
Name (and if appropriate, Attorney No.)

Address

City, State, Zip Code

Telephone No.

E-Mail Address

[] Self-Represented Petitioner Respondent

[] Attorney for Petitioner Respondent

[] _____

IN THE FAMILY COURT OF THE THIRD CIRCUIT

STATE OF HAWAII

IN THE MATTER OF

) FC-M No. _____

)

) ORDER CONTINUING HEARING ON

) THE PETITION FOR ASSISTED

) COMMUNITY TREATMENT

)

) Respondent.

Birthdate: _____)

[] Male [] Female [] Other)

) Presiding Judge: _____

[] a Minor.)

) Hearing Date: _____

ORDER CONTINUING HEARING ON
THE PETITION FOR ASSISTED COMMUNITY TREATMENT

Present:

[] _____, Petitioner

[] _____, Respondent

[] _____, _____

[] _____, _____

[] _____, _____
[] _____, _____
[] _____, _____

___ Respondent was duly served, but did not appear. Three calls were made for Respondent with no response.

___ The following person(s) was/were duly served, but did not appear:

___ The following person(s) was/were not served: _____

The above-entitled matter came on for hearing on _____
before the Honorable _____. Upon finding Respondent does not have a guardian and/or finding of good cause, the Court continues this proceeding and HEREBY ORDERS that Respondent be appointed a guardian ad litem and the parties shall return for further hearing to be held on: _____.
(Date and Time of Hearing)

HRS § 334-125(a)(3) as amended by Act 58 of the 2021 Legislative Session.

___ The Court further orders that: _____

DATED: _____, Hawai'i, _____ .

JUDGE OF THE ABOVE-ENTITLED COURT

c: Petitioner Other(s):
 Petitioner's attorney
 Respondent
 Guardian Ad Litem



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.