

FAX Distribution to:

- ☒ Prosecutor 808 241-1758
☒ Defense Attorney
 ☐ Public Defender 808 274-3422
 ☐ Private Attorney _____
☒ State Designate 808 832-1855
☐ 2nd Examiner Dr. _____
☐ 3rd Examiner Dr. _____
☒ KCMHC Forensics 808 241-3133
☒ AMHD Forensics 808 777-6169
☒ Sheriff Division 808 482-2389
☐ KPD Cellblock 808 241-1645
☐ KCCC 808 241-3059
☐ OCCC 808 832-1412
☒ HSH Forensics 808 236-8716
☐ Kahi Mohala 808 677-2810
☐ Other _____
☐ Other _____

**IN THE _____ COURT OF THE FIFTH CIRCUIT
STATE OF HAWAII**

STATE OF HAWAII,) **CR. No.** _____
) **FC-CR.** _____
) **REP. NO(S):** _____
)
 vs.) **[HRS § 704-406(1)]**
)
 _____,)
 Defendant.) **ORDER GRANTING RELEASE ON**
) **CONDITIONS AFTER COMMITMENT;**
) **RELEASE CONDITIONS**
)
) **Hearing Date:** _____
 _____) **JUDGE:** _____

**ORDER GRANTING RELEASE ON CONDITIONS
AFTER COMMITMENT, RELEASE CONDITIONS**

The above-entitled matter came on for hearing on _____ to consider the release of the Defendant on conditions after commitment pursuant to HRS Section 704-406(1). Defendant's counsel, _____, and Deputy Prosecuting Attorney _____, were present. Defendant [] was physically present [] appeared via video-conferencing.

[Check appropriate box below]

- ☐ This Court, having considered the matter of Defendant's release on conditions after commitment, the records and files in this case, and the arguments of counsel at the hearing, finds as follows:

OR

- ☐ The Court, having considered the stipulation between the parties to grant release on conditions to the Defendant, finds as follows:

1. Defendant was previously found unfit to proceed in this case and remains unfit to proceed at the present time;
2. Defendant had been committed to the care and custody of the Director of Health pursuant to HRS Section 704-406(1); and
3. Defendant can now be released from the custody of the Director of Health on conditions without danger to Defendant, or to another, or risk of substantial danger to property of others.

IT IS HEREBY ORDERED that:

1. Defendant shall be released from the custody of the Director of Health and placed on release on conditions, provided that Defendant shall remain at _____ until such time that bed space becomes available at _____.
2. Upon Defendant's release from the custody of the Director of Health, the Defendant shall be subject to the terms and conditions contained in the attached RELEASE CONDITIONS pursuant to HRS Section 704-406(1). The original RELEASE CONDITIONS shall be signed by Defendant and filed herein.
3. The Department of Health shall have supervision over Defendant, shall instruct Defendant regarding the terms and conditions of release, and shall furnish to Defendant a copy of this Order Releasing Defendant on Conditions after Commitment.
4. The Adult Client Services Branch shall provide Defendant's treating physician(s) with copies of all of Defendant's medical and mental health records in the possession of the probation office, to be used only for the purposes of care and treatment of the Defendant. The records shall be kept confidential pursuant to that physician(s)' policy and procedure concerning maintenance, transmission, and interchange of written, verbal, and/or electronically recorded protected health information and pursuant to applicable state and federal laws.

5. The Clerk of the Court shall provide a copy of the report(s) prepared by the examiner(s) appointed pursuant to HRS Section 704-404 to the Department of Health, along with a copy of this Order of release on conditions pursuant to HRS Section 704-406(1). The report(s) shall be kept confidential pursuant to Rule 9 of the Hawaii Court Records Rules and applicable state and federal law, and shall not be disclosed to any other person or agency.

6. DEFENDANT IS ORDERED to appear at all review hearings set by this court, the first of which is set for _____, at _____ .m.

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. _____

RELEASE CONDITIONS

☐ **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 case manager with the Department of Health, and you must follow all directions given to you by your case manager and treatment team.
3. You must maintain mental health and/or psychiatric treatment, as directed by your case manager, until you are clinically discharged. You must keep all appointments with your case manager 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 treatment team.
4. Your case manager or any mental health professional treating you shall promptly notify the Office of the Prosecuting Attorney should they believe that you are either not complying with your treatment plan or there is evidence that hospitalization is appropriate.
5. You must sign Waiver of Confidentiality form(s) to allow your case manager and treatment team to monitor your compliance with drug and alcohol treatment, mental health treatment, and/or any other treatment required by these Release Conditions.
6. You must notify your case manager of any change in your address or phone number, prior to changing your address or phone number.
7. You must not leave the island of Kauai (or other location to which you have been authorized to move) without first obtaining permission from the Court.
8. You shall follow all instructions and directions given to you by your treatment team.
9. The Court may order you temporarily hospitalized for seventy-two (72) hours for violating any of the terms of these Release Conditions.
10. You may not own or possess any firearms, ammunition, or any dangerous instrument, as defined by law.
11. You must appear at all review hearings set by this Court, the first of which is set

for _____ at _____ .m.

12. If your whereabouts become unknown to your case manager because of your failure to keep your case manager informed, the Court may order your arrest. Any failure by you to comply with all of the terms of your Release Conditions 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.

13. Your further special conditions are as follows:

- ___ A. You shall obtain professional mental health and/or case management services from the Department of Health, Adult Mental Health Division services provider, and you shall comply with the treatment plan developed for you.
- ___ B. You shall reside in a group home, care home or other residence as approved by your 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 other activities as determined by your case manager and/or treatment team.
- ___ D. You shall not possess or consume alcohol, illegal drugs, and unprescribed drugs.
- ___ E. You shall submit to drug and alcohol testing as directed by your 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 these Release Conditions.
- ___ 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 case manager (including blood tests), until you are clinically discharged with the agreement of your treatment team.
- ___ G. You shall attend sober support meetings as determined by your case manager and/or treatment team and submit verification of your attendance to your case manager and/or treatment team.
- ___ 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 RELEASE CONDITIONS has been given to me.

Dated: _____

(Signature of Defendant)

(Signature of Case Manager/Witness)

(Print Name of Witness)