

Movant's Name: _____

Mailing Address: _____

Telephone No.: _____

Movant Pro Se Attorney for Movant

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAI'I

In the Matter of)	FC-M No. _____
)	
)	NOTICE OF INTENT TO DISCHARGE
_____)	RESPONDENT FROM ASSISTED
Respondent)	COMMUNITY TREATMENT
)	
Birthdate: _____)	
<input type="checkbox"/> Male <input type="checkbox"/> Female)	
)	
<input type="checkbox"/> a Minor)	
_____)	

NOTICE OF INTENT TO DISCHARGE
RESPONDENT FROM ASSISTED COMMUNITY TREATMENT

STATE OF HAWAI'I

TO:

Office of the Public Defender
ATTN: Assisted Community Treatment
Division
1130 North Nimitz Hwy., Suite A-254
Honolulu, HI 96817

Name and Address of Respondent's Attorney



In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require accommodation for a disability, please contact the ADA Coordinator at the First Circuit Family Court office by telephone at 954-8200, fax 954-8308, or via email at adarequest@courts.hawaii.gov at least five (5) working days prior to your hearing or appointment date.

Please call the Family Court Service Center at 954-8290, if you have any questions about forms or procedures.

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 Other(s):

Name and Address of Other(s):

YOU ARE HEREBY NOTIFIED that I, _____,
(Name of Movant/Treating Psychiatrist)

Respondent's treating psychiatrist, intend to discharge the Respondent from court-ordered assisted community treatment on _____ because:
(Month/Day/Year)

- the "Order Granting the Petition for Assisted Community Treatment" (Order) filed in this case on _____ will expire on _____. HRS §334-131(a).
(Month/Day/Year) (Month/Day/Year)
- Respondent is no longer a proper subject for assisted community treatment as determined by the criteria set forth in HRS § 334-121. HRS § 334-131(a).
- it has been more than sixty (60) days since the most recent hearing involving Respondent, which was held on _____, and Respondent has met the criteria for assisted community treatment. HRS § 334-134.
(Month/Day/Year)

YOU ARE HEREBY FURTHER NOTIFIED that, pursuant to section 334-131, Hawai'i Revised Statutes, 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

Print Name: _____