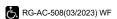
Prosecutor **Defense Counsel** AMHD/Courts & Corrections [fax: (808) 832-1855] Sheriff Div. [Hilo fax: (808) 933-8836; Kona fax: (808) 322-8788] Probation [Hilo fax: (808) 961-7676; Kona fax: (808) 443-2188] HISC [Hilo fax: (808) 933-8826; Kona fax: (808) 323-45711 HISC [Hilo fax: (808) 933-8826; Kona 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. _____ ORDER REINSTATING CONDITIONAL **RELEASE AND GRANTING THE** VS. WITHDRAWAL OF STATE'S MOTION TO **REVOKE CONDITIONAL RELEASE** [§704-413(1)] Defendant. **Hearing Date** Date: _____ Time: _____ **Next Hearing** Date: _____ Time: _____ JUDGE: ORDER REINSTATING CONDITIONAL RELEASE AND GRANTING THE WITHDRAWAL OF STATE'S MOTION TO REVOKE CONDITIONAL RELEASE The matter of the State's request to withdraw its Motion to Revoke Conditional Release of Defendant in the above-entitled matter came on for hearing before this Court on _____ at _____m. with Defendant



_____, and the State of Hawai'i, represented by Deputy

☐ physically present ☐ present by video. Defendant's counsel.

Prosecuting Attorney, _____, were also present.

The Court, having considered the request of the State, the records and file in this case, and for good cause appearing,

IT IS HEREBY ORDERED that:

- 1. The State's Motion to Revoke Conditional Release of Defendant in the aboveentitled matter is hereby WITHDRAWN;
- 2. The Defendant shall be released from the custody of the Director of Health forthwith;
- The Defendant shall remain subject to the terms and conditions of the Conditions
 of Release ordered by this Court prior to the filing of the State's Motion to Revoke
 Conditional Release; and

4. The Defendant is ord	The Defendant is ordered to appear for a review hearing on	
	at	m. in the above-entitled
Court.		
DATED:	, Hawaiʻi,	·
	JUDGE	OF THE ABOVE-ENTITLED COURT
APPROVED AS TO FORM	on	:
Deputy Prosecuting Attorne	 ey D	efense Counsel
Print Name		rint Name



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.