
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. _____ |
| |) | |
| |) | NOTICE OF INTENT TO DISCHARGE |
| |) | RESPONDENT FROM ASSISTED |
| |) | COMMUNITY TREATMENT |
| Respondent. |) | |
| |) | |
| Birthdate: _____ [] Male [] Female |) | |
| |) | |
| [] 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
81 North Market Street
Wailuku, HI 96793

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 I, _____, Respondent's treating psychiatrist advanced practice registered nurse with prescriptive authority and an accredited national certification in an advanced practice registered nurse (APRN) psychiatric 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 proper subject for assisted community treatment by the criteria set forth in HRS § 334-121, as amended.

3. It has been more than sixty (60) days since the most recent hearing involving Respondent, held on _____, and Respondent has met the criteria for assisted community treatment as set forth in HRS § 334-121, as amended.
(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 Advanced
Advanced Practice Registered Nurse with prescriptive
authority and an accredited national certification in an
APRN psychiatric specialization

Print Name: _____

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.