CONFIDENTIAL

CARE-105

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: 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:
   a. Respondent's county of residence;
   b. A determination whether respondent meets or is likely to meet the CARE Act eligibility requirements;
   c. The outcome of the county's efforts to engage respondent during the period before the report deadline above;
   d. Conclusions and recommendations about respondent's ability to voluntarily engage in services;
   e. The information, including protected health information, necessary to support the determinations, conclusions, and recommendations in the report; and
   f. 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.
   a. Name:
   b. Firm name:
   c. Street address:
   d. Mailing address *(if different):*
   e. Email address:
   f. Telephone number: g. Fax number:

Date:

JUDICIAL OFFICER

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