Prosecutor	
Defense Couns	sel
AMHD/Courts 8	& Corrections [fax: (808) 832-1855]
Sheriff Div.	[Hilo fax: (808) 933-8836; Kona fax: (808) 322-8788]
Probation	[Hilo fax: (808) 961-7676; Kona fax: (808) 443-2188]
HISC	[Hilo fax: (808) 933-8826; Kona fax: (808) 323-4571]
HCCC	[fax: (808) 933-0447]
AMHD, UM	[fax: (808) 453-6995]
Fiscal	

IN THE	COURT OF THE THIRD CIRCUIT
	DIVISION
	STATE OF HAWAI'I
STATE OF HAWAI'I	CASE NO
VS.	ORDER RELEASING DEFENDANT ON CONDITIONS AFTER COMMITMENT
	, [§704-406(1)]
Defendant.	Hearing Date
	Date:
	Time:
	Next Hearing
	 Date:
	Time:
	JUDGE:

ORDER RELEASING DEFENDANT ON CONDITIONS AFTER COMMITMENT

The above-entitled matter came on for hearing to consider the release of Defendant on conditions after commitment pursuant to Section 704-406(1), Hawai'i Revised Statutes ("HRS"), on ______ at _____.m. with Defendant \Box physically present \Box present by video. Defendant's counsel, ______, and the State of Hawai'i, represented by Deputy Prosecuting Attorney, ______, were also present.

The 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:

1. The 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 THEREFORE 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 a 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).

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

Hawai'i Court Records Rules and applicable state and federal law, and shall not be disclosed to any other person or agency.

	d to appear at all review hearings set by this Court, the atm.
DATED:	, Hawaiʻi,
	JUDGE OF THE ABOVE-ENTITLED COURT
APPROVED AS TO FORM on	:
Deputy Prosecuting Attorney	Defense Counsel
Print Name	Print Name
□ Hilo Office (808) 961-0466	□ Public Defender Hilo Office (808) 974-4571
□ Kona Office (808) 322-2552	□ Public Defender Kona Office (808) 327-4650
	Private Attorney Tel. No.:
Defendant's Tel. No:	
Defendant's Email Address:	

RELEASE CONDITIONS

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. 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 Hawai'i (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 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:
 - 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.
 - ☐ 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.
 - You shall participate in educational, vocational, and/or employment training and other activities as determined by your case manager and/or treatment team.
 - ☐ You shall not possess or consume alcohol, illegal drugs, and unprescribed drugs.
 - 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.

- □ 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.
- 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.

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 Witness

Print Name of Witness



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 at 808-961-7629, Fax 808-961-7577 or send an e-mail to <u>adarequest@courts.hawaii.gov</u>. The ADA Coordinator will try to provide, but cannot guarantee, the requested auxiliary aid, service, or accommodation.