

SUPERIOR COURT OF CALIFORNIA
COUNTY OF KERN

CARE ACT PETITION

INSTRUCTIONS

1. **COMPLETE THE FORMS.** Type or print, blue or black ink only. You can download fillable forms from www.courts.ca.gov/forms. When completing your forms, you are **REQUIRED** to use full names (initials are **not** acceptable) for all parties. Local Rule of Court 6.20(b)
 - ☐ Complete **CARE 100- Petition to Commence Care Act Proceedings**
 - ☐ Complete **CARE-101: Mental Health Declaration**
 - ❖ Complete the top of Page 1- Petitioner's name and contact information, case name.
 - ❖ The rest of the form must be completed by a licensed behavioral health professional and must be attached to CARE-100 at the time of filing.
 - ☐ Complete **CARE-105: Order for CARE Act Report**
 - ❖ Complete the top of Page 1- Petitioner's name and contact information, case name, and Item 1.
 - The rest of CARE-105 is completed by the Court.
2. **FILING FEE.** There is no fee to file your forms.
3. **FILE YOUR FORMS.** File your forms at the public window adjacent to the Civil Law Department labeled 'LPS & CARE', located at 1215 Truxtun Ave, 1st floor, along with the appropriate copies. If you do not have an attorney or typing service, include a self-addressed stamped envelope with sufficient postage to return the endorsed copies to you.
4. **DOCUMENT REVIEW.** The Self-Help Center offers free optional document review services for self-represented litigants. The self-help staff at the Self-Help Center cannot provide legal advice or strategy.

Information about the CARE Act: The CARE Act may help someone link an individual living with untreated *Schizophrenia Spectrum Disorders* or other *Psychotic Disorders* to community care resources.

Eligibility: At least 18 years old; Have a diagnosis of Schizophrenia Spectrum Disorder or other Psychotic Disorder; A statement signed by a licensed behavioral health professional confirming the diagnosis can be obtained; There are other eligibility criteria that will be fully assessed by the court to determine if the Respondent qualifies under the CARE Act.

Who can Petition the Court?: Parent or legal guardian, Spouse, Sibling, Child, Grandparent, Roommate, Homeless Outreach Worker, Service Provider, Director of Hospital, Directors of Public Service Agencies and their designees, and First Responders.

YOUR CASE WILL BE CONFIDENTIAL! YOU WILL NEED A VALID PICTURE IDENTIFICATION.

This information sheet describes the CARE Act and how to fill out *Petition to Begin CARE Act Proceedings* (form [CARE-100](#)). A court self-help center may also be able to help you. Go to selfhelp.courts.ca.gov/self-help/find-self-help to find your court's self-help center. **Note:** There is no cost to file a CARE Act petition.

1 What is the CARE Act?

CARE stands for Community Assistance, Recovery, and Empowerment. The CARE Act allows a person in one or more of 14 categories (see page 2) to file a petition asking a court to start proceedings intended to get help for an adult who has a schizophrenia spectrum disorder or another psychotic disorder and meets several other requirements. The person who asks the court to start the proceedings is called the *petitioner*. This form assumes that you are thinking about whether to file a petition and become a petitioner. The person who you think needs help is called the *respondent*.

If the court decides that the respondent is eligible for the CARE Act, the county behavioral health agency will work with them to try to reach a CARE agreement, as described in item 2.

2 What is a CARE agreement or CARE plan?

A CARE agreement and a CARE plan are written documents that describe services to support the recovery and stability of the respondent. They must be approved by court order. Services may include clinical behavioral health care; counseling; specialized psychotherapy, programs, and treatments; stabilization medications; a housing plan; and other supports and services provided directly and indirectly by local government. The agreement or plan cannot give anyone the right to use force to medicate the respondent.

A CARE agreement is a voluntary agreement for services and treatment between the respondent and the county behavioral health agency after a court has found that the respondent is eligible for the CARE program. For the agreement to be valid, the court must approve it. The court can change the agreement before approving it.

A CARE plan is a set of community-based services and supports for the respondent that is ordered by the court if the respondent and the county cannot reach a CARE agreement.

A CARE plan or CARE agreement may be amended if the respondent and the county agree to amend the plan or agreement. The court may also approve amendments to a CARE plan without the parties' agreement if the court holds a hearing and finds that the amendments are needed to support the respondent in getting the help they need.

3 Have you thought about ways to help other than CARE Act proceedings?

There may be other ways to help a person with a serious mental illness. If the person has private health insurance, contact their health plan/insurer. If you do not know if the person has private health insurance or if they do not have private insurance, contact your county's behavioral health agency or check its website.

County behavioral health agencies offer many services. These include services like counseling, therapy, and medication and can also include programs like full-service partnerships, rehabilitative mental health services, peer support services, intensive case management, crisis services, residential care, substance use disorder treatment, assertive community treatment, and supportive housing. Counties are required to provide services to Medi-Cal beneficiaries who qualify for specialty mental health and substance use disorder services. They are also allowed to provide their services to people who do not receive Medi-Cal, depending on local funding and eligibility standards. These services do not require a court order. Also, you can refer someone to your local behavioral health agency. The agency can investigate and may decide to file a petition itself, but it is not required to do so.

Find out if the person has made an advance health care directive or psychiatric advance directive. These written documents name someone else to make health care decisions for a person when that person cannot. If the person has a directive, you can contact the person named in it to ask for their help. Think about looking into local social services and community-based programs too.



4 How do I complete *Petition to Begin CARE Act Proceedings* (form CARE-100)?

This section walks you through the petition, form CARE-100, item by item.

Item 1: Names and Age

As noted on page 1, you are the *petitioner*, the person asking the court to start CARE Act proceedings for the *respondent*, a person who needs help because of a serious mental disorder. In item 1 of form CARE-100, enter your name, the respondent's name, and the respondent's date of birth (or, if you don't know it, give the respondent's approximate age).

Item 2: What Type of Petitioner Are You?

In item 2, confirm that you are an adult, and check the box next to each petitioner type that applies to you:

- A person who lives with the respondent.
- The respondent's spouse or registered domestic partner, parent, sibling, child, or grandparent.
- A person who has authority to act as the respondent's parent.
- The director of a county behavioral health agency of the county where the respondent lives or is present, or the director's designee.
- A licensed behavioral health professional who is or has been supervising the treatment of or treating the respondent for a mental disorder within the last 30 days, or the professional's designee.
- The director of a public or charitable agency who is or has, within the last 30 days, been providing behavioral health services to the respondent or in whose institution the respondent resides, or the director's designee.
- The director of a hospital in which the respondent is or was recently hospitalized, or the director's designee.
- A California tribal court judge in whose court the respondent has appeared within the previous 30 days, or the judge's designee.
- The director of adult protective services of the county where the respondent lives or is present, or the director's designee.
- The director of a California Indian health services program or tribal behavioral health department that is or has, within the previous 30 days, been providing behavioral health services to the respondent, or the director's designee.
- A first responder who has encountered the respondent multiple times to arrest or involuntarily detain the respondent, engage the respondent in voluntary treatment, or make other efforts to get the respondent professional help.
- The public guardian or public conservator of the county where the respondent lives or is present, or the public officer's designee.
- A conservator or proposed conservator referred from a proceeding under the Lanterman-Petris-Short (LPS) Act.
- The respondent.

Item 3: Your Interaction With the Respondent

Describe your interactions and relationship with the respondent in item 3. For example, describe how you know the respondent, how often you see or talk with them, when (give the date) you last saw them, and what happened when you interacted with the respondent.

Item 4: The Respondent's Contact information

If you know where the respondent lives, enter that address in item 4a. If you do not know the respondent's address or if they do not have one, give the respondent's last known location and any other information, such as a post office box where they get mail or locations where they are frequently found, that might help to locate the respondent. In item 4b, provide the respondent's phone number—including whether they respond to text messages—and their email address, if any. If you are in contact with the respondent, check the box or boxes in item 4c that show all ways you have been able to contact them. Then, if respondent needs any language assistance, check the box in item 4d and identify the respondent's preferred language.



Item 5: The Right Court and County

You can file a petition *only* in a county where the respondent lives, where the respondent is currently located, or where the respondent is involved in a court case. In item 5, check the box or boxes that show why the county where you are filing the petition is the right place to file. If the respondent does not live in the county, state what county they live in, if you know it.

Item 6: Required Supporting Evidence

You must include supporting evidence in or with the petition. That evidence must be one of the following:

- A completed declaration by a licensed behavioral health professional on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101); **OR**
- A statement or documentation that the respondent has been hospitalized at least twice for involuntary treatment, and that the most recent hospitalization ended no more than 60 days before you file the petition.

If you know personally about the respondent's hospitalizations for involuntary treatment, you can describe them in the space provided in item 6a. You can also check item 6b and attach documentation, such as copies of certifications for intensive treatment, declarations from one or more witnesses to the involuntary treatment, or other documents showing that the respondent was hospitalized at least twice for involuntary treatment. At least one piece of evidence in or with the petition should show the beginning and ending (discharge) dates of the most recent treatment period.

Note: For purposes of the CARE Act, “involuntary treatment” includes only a 14-day hold for intensive treatment authorized by Welfare and Institutions Code section 5250. It does *not* refer to treatment authorized by any other statute, including but not limited to a 72-hour hold under Welfare and Institutions Code section 5150 or treatment under Welfare and Institutions Code sections 5260, 5270.15, and 5270.70.

Item 7: The Respondent's Eligibility for the CARE Process

Your petition must state facts and provide information to support your claim that, to the best of your knowledge, the respondent is eligible for the CARE Act process. **All** of the following requirements, which are listed in items 7a–7f on form CARE-100, must be met for a respondent to be eligible. If you are attaching a declaration on form CARE-101 (see item 6a above) containing the information required by this item, then you may check the box at the beginning of item 7 and not fill out the rest of that item. Please note that the situations discussed below are only *examples* of circumstances that **may** qualify. The court decides whether a respondent is eligible based on facts about that respondent.

Requirements	Explanations	Examples
The respondent must be 18 years old or older and must meet each requirement identified below:		
Have a diagnosis as defined in the current <i>Diagnostic and Statistical Manual of Mental Disorders</i> of a schizophrenia spectrum disorder or another psychotic disorder in the same class, or bipolar I disorder with psychotic features, except psychosis related to current intoxication (item 7a).	Only a person with a schizophrenia spectrum or other psychotic disorder, or bipolar I disorder with psychotic features, is eligible for the CARE Act. A person who does not have one of these diagnoses is not eligible even if they have a different serious mental disorder, such as major depression. Note: The person's diagnosis must not be based on a medical condition, including a physical health condition such as a traumatic brain injury, autism, dementia, or a neurological condition. A person with a current diagnosis of substance use disorder must also have a psychotic disorder and meet all the other criteria in item 7 to be eligible.	Eligible diagnoses include: schizophrenia, schizophreniform disorder, schizoaffective disorder, delusional disorder, schizotypal personality disorder, bipolar I disorder with psychotic features, except psychosis related to current intoxication, and other psychotic disorders.



Requirements	Explanations	Examples
Be currently experiencing a serious mental disorder that (item 7b): • Is severe in degree and persistent in duration, • May cause behavior that interferes substantially with the person’s activities of daily living, and • May lead to an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period.	Indicate any behaviors, such as delusions, hallucinations, or unusual and ongoing mood changes, that substantially interfere with the respondent’s ability to perform essential and routine tasks needed for work or self-care. Describe why you believe the respondent is unable to live independently, function in the community, and take care of their condition and social relationships without additional help.	If caused by a chronic, prolonged, or recurrent mental disorder: • Difficulty with self-care (e.g., bathing, grooming, obtaining and eating food, using the restroom, dressing appropriately for the weather, securing health care, or following medical advice). Poor hygiene or being unhoused alone is not sufficient. • Difficulty maintaining a residence, using transportation, or managing money day to day. • Difficulty concentrating or completing tasks as scheduled. • Difficulty functioning socially, creating and maintaining relationships.
Not be clinically stabilized in ongoing voluntary treatment (item 7c). A person is clinically stabilized in ongoing treatment if their condition is stable and not deteriorating, and they are currently engaged in treatment and managing symptoms through medication or other therapeutic interventions.	Describe why you believe the respondent is not being adequately supported in a voluntary treatment program such that their condition and symptoms are stable. Enrollment in treatment alone is not enough to be considered clinically stabilized in ongoing voluntary treatment.	• Repeated and ongoing refusal to accept voluntary treatment without reason. • Temporary acceptance of voluntary treatment that is interrupted by failure or refusal to continue the treatment without reason. • Voluntary treatment is accepted, but that treatment is not effective to stabilize the respondent.
At least <i>one</i> of the following must be true (item 7d):		
The respondent is unlikely to survive safely in the community without supervision and the respondent’s condition is substantially deteriorating (item 7d(1)). OR (<i>see next page</i>)	Indicate recent instances where the respondent has needed supervision to survive in the community due to confusion or impaired insight. Describe how the respondent’s ability to think clearly, communicate, or participate in regular activities has been getting worse recently.	• Recent or frequent hospitalizations due to symptoms such as delusions, hallucinations, disorganization, impaired insight, impaired judgment. • Recent or frequent arrests due to a mental disorder.



CARE-050-INFO Information for Petitioners—About the CARE Act

Requirements	Explanations	Examples
The respondent needs services and supports to prevent a relapse or deterioration that would likely result in grave disability or serious harm to the respondent or others (item 7d(2)).	Describe how the respondent would become gravely disabled or likely to cause serious harm to themselves or others without services and supports. <i>Grave disability</i> includes a person's inability, due to a mental disorder, to provide for their basic personal needs for food, clothing, shelter, safety, or medical care. <i>Serious harm</i> includes injury causing extreme pain, high risk of death, or loss of physical or mental functions.	- A person who has immediate access to safe housing but chooses, because of a mental disorder, to live in conditions that could lead to a serious danger to their health. - A person who recently attempted suicide because of their mental disorder and continues to express a desire to harm themselves. - Self-injuring behavior, such as walking into traffic or harming oneself unknowingly through behavior that puts them at risk for serious injury or death.
The respondent's participation in a CARE plan or CARE agreement must:		
Be the least restrictive alternative necessary to ensure the respondent's recovery and stability (item 7e), and	Explain how participation in a CARE plan or CARE agreement: - Would effectively meet the respondent's treatment needs while placing as few limits as possible on the respondent's rights and personal freedoms. - Is necessary because other less restrictive alternatives would not ensure the respondent's recovery and stability; for example, because other less restrictive alternatives have not been successful.	Examples of less restrictive alternatives might include: Voluntary full-service partnerships, which are collaborative relationships between the county and the individual, and when appropriate the individual's family, through which the county plans for and provides the full spectrum of community services. Supported decisionmaking, which is an individualized process of supporting and accommodating an adult with a disability to enable them to make life decisions without impeding their self-determination. Assertive community treatment, which is a person-centered, recovery-based treatment option that employs low client-to-staff ratios.
Be likely to benefit the respondent (item 7f).	Explain how participating in a CARE plan could help the respondent stabilize and improve their current state and situation.	- The respondent's prior improvement when participating in similar treatment programs. - Medical opinion that the patient would benefit from treatment.

Note: Include in the petition as much information as you have about each item listed above. If you notice you're repeating yourself, you can say that you already gave the information and say where you said it before. You may also attach any documents you have that support one or more of those items.



Item 8: Other Optional Information

In item 8, check any of the boxes that apply to the respondent and provide any requested information that you know. Please find information about specific sections of item 8 below.

Note: If you don't know the information requested in any part of item 8, leave that part blank. The petition will be processed even if you do not complete item 8.

- **Regional Center:** If you know that respondent is served by a regional center, please check item 8b, provide the name and location of the center, and list any services the center provides to the respondent. A list of service centers can be found at dds.ca.gov/rc/listings/.
- **Tribal Enrollment or Services From an American Indian Health Care Provider:** If you know that the respondent is a member of a federally recognized Indian tribe or is receiving services from a California Indian health care provider, tribal court, or tribal organization, include that information in item 8d or item 8e.
- **Juvenile Court Information:** If the respondent is within a juvenile court's jurisdiction as a dependent, ward, or nonminor dependent, fill out item 8f. Give the court name, the case number, and contact information for the respondent's juvenile court attorney.
- **Conservator Information:** If the respondent has a conservator, fill out item 8g. Give the court name, the case number, and contact information for the respondent's conservatorship attorney.

Item 9: Court Referral

If you are filing a petition in response to a referral from another court proceeding, fill out item 9. Give the name of the referring court and the case number, department, and type of case, if you know it. If you have a copy of the referral order, label it "Attachment 9" and attach it to the petition.

Item 10: Attachments

In item 10, list the total number of pages attached to the petition.

Signature: You must write the date, print your name, and *sign the petition under penalty of perjury*. That means that if you have stated anything that you know is not true on the form, you may be criminally liable. If you have an attorney helping you, they will sign as well.

5 Am I required to give or send the petition to the respondent or anyone else?

No. To begin CARE Act proceedings, you must file the petition with the court. You do not need to give or send a copy of the petition to the respondent or anyone else.

6 What will happen after I file the petition?

After you file the petition, the court will review it and the supporting documents filed with it. The court will decide if the documents show that the respondent meets or may meet the CARE Act eligibility requirements. Then the court will either:

- a. **Dismiss the petition** if it finds (1) that the petition does not show that the respondent meets or may meet the CARE Act eligibility requirements **or** (2) that the respondent is voluntarily working with the county agency, their engagement is effective, and the respondent has enrolled or is likely to enroll in voluntary treatment through the county or another provider. **OR**
- b. **Order a report** if it finds that the petition shows that the respondent meets or may meet the CARE Act eligibility requirements. The court order will require a county agency to engage the respondent and file a written report with the court as soon as practicable, but within 30 court days. If the court orders a report, the county agency will notify you and the respondent.

Note: The procedures are different if the county behavioral health agency is the petitioner.



7 The initial appearance

If the court finds that the county agency's report supports the petition's showing that the respondent meets or may meet the CARE Act eligibility requirements and the county's engagement with the respondent was not effective, the court will set an *initial appearance*. The court will also order the county to give notice of the initial appearance to you, as well as to the respondent, the respondent's appointed counsel, and the county behavioral health agency.

You, the petitioner, must be present at the initial appearance, or the court may dismiss the petition. You will receive a notice in the mail of the date, time, and place of the initial appearance.

Note: At the initial appearance, the director of the county behavioral health agency, or the director's designee, will replace you as the petitioner.

8 Do petitioners have any rights?

You have the right to go to the hearing on the merits and make a statement. And if the respondent agrees, the court may also allow you to participate in the rest of the CARE Act proceedings. If you live with the respondent; are the spouse, parent, sibling, child, or grandparent of the respondent; or are someone who has authority to act as a parent, the court will provide ongoing notice to you throughout the CARE Act proceedings, including notice of when a court proceeding is postponed or when the case is dismissed. However, the court will not provide this notice if the court decides that giving notice to you would not be in the best interest of the respondent or their treatment.

If the petition is dismissed and later the respondent's situation changes, you may file a new petition with the court.

9 What is a vexatious litigant?

A *vexatious litigant* is a person whom a court has found to have used the court process to harm or annoy other people by repeatedly suing them or filing other papers against them without a good reason.

A CARE Act court may find that a person is a vexatious litigant if that person files more than one CARE Act petition that is not true or is intended to disturb, harm, or annoy the respondent. Once declared a vexatious litigant, a person may be placed on a vexatious litigants list kept by the Judicial Council. The court may enter an order that prevents a vexatious litigant from filing any new litigation, including other types of cases (not just CARE Act petitions), without first getting permission from the trial court presiding judge. If such an order is issued, the court may fine a person who does not follow the order or send them to jail for contempt of court.

10 What if I don't speak English?

When you file your papers, ask the clerk if a court interpreter is available. You can also use *Request for Interpreter (Civil)* (form [INT-300](#)) or a local court form or website to request an interpreter. For more information about court interpreters, go to <https://selfhelp.courts.ca.gov/request-interpreter>.

11 What if I have a disability?

If you have a disability and need an accommodation while you are at court, you can use *Disability Accommodation* (form [MC-410](#)) to make your request. You can also ask the Americans with Disabilities Act coordinator in your court for help. For more information, see *How to Request a Disability Accommodation for Court* (form [MC-410-INFO](#)) or go to <https://selfhelp.courts.ca.gov/jcc-form/MC-410>.

This information sheet provides information about the CARE Act and CARE Act proceedings.

1 Why am I being given these documents?

Someone has filed a petition with a court to start a CARE Act case for you. In the case, you are called the *respondent*. The CARE Act applies only to specific people. The petition asks a court to decide if you are one of them. The court has found that you might be. It is asking for more information to help it decide if you are.

Important information for you:

- You have been appointed an attorney, free of charge.
- Your court-appointed attorney will try to contact you about this case using the last known address or location on file for you.
- You may also contact your attorney at any time. Your attorney's contact information is listed in item 5 of *Order for Care Act Report* (form CARE-105) and item 4 of *Notice of Initial Appearance—CARE Act Proceedings* (form CARE-110). You should have received one of those forms when you got this form.
- You should make sure that your attorney knows how to get in touch with you. Give them your contact information and let them know if it changes.
- You may also choose an attorney to represent you instead of the appointed attorney. If you choose your own attorney, you are responsible for their fees.
- You have the right to an interpreter, free of charge, at every CARE Act court hearing.

2 What is the CARE Act?

CARE stands for Community Assistance, Recovery, and Empowerment. The CARE process is a way to get court-ordered treatment, services, support, and a housing plan for adults with schizophrenia spectrum disorders, bipolar I disorder with psychotic features, or other similar psychotic disorders.

The CARE process uses outreach, meetings, and court hearings. The court will decide if you meet the eligibility requirements. One or more county agencies will be part of the process. If you are eligible, they will work with you to identify services and supports you might need.

If you are eligible for the CARE Act, the court will ask you to work with the county behavioral health agency to make a CARE agreement for services and supports. If you do not reach an agreement with the county agency, the court will order a clinical evaluation of your mental health. After reviewing the evaluation, the court will decide if you are still eligible. If you are, the court will order you and the county agency to develop a CARE plan.

3 What is CARE eligibility?

To be eligible for the CARE process, you need to be at least 18 years old and have a schizophrenia spectrum disorder, bipolar I disorder with psychotic features, or another psychotic disorder. The disorder you have must be serious. That means it has lasted for a long time, it can make you do things that interfere with your life, and it can make it impossible for you to live on your own for very long without treatment, support, and rehabilitation.

You are not eligible if you are stabilized in a voluntary treatment program. In addition, to be eligible, *either* it must be unlikely that you will survive safely in the community without somebody watching over you and your condition is getting a lot worse, *or* you must need services and supports to keep your symptoms from coming back or getting bad enough that you would probably become severely disabled or would seriously hurt yourself or somebody else. Finally, it must be likely that going through the CARE process will help you and that nothing less restrictive than the CARE process will make sure that you recover and stabilize.

4 What is a CARE agreement or CARE plan?

A CARE agreement and CARE plan are written documents that contain services designed to support you. They must be approved by court order. They may include clinical behavioral health care; counseling; specialized psychotherapy, programs, and treatment; stabilization medications; a housing plan; and other supports and services, provided directly or indirectly by local government. These documents cannot give anyone the right to use force to medicate you.



4 What is a CARE agreement or CARE plan?

A CARE agreement is a voluntary agreement between you and the county behavioral health agency. If you are eligible for the CARE program, the court will order you and the county agency to try to reach a CARE agreement. The court can change the agreement before approving it. After the court approves the CARE agreement, it can still be changed if you and the county agency agree to change it.

If you cannot reach a CARE agreement, the court may ask you to work with the county to create a CARE plan. A CARE plan is an individualized range of community-based supports and services. It can include the same services and supports as a CARE agreement. You and the county agency will propose one or more CARE plans to the court. The court will order the final CARE plan and can also change it later.

5 Who is the petitioner?

The petitioner is the person who is asking the court to start CARE Act proceedings for you.

6 Who is the respondent?

The respondent is you, the person whom the court is being asked to start CARE Act proceedings for.

7 What happens after the petition has been filed?

The court reviews the petition and decides if you might be eligible for the CARE process. If it thinks you might be, the court may order a county agency to try to contact you, talk with you, and file a written report. The county agency must file the report with the court as soon as practicable, but within 30 court days, unless the court gives it more time. The county will let you and the petitioner know if the court orders a report.

What happens if the county agency contacts me?

The county agency will ask you about your mental and physical health. It will also ask how your mental health affects your life and what services and treatment you think would be helpful. It will ask if you are willing to work with the county to get connected to those services and treatment options.

What will the report include?

The county agency will file a report even if it is not able to contact you. The report will include:

- The agency's opinion about whether you meet, or are likely to meet, the CARE eligibility requirements. These include your mental health diagnosis and current condition, whether you need additional services, and whether there are other services that would help you but be less restrictive than a CARE agreement or plan.
- The county's efforts to get you to participate voluntarily in services and whether the county thinks you can participate voluntarily in services.

What happens after the court receives the report?

After the court receives the report, it will either:

- **Dismiss the proceedings:** If the court finds, based on the petition and the county's report, that you are not eligible for the CARE process or that you are working willingly and effectively with the county agency and have enrolled or are likely to enroll in behavioral health treatment, the court will dismiss the case; or
- **Set an initial appearance (court hearing):** If the court finds that the county's report shows that you may be eligible for the CARE process and the county's contacts with you were not able to connect you with voluntary services and treatment, the court will set an initial appearance.

Note: The court has appointed an attorney for you. The attorney will contact you at the beginning of the CARE Act process. If the court sets an initial appearance, the county will give you notice of the date, time, and place of the hearing along with additional information.



8 What happens at the initial appearance and the hearing on the merits?

At the initial appearance:

- You may replace your court-appointed attorney with an attorney that you choose.
Note: If you choose your own attorney, you are responsible for their fees, if any.
- You have the right to appear in person. You can choose to give up your right to attend personally, and your attorney can appear on your behalf.
- If you do not tell the court, either by yourself or through your attorney, that you are choosing not to attend and you do not appear, the court may have a hearing without you. To do that, the court needs to find that reasonable attempts to encourage you to appear have failed and that having a hearing without you would be in your best interests.
- The petitioner must be present at the initial appearance, or the court may dismiss the petition.
- A representative from the county behavioral health agency will be present.
- If the original petitioner is not the director of a county behavioral health agency, the court will replace the original petitioner with the director of the county behavioral health agency or their designee, who will then take over as the petitioner.
- If you are enrolled in a federally recognized Indian tribe or are receiving services from an Indian health care provider, a tribal court, or a tribal organization, the law allows a representative from the program, the tribe, or the tribal court to be present if you consent. The county must give notice of the initial appearance to the tribal representative.
- The court will set a hearing on the merits of the petition.
- The hearing on the merits of the petition may happen at the same time as the initial appearance but only if you (the respondent), the petitioner, and the court all agree.

At the hearing on the merits:

The court will decide if you meet the CARE Act requirements. The court will consider the petition, the report from the county agency, and all evidence properly presented to it, including evidence that you provide.

- **If the court finds that you *do not* meet the CARE Act requirements:** The court will dismiss the petition. The original petitioner may be able to file a new petition if something changes unless the court finds that the original petition was not filed in good faith.
- **If the court finds that you *do* meet the CARE Act requirements:** The court will order the county behavioral health agency to work with you, your attorney, and your supporter, if you have one, to connect you with behavioral health treatment. You all will need to decide if you and the behavioral health agency can reach a CARE agreement. The court will set a case management hearing.

Note: If you are enrolled in a federally recognized Indian tribe and you want a tribal representative to attend the case management hearing, the county behavioral health agency will let the tribe know the date, time, and place of the hearing.

9 What rights do petitioners have?

The original petitioner has the right to go to the hearing on the merits and make a statement. If the original petitioner lives with you; is your spouse, parent, sibling, child, or grandparent; or is someone who has authority to act as your parent, the court will continue to give them notice about the case, unless the court decides that notice would be harmful to you. In addition, if you agree, the court may allow that person to participate in your CARE Act process.

If the original petitioner is not someone listed above, the court will not give them additional rights.



10 What rights do respondents have?

You have the right to be informed of what is happening in your case. You have the right to participate in your case. You have the right to an attorney and a supporter at all stages of the process. You have the right to an interpreter if you need one. You have the right to keep confidential all CARE evaluations, reports, documents, and filings. You also have other rights that are described in *Notice of Respondent's Rights* (form CARE-113). You will get a copy of that form when you get notice of any court hearing in the CARE Act process.

11 What if I disagree with a court order?

You have the right to ask a higher court to review a court order in the CARE process. This is called an *appeal*. Talk with your attorney if you think you want to appeal a court order. To get more information, read *Information on Appeal Procedures for Unlimited Civil Cases* (form [APP-001-INFO](#)).

12 What is a "supporter"?

You have the right to choose a person to support you throughout the CARE Act process. The CARE Act calls that person a *supporter*. The supporter helps you understand, communicate, make decisions, and express your preferences. You can choose to have your supporter with you at meetings, appointments, or court hearings.

Your supporter must:

- Respect your values and beliefs and support your preferences as well as they can.
- Communicate with you to help you understand and make informed decisions.

Your supporter must not:

- Act independently from you.
- Make decisions for you or on your behalf unless necessary to keep someone from immediately getting hurt.
- Sign documents for you.

You have a right to have a supporter throughout the CARE Act process.

13 What if I don't speak English?

You have the right to an interpreter at all CARE Act court hearings. Let your attorney know that you will need an interpreter for court hearings. When you go to court, tell the judge you need an interpreter if you or your attorney haven't already asked for one. You can also use *Request for Interpreter (Civil)* (form [INT-300](#)) or a local court form or website to request an interpreter. For more information about court interpreters, go to <https://selfhelp.courts.ca.gov/request-interpreter>.

14 What if I have a disability?

If you have a disability and need an accommodation while you are at court, you can use *Disability Accommodation Request* (form [MC-410](#)) to make your request.

You can also ask the Americans with Disabilities Act coordinator in your court for help. For more information, see *How to Request a Disability Accommodation for Court* (form [MC-410-INFO](#)) or go to <https://selfhelp.courts.ca.gov/jcc-form/MC-410-INFO>.

ATTORNEY OR PETITIONER WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CARE ACT PROCEEDINGS FOR (name):	
RESPONDENT	
PETITION TO BEGIN CARE ACT PROCEEDINGS	CASE NUMBER:
For information on completing this form, see <i>Information for Petitioners—About the CARE Act</i> (form CARE-050-INFO), visit the CARE Act webpage on the self-help website at https://selfhelp.courts.ca.gov/care-act , or contact your local court's self-help center. To find the location and hours of the self-help center, click https://selfhelp.courts.ca.gov/self-help/find-self-help .	

1. I (enter your name here):

am asking the court to find that (*name of the person you want services for, who is called the respondent*):

is eligible to participate in the CARE Act process. The respondent was born on (*date of birth, if you know it*): _____ or
 I do not know the respondent's date of birth, but the respondent is (*approximate age, in years*): _____ years old.

2. I am 18 years of age or older and (check all categories that apply to you):

- | | |
|---|---|
| <p>a. ☐ A person who lives with the respondent.</p> <p>b. ☐ A spouse or registered domestic partner, parent, sibling, child, or grandparent of the respondent.</p> <p>c. ☐ A person authorized to act in place of the respondent's parent.</p> <p>d. ☐ The director of the county behavioral health agency of this county.*</p> <p>e. ☐ A licensed behavioral health professional who is or has been, within the past 30 days, treating or supervising the treatment of the respondent.*</p> <p>f. ☐ The director of a hospital in which the respondent is hospitalized.*</p> <p>g. ☐ The director of a public or charitable organization, agency, or home</p> <p style="padding-left: 20px;">(1) ☐ who is or has been, within the past 30 days, providing behavioral health services to the respondent;* or</p> <p style="padding-left: 20px;">(2) ☐ in whose institution the respondent resides.*</p> <p>h. ☐ The respondent.</p> | <p>i. ☐ A first responder—including a peace officer, firefighter, paramedic, emergency medical technician, mobile crisis response worker, or homeless outreach worker—who has had repeated interactions with the respondent.</p> <p>j. ☐ The public guardian or public conservator of this county.*</p> <p>k. ☐ A conservator or proposed conservator referred from a proceeding under Welfare and Institutions Code section 5350.</p> <p>l. ☐ The director of adult protective services of this county.*</p> <p>m. ☐ The director of a California Indian health services program or tribal behavioral health department that has, within the past 30 days, provided or is currently providing behavioral health services to the respondent.*</p> <p>n. ☐ A California tribal court judge before whom the respondent has appeared within the past 30 days.*</p> |
|---|---|

** If you are in a category above that is followed by *, you may designate someone to file the petition on your behalf. If you have been designated to file a petition by a person in a category followed by *, check that category and enter **your** name above.*

3. I have interacted with the respondent as follows (describe when (give the date) you last saw them, and what happened when you interacted with the respondent):

☐ If you need more space for your answer, please use a separate piece of paper and label it as Attachment 3.



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CARE-100

CARE ACT PROCEEDINGS FOR <i>(name)</i> :	CASE NUMBER:
RESPONDENT	

7. d. (2) ☐ The respondent needs services and supports to prevent a relapse or deterioration that would be likely to lead to grave disability or serious harm to the respondent or others. *(Describe the services and supports needed by the respondent, and explain why the respondent would become gravely disabled or present a risk of harm to self or others without them):*
- e. Participation in a CARE plan or CARE agreement would be the *least restrictive alternative* necessary to ensure the respondent's recovery and stability. *(Explain why no other less restrictive treatment plan would work as well for the respondent):*
- f. The respondent is likely to benefit from participation in a CARE plan or CARE agreement because *(explain below)*:
8. **OPTIONAL: Other information** *(if applicable, check any of the following statements that are true, and give the requested information if you know it):*
- a. ☐ The respondent needs interpreter services or an accommodation for a disability. *(If you know, describe what they need):*
- b. ☐ The respondent is served by a regional center. *(If you know, give the center's name and the services it provides to them):*
- c. ☐ The respondent is or was a member of the state or federal armed services or reserves. *(If you know, give branch name):*
- d. ☐ The respondent is an enrolled member of a federally recognized Indian tribe. *(If you know, give the tribe's name and mailing address):*
- e. ☐ The respondent is receiving services from a California Indian health services program, a California tribal behavioral health department, or a California tribal court. *(If you know, give the name and mailing address of the program, department, or court):*



CARE ACT PROCEEDINGS FOR <i>(name)</i> :	CASE NUMBER:
RESPONDENT	

8. f. ☐ The respondent is within a juvenile court's dependency, delinquency, or transition jurisdiction. *(If you know, provide the following):*
- (1) Court:
 - (2) Case number:
 - (3) The respondent's attorney in the juvenile court proceeding *(name)*:
(mailing address):
(telephone number): *(email address)*:
- g. ☐ The respondent has a court-appointed conservator. *(If you know, provide the following):*
- (1) Court:
 - (2) Case number:
 - (3) The respondent's attorney in the conservatorship proceeding *(name)*:
(mailing address):
(telephone number): *(email address)*:
9. **Court referral** *(complete this item only if it applies; if you don't know some of the requested information, leave that part blank):*
- ☐ This petition is filed in response to a referral of the respondent from another court proceeding.
- a. Court, department, and judicial officer:
 - b. Case number:
 - c. Type of proceeding from which the respondent was referred *(check one)*:
 - (1) ☐ Mental competence proceeding arising from a criminal prosecution (Pen. Code, §§ 1370, 1370.01)
 - (2) ☐ Assisted outpatient treatment (Welf. & Inst. Code, §§ 5346–5348)
 - (3) ☐ Lanterman-Petris-Short Act conservatorship (Welf. & Inst. Code, §§ 5350–5372)
 - d. ☐ The referral order is attached and labeled as Attachment 9 *(optional)*.
 - e. The respondent's attorney in the referring proceeding *(name)*:
(mailing address):
(telephone number): *(email address)*:

10. Number of pages attached: _____

Date:

	▶	
Type or Print Name of Attorney, if Any		Signature of Attorney, if Any

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

	▶	
Type or Print Name of Petitioner		Signature of Petitioner

SHORT TITLE: _____	CASE NUMBER: _____
-----------------------	-----------------------

ATTACHMENT (Number) : _____

(This Attachment may be used with any Judicial Council form.)

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page _____ of _____
(Add pages as required)

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CARE-101

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CARE ACT PROCEEDINGS FOR (name): RESPONDENT		
MENTAL HEALTH DECLARATION—CARE ACT PROCEEDINGS		CASE NUMBER:

TO LICENSED BEHAVIORAL HEALTH PROFESSIONAL

This form will be used to help the court determine whether the respondent meets the diagnostic criteria for CARE Act proceedings.

GENERAL INFORMATION

1. Declarant's name:
2. Office address, telephone number, and email address:
3. **License status** (complete either a or b):
 - a. ☐ I am a licensed behavioral health professional and conducting the examination described on this form is within the scope of my license. I have a valid California license as a (check one):
 - (1) ☐ physician.
 - (2) ☐ psychologist.
 - (3) ☐ clinical social worker.
 - (4) ☐ marriage and family therapist.
 - (5) ☐ professional clinical counselor.
 - (6) ☐ nurse practitioner.
 - (7) ☐ physician assistant.
 - b. ☐ I have been granted a waiver of licensure by the State Department of Health Care Services under Welfare and Institutions Code section 5751.2 because (explain):
- c. My license number is (if applicable):
4. Respondent (name):
☐ is ☐ is not a patient under my continuing care and treatment.



CARE-101

CARE ACT PROCEEDINGS FOR <i>(name)</i> :	CASE NUMBER:
RESPONDENT	

EXAMINATION OR ATTEMPTS MADE AT EXAMINATION OF RESPONDENT

5. Complete one of the following (*both a and b must be within 60 days of the filling of the CARE Act petition*):
 - a. ☐ I examined the respondent on (*date*): _____ (*proceed to item 7*).
 - b. ☐ On the following dates: _____ I attempted to examine respondent but was unsuccessful due to respondent's lack of cooperation in submitting to an examination.
 6. (*Answer only if item 5b is checked.*) Explain in detail when, how many attempts, and the types of attempts that were made to examine respondent. Also explain respondent's response to those attempts and the outcome of each attempt.
7. Based on the following information, I have reason to believe respondent meets the diagnostic criteria for CARE Act proceedings (*each of the following requirements **must** be met for respondent to qualify for CARE Act proceedings*):
- a. Respondent has a diagnosis as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* of a schizophrenia spectrum disorder or another psychotic disorder in the same class, or bipolar I disorder with psychotic features, except psychosis related to current intoxication (*indicate the specific disorder*):
- Note:** Under Welfare and Institutions Code section 5972, a qualifying psychotic disorder must be primarily psychiatric in nature and not due to a medical condition such as a traumatic brain injury, autism, dementia, or a neurological condition. A person who has a current diagnosis of substance use disorder without also meeting the other statutory criteria, including a psychotic disorder, does not qualify.
- b. Respondent is experiencing a serious mental disorder that (***all of the following must be completed***):
 - (1) Is severe in degree and persistent in duration (*explain in detail*):

Note: Under Welfare and Institutions Code section 5972, a qualifying psychotic disorder must be primarily psychiatric in nature and not due to a medical condition such as a traumatic brain injury, autism, dementia, or a neurological condition. A person who has a current diagnosis of substance use disorder without also meeting the other statutory criteria, including a psychotic disorder, does not qualify.



CARE ACT PROCEEDINGS FOR <i>(name)</i> :	CASE NUMBER:
RESPONDENT	

7. b. (2) May cause behavior that interferes substantially with the primary activities of daily living *(explain in detail)*:

(3) May result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period *(explain in detail)*:

c. Respondent is not clinically stabilized in ongoing voluntary treatment. A respondent is clinically stabilized in ongoing treatment if both of the following are true:

- (1) The respondent's condition is stable and not deteriorating; and
- (2) The respondent is currently engaged in treatment and managing symptoms through medication or other therapeutic interventions.

(Explain in detail):

d. At least one of these is true *(complete one or both of the following)*:

(1) ☐ Respondent is unlikely to survive safely in the community without supervision **and** respondent's condition is substantially deteriorating *(explain in detail)*:

(2) ☐ Respondent needs services and supports to prevent a relapse or deterioration that would likely result in grave disability or serious harm to respondent or others *(explain in detail)*:



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CARE-101

CARE ACT PROCEEDINGS FOR <i>(name)</i> :	CASE NUMBER:
RESPONDENT	

7. e. Participation in a CARE plan or CARE agreement would be the least restrictive alternative necessary to ensure respondent's recovery and stability (*explain in detail*):

- f. Respondent is likely to benefit from participation in a CARE plan or CARE agreement (*explain in detail*):

8. ☐ Additional information regarding my examination of respondent is ☐ as follows ☐ on Attachment 8.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

Type or Print Declarant's Name

Signature of Declarant

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CARE-105

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):		FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CARE ACT PROCEEDINGS FOR (name): RESPONDENT		
ORDER FOR CARE ACT REPORT		CASE NUMBER:

1. The court has read and reviewed the petition filed by petitioner (name):
(address):
on (date): asking the court to begin CARE Act proceedings for respondent
(name):
(address, if known):

2. The court has found that the petition has made a prima facie showing that the respondent is or may be eligible to participate in the CARE Act process. A copy of the petition and all attachments are included with this order.

The court orders as follows:

3. The following county agency (name):
or its designee must contact and engage the respondent and, no later than (date):
file with the court a written report that includes the following information:
- Respondent's county of residence;
 - A determination whether respondent meets or is likely to meet the CARE Act eligibility requirements;
 - The outcome of the county's efforts to engage respondent during the period before the report deadline above;
 - Conclusions and recommendations about respondent's ability to voluntarily engage in services;
 - The information, including protected health information, necessary to support the determinations, conclusions, and recommendations in the report; and
 - Other:
4. Before engaging the respondent and preparing the report, the county agency named in item 3 or its designee must use *Notice of Order for CARE Act Report* (form CARE-106) to serve notice of this order on petitioner, respondent, and respondent's counsel as provided in California Rules of Court, rule 7.2235(a).
5. The court has, by separate order, appointed the following attorney to represent the respondent at all stages of these CARE Act proceedings.
- Name:
 - Firm name:
 - Street address:
 - Mailing address (if different):
 - Email address:
 - Telephone number:
 - Fax number:

Date:

JUDICIAL OFFICER