

\_\_\_\_\_  
Name (and if appropriate, Attorney No.)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
E-Mail Address

Self-Represented Movant  Attorney for Movant

IN THE FAMILY COURT OF THE THIRD CIRCUIT

STATE OF HAWAI'I

IN THE MATTER OF ) FC-M No. \_\_\_\_\_

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)

Respondent.

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

Male  Female  Other )

)

a Minor. )

)

NOTICE OF INTENT TO DISCHARGE  
RESPONDENT FROM ASSISTED COMMUNITY TREATMENT

STATE OF HAWAI'I

TO:

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 Administrator and Designated Mental Health Program:

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Name and Address of Other(s):

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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 Treating Psychiatrist:

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Name and Address of APRN and Designated Mental Health Program:

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Name and Address of Other(s):

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**YOU ARE HEREBY NOTIFIED** that I, \_\_\_\_\_,  
Respondent's treating  psychiatrist  advanced practice registered nurse with authority  
and an accredited national certification in an advanced practice registered nurse (APRN)  
specialization, intend to discharge Respondent from court-ordered assisted community  
treatment on \_\_\_\_\_ because: HRS§334-131(a).  
(Month/Day/Year)

- 1. The Order Granting the Petition for Assisted Community Treatment (Order) filed in  
this case on \_\_\_\_\_ will expire on \_\_\_\_\_.  
(Month/Day/Year) (Month/Day/Year)
- 2. The Respondent is no longer a property subject for assisted community treatment  
by the criteria set forth in HRS §334-121.
- 3. It has been more than sixty (60) days since the most recent hearing involving  
Respondent, held on (Month/Day/Year) \_\_\_\_\_, and Respondent  
has met the criteria for assisted community treatment as set forth in HRS §334-121.

**YOU ARE HEREBY FURTHER NOTIFIED** that, pursuant to HRS § 334-131, any  
person specified as entitled to receive this Notice who objects to the intended discharge on  
the grounds that the Respondent is a proper subject for assisted community treatment, may  
file a written objection with the Family Court and a hearing shall be set on the matter.

**NOTICE IS HEREBY GIVEN** that this Notice 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* by a Judge of this Court that personal delivery is permitted during those  
hours.

DATED: \_\_\_\_\_, Hawai'i , \_\_\_\_\_.  
(City) (Date)

\_\_\_\_\_  
Signature of Treating  Psychiatrist  Advanced  
Practice Registered Nurse with prescriptive authority  
and an accredited national certification in an APRN  
psychiatric specialization



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.