

| | |
|---|----------------|
| STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT | CASE ID/NUMBER |
|---|----------------|

**PROPOSED
NOTICE OF HEARING**

IN THE MATTER OF

Respondent.

Birthdate: _____

☐ Male ☐ Female ☐ Other

☐ a Minor.

This document is prepared by:

☐ Self-Represented Petitioner

☐ Attorney for Petitioner

Name (and if applicable, Attorney No.)

Address

City, State, Zip Code

Telephone Number

E-Mail Address

I, the undersigned, hereby request that I be provided with a filed copy of the NOTICE OF HEARING above in the following manner:

☐ **MAIL** I have submitted, herewith (how many) self-addressed, postage prepaid envelope(s).
(I understand that the Court WILL NOT supplement cost of postage.)

☐ **PICK UP** I will return to PICK UP a copy from HO'OKELE, the FAMILY COURT SERVICE CENTER in Kapolei when notified by the Court.

☐ **ON OWN** I will PRINT, at my own expense, a copy from the Judiciary, State of Hawai'i, website - eCourt*Kokua (<https://www.courts.state.hi.us>)
(Estimated cost: \$3.00 per document, or 10 cents per page, whichever is greater. Certified copy is \$2.00 additional per document.)

Note: Confidential Cases are not accessible on eCourt Kokua.

| | | |
|------|----------------|-----------------|
| Date | Your Signature | Print Your Name |
|------|----------------|-----------------|

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAI'I

IN THE MATTER OF

) CASE NO.: _____

)

) NOTICE OF HEARING

)

Respondent.)

)

Birthdate: _____)

[] Male [] Female [] Other)

)

[] a Minor.)

)

NOTICE OF HEARING

TO THE JUDGE OF THE ABOVE-ENTITLED COURT:

STATE OF HAWAI'I

TO:

HRS §334-125(a)(2)

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
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 Respondent's
Closest Adult Relative:

Name and Address of Administrator and Designated Mental Health Program:

Name and Address of APRN and Designated Mental Health Program:

Name and Address of Treating Psychiatrist:

Name and Address of Other(s):

Relationship to Respondent: _____

Name and Address of Other(s):

Name and Address of Other(s):

Relationship to Respondent: _____

Relationship to Respondent: _____

Name and Address of Other(s):

Relationship to Respondent: _____

Name and Address of Other(s):

Relationship to Respondent: _____

YOU ARE HEARBY NOTIFIED that a *Petition for Assisted Community Treatment*, a copy of which is attached, has been filed in this court, alleging that the above-named Respondent should obtain assisted community treatment under Part VIII of Chapter 334, Hawai'i Revised Statutes.

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 should be ordered to obtain assisted community treatment. If the Court finds that the Respondent is mentally ill or suffering from substance abuse beyond a reasonable doubt, and that all of the other criteria in paragraph number 7 of the Petition have been met by clear and convincing evidence, the Court shall order the Respondent to obtain assisted community treatment for a period of not more than one (1) year. The Court may make other orders as provided by law.

YOU ARE HEREBY FURTHER NOTIFIED that the Respondent, has been assigned a guardian ad litem to represent the best interests of the Respondent throughout the proceeding, unless the court determined the existence of a guardian for the Respondent. The Respondent is also entitled to the assistance of his or her attorney and Respondent may contact his or her own attorney.

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 (808)954-8200, fax (808)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 (808)954-8290 if you have any questions about forms or procedures.