

Petitioner's Name: _____

Mailing Address: _____

Telephone No.: _____

Petitioner Pro Se Attorney for Petitioner

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAII

In the Matter of

) FC-M No. _____

)

) PETITION FOR ASSISTED COMMUNITY
) TREATMENT;

_____,
Respondent

) EXHIBIT A: Certificate of Licensed
) Psychiatrist for Assisted Community
) Treatment (Required);

) EXHIBIT B: Treatment Plan (Required);
) Includes Medication(s)

a Minor.

) NOTICE OF HEARING
)

PETITION FOR 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 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, Hawaii Revised Statutes (HRS).

2. The Respondent's name and date of birth are as follows:

Name

Date of Birth



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 Court, Family Court office by telephone at 954-8200, fax 954-8308, or via email at adarequest@court.hawaii.gov at least five (5) 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.

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 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 meets each of the seven (7) criteria for assisted community treatment set forth in HRS sec. 334-121(1)-(7) as follows: HRS §334-123(1)-(3)

(1) I believe the Respondent is mentally ill or suffering from substance abuse because of the following facts:

_____ ; **and**

(2) I believe the Respondent is 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):

- (4) I believe Respondent, based on his/her treatment history and current condition is now 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:

- (5) I believe the Respondent has a history of a lack of adherence to treatment for mental illness or substance abuse, and the Respondent's current mental status or the nature of the Respondent's 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 fact(s):

(6) I believe 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 is essential to prevent the danger posed by the Respondent because of the following fact(s):

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 court authorization is being sought and describes the beneficial and detrimental physical and mental effects of such medication(s). HRS sec. 334-126(h).

9. a. The following treating psychiatrist has agreed to be responsible for the management and supervision of Respondent's treatment:

Name: _____

Address: _____

Telephone Number(s): _____

b. The following administrator, of the mental health program named below, will designate a publicly employed psychiatrist or a private psychiatrist, who agrees to being designated, as the treating psychiatrist responsible for the management and supervision of Respondent's treatment:

Administrator's Name: _____

Name of Mental Health Program: _____

Address: _____

Telephone Number(s): _____

WHEREFORE, Petitioner respectfully requests:

1. That this *Petition* 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 Respondent obtain assisted community treatment as set forth in the *Treatment Plan*; and
3. That the Court order such other and further relief as it may deem just and proper.

Petitioner requests further relief as follows:

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

Signature of Attorney for Petitioner

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAI'I

In the Matter of)	FC-M No. _____
)	
_____)	EXHIBIT A: Certificate of Licensed
Respondent)	Psychiatrist for Assisted Community
)	Treatment
[] 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 Hawai'i 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 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, he/she 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 their current mental status or the nature of the person's disorder limits or negates the person's ability to make 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 the 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:

- 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 to be 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 FIRST CIRCUIT

STATE OF HAWAII

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

EXHIBIT B:
Treatment Plan for 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 FIRST 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
1130 North Nimitz Hwy., Suite A-254
Honolulu, HI 96817

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 Assisted Community Treatment*, a copy of which is attached, has been filed in this court alleging that the above-named Respondent should obtain 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 _____m. before the presiding Judge of the Family Court at the Ronald T.Y. Moon Kapolei Courthouse, 4675 Kapolei Parkway, Kapolei, Hawai'i.

The purpose of the hearing is to determine whether the Respondent should be ordered to obtain assisted community treatment. If the Court finds that the Respondent is mentally ill or suffering from substance abuse beyond a reasonable doubt, and that all of the other criteria in paragraph number 6 of the *Petition* have been met by clear and convincing evidence, the Court shall order the Respondent to obtain assisted community treatment for a period of not more than 180 days. 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: Kapolei, Hawai'i, _____.

CLERK OF THE ABOVE-ENTITLED COURT