

Prosecutor
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AMHD, UM [fax: (808) 453-6995]
Fiscal

IN THE _____ COURT OF THE THIRD CIRCUIT
_____ DIVISION
STATE OF HAWAI'I

STATE OF HAWAI'I

vs.

_____ ,

Defendant.

CASE NO. _____

**ORDER OF TEMPORARY
HOSPITALIZATION FOR NON-
COMPLIANCE WITH CONDITIONAL
RELEASE**

[\$704-413(1)]

JUDGE: _____

**ORDER OF TEMPORARY HOSPITALIZATION FOR NON-COMPLIANCE WITH
CONDITIONAL RELEASE**

The undersigned Probation Officer of this Honorable Court hereby finds as follows:

1. The undersigned Probation Officer is assigned to supervise the Defendant in the above-entitled case;
2. The Defendant was granted conditional release under terms and conditions pursuant to Section 704-411, Hawai'i Revised Statutes ("HRS") in the above-entitled case.
3. Pursuant to HRS Section 704-413, the undersigned Probation Officer finds probable cause for and HEREBY ORDERS temporary hospitalization of the above-named defendant for no more than seventy-two (72) hours on the following grounds:

- Defendant failed to continue obtaining mental health care and treatment
- Defendant failed to follow the prescribed treatment plan
- Defendant failed to take all prescribed medications
- Defendant failed to reside in the group home, care home, or other residence as directed by the case manager, mental health provider, and/or Probation Officer
- Other: _____

Given these circumstances, Defendant is in violation of the terms and conditions of Conditional Release and temporary hospitalization appears prudent and necessary at this time. The undersigned requests that a hearing be held within seventy-two (72) hours of the hospitalization of Defendant to determine if Defendant would benefit from further temporary hospitalization pursuant to HRS Section 704-413(4).

To effectuate the transport and immediate hospitalization of the Defendant, the undersigned Probation Officer:

- Submits herewith a proposed Order for Transport to Department of Health Facility for the Court's approval.
- Requests that the Court issue a Bench Warrant (MH-7.2) for the arrest and transport of Defendant to a Department of Health Facility.
- Other: _____

DATED: _____, Hawai'i, _____.

Probation Officer

Probation Officer's Printed Name

Approved by: _____
Probation Administrator/Supervisor



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 adarequest@courts.hawaii.gov. The ADA Coordinator will try to provide, but cannot guarantee, the requested auxiliary aid, service, or accommodation.