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REFERRAL FOR ASSISTED COMMUNITY TREATMENT

Requestor's/Petitioner's Information

Name: _____

Relationship to Subject _____

Organization (if applicable) _____

Address: _____

Telephone: _____

Email: _____

Required documents:

- Assisted Community Treatment Certificate (MH-10)
- Assisted Community Treatment Plan

Additional documents:

All referrals shall be submitted as follows:

By Mail: The Department of the Attorney General
Family Law Division
1001 Kamokila Boulevard, Suite 211
Kapolei, Hawaii 96707

OR

By Email: ACT_petition_assistance@hawaii.gov

Questions about your referral may be directed to
The Department of the Attorney General, Family Law Division at (808) 693-7081.