _____
) **FC-CR.** _____
) **REP. NO(S):** _____
)
 vs.) **[§§ 704-413(2), (3); 704-414; 704-415]**
)
 _____,) **ORDER AMENDING TERMS AND**
) **CONDITIONS OF ORDER GRANTING**
 Defendant.) **CONDITIONAL RELEASE; CONDITIONS**
) **OF RELEASE (AMENDED)**
)
) **Hearing Date:** _____
) **Judge:** _____
 _____)

**ORDER AMENDING TERMS AND CONDITIONS OF ORDER GRANTING
GRANTING CONDITIONAL RELEASE, CONDITIONS OF RELEASE (AMENDED)**

_____'s Application for
Modification of the Terms and Conditions of Conditional Release pursuant to Hawaii

Revised Statutes Sections 704-413 and 704-414 came on for hearing on _____ at _____ .m. Defendant's counsel, _____, and Deputy Prosecuting Attorney _____, were present. Defendant [] was physically present [] appeared via video-conferencing

The Court, having considered the Application, the examiner(s)' report(s), any testimony presented, the arguments of counsel, and the record and file in this case, finds by a preponderance of the evidence as follows:

1. Defendant is still affected by a physical or mental disease, disorder, or defect; and
2. Defendant's terms and conditions of Conditional Release may be modified without danger to self, or to the person or property of others.

IT IS THEREFORE ORDERED that:

1. The Application for modification of terms and conditions of Conditional Release is GRANTED.
2. A probation officer of this Court shall have supervision over Defendant, and shall instruct Defendant regarding the attached terms and conditions of release, as amended, and shall furnish a copy of this Order to Defendant.
3. Defendant's terms and conditions of Conditional Release are modified as noted in the attached AMENDED CONDITIONS OF RELEASE.
4. Defendant is ordered to appear at all review hearings set by this Court, the first of which is set for _____ at _____ .m.
5. The Amended Conditions of Release shall be signed by Defendant and filed herein.

DATED: _____ Hawaii, _____.

Judge

APPROVED AS TO FORM on _____:

Deputy Prosecuting Attorney

Defense Counsel

Defendant's Tel. No.: _____

Defendant's Email Address: _____

In the _____ Court of the Fifth Circuit, State of Hawaii

Case No. _____

CONDITIONS OF RELEASE

☐ **AMENDED**

TO: _____, Defendant:

YOUR RELEASE SHALL BE ON THE FOLLOWING TERMS AND CONDITIONS:

1. You shall not violate any federal or state laws.
2. You are placed under the supervision of a probation officer of the Adult Client Services Branch of the Fifth Judicial Circuit (or of such other jurisdiction to which you have been duly authorized to move), and you must follow all directions given to you by your probation officer.
3. You must at all times maintain mental health and/or psychiatric treatment, as directed by your probation officer, until you are clinically discharged. You must keep all appointments with your probation officer and all appointments for treatment. You must take all medication prescribed to you, as directed by your doctor(s). You must comply with the treatment plan developed by your treating mental health professional(s).
4. At any time, should any mental health professional treating you be of the opinion that you should be placed in the custody of the Director of Health for detention, care, and treatment, or that any changes to your Conditions of Release should be made, the treating mental health professional may make such a recommendation to your probation officer.
5. You must sign Waiver of Confidentiality form(s) to allow your probation officer and treatment team to monitor your compliance with drug and/or alcohol treatment, mental health treatment, and/or any other treatment required by your probation officer and these Conditions of Release.
6. Your probation officer shall have the right to ask your treating mental health professional(s) about your progress.
7. You must notify your probation officer of any change in your address or phone number, prior to changing your address or phone number.

8. You must not leave the island of Kauai (or other location to which you have been duly authorized to move) without first obtaining permission from your probation officer.
9. You must follow all instructions and directions given to you by your probation officer.
10. Pursuant to HRS Section 704-413, your probation officer may order you temporarily hospitalized for seventy-two (72) hours if there is probable cause to believe that you are in violation of these Conditions of Release.
11. If your whereabouts become unknown to your probation officer because of your failure to keep your probation officer informed, the Court may order your arrest. Any failure by you to comply with these Conditions of Release will mean that the Court can revoke your release and place you into the custody of the Director of Health for detention, care and treatment.
12. You may not own or possess any firearms, ammunition, or any dangerous instrument, as defined by law.
13. You must appear at all review hearings set by this Court, the first of which is for _____ at _____ .m.
14. Your further special conditions are as follows:
 - ____ A. You shall obtain professional mental health and/or case management services from _____, and you shall comply with the treatment plan developed for you. Pursuant to HRS Section 704-413(1), any mental health professional treating you shall promptly notify your probation officer should he/she/they believe that you are either not complying with your treatment plan or there is evidence that hospitalization is appropriate.
 - ____ B. You shall reside in a group home, care home, or other residence as approved by your probation officer, case manager, and/or treatment team, and you shall follow all house rules including curfew and travel restrictions.
 - ____ C. You shall participate in educational, vocational, and/or employment training and/or other activities as determined by your probation officer, case manager, and/or treatment team.
 - ____ D. You shall not possess or consume alcohol, illegal drugs and/or unprescribed drugs.
 - ____ E. You shall submit to drug and/or alcohol testing as directed by your probation officer, case manager, and/or treatment team. A positive test or a failure to provide a specimen within two (2) hours of

instruction may be considered prima facie evidence of a violation of your Conditions of Release.

___ F. You shall obtain and maintain outpatient and/or residential drug/alcohol treatment, including taking all prescribed medication and submitting to testing as instructed by your probation officer (including blood tests), until you are clinically discharged.

___ G. You shall attend sober support meetings as determined by your probation officer and submit verification of your attendance to your probation officer.

___ H. OTHER TERMS: _____

The foregoing terms and conditions have been explained to me, and I fully understand them and agree to abide by them in every way. A copy of these CONDITIONS OF RELEASE has been given to me.

Dated: _____
(Signature of Defendant)

I certify that I have explained the foregoing terms and conditions to the defendant. I believe the defendant understands the terms and conditions. The defendant has signed the CONDITIONS OF RELEASE in my presence.

Dated: _____
(Signature of Probation Officer/Witness)

(Print Name of Witness)