



Judicial Council of California

455 Golden Gate Avenue · San Francisco, California 94102-3688

www.courts.ca.gov/policyadmin-invitationstocomment.htm

INVITATION TO COMMENT

W25-08

Title

Rules and Forms: Additional CARE Act
Legislation

Action Requested

Review and submit comments by January 6,
2025

Proposed Rules, Forms, Standards, or Statutes

Amend Cal. Rules of Court, rules 7.2210,
7.2221, and 7.2235; adopt form CARE-102;
approve forms CARE-118 and CARE-119;
revise forms CARE-050-INFO, CARE-060-
INFO, and CARE-100; adopt Cal. Stds. Jud.
Admin., std. 7.20

Proposed Effective Date

July 1, 2025

Contact

Tyler Shill, 415-865-4571
Tyler.Shill@jud.ca.gov

Anne Hadreas, 415-865-7598

Anne.Hadreas@jud.ca.gov

Proposed by

Probate and Mental Health Advisory
Committee
Hon. Jayne Chong-Soon Lee, Chair

Executive Summary and Origin

The Probate and Mental Health Advisory Committee proposes amending three rules of court, adopting one form, approving two forms, revising three forms, adopting one standard of judicial administration, and renaming a title in the standards of judicial administration to implement recently enacted Senate Bills 42 (Stats. 2024, ch. 640), 1323 (Stats. 2024, ch. 646), and 1400 (Stats. 2024, ch. 647). The legislation amended both substantive and procedural aspects of the Community Assistance, Recovery, and Empowerment (CARE) Act. In addition, the committee also proposes revisions to certain forms in response to feedback from members of the public regarding the forms' readability and ease of use.

Background

The CARE Act created a new pathway to deliver mental health treatment and support services to persons with schizophrenia or other psychotic disorders by authorizing specific qualifying individuals to petition a civil court to create a voluntary CARE agreement or a court-ordered

This proposal has not been approved by the Judicial Council and is not intended to represent the views of the council, its Rules Committee, or its Legislation Committee. It is circulated for comment purposes only.

CARE plan. The first cohort of California counties implemented the CARE Act by October 1, 2023¹, with the remaining counties required to implement no later than December 1, 2024.²

This proposal implements three separate bills pertinent to the CARE Act and includes other changes to make certain forms more user-friendly and accessible.

Senate Bill 42

SB 42 improves the overall efficiency and effectiveness of the CARE Act by updating notice requirements, allowable documentary evidence, court communication, and procedural steps. SB 42 contained an urgency clause and took effect immediately prior to full implementation by the remaining counties. Specifically, SB 42:

- Requires ongoing notice of proceedings to certain original petitioners throughout the CARE Act proceedings, including notice when a continuance is granted and when a case is dismissed;³
- Authorizes certain facilities to refer an individual treated under an involuntary hold to the county behavioral health agency of the county where the individual resides or the county where the individual is receiving involuntary treatment, if they believe the individual meets or is likely to meet CARE Act criteria;⁴
- Authorizes the court hearing CARE Act proceedings and a referring court to communicate regarding the respondent's cases, prescribes the manner of that communication, and authorizes communication between courts hearing CARE Act proceedings and juvenile courts;⁵ and
- Clarifies that signed declarations from petitioners may be used as evidence that the respondent was detained for a minimum of two intensive treatments.⁶

Senate Bill 1323 and Senate Bill 1400

Both SB 1323 and SB 1400 amended procedural components of the referral process for mentally incompetent defendants in criminal proceedings into CARE Act proceedings. SB 1323 amended Penal Code section 1370 to allow a criminal court to refer to CARE Act proceedings a defendant

¹ Welf. & Inst. Code, § 5970.5(a). Unless otherwise noted, all further statutory references are to the Welfare & Institutions Code.

² § 5970.5(b). Five counties and courts implemented early: Los Angeles on December 1, 2023; San Mateo on July 1, 2024; Kern on October 1, 2024; Mariposa on November 1, 2024; and Napa on November 25, 2024.

³ § 5977(b)(6)(B)(ii)(II).

⁴ § 5978.1.

⁵ § 5978.2.

⁶ § 5975(d)(2).

in a felony proceeding who is found mentally incompetent and ineligible for mental health diversion if the criminal court following a hearing.⁷

Similarly, SB 1400 amended the referral process for mentally incompetent defendants in misdemeanor cases who are ineligible for mental health diversion. SB 1400 revised sections of the Penal Code that control how cases are referred to the CARE Act proceedings from criminal court. Under SB 1400, if the court refers to CARE Act proceedings and the respondent is accepted into CARE Act proceedings, the criminal charges must be dismissed six months after the date of the referral to CARE, unless the case is referred back.⁸

Form CARE-100 User Testing and Feedback

The committee also received feedback that the readability and ease of use of *Petition to Begin CARE Act Proceedings* (form CARE-100) could be improved. In response, Judicial Council staff facilitated user testing sessions to seek feedback on the language, formatting, and overall effectiveness of the petition. Volunteers were given a hypothetical scenario in these sessions and asked to fill out form CARE-100 as if they were a petitioner. Judicial Council staff also engaged with Cohort 1 courts and behavioral health system partners, including respondents' counsel,⁹ to gather further feedback regarding form CARE-100.

The Proposal

To implement the requirements and procedures enacted by legislation and in response to concerns regarding the general readability of form CARE-100, the proposal would:

- Amend California Rules of Court, rules 7.2210, 7.2221, and 7.2235;¹⁰
- Adopt *Petition to Begin CARE Act Proceedings by Licensed Behavioral Health Professional Only* (form CARE-102) as an alternate mandatory form;
- Approve *Notice of Hearing or Continuance* (form CARE-118) and *Notice of Dismissal* (form CARE-119) as optional forms;
- Revise *Information for Petitioners—About the CARE Act* (form CARE-050-INFO), *Information for Respondents—About the CARE Act* (form CARE-060-INFO), and *Petition to Begin CARE Act Proceedings* (form CARE-100); and
- Rename title 7 of the California Standards of Judicial Administration and adopt standard 7.20.

⁷ Pen. Code, § 1370(a)(1)(B)(iii)(III)(id).

⁸ Pen. Code, § 1370.01(b)(4)(D).

⁹ The term “respondents’ counsel” refers to agencies or organizations, including public defender’s offices, who represent CARE respondents.

¹⁰ Unless otherwise noted, all further references to rules are to the California Rules of Court.

The components of the proposal are discussed more thoroughly below.

Amend rule 7.2210

Rule 7.2210 would be restructured to include information on proceedings related to those under the CARE Act because of changes to section 5978.2. It would define “related proceedings,” specify when the court hearing CARE Act proceedings must inform courts with related proceedings, delineate how those courts may communicate with each other, and provide for notification of the respondent’s attorney in the related proceeding, if any. The new statutory language also requires the removal of the rule’s prior language, which limited the ability of a CARE Act court to communicate with another court absent an express waiver by the respondent. Further, rule 7.2210(d)(4) and the related advisory committee comment would be expanded to incorporate the availability of concurrent jurisdiction for a broader set of case types.

Amend rule 7.2221

Rule 7.2221 would be amended to reflect the adoption of form CARE-102, as described below. It would provide two potential alternative mandatory petition forms to begin CARE Act proceedings: forms CARE-100 and CARE-102. Rule 7.2221 would also be amended to clarify that form CARE-102 must be filled out by a petitioner who is a licensed behavioral health professional, as defined in Welfare and Institutions Code section 5971(I).

Amend rule 7.2235

Rule 7.2235 would be amended to clarify that respondents may waive personal service notice of hearings and receive notice through their attorney or by other means of their choosing. This amendment is intended to ensure that respondents receive actual notice in the manner that is best suited for them, while recognizing that for many respondents personal service may be necessary, particularly before the first court appearance.

Adopt Petition to Begin CARE Act Proceedings by Licensed Behavioral Health Professional Only (form CARE-102)

Form CARE-102 would be adopted to serve as an alternative mandatory petition to form CARE-100. Form CARE-102 is not based on new legislation and, instead, was drafted at the request of behavioral health system partners who found completing forms CARE-100 and CARE-101 to be repetitive. Form CARE-102 would provide a petition option tailored to petitioners who are licensed behavioral health professionals able to provide all the information contained in the two alternative forms. This form would require the licensed behavioral health professional to report what kind of valid California behavioral health license they hold.

Approve Notice of Hearing or Continuance (form CARE-118)

Form CARE-118 would be approved as an optional form to implement the new requirements on courts in SB 42 to provide ongoing notice of CARE Act court proceedings to the original petitioner. Specifically, form CARE-118 would provide notice to the original petitioners described in section 5974(a) or (b) when a hearing has been continued in accordance with section 5977(b)(6)(B)(ii)(II). The form requires the court to provide a general reason for the continuance without disclosing any confidential medical information.

Approve Notice of Dismissal (form CARE-119)

Similarly, form CARE-119 would be approved for optional use by courts to satisfy the new obligation in SB 42 to provide notice of dismissal of a petition to original petitioners described in section 5974(a) or (b). The form requires the court to specify the statutory basis for the dismissal while disclosing no confidential medical information, reflecting the language in section 5977(b)(6)(B)(ii)(II).

Revise Information for Petitioners—About the CARE Act (form CARE-050-INFO)

Form CARE-050-INFO would be revised to address legislative changes and to respond to feedback collected by Judicial Council staff, as follows:

- Include information explaining that CARE agreements and CARE plans may be amended. Specifically, amended section 5977.1(a)(3) allows CARE agreements to be amended if the parties agree, while section 5977.1(d)(7) allows amendment of a CARE plan either upon agreement or following a hearing that supports a finding that such amendments are needed to support the respondent.
- Inform the petitioner that they can contact their local behavioral health agency to refer someone to CARE Act proceedings without filing a petition, based on lessons learned from the first cohort of implementing counties.
- Specify that a petition may include a statement from the petitioner that they personally knew about the respondent's hospitalizations for involuntary treatment, reflecting the revision to section 5975(d)(2).
- Include a note that the petitioner may state that they already gave information in an earlier section if they feel that they are repeating themselves.
- Include information that certain petitioners will receive ongoing notice throughout the CARE Act proceedings, unless such notice would be detrimental to the treatment or well-being of the respondent, as required by section 5977(b)(6)(B)(ii)(II).

Additional technical, nonsubstantive revisions to form CARE-050-INFO would be made, including some to conform to the corresponding changes to form CARE-100, which are described below.

Revise Information for Respondents—About the CARE Act (form CARE-060-INFO)

Form CARE-060-INFO would be revised to address legislative changes and to respond to feedback collected by Judicial Council staff, as follows:

- Include information that the court may amend a CARE plan, reflecting amendments to section 5977.1(d)(7).

- Include the requirement that the county agency must file a written report ordered by the court within 30 court days, unless the court gives it more time, reflecting amendments to section 5977(a)(3)(B).
- Inform respondents that certain petitioners will receive ongoing notice about the case throughout the CARE Act proceedings unless the court decides that notice would be harmful to the respondent, as required by section 5977(b)(6)(B)(ii)(II).

Additional technical, nonsubstantive revisions to form CARE-060-INFO would be made, including some to conform to the corresponding changes to form CARE-050-INFO and form CARE-100.

Revise *Petition to Begin CARE Act Proceedings* (form CARE-100)

Form CARE-100 would be revised to incorporate changes required by SB 42, SB 1323, and SB 1400, as well as feedback from user testing sessions, as follows:

- Rename form CARE-100 by replacing “Commence” with “Begin” in the title of form CARE-100 to increase readability.
- Replace “Petitioner” with “I” to ensure that the petitioner filling out form CARE-100 understands their role, and reorganize the initial items so that basic information about the respondent is entered earlier in the form.
- Request the respondent’s contact information by having the petitioner check boxes and enter specific information rather than providing a large text box to enter multiple pieces of information.
- Restructure the phrasing of Item 5 to remove unintended ambiguity.
- Provide an option for the petitioner to include a statement that the respondent was hospitalized two or more times for involuntary treatment without requiring an attachment.
- Revise the order, format, and phrasing of instructions requesting information that the respondent meets CARE Act eligibility criteria.
- Revise the instructions for item 7 to include the phrase “To the best of my knowledge,” and to include an option for the petitioner to check a box and attach form CARE-101 instead of filling out items 7a through 7f. Notify petitioners that if they choose to fill out items 7a through 7f, they may indicate whether they’ve previously provided certain information and, if so, specify where it was provided if they find the questions in item 7 repetitive.
- Revise the name and signature section to clarify that the attorney’s name and signature are required only if applicable.

Additional revisions include technical nonsubstantive conforming changes.

Adopt standard 7.20

Standard 7.20 would be adopted to include guidance related to the unique role of the judicial officer presiding over CARE Act proceedings and the role of the court itself. SB 42 amended Welfare and Institutions Code section 5977.4(c) to add “the role of the judiciary to improve system performance” to the list of topics for which the Judicial Council must establish rules and policies. These standards aim to provide nonmandatory guidelines related to the court’s role in the CARE Act process. Specifically, the standard would encourage judicial officers to actively monitor the resources available for respondents and coordinate the use of these resources by working with local community partners. The standard also advises the courts to take an active role in community education and outreach regarding the CARE Act and to strive to put agreements or plans in place that promote respondents’ well-being while using the least restrictive means possible.

Alternatives Considered

The committee did not consider taking no action. SB 42, SB 1323, and SB 1400 include language that require the council to amend rules and revise forms. The committee also believes that revision or adoption of forms not directly related to statutory language is responsive to credible and important feedback from various stakeholders.

Personal service on respondents

The committee considered proposing additional rule amendments related to the personal service requirement on respondents. Currently, all service of notice on respondents is required to be personal unless service is impracticable. (See rule 7.2235(c).) The committee received feedback opposing this requirement. Certain stakeholders believe that personally serving respondents for all stages of proceeding requiring notice is unduly burdensome and that forms of service other than personal service should be accepted. In response to this concern, the committee solicited feedback from other stakeholders, including respondents’ counsel, in evaluating whether to amend the personal service requirement for the respondent. Respondents’ counsel reported that notice to the respondent is a significant part of CARE Act proceedings and that personal service is necessary, particularly when the court dates are on a compacted time frame. Respondents’ counsel also expressed concern regarding the feasibility of other forms of service, including e-service, given the high percentage respondents who do not have access to a phone or email account, which would be required for certain forms of alternative.

The committee determined that it would be in the best interest of respondents, as well as the success and effectiveness of the CARE Act as a whole, to maintain the current personal service requirement. The committee believes that the current personal service requirement is in line with the stated purpose of the CARE Act to build an ongoing communicative relationship between the court, the county, and the respondent. Further, the committee noted the diversity of the respondent population and determined that some respondents would need personal service to receive actual notice. Although some respondents may be able to receive forms of service other

than personal service, not all respondents have the technological or personal ability to do so. The committee appreciates the burden that personal service may put on the county and the courts. However, an alternative standard allowing less than personal service may prejudice certain respondents. Accordingly, the committee proposes that the rules clarify that respondents may waive the right if they have the ability to receive notice in another manner.

Alternative petition options

In addition, the committee considered drafting and proposing multiple alternative petitions for different kinds of petitioners. The committee ultimately determined that form CARE-102 would be beneficial based on the anticipated high volume of petitions that will come from licensed behavioral health professionals. The committee considered a petition tailored to first responders. The committee discussed the anticipated volume of first responder petitions, the number of components that would be unique to such a petition, and the cost associated of adopting another petition, including whether additional form options would confuse the public. The committee determined that the potential costs associated with a first responder petition, combined with the potential for confusion, outweighed the utility of such a petition.

Standards for CARE Act proceedings

The committee also considered adding more guidance to standard 7.20, such as including language that the judicial officer should take an active leadership role in forming a communitywide network to improve the CARE program and its services. The committee evaluated whether this language was appropriate given the authority expressly given to the courts and the purpose of the CARE Act as a whole. Ultimately, the committee decided that language that went beyond the standards included in this proposal might inappropriately expand the scope of the court's duties and impose an unnecessary burden on the courts and their judicial officers.

Notice to original petitioners

Although the committee now recommends the use of two separate forms (form CARE-118 and form CARE-119), the committee considered having one form to satisfy the requirement in section 5977(b)(6)(B)(ii) to provide ongoing notice of proceedings to original petitioners. The form considered would have included two check boxes, one if the notice was for a continuance and a second if the notice was for a dismissal. The court would have been able to check either box (for continuance or dismissal) and provide the necessary information to provide sufficient notice. However, the committee expressed concern that a single form might be confusing or misleading to the original petitioner who is often self-represented. The committee decided that having separate forms so that the implications of either a continuance or a dismissal could be explained in full for each scenario would be beneficial and would minimize the risk of confusing the petitioner. The committee also considered adding check boxes for the possible reasons for the continuance. The committee determined, however, that it was best to allow courts to draft custom text for the reason for the continuance rather than provide check boxes.

The committee also considered whether to adopt rules based on the requirement for providing ongoing notice to original petitioners. The committee recognized that the courts may need to implement internal policies or procedures to efficiently provide notice as required by the statute,

but determined that the statute sufficiently outlines the minimum standards for notice. As a result, the committee concluded that no new rules or rule amendments are necessary to implement the statutory changes related to ongoing notice for original petitioners.

Fiscal and Operational Impacts

The proposed rule amendments and form revisions would impose indeterminate costs on the courts to change their operational procedures. For example, accommodating a new alternative petition for licensed behavioral health professionals will impose intermediate costs in providing paper copies of more forms and training staff on multiple petitions. The committee considered these costs and determined that such costs are necessary components of maintaining respondents' best interests and striving to implement the CARE Act as effectively as possible.

Other indeterminate costs are the result of new legislation. For example, section 5977(b)(6)(B)(ii)(II) imposes a duty on courts to provide notice to certain original petitioners, which is most effectively accomplished through the adoption of a new form. No existing forms could satisfy the notice requirement while protecting respondents' confidentiality rights.

The committee also recognizes that some of these costs will be offset by improved efficiency of the CARE Act as a result of these changes. For example, the committee believes that the new alternative petition will save costs related to courts printing copies of petitions because the licensed behavioral health professional can fill out a tailored petition and avoid needing an attachment that may be required in connection with filling out form CARE-100.

Request for Specific Comments

In addition to comments on the proposal as a whole, the advisory committee is interested in comments on the following:

- Does the proposal appropriately address the stated purpose?
- Do the proposed forms regarding ongoing notice to original petitioners (forms CARE-118 and CARE-119) allow the court to provide sufficient notice without disclosing confidential medical information?

The advisory committee also seeks comments from *courts* on the following cost and implementation matters:

- Would the proposal provide cost savings? If so, please quantify.
- Would rules related to the substance of forms CARE-118 and CARE-119—notice to petitioners, respondents’ privacy rights, etc.—be appropriate and useful?
- Do forms CARE-118 and CARE-119 need to provide additional instructions to the court on how to determine the reasoning or basis for the continuance or dismissal?
- What would the implementation requirements be for courts—for example, training staff (please identify position and expected hours of training), revising processes and procedures (please describe), changing docket codes in case management systems, or modifying case management systems?
- Would three months from Judicial Council approval of this proposal until its effective date provide sufficient time for implementation?
- How well would this proposal work in courts of different sizes?

Attachments and Links

1. Cal. Rules of Court, rules 7.2210, 7.2221 and 7.2235, at pages 11–13
2. Forms CARE-050-INFO, CARE-060-INFO, CARE-100, CARE-102, CARE-118, and CARE-119, at pages 14–35
3. Cal. Stds. Jud. Admin., std. 7.20, at page 36
4. Link A: Sen. Bill 42,
https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB42
5. Link B: Sen. Bill 1323,
https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1323
6. Link B: Sen. Bill 1400,
https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1400

Rules 7.2210, 7.2221, and 7.2235 of the California Rules of Court would be amended, effective July 1, 2025, to read:

1 **Rule 7.2210. General provisions**

2
3 (a)–(c) * * *

4
5 (d) ~~Respondent within juvenile court jurisdiction~~ **Related proceedings**
6 **(§ 5977.4(c), 5978, 5978.2)**

7
8 (1) *Definition*

9
10 “Related proceedings” means a proceeding identified in section 5978 from
11 which a referral occurred that prompted a CARE Act proceeding or a court
12 case through which the respondent is within the juvenile court’s dependency,
13 delinquency, or transition jurisdiction.

14
15 (1) (2) ~~Informing the juvenile court~~ and respondent’s attorney in related
16 proceedings

17
18 ~~Upon learning that a~~ If the CARE Act court learns that the respondent has
19 been referred from a proceeding identified in section 5978 or that the
20 respondent is within a juvenile court’s dependency, delinquency, or transition
21 jurisdiction, the CARE Act court must order the county agency to:

22
23 (A) Inform the juvenile court in the related proceeding that a CARE Act
24 petition has been filed on behalf of that respondent; and ~~The court may~~
25 ~~communicate this information in any suitable manner.~~

26
27 (B) Notify the respondent’s attorney, if any, in the related case that a
28 CARE Act petition has been filed on behalf of the respondent and
29 provide that attorney with the contact information of the respondent’s
30 CARE Act attorney, if known.

31
32 (3) *Communication between courts*

33
34 The CARE Act court and the court in the related proceeding may
35 communicate regarding the status of respondent’s cases in any manner
36 consistent with the limits in section 5978.2.

37
38 (2) (4) ~~Concurrent jurisdiction with juvenile court~~ in related proceeding

39
40 The CARE Act court is not precluded by statute from exercising jurisdiction
41 over a respondent who is within a juvenile court’s dependency, delinquency,
42 or transition the jurisdiction of the court in the related proceeding. The CARE

1 Act court and the ~~juvenile~~ other court may, therefore, exercise concurrent
2 jurisdiction over such a respondent.

3
4 **(e) ~~Notification of respondent's attorney in related proceedings (§§ 5977.4(c),~~**
5 **~~5978, 5978.2)~~**

6
7 ~~If the CARE Act court learns that the respondent has been referred from a~~
8 ~~proceeding identified in section 5978 or that the respondent is within a juvenile~~
9 ~~court's dependency, delinquency, or transition jurisdiction, the court must order the~~
10 ~~county agency to:~~

- 11
12 (1) ~~Notify the respondent's attorney, if any, in the related case that a CARE Act~~
13 ~~petition has been filed on behalf of the respondent; and~~
14
15 (2) ~~Provide the attorney with the contact information of the respondent's CARE~~
16 ~~Act attorney, if known.~~

17
18 **(f) ~~No communication of further information (§ 5976.5)~~**

19
20 ~~Subdivisions (d) and (e) of this rule does not authorize the communication of~~
21 ~~information other than that identified in those that subdivisions absent an express~~
22 ~~waiver by the respondent.~~

23
24 **Advisory Committee Comment**

25
26 **Subdivisions (d) and (e).** As used in ~~these~~ this subdivisions, the phrase “within a juvenile court’s
27 dependency, delinquency, or transition jurisdiction” refers to a respondent whom a juvenile court
28 has found to be described by Welfare and Institutions Code section 300, 450, 601, or 602 and
29 who is currently within the juvenile court’s jurisdiction based on one of those descriptions. The
30 term does not refer to any other party to a juvenile court proceeding.

31
32 **Subdivision (d)(2)(4).** The subdivision is intended to describe the effect of existing law. ~~Neither~~
33 ~~the juvenile court law (Welf. & Inst. Code, §§ 200–987), nor the CARE Act, No provision of law~~
34 ~~precludes concurrent jurisdiction or, conversely, confers exclusive jurisdiction on either any court~~
35 ~~over matters relating to the mental health treatment of persons who meet the statutory~~
36 ~~jurisdictional criteria of both each court, unless otherwise specified.~~

37
38
39 **Rule 7.2221. Papers to be filed (§ 5975)**

40
41 **(a)** A petition to commence CARE Act proceedings must be made on *Petition to*
42 *Commence Begin CARE Act Proceedings* (form CARE-100) or, if the petitioner is a
43 licensed behavioral health professional as defined in section 5971(l), on *Petition to*

1 Begin CARE Act Proceedings by Licensed Behavioral Health Professional Only
2 (form CARE-102).

3
4 **(b)** If using *Petition to Begin CARE Act Proceedings* (form CARE-100), the petition
5 must include either:

6
7 (1) A completed *Mental Health Declaration—CARE Act Proceedings* (form
8 CARE-101); or

9
10 (2) The evidence described in section 5975(d)(2).

11
12 **(c)** If using *Petition to Begin CARE Act Proceedings by Licensed Behavioral Health*
13 *Professional Only* (form CARE-102), the documentation in subdivision (b) is not
14 required.

15
16 **Rule 7.2235. Notice of proceedings (§§ 5977–5977.3, 5979)**

17
18 **(a)–(d)** * * *

19
20 **(e)** **Waiver**

21
22 Nothing in these rules limits the right of the respondent to waive personal service
23 of notice or to choose to receive notice through their attorney or by other means.
24 Any such waiver must be in writing or made orally in open court.

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 <https://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 serious 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 needs help is called the *respondent*.

If the court decides that the respondent is eligible for CARE, 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 parties agree to amend the CARE 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 contact your local behavioral health agency to refer someone to CARE Act proceedings without filing a petition. The agency can investigate and may decide to file a petition itself.

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, 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 facing 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 two things:

- a. A completed declaration by a licensed behavioral health professional on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101); **OR**
- b. 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 of the petition. 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 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 section 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 item 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 that information, then you may check the box at the beginning of item 7 and not provide that information on form CARE-100. Please note that the situations discussed below are only *examples* of circumstances that may qualify. The court decides whether each respondent is eligible based only on facts about that respondent.

Requirements	Explanations	Examples
The respondent must be 18 years old or older and must:		
Have a diagnosis of a schizophrenia spectrum disorder or another psychotic disorder in the same class, as defined in the current <i>Diagnostic and Statistical Manual of Mental Disorders</i> (item 7a).	Only a person with a schizophrenia spectrum or other psychotic disorder is eligible for the CARE Act process. A person who does not have that diagnosis is not eligible even if they have a different serious mental disorder, such as bipolar disorder or major depression. Note: The psychotic disorder 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 5 to be eligible.	Schizophrenia, schizophreniform disorder, schizoaffective disorder, delusional disorder, schizotypal personality disorder, and other psychotic disorders.



Requirements	Explanations	Examples
<p>Be currently experiencing a serious mental disorder that (item 7b):</p> <ul style="list-style-type: none"> • 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. 	<p>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.</p> <p>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.</p>	<p>If caused by a chronic, prolonged, or recurrent mental disorder:</p> <ul style="list-style-type: none"> • Difficulty with self-care (e.g., bathing, grooming, obtaining and eating food, dressing appropriately for the weather, securing health care, or following medical advice). • 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. • Recent history of inability to care for themselves (bathe, groom, get food and eat, use the restroom) daily without additional help.
<p>Not be clinically stabilized in ongoing voluntary treatment (item 7c).</p>	<p>Describe why you believe the respondent is not being adequately supported in a voluntary treatment program such that their condition and symptoms are stable.</p>	<ul style="list-style-type: none"> • 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.
<p>At least one of the following must be true (item 7d):</p>		
<p>The respondent is unlikely to survive safely in the community without supervision and the respondent’s condition is substantially deteriorating (item 7d(1)).</p> <p>OR (see next page)</p>	<p>Indicate recent instances where the respondent has needed supervision to survive in the community due to lack of reality orientation, confusion, or impaired insight.</p> <p>Describe how the respondent’s ability to think clearly, communicate, or participate in regular activities has been getting worse recently.</p>	<ul style="list-style-type: none"> • 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
<p>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)).</p>	<p>Describe how the respondent would become gravely disabled or likely to cause serious harm to themselves or others without services and supports.</p> <ul style="list-style-type: none"> • <i>Grave disability</i> includes a person’s inability, due to a mental disorder, to provide for their basic personal needs for food, clothing, or 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. 	<ul style="list-style-type: none"> • 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 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.
<p>The respondent’s participation in a CARE plan or CARE agreement must:</p>		
<p>Be the least restrictive alternative necessary to ensure the respondent’s recovery and stability (item 7e), and</p>	<p>Explain how participation in a CARE plan or CARE agreement:</p> <ul style="list-style-type: none"> • 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. 	<p>Less restrictive alternatives might include:</p> <ul style="list-style-type: none"> • 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.
<p>Be likely to benefit the respondent (item 7f).</p>	<p>Explain how participating in a CARE plan could help the respondent stabilize and improve their current state and situation.</p>	<ul style="list-style-type: none"> • 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 just say that you already gave that 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 Helpful 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 <https://www.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 California Indian health care provider, tribal court, or tribal organization, include that information in 8d or 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 9a" 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 eligibility requirements. Then the court will either:

- **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**
- **Order a report** if it finds that the petition does show 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 ADA 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 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 CARE, 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 or another psychotic disorder. That disorder, or another mental disorder if you have one, 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 also cannot be stabilized in a voluntary treatment program. In addition, *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.

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 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 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, 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 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 also 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, you should 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 it decides that 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 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 ADA 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):	STATE BAR NUMBER:	FOR COURT USE ONLY DRAFT 112024 Not approved by the Judicial Council
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CARE ACT PROCEEDINGS FOR (name): <div style="text-align: right;">RESPONDENT</div>		
PETITION TO BEGIN CARE ACT PROCEEDINGS		CASE NUMBER:

For information on completing this form, see *Information for Petitioners—About the CARE Act* (form [CARE-050-INFO](#)), visit the CARE Act webpage on the online 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>.

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

<p>a. <input type="checkbox"/> A person who lives with the respondent.</p> <p>b. <input type="checkbox"/> A spouse or registered domestic partner, parent, sibling, child, or grandparent of the respondent.</p> <p>c. <input type="checkbox"/> A person authorized to act in place of the respondent's parent.</p> <p>d. <input type="checkbox"/> The director of the county behavioral health agency of this county.*</p> <p>e. <input type="checkbox"/> 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. <input type="checkbox"/> The director of a hospital in which the respondent is hospitalized.*</p> <p>g. <input type="checkbox"/> The director of a public or charitable organization, agency, or home</p> <p>(1) <input type="checkbox"/> who is or has been, within the past 30 days, providing behavioral health services to the respondent;* or</p> <p>(2) <input type="checkbox"/> in whose institution the respondent resides.*</p> <p>h. <input type="checkbox"/> The respondent.</p>	<p>i. <input type="checkbox"/> 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. <input type="checkbox"/> The public guardian or public conservator of this county.*</p> <p>k. <input type="checkbox"/> A conservator or proposed conservator referred from a proceeding under Welfare and Institutions Code section 5350.</p> <p>l. <input type="checkbox"/> The director of adult protective services of this county.*</p> <p>m. <input type="checkbox"/> 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. <input type="checkbox"/> 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.
- 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.

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

4. a. The respondent lives or was last found at (give the respondent's address if they have one and you know it, including a post office box where they get mail; otherwise, describe where the respondent lives or the last location where they were staying):
- b. The respondent's other contact information is: (telephone number, if any): The respondent does does not respond to text messages. (email address, if any):
- c. I believe that the best ways to contact the respondent are (check all that apply):
- (1) by visiting them in person
 - (2) by calling them on the phone
 - (3) by sending them text messages
 - (4) by sending them email
 - (5) by sending them mail
 - (6) other (describe):
- d. The respondent needs assistance reading hearing or understanding speaking English. The respondent's preferred language is (specify language(s)):
5. The respondent (check a or b; if you check b, you must also check either (1) or (2)):
- a. Is a resident of this county.
 - b. Is not a resident of this county. The respondent's county of residence is (if you know it):
 - (1) Is currently located in this county.
 - (2) Is a defendant or respondent in a criminal or civil proceeding pending in the superior court of this county.
6. Evidence supporting this petition includes (you must check and provide at least one of the following):
- a. The declaration of a licensed behavioral health professional (form [CARE-101](#)), attached and labeled as Attachment 6a.
 - b. A statement or documents showing that the respondent has been hospitalized two or more times for involuntary treatment and that the most recent involuntary hospital stay ended less than 60 days ago.
- Note:** As used in this form, "involuntary treatment" refers only to a 14-day hold authorized by Welfare and Institutions Code section 5250. It does **not** refer to treatment authorized by any other statutes, including but not limited to Welfare and Institutions Code sections 5150, 5260, 5270.15, and 5270.70.
- (You may check (1) and provide the information below, or check (2) and attach the documents, or do both.)
- (1) I know personally that the respondent was hospitalized for involuntary treatment. (Describe what happened each time and explain how you know about it.)
 - (2) I have attached documents showing that the respondent was hospitalized two or more times for involuntary treatment and labeled the documents Attachment 6b1, 6b2, 6b3, etc. (Include, for example, your own signed declaration (only if you have personal knowledge of respondent's involuntary treatment), copies of certifications for intensive treatment, signed declarations by persons who witnessed the respondent's involuntary treatment, or other records.)

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

7. To the best of my knowledge, the respondent meets each of the requirements below:
- Check here if all the information requested in item 7a to 7f is included in form CARE-101. If it is, you can skip the rest of this question, if you want. Otherwise, explain below.
- Note:** Some details you enter in items 7a through 7f may overlap. If you notice you're repeating yourself, you can just say that you already gave that information and mention where you said it before.
- a. The respondent has a diagnosis of schizophrenia spectrum disorder or another psychotic disorder in the same class, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders*. *(Explain below):*
- b. The respondent is currently experiencing a serious mental disorder, as defined in Welfare and Institutions Code section 5600.3(b)(2), because the disorder:
- (1) Is severe in degree and persistent in duration;
 - (2) May cause, or has caused, behavior that interferes substantially with the respondent's primary activities of daily living; **and**
 - (3) May result, or has resulted, in the respondent's inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period.
- (Describe the seriousness, length, and effects of the respondent's mental disorder below):*
- c. The respondent is not currently stabilized in ongoing voluntary treatment. *(Describe the respondent's current condition and any ongoing treatment below):*
- d. At least one of the following is true *(complete (1) or (2) or both)*:
- (1) The respondent is unlikely to survive safely in the community without supervision **and** the respondent's condition is substantially deteriorating. *(Explain why the respondent is unlikely to survive safely in the community, describe the type of supervision the respondent would need to survive safely, and describe how the respondent's physical or mental condition has recently grown worse):*

CARE ACT PROCEEDINGS FOR (name): RESPONDENT	CASE NUMBER:
--	--------------

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. Other information (check any of the following statements that is 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 program, department, or court):

CARE ACT PROCEEDINGS FOR (name):	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 (Penal Code, §§ 1370, 1370.01)
- (2) Assisted outpatient treatment (Welfare & Institutions Code, §§ 5346–5348)
- (3) Lanterman-Petris-Short Act conservatorship (Welfare & Institutions 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)

ATTORNEY OR PETITIONER WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER:	FOR COURT USE ONLY DRAFT 112024 Not approved by the Judicial Council
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CARE ACT PROCEEDINGS FOR (name): <div style="text-align: right;">RESPONDENT</div>		
PETITION TO BEGIN CARE ACT PROCEEDINGS BY LICENSED BEHAVIORAL HEALTH PROFESSIONAL ONLY		CASE NUMBER:
To the petitioner: If you complete and file this form, you do not need to complete or file <i>Mental Health Declaration—CARE Act Proceedings</i> (form CARE-101). (See Cal. Rules of Court, rule 7.2221(a), (b)(1).)		

1. **I (enter your name here):**
 am 18 years of age or older and a licensed behavioral health professional who is or has been, within the past 30 days, treating or supervising the treatment of the respondent.
 For the reasons described in this petition, including any attachments, I am asking the court to begin CARE Act proceedings for the respondent.
2. a. I hold a current valid California license as a (check one):
 - (1) physician.
 - (2) psychologist.
 - (3) clinical social worker.
 - (4) marriage and family therapist.
 - (5) professional clinical counselor.
 b. My license number is:
3. I have interacted with the respondent as follows (describe when (give the date) you last interacted with them, and what happened when you interacted with the respondent):

4. a. The respondent lives or was last found at (give the respondent's address if they have one and you know it, including a post office box where they get mail; otherwise, describe where the respondent lives or the last location where they were staying):

- b. The respondent's other contact information is:
 (telephone number, if any): _____ The respondent does does not respond to text messages.
 (email address, if any): _____
- c. I believe that the best ways to contact the respondent are (check all that apply):
 - (1) by visiting them in person
 - (2) by calling them on the phone
 - (3) by sending them text messages
 - (4) by sending them email
 - (5) by sending them mail
 - (6) other (describe): _____
- d. The respondent needs assistance reading hearing or understanding speaking English.
 The respondent's preferred language is (specify language(s)): _____

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

5. The respondent (check a or b; if you check (b), you must also check either (1) or (2)):
- a. Is a resident of this county.
 - b. Is not a resident of this county. (Enter respondent's county of residence, if you know it):
 - (1) Is currently located in this county.
 - (2) Is a defendant or respondent in a criminal or civil proceeding pending in the superior court of this county.
6. I (complete a or b; date of most recent examination or attempt must be no more than 60 days before the filing of the petition):
- a. Examined the respondent on (date):
 - b. Attempted to examine the respondent on (include all dates): , but was unsuccessful because the respondent would not submit to an examination. (Describe in detail each attempt you made to examine the respondent, the nature of the respondent's lack of cooperation, and any other factors that prevented you from examining the respondent):
7. It is my professional opinion that the respondent meets the clinical criteria to be eligible for CARE Act proceedings. My opinion is based on (check all that apply):
- a. The results of my examination of the respondent.
 - b. The results of an examination of the respondent by another licensed behavioral health professional.
 - (name):
 - (address):
 - (phone number): (email address):
 - (license number): (profession):
 - c. Other sources of information described below in Attachment 7.
8. Facts and opinions supporting the allegations that the respondent meets each of the clinical criteria in Welfare and Institutions Code section 5972 are provided (check one):
- a. In item 9. (If you need more space for any of item 9, attach additional pages as Attachment 9a, Attachment 9b, etc.)
 - b. In an attached declaration labeled "Attachment 9." (Skip item 9, and go to item 10.)
9. a. The respondent has a diagnosis of schizophrenia spectrum disorder or another psychotic disorder in the same class, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders*. (Explain below):
- b. The respondent is currently experiencing a serious mental disorder, as defined in Welfare and Institutions Code section 5600.3(b)(2), because the disorder:
- (1) Is severe in degree and persistent in duration;
 - (2) May cause, or has caused, behavior that interferes substantially with the respondent's primary activities of daily living; **and**
 - (3) May result, or has resulted, in the respondent's inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period.
- (Describe the seriousness, length, and effects of the respondent's mental disorder below):

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

9. c. The respondent is not currently stabilized in ongoing voluntary treatment. *(Describe the respondent's current condition and any ongoing treatment below):*
- d. At least one of the following is true *(complete (1) or (2) or both)*:
- (1) The respondent is unlikely to survive safely in the community without supervision **and** the respondent's condition is substantially deteriorating. *(Explain why the respondent is unlikely to survive safely in the community, describe the type of supervision the respondent would need to survive safely, and describe how the respondent's physical or mental condition has recently grown worse):*
- (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)*:
10. **Other information** *(check any of the following statements that is 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)*:

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

10. 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):*
- 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):*

11. **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 (Penal Code, §§ 1370, 1370.01)
- (2) Assisted outpatient treatment (Welfare & Institutions Code, §§ 5346–5348)
- (3) Lanterman-Petris-Short Act conservatorship (Welfare & Institutions Code, §§ 5350–5372)
- d. The referral order is attached and labeled as Attachment 11 *(optional)*.
- e. The respondent's attorney in the referring proceeding (name):
- (mailing address):*
- (telephone number):* *(email address):*

12. 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)

CONFIDENTIAL

CARE-118

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 <p style="text-align: center;">DRAFT 102924 Not approved by the Judicial Council</p>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CARE ACT PROCEEDINGS FOR (name): <p style="text-align: right;">RESPONDENT</p>		
NOTICE OF HEARING OR CONTINUANCE		CASE NUMBER:
<p>Note: This form provides information about ongoing CARE Act proceedings. To protect the privacy and confidentiality rights of the respondent, it includes only basic information.</p> <p>A continuance means that the court had previously scheduled a hearing on a particular day but has rescheduled it to another day. This notice of hearing or continuance does not give you the right to attend the hearing. You may attend the hearing only if the court explicitly gives you permission to attend.</p>		

1. The court has set a hearing on continued a hearing to (date):
 If continued, the continuance is for the following reason (do not disclose confidential medical information):

CLERK'S CERTIFICATE OF MAILING

I certify that:

- I am an employee of the Superior Court of California, County of (name): _____, and am not a party to this case.
- I mailed a true copy of this form following standard court practices by placing it in a sealed envelope with postage fully prepaid and addressed to the original petitioner in this case, who is a person identified in Welfare and Institutions Code section 5974(a) or (b), as follows:
 (name): _____
 (street address): _____
 (city, state, and zip code): _____
- The mailing took place on (date): _____ at (city): _____, California.

[SEAL]

Date: _____ Clerk, by _____, Deputy

CONFIDENTIAL

CARE-119

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.:	<i>FOR COURT USE ONLY</i> DRAFT 102524 Not approved by the Judicial Council
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CARE ACT PROCEEDINGS FOR (name): <div style="text-align: right;">RESPONDENT</div>		
NOTICE OF DISMISSAL		CASE NUMBER:

Note: This form provides information about ongoing CARE Act proceedings. To protect the privacy and confidentiality rights of the respondent, it includes only basic information.

A dismissal means that the court has closed the case. This can happen for a lot of reasons, including the court's finding that the respondent has voluntarily agreed to services, is ineligible for CARE proceedings, or no longer needs court supervision. The respondent may be receiving supports and services even after a dismissal.

1. The court dismissed this case on (date): _____ because (give the statutory basis; do not disclose any confidential medical information): _____

CLERK'S CERTIFICATE OF MAILING

I certify that:

- I am an employee of the Superior Court of California, County of (name): _____, and am not a party to this case.
- I mailed a true copy of this form following standard court practices by placing it in a sealed envelope with postage fully prepaid and addressed to the original petitioner in this case, who is a person identified in Welfare and Institutions Code section 5974(a) or (b), as follows:
 (name): _____
 (street address): _____
 (city, state, and zip code): _____
- The mailing took place on (date): _____ at (city): _____, California.

[SEAL]

Date: _____ Clerk, by _____, Deputy

Standard 7.20 of the California Standards of Judicial Administration would be adopted, effective July 1, 2025, to read:

1 **Title 7. Standards for Probate and Mental Health Proceedings**

2
3 **Standard 7.20. CARE Act Proceedings**

4
5 **(a) Unique role of the CARE Act court judicial officer**

6
7 Judicial officers of CARE Act courts, in consultation with the presiding judge of
8 the superior court and to the extent that it does not interfere with the adjudication
9 process, are encouraged to:

- 10
11 (1) Monitor what specific supports and services are available in the local
12 community for inclusion in CARE agreements and CARE plans;
13
14 (2) Exercise their authority under statute or rule to review, order, and enforce the
15 delivery of specific supports and services for respondents, including
16 prioritization for supports and services, where appropriate; and
17
18 (3) Facilitate coordination of supports and services by using their authority to
19 join multiple local agencies when it appears that the agencies have failed to
20 fulfill their legal obligations to provide supports and services to the
21 respondent.

22
23 **(b) Role of the CARE Act court**

24
25 The CARE Act court should:

- 26
27 (1) Educate the community concerning the role of the CARE Act court in
28 providing services and support for eligible adults;
29
30 (2) Convene local behavioral health and social service agencies to coordinate the
31 provision of available services through CARE agreements and CARE plans
32 that use the least restrictive means to promote respondents' recovery, safety,
33 and stability; and
34
35 (3) Work to accommodate the sharing of information among agencies within the
36 limits of the statutory framework.