



# Judicial Council of California

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## INVITATION TO COMMENT

### W26-08

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**Title**

Mental Health Law: Implementation of  
CARE Act Legislation

**Action Requested**

Review and submit comments by  
January 7, 2026

**Proposed Rules, Forms, Standards, or Statutes**

Amend Cal. Rules of Court, rules 7.2221,  
7.2223, and 7.2230; repeal rule 7.2225;  
approve forms CARE-125 and CARE-126;  
revise forms CARE-050-INFO, CARE-060-  
INFO, CARE-100, CARE-101, and CARE-  
102

**Proposed Effective Date**

July 1, 2026

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**Proposed by**

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

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### Executive Summary and Origin

To implement recently enacted legislation regarding the Community Assistance, Recovery, and Empowerment (CARE) Act, the Probate and Mental Health Advisory Committee proposes amending three rules of court, repealing one rule of court, approving two forms, and revising five forms. Senate Bill 27 (Stats. 2025, ch. 528) amended both substantive and procedural aspects of the CARE Act, including eligibility criteria and initiation processes. This proposal would make the changes to rules and forms necessary to conform to SB 27. This proposal would also make minor changes to improve form usability and clarity.

### Background

The CARE Act (Sen. Bill 1338; Stats. 2022, ch. 319, § 7) 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 CARE plan. The first cohort of California

*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 It is circulated for comment purposes only.*

counties implemented the CARE Act by October 1, 2023,<sup>1</sup> with the remaining counties required to implement no later than December 1, 2024.<sup>2</sup> All counties and courts implemented the CARE Act by December 1, 2024.

### **Senate Bill 27**

SB 27 expands CARE Act eligibility criteria and amends procedures related to hearings and referrals to CARE Act proceedings. Specifically, SB 27:

- Expands CARE Act eligibility to include individuals diagnosed with “bipolar I disorder with psychotic features, except psychosis related to current intoxication”;
- Authorizes the CARE Act court to consider referrals from courts hearing Assisted Outpatient Treatment, conservatorship, misdemeanor incompetent to stand trial, and felony incompetent to stand trial proceedings as petitions to begin CARE Act proceedings, if certain criteria are met;
- Defines “clinically stabilized in ongoing voluntary treatment” to mean both (1) “the person’s condition is stable and not deteriorating”, and (2) “the person is currently engaged in treatment and managing symptoms through medication or other therapeutic interventions”; and
- Includes nurse practitioners and physician assistants among the licensed behavioral health professionals authorized under Welfare and Institutions Code section 5975(d)(1) to complete an affidavit stating that the respondent meets the diagnostic criteria to be eligible for CARE Act proceedings.

### **The Proposal**

To implement the statutory requirements and procedures introduced by SB 27, maintain consistency across CARE Act rules and forms, and improve usability and clarity, the proposal would:

- Amend California Rules of Court, rules 7.2221, 7.2223, and 7.2230;
- Amend the heading of California Rules of Court, title 7, chapter 2, article 2;
- Repeal California Rules of Court, rule 7.2225;
- Approve *Court Referral to the CARE Act Court* (form CARE-125) and *Ruling or Order on Court Referral to CARE Act Court* (form CARE-126) as optional forms; and
- Revise *Information for Petitioners—About the CARE Act* (form CARE-050-INFO), *Information for Respondents—About the CARE Act* (form CARE-060-INFO), *Petition to*

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<sup>1</sup> Welf. & Inst. Code, § 5970.5(a). The first cohort included the counties and courts of Glenn, Orange, Riverside, San Diego, San Francisco, Stanislaus, and Tuolumne.

Unless otherwise noted, all further statutory references are to the Welfare and Institutions Code.

<sup>2</sup> § 5970.5(b). Five counties and courts implemented before the deadline: 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.

*Begin CARE Act Proceedings* (form CARE-100), *Mental Health Declaration—CARE Act Proceedings* (form CARE-101), and *Petition to Begin CARE Act Proceedings by Licensed Behavioral Health Professional Only* (form CARE-102).

The proposed changes to these rules and forms are discussed more thoroughly below.

#### **Rule 7.2221 Papers to be filed**

##### *Implementation of SB 27*

Rule 7.2221 outlines the options for beginning CARE Act proceedings. Rule 7.2221(a) would be revised to incorporate the CARE Act court's discretion to consider referrals as petitions to begin CARE Act proceedings. This amendment is intended to reflect changes SB 27 made to Welfare and Institutions Code section 5978 and to clarify that a separate petition does not need to be filed if the CARE Act court considers a referral to be a petition.

This rule would also be restructured to identify each of the three ways that CARE Act proceedings can begin in separate paragraphs and clarify who may file or submit the required document to begin the CARE Act proceeding.

##### *Updates for Consistent Terminology*

Additionally, the rule would be amended to use the words "begin" in place of "commence" to reflect the recent form name change to CARE-100 and to promote consistency across all CARE Act rules and forms. The word "Beginning" would also replace "Commencing" in the name of Article 2 to maintain this consistency.

#### **Rule 7.2223 Venue and transfer**

Rule 7.2223(a) would be amended to replace "commence" with "begin" to reflect the recent form name change to CARE-100 and to promote consistency across all CARE Act rules and forms.

#### **Rule 7.2225 Persons who may file petition**

Rule 7.2225 would be repealed because the amendments to rule 7.2221 discussed above render it unnecessary. Previously, rule 7.2225 identified the individuals authorized to file a petition to begin CARE Act proceedings, including those designated to file a petition when the proceeding was initiated by referral. This information fits better in rule 7.2221 as proposed to be amended.

#### **Rule 7.2230 Counsel for respondent**

Rule 7.2230(b) would be amended to reflect the change made in SB 27 to provide a new option to begin CARE Act proceedings by referral, as described in section 5978(a). Previously, rule 7.2230(b) required the court to provide a copy of the "petition packet" to appointed counsel.

Under the new referral provisions, when the CARE Act court decides to consider a referral to be a petition, the CARE Act proceedings would likely begin without the "petition packet" that rule 7.2230(b) requires the court to provide to appointed counsel. The rule would be amended to allow the court to instead provide a copy of the written referral that began the proceedings.

Furthermore, the name of the subdivision for rule 7.2230(b) would be revised to reflect this change.

#### ***Court Referral to the CARE Act Court (form CARE-125)***

Form CARE-125 would be approved as an optional form that provides courts with a clear method to refer individuals to the CARE Act court under the new court-to-court referral process established by SB 27. This form is intended to facilitate this referral process by prompting the referring court to provide key information about the individual and their potential CARE Act eligibility that would enable the CARE Act court to evaluate whether to exercise their discretion to treat the referral as a petition. The form's items are intended to (1) elicit the information necessary to support a referral being treated as a petition under section 5978, and (2) allow the referring court to provide additional details about the individual and their circumstances that may assist both the court in its determination and the county behavioral health agency in engaging with the individual, as was suggested by stakeholder.

SB 27 authorizes the CARE Act court to treat a referral as a petition if (1) the referral contains all the information required to be included in a CARE process petition under section 5975, and (2) the information included in the referral makes a prima facie showing that the respondent is, or may be, a person described in section 5972<sup>3</sup>. Items 3 and 4 of the form directly reflect this statutory language. In Item 5, a checkbox option was added to allow the referring judicial officer to indicate whether confidential reports or records are attached with consent of the referred individual or their counsel. This addition responds to concerns about information-sharing limitations and ensures that critical eligibility-related documentation, particularly regarding diagnosis or condition, can be included when confidentiality has been waived.

In addition, stakeholders have emphasized the importance of the CARE Act court receiving additional information about the individual, their location, contact details, or any other relevant information about their situation that may assist the CARE Act court in deciding whether to exercise its discretion to treat the referral as a petition. This information, captured in items 6 through 8, may also support county behavioral health agencies in locating and engaging the individual.

#### ***Order on Court Referral to CARE Act Court (form CARE-126)***

The committee proposes form CARE-126 as an optional form for use by a CARE Act court to document its decision on whether to treat a referral from another court as a petition under section 5978. This form would support the statutory discretion granted to the CARE Act court by SB 27 and provides a clear mechanism for communicating the court's ruling back to the referring court and relevant parties.

After receiving a referral under section 5978, the CARE Act court may use this form to indicate one of the two possible outcomes. If the CARE Act court decides to exercise its discretion to treat the referral as a petition, the judicial officer would check item 1 and check the "ruling"

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<sup>3</sup> § 5972 identifies the criteria that an individual must meet in order to qualify for the CARE Act process.

option in the title name. By checking item 1, the CARE Act court is ruling that the referral contains all of the information required by section 5975 to be included in a CARE process petition, and the information included in the referral makes a prima facie showing that the respondent is, or may be, a person described in section 5972. In that case, the CARE Act court will notify the referring court that the referral has been accepted as a petition, as required by section 5978(c). Finally, by checking item 1, the judicial officer would also be ruling that the court will complete a form CARE-105. Since the CARE Act court would be finding that a petition from a petitioner other than the director of the county behavioral health agency made a prima facie showing has been made that the respondent is or may be a person described in section 5972, an order for a report from the county behavioral health agency, which is made on form CARE-105, would be the next step in the CARE Act process.<sup>4</sup>

Alternatively, if the CARE Act court does not exercise its discretion to treat the referral as a petition, the judicial officer would check item 2 and check the box for “order” in the title. Here, the judicial officer would order the appropriate petitioner candidate to complete the actions listed in item 2(a) and item 2(b) within 14 court days. The actions listed in these two sections directly reflect the requirements under section 5978(d).

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

Form CARE-050-INFO would be revised to reflect changes to the criteria for CARE Act eligibility made by SB 27. Specifically, the form would be revised to include “bipolar I disorder with psychotic features, except psychosis related to current intoxication” as an eligible diagnosis and to define “clinically stabilized in ongoing voluntary treatment” to mean both that the person’s condition is stable and not deteriorating, and that the person is currently engaged in treatment and managing symptoms through medication or other therapeutic interventions.

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

Form CARE-060-INFO would be revised to include “bipolar I disorder with psychotic features, except psychosis related to current intoxication” as an eligible diagnosis.

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

Form CARE-100 would be revised to reflect changes to the criteria for CARE Act eligibility made by SB 27. Specifically, item 7a would be revised to include “bipolar I disorder with psychotic features, except psychosis related to current intoxication” as an eligible diagnosis, and item 7c would define “clinically stabilized in ongoing voluntary treatment” to mean both that the person’s condition is stable and not deteriorating, and that the person is currently engaged in treatment and managing symptoms through medication or other therapeutic interventions.

***Mental Health Declaration—CARE Act Proceedings (form CARE-101)***

Form CARE-101 would be revised to incorporate changes from SB 27 and to further the consistency with form CARE-102. Specifically, form CARE-101 would be revised as follows:

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<sup>4</sup> § 5977(a)(3)(B).

- Include nurse practitioners and physician assistants in the list of licensed behavioral health professionals who may fill out the form based on the revision to section 5975(d)(1);
- Replace the listed options for waiver of licensure with an option for the declarant to indicate that a waiver applies and provide the rationale in narrative form to increase ease of use of the form;
- Provide a space for the licensed behavioral health professional to indicate their license number, if applicable, to maintain consistency with form CARE-102;
- Include “bipolar I disorder with psychotic features, except psychosis related to current intoxication” as an eligible diagnosis in item 7a to comply with SB 27; and
- Define “clinically stabilized in ongoing voluntary treatment” in part 7c to mean both that the person’s condition is stable and not deteriorating, and that the person is currently engaged in treatment and managing symptoms through medication or other therapeutic interventions, to comply with SB 27.
- Revise the form footer to ensure consistency with the Judicial Council’s standard footer format.

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

Form CARE-102 would be revised to incorporate changes from SB 27 and to maintain consistency with form CARE-101. Specifically, form CARE-102 would be revised as follows:

- Require the petitioner to provide the respondent’s name and date of birth (if known) in item 1;
- Provide a checkbox option for the licensed behavioral health professional to indicate whether they have an applicable waiver of licensure to maintain consistency with form CARE-101;
- Include “bipolar I disorder with psychotic features, except psychosis related to current intoxication” as an eligible diagnosis in item 9a;
- Define “clinically stabilized in ongoing voluntary treatment” in part 9c to mean both that the person’s condition is stable and not deteriorating and that the person is currently engaged in treatment and managing symptoms through medication or other therapeutic interventions, to comply with SB 27; and
- Update the citation for the definition of a licensed behavioral health professional in item 2a.

## **Alternatives Considered**

The committee did not consider taking no action in response to SB 27. SB 27 made changes to the CARE Act statute. To ensure that rules and forms accurately reflect the law, the council needs to update CARE Act rules and forms.

The committee considered taking no action on the changes making terminology consistent across the CARE Act rules and forms. However, the committee determined that the proposed changes would improve usability and clarity of the materials.

### **Court referral form**

The committee considered not including form CARE-125 in this proposal and letting courts develop their own local forms or procedures to implement the new referral procedure under SB 27. The committee evaluated whether the adoption of a form was necessary to accompany the new referral procedure and whether judicial officers would find it useful. The committee also considered whether CARE-125 should be adopted as a mandatory form. Ultimately, the committee decided that creating an optional form rather than a mandatory one would provide those courts that want a standardized referral form with the ability to use it, while allowing other courts to develop their own local forms. Furthermore, system partners have expressed support for a form that would standardize the referral process and promote referral efficiency.

In reviewing the caption section of form CARE-125, the committee considered whether to include a case number field for only the CARE Act court or for both the CARE Act court and the referring court. The committee received feedback indicating that listing a single case number may create confusion about which court it referred to include the case number. To address this, the committee looked to existing Judicial Council forms for reference and examined form JV-200, which includes two distinct case numbers in its caption. Drawing from that model, the committee ultimately decided to include two case number fields in form CARE-125 to reduce procedural ambiguity in the referral process and to align with formatting conventions used in other Judicial Council forms.

### **Ruling or order on court referral form**

The committee considered not including form CARE-126 in this proposal and letting courts develop their own local forms or procedures to implement the new referral procedure. The committee evaluated whether the adoption of a form was necessary to implement the new referral procedures, or whether SB 27 provides sufficient direction to ensure efficient referral operations. The committee received feedback from system partners that a form could facilitate documentation of the CARE Act court's decisions following a referral, and that a form could enhance consistent data collection and reporting related to referrals and petitions. Ultimately, the committee decided that creating an optional form would provide courts with an option to implement the new referral procedures while allowing courts to develop their own local forms.

The committee also considered whether to designate form CARE-126 as a mandatory form rather than an optional form. The committee evaluated whether a mandatory form was needed to

ensure consistency in the practices for responding to referrals across all courts. Ultimately, the committee concluded that the procedures outlined in section 5978 regarding the steps following the CARE Act court's decision whether to exercise its discretion were sufficiently clear, and that the form should remain optional to allow courts the flexibility to develop their own local forms if needed.

Finally, the committee also considered whether to include one or two case number fields in the caption of form CARE-126. Applying the same rationale used for form CARE-125, the committee decided to include both the referring court and CARE Act court case numbers in an effort to minimize confusion during the referral process and to ensure consistency with form CARE-125 and other Judicial Council forms.

### **Eligibility to use CARE-102**

The committee considered revising form CARE-102 to allow its use by nurse practitioners and physician assistants who are now included in the list of eligible declarants under section 5975(d)(2). However, because SB 27 did not expand the list of eligible petitioners in section 5974 to include nurse practitioners and physician assistants, the committee proposes to limit use of form CARE-102 to licensed behavioral health professionals as defined in section 5971(l) who are eligible petitioners under section 5974(e). The committee felt that including the additional sections necessary to allow those individuals to demonstrate eligibility would detract from the consolidated nature of the form, which had been specifically requested by stakeholders.

### **Fiscal and Operational Impacts**

The proposed rule amendments, form revisions, and new optional forms would impose indeterminate costs on the courts to change their operational procedures. For example, accommodating two new optional forms related to court referral will likely impose intermediate costs in providing training to judicial officers and court staff on referral procedures and allowable court communications. The committee considered these costs and determined that they are necessary components of ensuring efficient court operations and striving to implement the CARE Act as effectively as possible. The committee also considered that courts will likely incur costs in the form of training and local form development to implement the new referral mechanism regardless of the adoption of new forms.

Additionally, the changes to eligibility criteria and referral processes under SB 27 may lead to increased costs for courts and county behavioral health agencies if the changes result in an increased volume of referrals and petitions. However, these costs would stem from SB 27, rather than from changes to the CARE Act rules and forms.



### 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?
- Does optional use of forms CARE-125 and CARE-126 strike an appropriate balance between system consistency and court flexibility?

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

- Should form CARE-126 be split into two forms, with one form designated to be filled out when a referral is treated as a petition and the other form for when the court decides **not** to treat a referral as a petition? Or would two forms for one decision point be more confusing?
- Does the inclusion of space for two case numbers on forms CARE-125 and CARE-126 appropriately support use of case numbers from both the referring and receiving courts, where applicable?
- Are forms CARE-125 and CARE-126 sufficient to support the referral process on their own, or would additional rules or guidance, such as is provided in the juvenile custody order process, be helpful?
- Would the proposal provide cost savings? If so, please quantify.
- 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 two 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 7.2221, 7.2223, 7.2225, and 7.2230, at pages 10–11
2. Forms CARE-050-INFO, CARE-060-INFO, CARE-100, CARE-101, CARE-102, CARE-125, and CARE-126 at pages 12–38
3. Link A: Sen. Bill 27 (Stats. 2025, ch. 528),  
[https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=202520260SB27](https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260SB27)

Rules 7.2221, 7.2223, and 7.2230 of the California Rules of Court would be amended, and rule 7.2225 would be repealed, effective July 1, 2026, to read:

**Article 2. Beginning ~~Commencement~~ of Proceedings**

**Rule 7.2221. Papers to be filed (§§ ~~5975, 5978~~)**

**(a) Alternative petitions to begin CARE Act proceedings**

A petition to ~~commence~~ begin CARE Act proceedings must be made on one of the following:

(1) A Petition to Begin CARE Act Proceedings (form CARE-100) filed by any person authorized to petition by section 5974 or 5978; or,

(2) if the petitioner is a licensed behavioral health professional as defined in section 5971(l), on A Petition to Begin CARE Act Proceedings by Licensed Behavioral Health Professional Only (form CARE-102); filed by a licensed behavioral health professional as defined in section 5971(m); or

(3) A written referral under section 5978 if the CARE Act court deems the referral to be a petition as authorized by that section.

**(b)–(c) \* \* \***

**Rule 7.2223. Venue and transfer (§ 5973)**

**(a) Filing**

A petition to ~~commence~~ begin CARE Act proceedings may be filed in the superior court of:

(1) The county where the respondent resides at the time of filing;

(2) The county where the respondent is found at the time of filing; or

(3) A county where the respondent is a defendant or respondent in a pending criminal or civil action or proceeding.

**(b) \* \* \***

**~~Rule 7.2225. Persons who may file petition (§§ 5974, 5978)~~**

1 **(a) ~~Persons who may file petition~~**

2  
3 ~~Any person identified in section 5974 may file a petition to begin CARE Act~~  
4 ~~proceedings. If a petition is based on a referral authorized by section 5978, only the~~  
5 ~~person designated in that section may file the petition.~~  
6

7  
8 **Rule 7.2230. Counsel for respondent (§§ 5976(c), 5977(a)(3)(A), (a)(5)(C) & (b)(1))**  
9

10 **(a) \* \* \***  
11

12 **(b) Copy of petition or written court referral**  
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14 On appointment, the court must provide to counsel a copy of the petition packet or  
15 written court referral that began the proceedings to appointed counsel.  
16

17 **(c) \* \* \***

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 schizophrenia spectrum disorder or another psychotic disorder and meets several other requirements. The person who asks the court to start the proceedings is called the *petitioner*. This form assumes that you are thinking about whether to file a petition and become a petitioner. The person who you think needs help is called the *respondent*.

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

## 2 What is a CARE agreement or CARE plan?

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

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

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

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

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

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

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

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



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

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

**Item 1: Names and Age**

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

**Item 2: What Type of Petitioner Are You?**

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

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

**Item 3: Your Interaction With the Respondent**

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

**Item 4: The Respondent's Contact information**

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



## Item 5: The Right Court and County

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

## Item 6: Required Supporting Evidence

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

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

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

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

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

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

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



Requirements	Explanations	Examples
<p>Be currently experiencing a serious mental disorder that (<b>item 7b</b>):</p> <ul style="list-style-type: none"> <li>• Is severe in degree and persistent in duration,</li> <li>• May cause behavior that interferes substantially with the person’s activities of daily living, <b>and</b></li> <li>• May lead to an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period.</li> </ul>	<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"> <li>• Difficulty with self-care (e.g., bathing, grooming, obtaining and eating food, <b>using the restroom</b>, dressing appropriately for the weather, securing health care, or following medical advice).</li> <li>• Difficulty maintaining a residence, using transportation, or managing money day to day.</li> <li>• Difficulty concentrating or completing tasks as scheduled.</li> <li>• Difficulty functioning socially, creating and maintaining relationships.</li> </ul>
<p>Not be clinically stabilized in ongoing voluntary treatment (<b>item 7c</b>). A person is clinically stabilized in ongoing treatment if their condition is stable and not deteriorating, and they are currently engaged in treatment and managing symptoms through medication or other therapeutic interventions.</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> <p>Enrollment in treatment alone is not enough to be considered clinically stabilized in ongoing voluntary treatment.</p>	<ul style="list-style-type: none"> <li>• Repeated and ongoing refusal to accept voluntary treatment without reason.</li> <li>• Temporary acceptance of voluntary treatment that is interrupted by failure or refusal to continue the treatment without reason.</li> <li>• Voluntary treatment is accepted, but that treatment is not effective to stabilize the respondent.</li> </ul>
<p><b>At least one of the following must be true (item 7d):</b></p>		
<p>The respondent is unlikely to survive safely in the community without supervision <b>and</b> the respondent’s condition is substantially deteriorating (<b>item 7d(1)</b>).</p> <p><b>OR</b> (see next page)</p>	<p>Indicate recent instances where the respondent has needed supervision to survive in the community due to 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"> <li>• Recent or frequent hospitalizations due to symptoms such as delusions, hallucinations, disorganization, impaired insight, impaired judgment.</li> <li>• Recent or frequent arrests due to a mental disorder.</li> </ul>





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

Requirements	Explanations	Examples
The respondent needs services and supports to prevent a relapse or deterioration that would likely result in grave disability or serious harm to the respondent or others ( <b>item 7d(2)</b> ).	Describe how the respondent would become gravely disabled or likely to cause serious harm to themselves or others without services and supports. <ul style="list-style-type: none"> <li><i>Grave disability</i> includes a person's inability, due to a mental disorder, to provide for their basic personal needs for food, clothing, shelter, safety, or medical care.</li> <li><i>Serious harm</i> includes injury causing extreme pain, high risk of death, or loss of physical or mental functions.</li> </ul>	<ul style="list-style-type: none"> <li>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 <b>serious</b> danger to their health.</li> <li>A person who recently attempted suicide because of their mental disorder and continues to express a desire to harm themselves.</li> <li>Self-injuring behavior, such as walking into traffic or harming oneself unknowingly through behavior that puts them at risk for serious injury or death.</li> </ul>
<b>The respondent's participation in a CARE plan or CARE agreement must:</b>		
Be the least restrictive alternative necessary to ensure the respondent's recovery and stability ( <b>item 7e</b> ), and	Explain how participation in a CARE plan or CARE agreement: <ul style="list-style-type: none"> <li>Would effectively meet the respondent's treatment needs while placing as few limits as possible on the respondent's rights and personal freedoms.</li> <li>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.</li> </ul>	<b>Examples of less restrictive alternatives might include:</b> <ul style="list-style-type: none"> <li><b>Voluntary full-service partnerships</b>, 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.</li> <li><b>Supported decisionmaking</b>, 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.</li> <li><b>Assertive community treatment</b>, which is a person-centered, recovery-based treatment option that employs low client-to-staff ratios.</li> </ul>
Be likely to benefit the respondent ( <b>item 7f</b> ).	Explain how participating in a CARE plan could help the respondent stabilize and improve their current state and situation.	<ul style="list-style-type: none"> <li>The respondent's prior improvement when participating in similar treatment programs.</li> <li>Medical opinion that the patient would benefit from treatment.</li> </ul>

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





**Item 8: Other Optional Information**

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

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

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

**Item 9: Court Referral**

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

**Item 10: Attachments**

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

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

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

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

**6 What will happen after I file the petition?**

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

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

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



## **7 The initial appearance**

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

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

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

## **8 Do petitioners have any rights?**

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

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

## **9 What is a vexatious litigant?**

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

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

## **10 What if I don't speak English?**

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

## **11 What if I have a disability?**

If you have a disability and need an accommodation while you are at court, you can use *Disability Accommodation* (form [MC-410](#)) to make your request. You can also ask the 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, bipolar I disorder with psychotic features, or other similar psychotic disorders.

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

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

## 3 What is CARE eligibility?

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

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

## 4 What is a CARE agreement or CARE plan?

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



## 4 What is a CARE agreement or CARE plan?

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

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

## 5 Who is the petitioner?

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

## 6 Who is the respondent?

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

## 7 What happens after the petition has been filed?

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

### What happens if the county agency contacts me?

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

### What will the report include?

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

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

### What happens after the court receives the report?

After the court receives the report, it will either:

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

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



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

### At the initial appearance:

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

### At the hearing on the merits:

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

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

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

## 9 What rights do petitioners have?

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

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





**10 What rights do respondents have?**

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

**11 What if I disagree with a court order?**

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

**12 What is a "supporter"?**

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

**Your supporter must:**

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

**Your supporter must not:**

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

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

**13 What if I don't speak English?**

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

**14 What if I have a disability?**

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

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



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, the last location where they were staying, or locations where they are frequently found)*:
- 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 one or more 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 the county in which this petition is filed.
- b. ☐ Is not a resident of the county in which this petition is filed.  
 The respondent's county of residence is *(if you know it)*:
- (1) ☐ The respondent is located in the county in which this petition is filed.
- (2) ☐ The respondent is a defendant or respondent in a criminal or civil proceeding pending in the superior court of the county in which this is filed.
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.
- (If you checked 6b above, please 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 the 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-100**

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):*

f. The respondent is likely to benefit from participation in a CARE plan or CARE agreement because (*explain below*):

a. ☐ The respondent needs interpreter services or an accommodation for a disability. (If you know, describe what they need):

b. ☐ The respondent is served by a regional center. (If you know, give the center's name and the services it provides to them):

c. ☐ The respondent is or was a member of the state or federal armed services or reserves. (If you know, give branch name):

d. ☐ The respondent is an enrolled member of a federally recognized Indian tribe. (If you know, give the tribe's name and mailing address):

e. ☐ The respondent is receiving services from a California Indian health services program, a California tribal behavioral health department, or a California tribal court. *(If you know, give the name and mailing address of the program, department, or court):*



**CARE-100**

\_\_\_\_\_  
(Type or Print Name of Petitioner)

  
 \_\_\_\_\_  
 (Signature of Petitioner)



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

## EXAMINATION OR ATTEMPTS MADE AT EXAMINATION OF RESPONDENT

5. Complete one of the following (*both a and b must be within 60 days of the filling of the CARE Act petition*):
- a. ☐ I examined the respondent on (date): \_\_\_\_\_ (proceed to item 7).
  - b. ☐ On the following dates: \_\_\_\_\_ I attempted to examine respondent but was unsuccessful due to respondent's lack of cooperation in submitting to an examination.
6. (*Answer only if item 5b is checked.*) Explain in detail when, how many attempts, and the types of attempts that were made to examine respondent. Also explain respondent's response to those attempts and the outcome of each attempt.

7. Based on the following information, I have reason to believe respondent meets the diagnostic criteria for CARE Act proceedings (*each of the following requirements **must** be met for respondent to qualify for CARE Act proceedings*):
- a. Respondent has a diagnosis as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* of a schizophrenia spectrum disorder or another psychotic disorder in the same class, or bipolar I disorder with psychotic features, except psychosis related to current intoxication (*indicate the specific disorder*):

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

- b. Respondent is experiencing a serious mental disorder that (***all of the following must be completed***):
  - (1) Is severe in degree and persistent in duration (*explain in detail*):



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

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

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

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

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

(*explain in detail*):

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

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

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



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**CARE-101**

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

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

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

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

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

Date:

(Type or Print Declarant's Name)

(Signature of Declarant)

ATTORNEY OR PETITIONER WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>   <b>DRAFT 111425</b> <b>Not approved by</b> <b>the Judicial Council</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CARE ACT PROCEEDINGS FOR (name):	RESPONDENT
<b>PETITION TO BEGIN CARE ACT PROCEEDINGS BY          LICENSED BEHAVIORAL HEALTH PROFESSIONAL ONLY</b>	CASE NUMBER:
<b>To the petitioner:</b> If you complete and file this form, you do not need to file <i>Petition to Begin CARE Act Proceedings</i> (form CARE-100) or <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 (enter the respondent's name here): \_\_\_\_\_. 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. 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 am a licensed behavioral health professional as defined by the CARE Act (Welf. and Inst. Code, § 5971(m)) as a (check one):
  - (1) ☐ physician.
  - (2) ☐ psychologist.
  - (3) ☐ clinical social worker.
  - (4) ☐ marriage and family therapist.
  - (5) ☐ professional clinical counselor.
- b. ☐ I have been granted a waiver of licensure by the State Department of Health Care Services under Welfare and Institutions Code section 5751.2 because (if applicable, check the box and explain): \_\_\_\_\_
- c. My license number is (if applicable): \_\_\_\_\_
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, the last locations where they were staying, or locations where they are frequently found): \_\_\_\_\_
- 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 one or more 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 the county in which this petition is filed.
  - b. ☐ Is not a resident of the county in which this petition is filed.  
(Enter respondent's county of residence, if you know it):
    - (1) ☐ The respondent is currently located in the county in which this petition is filed.
    - (2) ☐ The respondent is a defendant or respondent in a criminal or civil proceeding pending in the superior court of the county in which this is filed.
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 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 my opinion that the respondent meets each of the 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. It is my professional opinion that the respondent meets each of the requirements below in items 9a to 9f.
- a. The respondent has a diagnosis as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* of schizophrenia spectrum disorder or another psychotic disorder in the same class, or bipolar I disorder with psychotic features, except psychosis related to current intoxication. (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): \_\_\_\_\_







<b>Referring court division information:</b> <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	FOR COURT USE ONLY   <b>DRAFT 112025</b> <b>Not approved by</b> <b>the Judicial Council</b>
<b>Receiving court division information (if different from referring court):</b> <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CARE ACT PROCEEDINGS FOR <i>(name)</i> :	
<b>COURT REFERRAL TO THE CARE ACT COURT</b>	
CASE NUMBER: REFERRING COURT: CARE ACT COURT <i>(if applicable)</i> :	

1. I am referring *(name of referred individual)* from another court proceeding to the CARE Act court.
  
2. **Referring court information:**
  - a. Court, department, and judicial officer:
  
  - b. Case number:
  
  - c. Type of proceeding from which the individual is referred *(check one)*:
    - (1) ☐ Mental competence proceeding arising from a criminal prosecution (Pen. Code, §§ 1370, 1370.01)
    - (2) ☐ Assisted outpatient treatment (Welf. & Inst. Code, §§ 5346–5347)
    - (3) ☐ Lanterman-Petris-Short Act conservatorship (Welf. & Inst. Code, §§ 5350–5372)

If (3) is checked, the referred individual's conservator or proposed conservator is:
  - d. The individual's attorney in the referring proceeding *(name)*:  
*(mailing address)*:  
*(telephone number)*: *(email address)*:
  
3. ☐ There is reason to believe that the individual in item 1 is a person described in Welfare and Institutions Code section 5972 based on the following:  
*(If you need more space for item 3, attach additional page(s) as Attachment 3.)*



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

4. ☐ This referral contains all of the information required to be included in a petition under Welfare and Institutions Code section 5975 based on the following:  
(If you need more space for item 4, attach additional page(s) as Attachment 4.)

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

6. The individual's contact information is:  
(telephone number, if any):  
(email address, if any):

7. The individual's residence or last known location is:

8. **OPTIONAL:** Other information regarding the individual or their situation that may be relevant to their eligibility for CARE Act proceedings (e.g., expected release date, preferred contact method(s)):

9. Number of pages attached: \_\_\_\_\_

Date:

\_\_\_\_\_  
Judicial Officer

<b>Referring court division information:</b> <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	FOR COURT USE ONLY   <b>DRAFT 112025</b> <b>Not approved by</b> <b>the Judicial Council</b>
<b>Receiving court division information (if different than referring court):</b> <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CARE ACT PROCEEDINGS FOR <i>(name)</i> :	
<input type="checkbox"/> <b>RULING OR</b> <input type="checkbox"/> <b>ORDER ON COURT REFERRAL TO CARE ACT COURT</b>	CASE NUMBER: REFERRING COURT: CARE ACT COURT <i>(if applicable)</i> :

The court has read and reviewed the written referral from a court as provides for in Welfare and Institutions Code section 5978. Based on the information contained in the written referral, the court finds as follows *(check 1 or 2)*:

1. ☐ The court accepts the referral as a petition. The referral contains all of the information required by Welfare and Institutions Code section 5975 to be included in a CARE process petition, and the information included in the referral makes a prima facie showing that the respondent is, or may be, a person described in Welfare and Institutions Code section 5972. The court will:
  - a. Notify the referring court that the referral has been accepted as a petition for CARE Act proceedings.
  - b. Complete *Order for CARE Act Report* (form CARE-105) for these CARE Act proceedings.
  
2. ☐ The court does not accept the referral as a petition. The court orders *(name)*: \_\_\_\_\_, the appropriate petitioner candidate identified in Welfare and Institutions Code section 5978(f)), to do the following within 14 court days:
  - a. Complete an investigation to determine whether to file a petition on behalf of the referred individual.
  - b. Notify the referring court whether it intends to file a CARE Act petition on behalf of the referred individual.

Date: \_\_\_\_\_

\_\_\_\_\_  
JUDICIAL OFFICER