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 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
 DISCHARGE FROM CONDITIONAL
 RELEASE AND FURTHER COURT
 SUPERVISION**

[§§704-413(2), (3); 704-414; 704-415]

Hearing Date

Date: _____

Time: _____

JUDGE: _____

**ORDER GRANTING APPLICATION FOR DISCHARGE FROM CONDITIONAL
 RELEASE AND FURTHER COURT SUPERVISION**

_____’s *Application for Discharge of the Defendant
 from Conditional Release and Further Court Supervision* pursuant to Sections 704-
 413(2) or (3) 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, the arguments of counsel, and the record and file in this case,
 finds by a preponderance of the evidence as follows:

[Check ONE of the following boxes]

Defendant, while still affected by a physical or mental disease, disorder, or defect, does not pose a danger to self, or to the person or property of others;

OR

Defendant is no longer affected by a physical or mental disease, disorder, or defect.

IT IS THEREFORE HEREBY ORDERED that:

1. The *Application for Discharge of the Defendant from Conditional Release and Further Court Supervision* is GRANTED; and

2. The Defendant shall be immediately discharged from the Conditions of Release and 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



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.