
Movant's Name

Mailing Address

City, State, Zip Code

Telephone No.:

[] Movant Pro Se [] Attorney for Movant

IN THE FAMILY COURT OF THE SECOND CIRCUIT

STATE OF HAWAI'I

In the Matter of

) FC-M No. _____
)

)
) OBJECTION TO INTENDED DISCHARGE
) OF RESPONDENT FROM ASSISTED
) COMMUNITY TREATMENT;

Respondent.) [] EXHIBIT A; NOTICE OF HEARING
)

Birthdate: _____ [] Male [] Female)
)

[] a Minor. _____)
)

OBJECTION TO INTENDED DISCHARGE OF
RESPONDENT FROM ASSISTED COMMUNITY TREATMENT

I, _____, object to the discharge of the Respondent
(Name of Movant)
from assisted community treatment. I hereby solemnly declare, under penalty of perjury, that
it is Movant's good faith belief that the statements made herein are true and correct.

1. I, the Movant,

[] a. is an interested party as defined by section 334-122, Hawai'i Revised Statutes
(HRS) and is Respondent's parent grandparent spouse
 reciprocal beneficiary adult child sibling service provider
 outreach worker case manager mental health professional

[] b. was specified in the Order Granting Assisted Community Treatment as entitled
to receive notice.

[] c. _____

2. Pursuant to the "Notice of Intent to Discharge Respondent from Assisted Community Treatment," Respondent will be discharged from assisted community treatment on

(Month/Day/Year)

3. Pursuant to HRS sections (§§) 334-132 and 134, I request a hearing be held prior to the Respondent's intended discharge date to determine if the Respondent continues to meet the criteria for assisted community treatment set forth in HRS § 334-121 as amended.

4. Movant asserts that, based on the professional opinion of a psychiatrist or advanced practice registered nurse with prescriptive authority and an accredited national certification in an advanced practice registered nurse (APRN) psychiatric specialization (see **Exhibit A**), the Respondent continues to meet each of the four (4) criteria for assisted community treatment as set forth in HRS § 334-121(1)-(4) as follows:

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

_____ ; **and**

(2) I believe the Respondent continues to be unlikely to live safely in the community without available supervision, is now in need of treatment to prevent a relapse or deterioration that would predictably result in Respondent becoming imminently dangerous to himself/herself or others, and the Respondent's current mental status or the nature of his/her disorder limits or negates the Respondent's ability to make an informed decision to voluntarily seek or comply with recommended treatment because of the following facts: _____

_____ ; **and**

(3) I believe that Respondent has a:

- a. Mental illness that has caused Respondent to refuse needed and appropriate mental health services in the community; or
- b. History of lack of adherence to treatment for mental illness or substance abuse that resulted in Respondent becoming dangerous to himself/herself or others and that now would predictably result in the Respondent becoming imminently dangerous to himself/herself or others

because of the following facts: _____

(4) Considering less intrusive alternatives, assisted community treatment is essential to prevent the danger posed by the Respondent, is medically appropriate, and is in the Respondent's medical interest because of the following facts:

WHEREFORE, the Movant respectfully requests:

- A. That a hearing on this "Objection to Intended Discharge of Respondent from Assisted Community Treatment" ("Objection") be held prior to the intended date of Respondent's discharge from assisted community treatment as stated in paragraph no. 2 above;
- B. That a hearing on this "Objection" be set to determine if the Respondent still meets the criteria for assisted community treatment as set forth in HRS § 334-121 as amended, and he/she continues to meet the criteria for assisted community treatment, that the court order Respondent to continue the treatment for the unexpired period of its earlier order; and

C. That the Court order such other and further relief as it may deem just and proper.

] Movant requests further relief as follows:

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

Signature of] Movant] Attorney for Movant

EXHIBIT A

(Attach Report of the Psychiatrist or
Advanced Practice Registered Nurse with Prescriptive Authority and an
Accredited National Certification in an APRN Psychiatric Specialization)

IN THE FAMILY COURT OF THE SECOND CIRCUIT

STATE OF HAWAI'I

In the Matter of _____) FC-M No. _____
)
) NOTICE OF HEARING
)
)
 Respondent.)
)
 Birthdate: _____ [] Male [] Female)
)
 [] 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 96893

Name and Address of Respondent;

Name and Address of Respondent's Attorney

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):

Name and Address of Other(s):

Name and Address of Other(s):

Name and Address of Other(s):

YOU ARE HEREBY NOTIFIED that an “Objection to Intended Discharge of Respondent from Assisted Community Treatment,” a copy of which is attached, has been filed in this court, objecting to the intended discharge of Respondent from the assisted community treatment previously ordered by the court.

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 Respondent continues to meet the criteria for assisted community treatment as set forth in HRS sec. 334-121. If the Court finds that the Respondent continues to meet all of said criteria for assisted community treatment, the Court shall order the Respondent continue with his/her assisted community treatment for the unexpired period of its earlier order pursuant to HRS sec. 334-132(b). 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

Americans with Disabilities Act Notice



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

Call (808) 244-2855 FAX (808) 244-2932 OR Send an e-mail to: adarequest@courts.hawaii.gov. The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.