CONFIDENTIAL

CARE-106

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

1. Petitioner *(name):*

2. Respondent *(name):*

3. The court has ordered *(name of county agency):*
or its designee to engage the respondent and, no later than *(date):* , file with the court a written report that includes all of the following information:
   a. The respondent's county of residence;
   b. A determination whether the respondent meets, or is likely to meet, the criteria necessary to participate in the CARE Act process;
   c. The outcome of efforts made to voluntarily engage the respondent;
   d. Conclusions and recommendations about the respondent's ability to voluntarily engage in services; and
   e. The information, including protected health information, necessary to support the determinations, conclusions, and recommendations in the report.

4. Attached to this notice, as required by California Rules of Court, rule 7.2235(a), are
   a. a copy of *Order for CARE Act Report* (form CARE-105) issued by the court in this proceeding on *(date):* ,
   b. a copy of the petition filed on *(date):* to begin these proceedings, and
   c. *Information for Respondents—About the CARE Act* (form CARE-060-INFO).

Date:

(TYPE OR PRINT NAME OF COUNTY AGENCY REPRESENTATIVE)

(SIGNATURE OF COUNTY AGENCY REPRESENTATIVE)

For your protection and privacy, please press the Clear button after you have printed the form.

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