

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) 323-4571]  
HCCC [fax: (808) 933-0447]  
AMHD, UM [fax: (808) 453-6995]  
Fiscal

IN THE \_\_\_\_\_ COURT OF THE THIRD CIRCUIT  
\_\_\_\_\_ DIVISION  
STATE OF HAWAII

STATE OF HAWAII

vs.

\_\_\_\_\_

Defendant.

CASE NO. \_\_\_\_\_

**ORDER GRANTING APPLICATION FOR  
CONDITIONAL RELEASE OR  
DISCHARGE FROM THE CUSTODY OF  
THE DIRECTOR OF HEALTH**

**[§§704-412(1), (2); 704-414; 704-415]**

Hearing Date

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Next Hearing

Date: \_\_\_\_\_

Time: \_\_\_\_\_

JUDGE: \_\_\_\_\_

**ORDER GRANTING APPLICATION FOR CONDITIONAL RELEASE OR DISCHARGE  
FROM THE CUSTODY OF THE DIRECTOR OF HEALTH**

\_\_\_\_\_’s *Application for Conditional Release or  
Discharge of the Defendant from the Custody of the Director of Health* pursuant to  
Sections 704-412 and 707-414, Hawai‘i Revised Statutes (“HRS”), came on for hearing  
on \_\_\_\_\_ at \_\_\_\_\_ .m. with Defendant

physically present  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 Application, the examiner(s)' report(s), any testimony presented, and the arguments of counsel, finds by a preponderance of the evidence as follows:

1. **[Check ONE of the following boxes]**

The Defendant has been in the custody of the Director of Health for care and treatment for at least NINETY (90) days following an order of commitment pursuant to HRS Section 704-411(1)(a) regarding commitment of acquitted Defendants;

OR

The Defendant has been in the custody of the Director of Health for care and treatment for at least SIXTY (60) days following a revocation of conditional release pursuant to HRS Section 704-413; and

2. **[Check ONE of the following boxes]**

The Defendant is still affected by a physical or mental disease, disorder, or defect and may be placed on conditional release without danger to self, or to the person or property of others;

OR

The Defendant is no longer affected by physical or mental disease, disorder, or defect and may be discharged from the custody of the Director of Health without danger to self, or to the person or property of others.

IT IS THEREFORE HEREBY ORDERED that:

1. *The Application for Conditional Release or Discharge of the Defendant from the Custody of the Director of Health* is GRANTED; and

2. **[Check ONE of the following boxes]**

The Defendant shall be released on the terms and conditions contained in the attached CONDITIONS OF RELEASE. A probation officer of this Court shall have supervision over Defendant, and shall instruct Defendant regarding the attached terms and conditions of release, and shall furnish a copy of this Order to Defendant. 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 providing care and treatment of 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. Defendant is ordered to appear at all review hearings set by this Court, the first of which is set for \_\_\_\_\_ at \_\_\_\_\_ .m.

OR

The Defendant shall be released from the custody of the Director of Health forthwith and discharged from further Court supervision.

DATED: \_\_\_\_\_, Hawai'i, \_\_\_\_\_.

\_\_\_\_\_  
JUDGE OF THE ABOVE-ENTITLED COURT

APPROVED AS TO FORM on \_\_\_\_\_:

\_\_\_\_\_  
Deputy Prosecuting Attorney

\_\_\_\_\_  
Defense Counsel

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

Defendant's Tel. No: \_\_\_\_\_

Defendant's Email Address: \_\_\_\_\_

## CONDITIONS OF RELEASE

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 Probation Officer of this Court, and you must follow all directions given to you by your Probation Officer.
3. You must at all times maintain mental health and/or psychiatric treatment, as directed by your Probation Officer, until you are clinically discharged. You must keep all appointments with your Probation Officer 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 treating mental health professional(s).
4. At any time, should any mental health professional treating you be of the opinion that you should be placed in the custody of the Director of Health for detention, care, and treatment, or that any changes to your Conditions of Release should be made, the treating mental health professional may make such a recommendation to your Probation Officer.
5. You must sign Waiver of Confidentiality form(s) to allow your Probation Officer and treatment team to monitor your compliance with drug and alcohol treatment, mental health treatment, and/or any other treatment required by your Probation Officer and these Conditions of Release.
6. Your Probation Officer shall have the right to ask your treating mental health professional(s) about your progress.
7. You must notify your Probation Officer of any change in your address or phone number, prior to changing your address or phone number.
8. You must not leave the island of Hawai'i (or other location to which you have been duly authorized to move) without first obtaining permission from your Probation Officer.
9. You shall follow all instructions and directions given to you by your Probation Officer.

10. Pursuant to HRS Section 704-413, your Probation Officer may order you temporarily hospitalized for seventy-two (72) hours if there is probable cause to believe that you are in violation of these Conditions of Release.
11. Should your whereabouts become unknown to your Probation Officer because of your failure to keep your Probation Officer informed, the Court may order your arrest. Any failure by you to comply with these Conditions of Release 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.
12. You may not own or possess any firearms, ammunition, or any dangerous instrument, as defined by law.
13. You must appear at all review hearings set by this Court the first of which is set for \_\_\_\_\_ at \_\_\_\_\_ .m.
14. Your further special conditions are as follows:
  - You shall obtain professional mental health and/or case management services from \_\_\_\_\_, and you shall comply with the treatment plan developed for you. Pursuant to HRS Section 704-413(1), any mental health professional treating you shall promptly notify your Probation Officer should they believe that you are either not complying with your treatment plan or there is evidence that hospitalization is appropriate.
  - You shall reside in a group home, care home, or other residence as approved by your Probation Officer, 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 Probation Officer, case manager, and/or treatment team.
  - You shall not possess or consume alcohol, illegal drugs, and/or unprescribed drugs.
  - You shall submit to drug and alcohol testing as directed by your Probation Officer, 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 Conditions of Release.

- 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 Probation Officer (including blood tests), until you are clinically discharged.
- You shall attend sober support meetings as determined by your Probation Officer and submit verification of your attendance to your Probation Officer.
- 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 this Judgment of Acquittal and Order of Conditional Release 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 [adarequest@courts.hawaii.gov](mailto:adarequest@courts.hawaii.gov). The ADA Coordinator will try to provide, but cannot guarantee, the requested auxiliary aid, service, or accommodation.