

STATE OF HAWAI'I FAMILY COURT THIRD CIRCUIT	CASE ID/NUMBER
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**PROPOSED  
NOTICE OF HEARING**

IN THE MATTER OF

Respondent.

Birthdate: \_\_\_\_\_

[ ] Male    [ ] Female    [ ] Other

[ ] a Minor.

This document is prepared by:	
[ ] Self-Represented Petitioner	
[ ] Attorney for Petitioner	
Name (and if applicable, Attorney No.)	
Address	
City, State, Zip Code	
Telephone Number	
E-Mail Address	

I, the undersigned, hereby request that I be provided with a filed copy of the NOTICE OF HEARING above in the following manner:

**MAIL** I have submitted, herewith (how many) \_\_\_\_\_ self-addressed, postage prepaid envelope(s).  
*(I understand that the Court WILL NOT supplement cost of postage.)*

**PICK UP** I will return to PICK UP a copy from Legal Documents Branch at [ ] Hale Kaulike; [ ] Keahuolu Courthouse when notified by the Court.

**ON OWN** I will PRINT, at my own expense, a copy from the Judiciary, State of Hawai'i, website - eCourt\*Kokua (<https://www.courts.state.hi.us>)  
*(Estimated cost: \$3.00 per document, or 10 cents per page, whichever is greater. Certified copy is \$2.00 additional per document.)*  
**Note:** Confidential Cases are not accessible on eCourt Kokua.

Date	Your Signature	Print Your Name
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IN THE FAMILY COURT OF THE THIRD CIRCUIT

STATE OF HAWAI'I

IN THE MATTER OF

) CASE NO.: \_\_\_\_\_

)

) NOTICE OF HEARING

)

Respondent.

)

)

Birthdate: \_\_\_\_\_

)

Male  Female  Other

)

)

a Minor.

)

)

NOTICE OF HEARING

TO THE JUDGE OF THE ABOVE-ENTITLED COURT:

STATE OF HAWAI'I

TO:

HRS §334-125(a)(2)

Name and Address of Guardian Ad Litem:

Name and Address of Respondent's  
Attorney:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Address of Respondent:

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Name and Address of Respondent's Spouse/Reciprocal Beneficiary:

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Name and Address of Adult Child:

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Name and Address of Adult Child:

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Name and Address of Legal Guardian

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Name and Address of Petitioner/Petitioner's Attorney:

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Name and Address of Legal Parent(s):

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Name and Address of Adult Child:

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Name and Address of Adult Child:

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Name and Address of Respondent's Closest Adult Relative:

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Name and Address of Administrator and Designated Mental Health Program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of APRN and Designated Mental Health Program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of Treating Psychiatrist:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of Other(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

Name and Address of Other(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of Other(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

Name and Address of Other(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of Other(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

**YOU ARE HEARBY NOTIFIED** that a *Petition for Assisted Community Treatment*, a copy of which is attached, has been filed in this court, alleging that the above-named Respondent should obtain assisted community treatment under Part VIII of Chapter 334, Hawai'i Revised Statutes. **YOU ARE HEREBY FURTHER NOTIFIED** that the above-entitled matter is set for hearing on \_\_\_\_\_ at \_\_\_\_\_ before the presiding Judge of the Family Court at [ ] Hale Kauliike, 777 Kilauea Avenue, Hilo, Hawai'i; [ ] South Kohala, 67-5187 Kamamalu Street, Kamuela, Hawai'i; [ ] Keahuolu Courthouse, 74-5451 Kamakaeha Avenue, Kailua-Kona, Hawai'i 96740

The purpose of the hearing is to determine whether the Respondent should be ordered to obtain assisted community treatment. If the Court finds that the Respondent is mentally ill or suffering from substance abuse beyond a reasonable doubt, and that all of the other criteria in paragraph number 7 of the Petition have been met by clear and convincing evidence, the Court shall order the Respondent to obtain assisted community treatment for a period of not more than one (1) year. The Court may make other orders as provided by law.

**YOU ARE HEREBY FURTHER NOTIFIED** that the Respondent, has been assigned a guardian ad litem to represent the best interests of the Respondent throughout the proceeding, unless the court determined the existence of a guardian for the Respondent. The Respondent is also entitled to the assistance of his or her attorney and Respondent may contact his or her own attorney.

**NOTICE IS HEREBY GIVEN OF THE FOLLOWING:**

1. This Notice of Hearing shall **not** be personally delivered between 10:00 p.m. and 6:00 a.m. on premises not open to the public, unless authorized in writing on the Notice of Hearing by a Judge of this Court that personal delivery is permitted during those hours.

[ ] 2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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



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.