

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)