CONFIDENTIAL

CARE-125

Referring court division information: **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	*FOR COURT USE ONLY*
Receiving court division information (if different from referring court): **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CARE ACT PROCEEDINGS FOR *(name):*	
COURT REFERRAL TO THE CARE ACT COURT	CASE NUMBER: REFERRING COURT: CARE ACT COURT (*if applicable*):

1. I am referring _____ *(name of referred individual)* from another court proceeding to the CARE Act court.

2. **Referring court information:**
   a. Court, department, and judicial officer:

   b. Case number:

   c. Type of proceeding from which the individual is referred *(check one):*
      (1) ☐ Mental competence proceeding arising from a criminal prosecution (Pen. Code, §§ 1370, 1370.01)
      (2) ☐ Assisted outpatient treatment (Welf. & Inst. Code, §§ 5346–5347)
      (3) ☐ Lanterman-Petris-Short Act conservatorship (Welf. & Inst. Code, §§ 5350–5372)
      If (3) is checked, the referred individual's conservator or proposed conservator is:

   d. The individual's attorney in the referring proceeding *(name):*
      (mailing address):
      (telephone number): *(email address):*

3. ☐ This referral contains all of the information required to be included in a petition under Welfare and Institutions Code section 5975, and there is reason to believe that the individual in item 1 is a person described in Welfare and Institutions Code section 5972 based on the following:
   (If you need more space for item 3, attach additional page(s) as Attachment 3.)

Note: Welfare and Institutions Code section 5972 requires that an individual meet the following criteria to qualify for the CARE process:

(1) The person is 18 years of age or older.
(2) The person is currently experiencing a serious mental disorder, as defined in Welfare and Institutions Code section 5600.3(b)(2), and has a diagnosis as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* of schizophrenia spectrum disorder or another psychotic disorder in the same class, or bipolar I disorder with psychotic features, except psychosis related to current intoxication.
(3) The person is not clinically stabilized in ongoing voluntary treatment. A person is clinically stabilized in ongoing voluntary 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.
(4) The person is either (1) unlikely to survive safely in the community without supervision and the person's condition is substantially deteriorating or (2) in need of services and supports to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or others.
(5) Participation in a CARE plan or CARE agreement would be the least restrictive alternative necessary to ensure the person's recovery and stability.
(6) It is likely that the person will benefit from participation in a CARE plan or CARE agreement.

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CARE ACT PROCEEDINGS FOR *(name):*	CASE NUMBER:

4. ☐ I am attaching reports or records relevant to the individual's CARE Act eligibility. The individual, or their attorney, has waived confidentiality of the attached reports or records.

5. The individual's contact information is:
   (telephone number, if any):
   (email address, if any):
   (residential address or last known location, if any):

6. **OPTIONAL:** Information that may assist the county behavioral health agency in connecting with the individual (e.g., common locations, other people they interact with), along with any other details that could be relevant to potential CARE Act proceedings (e.g., expected release date, preferred contact method(s)) includes:

7. Number of pages attached: _____

Date:

_____
Judicial Officer

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

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