Name of Petitioner(s): _____

Mailing Address: _____

_____

Telephone No.: _____

☐ Petitioner(s) Pro Se ☐ Attorney for Petitioner(s)

IN THE FAMILY COURT OF THE SECOND CIRCUIT

STATE OF HAWAI'I

In the Matter of _____, ☐ A Minor. _____	FC-M No. _____ PETITION FOR CONTINUED ASSISTED COMMUNITY TREATMENT; ☐ EXHIBIT A: Certificate of Licensed Psychiatrist for Assisted Community Treatment; ☐ EXHIBIT B: Treatment Plan ☐ includes medication NOTICE OF HEARING

PETITION FOR CONTINUED ASSISTED COMMUNITY TREATMENT

TO THE JUDGE OF THE ABOVE-ENTITLED COURT:

The undersigned Petitioner does hereby solemnly declare, under penalty of perjury, that it is the Petitioner's good faith belief that the statements made herein are true and correct.

1. That this Honorable Court has jurisdiction over this matter pursuant to the provisions in Part VIII of Chapter 334, Hawai'i Revised Statutes ("HRS")
2. The Respondent's name and date of birth is as follows:

Name	Date of birth
_____	_____

In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require a reasonable accommodation for a disability, please contact the ADA Coordinator at the Family Court Administration Office at PHONE NO. 244-2700, FAX 244-2704 OR TTY 244-2889 or via email at adarequest@court.hawaii.gov at least ten (10) working days prior to your hearing or appointment date. For all Civil related matters, please call 244-2706 or visit the Service Center at 2145 Main Street, Room 141, Wailuku, HI 96793

☐ 3. The Respondent is a minor and the name, address, and telephone number of the Respondent's ☐ legal parent(s) ☐ guardian(s) is/are:

Name(s): _____

Address: _____

_____

_____

Telephone Number(s): _____

4. The above-named Respondent is present in this circuit at the following address:

_____

_____

5. The Petitioner(s) is/are an interested party/parties as defined by HRS sec. 334-122 and is/are the Respondent's: ☐ parent(s) ☐ grandparent(s) ☐ spouse ☐ reciprocal beneficiary ☐ adult child(ren) ☐ sibling(s) ☐ service provider ☐ outreach worker ☐ case manager ☐ mental health professional ☐ _____ .

6. The Respondent continues to meet each of the criteria for assisted community treatment set forth in HRS sec. 334-121(1)-(7) as follows:

(1) I believe the Respondent continues to be mentally ill or to suffer from substance abuse because of the following facts:

_____

_____

_____

_____

_____

_____; **and**

(2) I believe the Respondent continues to be unlikely to live safely in the community without available supervision based on the professional opinion of the psychiatrist reflected in paragraph 3 of the *Certificate of Licensed Psychiatrist of Assisted Community Treatment (MH-1)*, which is attached to this Petition as **Exhibit A**; **and**

(3) I believe the Respondent, at some time in the past:

☐ received inpatient hospital treatment for mental illness or substance abuse

☐ was found to be imminently dangerous to self or others as a result of mental illness or substance abuse.

I believe this because of the following fact(s):

_____

_____

_____

_____; **and**

(4) I believe Respondent, based on his/her treatment history and current condition continues to be in need of treatment in order to prevent a relapse or deterioration which would predictably result in the Respondent becoming imminently dangerous to self or others because of the following facts:

_____

_____

_____

_____; **and**

(5) I believe the Respondent has a history of a lack of adherence to treatment for mental illness or substance abuse, and that the Respondent's current mental status or the nature of the Respondent's disorder continues to limit or negate the Respondent's ability to make an informed decision to voluntarily seek or comply with recommended treatment because of the following fact(s):

_____

_____

_____

_____; **and**

(6) I believe continuing the assisted community treatment is medically appropriate and in the Respondent's medical interests because of the following fact(s):

_____

_____

_____

_____; **and**

(7) I believe that, after considering less intrusive alternatives, assisted community treatment continues to be essential to prevent the danger posed by the Respondent because of the following:

_____

_____

_____

_____.

7. a. ☐ The *Certificate of Licensed Psychiatrist for Assisted Community Treatment MH 10)* is attached to this Petition as **Exhibit A .** HRS sec. 334-123(b). It was completed by _____, a
(Name of Psychiatrist)
licensed psychiatrist who examined Respondent on _____.
(Examination Date)

b. ☐ The Respondent refused to submit to a psychiatric examination.

8. The Treatment Plan is being filed with this Petition as **Exhibit B** as required by HRS sec. 334-126 (h).

☐ Treatment includes medication. The Treatment Plan describes the types or classes of medication for which authorization by court is being sought and describes the beneficial and detrimental physical and mental effects of such medication(s). HRS sec. 334-126(h).

9. The following treating psychiatrist and/or administrator of a designated mental health program should be responsible for the management and supervision of Respondent's treatment pursuant to HRS sec. 334-127(c):

Treating psychiatrist:

Name: _____

Address: _____

_____

_____

Telephone Number(s): _____

_____

Administrator of Designated Mental Health Program:

Name of Administrator: _____

Name of Designated Mental Health Program:

_____

Address: _____

_____

Telephone Number(s): _____

10. ☐ Respondent has agreed to the continuance of the existing Order Granting the Petition for Assisted Community Treatment .

WHEREFORE, Petitioner respectfully requests:

1. That this *Petition for Continued Assisted Community Treatment* be heard within ten (10) days of the filing of this *Petition* ;
2. That, at the hearing, the Court make findings and order that the previously ordered assisted community treatment shall continue for not more than one year after the the date of the hearing on this *Petition* pursuant to HRS sec. 334-133(b);
3. That the Court order such other and further relief as it may deem just and proper.
4. ☐ Petitioner further requests the following relief:

_____

_____

_____

_____

_____

DATED: _____, Hawai‘i, _____.
(City) (Date)

_____
☐ Attorney for Petitioner ☐ Petitioner Pro Se

IN THE FAMILY COURT OF THE SECOND CIRCUIT

STATE OF HAWAIʻI

In the Matter of	)	FC-M No. _____
	)	
	)	**EXHIBIT A:** Certificate of Licensed Psychiatrist for Assisted Community Treatment
_____,	)	
Respondent	)	
	)	
☐ a Minor	)	
_____	)	

EXHIBIT A:
Certificate of Licensed Psychiatrist for Assisted Community Treatment

The undersigned psychiatrist hereby certifies that he/she is a duly licensed physician in the State of Hawaiʻi or is a medical officer of the United States; and

1. That he/she has examined:

_____
(Name of Subject of the Petition/Respondent)

_____
(Address)

_____ _____ _____
(City) (State) (Zip Code)

_____ _____ _____ on _____
(Birthdate) Age Sex (Date of Examination)

2. That he/she has reason to believe that the above-named person is
   - ☐ mentally ill
   - ☐ suffering from substance abuse

   as manifested by (include examples):

_____

_____

_____

_____

_____

_____

3. That the above-named person is unlikely to live safely in the community without available supervision based upon the following:

_____

_____

_____

_____

_____

_____

4. That the above-named person, at some point in the past:

☐ has received inpatient hospital treatment for mental illness or substance abuse

☐ or, has been found to be imminently dangerous to self or others as a result of mental illness or substance abuse

Dates of prior hospitalization or Date of court order:

_____

_____

_____

_____

5. That based upon the above-named person's treatment history and current condition, the above-named person is now in need of treatment in order to prevent a relapse or deterioration which would predictably result in the person becoming imminently dangerous to self or others based upon the following:

_____

_____

_____

_____

_____

_____

6. That the above-named person has a history of a lack of adherence to treatment for mental illness or substance abuse, and his/her current mental status or the nature of the person's disorder limits or negates the person's ability to make an informed

decision to voluntarily seek or comply with recommended treatment based upon the following: _____

_____

_____

_____

_____

_____

7. That assisted community treatment for the above-named person is medically appropriate and in the person's medical interests as indicated in the treatment plan dated _____ , which is being filed with this Petition as Exhibit B.

8. And, after considering less intrusive alternatives, assisted community treatment is essential to prevent the danger posed by the above-named person;

9. Additional circumstances and reasons for this belief, including the reports of others are detailed in such the following attachments:

- ☐ Proposed treatment plan by treating psychiatrist (Exhibit B)
- ☐ Discharge summary by referring hospital
- ☐ Clinical reports by designated mental health program
- ☐ MH-1 (Application by Police Officer for Emergency Examination and Treatment)
- ☐ MH-4 (Emergency Examination/Hospitalization: Certificate of Physician/ Psychologist for Admission/Transportation to a Psychiatric Facility)
- ☐ MH-5 (Application for Voluntary Admission)
- ☐ MH-6 (Certificate of Physician/Psychologist for Involuntary Hospitalization)
- ☐ Findings and Order of Involuntary Hospitalization dated _____
- ☐ Other (specify): _____

_____

_____

_____

_____

_____

_____

I certify under penalty of perjury that the allegations made herein are true and correct to the best of my knowledge and information, except as stated to be based upon information and belief.

Dated: _____, Hawai‘i, _____.
(City) (Date)

Signed: _____
(Certifying Licensed Psychiatrist)

Print Name: _____

Business Address: _____

_____

Telephone Numbers: Business: _____

Home: _____

IN THE FAMILY COURT OF THE SECOND CIRCUIT

STATE OF HAWAI'I

In the Matter of	)	FC-M No. _____
	)	
	)	EXHIBIT B: Treatment Plan for Continued Assisted Community Treatment
_____,	)	
Respondent	)	
	)	
☐ a Minor	)	
_____	)	

EXHIBIT B:
Treatment Plan for Continued Assisted Community Treatment

(Attach Treatment Plan*)

** If treatment includes medication, describe the types or classes of medication for which court authorization is being sought and describe the beneficial and detrimental mental and physical effects of the recommended medication(s). The Treatment Plan must include the rationale for the recommended treatment, any non-mental health treatment, if appropriate, and identify the designated mental health program and treating psychiatrist responsible for the coordination of care. HRS sec. 334-126(h), 334-127(c). A private psychiatrist may be designated as the treating psychiatrist, provided the private psychiatrist shall agree to the designation. HRS sec. 334-127(c).*

IN THE FAMILY COURT OF THE SECOND CIRCUIT

STATE OF HAWAI'I

In the Matter of	) FC-M No. _____
	)
	) NOTICE OF HEARING
_____	)
Respondent	)
☐ a Minor	)
	)

NOTICE OF HEARING

STATE OF HAWAI'I

TO

Office of the Public Defender
ATTN: Assisted Community Treatment Division
81 North Market Street
Wailuku, HI 96793

Name and Address of Respondent's Attorney

_____
_____
_____
_____
_____

Name and Address of Respondent:

_____
_____
_____
_____

Name and Address of Legal Guardian(s):

_____
_____
_____
_____

Name and Address of Spouse/Reciprocal Beneficiary:

_____
_____
_____
_____

Name and Address of Legal Parent(s):

_____
_____
_____
_____

Name and Address of Adult Child(ren):

_____

_____

_____

_____

Name and Address of Adult Child(ren):

_____

_____

_____

_____

Name and Address of Administrator and Designated Mental Health Program:

_____

_____

_____

_____

_____

Name and Address of Treating Psychiatrist:

_____

_____

_____

_____

_____

Name and Address of Other(s):

_____

_____

_____

_____

Name and Address of Other(s):

_____

_____

_____

_____

Name and Address of Other(s):

_____

_____

_____

_____

Name and Address of Other(s):

_____

_____

_____

_____

YOU ARE HEREBY NOTIFIED that a *Petition for Continued Assisted Community Treatment* , a copy of which is attached, has been filed in this court alleging that the above-named Respondent should continue the assisted community treatment under Part VIII of Chapter 334, Hawai‘i Revised Statutes.

YOU ARE HEREBY FURTHER NOTIFIED that hearing of the above-entitled matter is set for hearing on _____ at _____.

before the presiding Judge of the Family Court at the Hoapili Hale Courthouse, which is located at 2145 Main Street, Third Floor, Wailuku, Hawai‘i.

The purpose of the hearing is to determine whether the court-ordered assisted community treatment for Respondent should be continued for a period of not more than one (1) year. If the Court finds that the Respondent is mentally ill or suffering from substance abuse beyond a reasonable doubt, and that the other criteria in paragraph number 6 of the *Petition for Continued Assisted Community Treatment* have been met by clear and convincing evidence, and that the criteria for assisted community treatment continue to exist and are likely to continue beyond 180 days, the Court shall order the Respondent to continue the assisted community treatment for a period of not more than one (1) year. The Court may make other orders, as provided by law.

NOTICE IS HEREBY GIVEN OF THE FOLLOWING:

1. The Respondent is entitled to the assistance of an attorney. If the Respondent wants an attorney and is indigent, or if the Court determines that the assistance of an attorney is necessary, the Court shall appoint a Public Defender or other attorney.
2. 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.

DATED: Wailuku, Hawai'i, _____ .

_____
CLERK OF THE ABOVE-ENTITLED COURT

RESET FORM