

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:     STATE: ZIP CODE: FAX NO.:	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b> STREET ADDRESS: 200 SOUTH G STREET MAILING ADDRESS: CITY AND ZIP CODE: MADERA, CALIFORNIA 93637 BRANCH NAME: CIVIL DIVISION		
CARE ACT PROCEEDINGS FOR (name):     RESPONDENT		
<b>PETITION TO COMMENCE CARE ACT PROCEEDINGS</b>		CASE NUMBER:
For information on completing this form, see <i>Information for Petitioners—About the CARE Act</i> (form <a href="#">CARE-050-INFO</a> ).		

1. Petitioner (name):  
 is 18 years of age or older and (check all that apply):
- |  |   |
|--|---|
| a. <input type="checkbox"/> A person who lives with respondent.<br>b. <input type="checkbox"/> A spouse or registered domestic partner, parent, sibling, child, or grandparent of respondent.<br>c. <input type="checkbox"/> A person who stands in the place of a parent to respondent.<br>d. <input type="checkbox"/> The director* of the county behavioral health agency of the county named above.<br>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 respondent.<br>f. <input type="checkbox"/> The director* of a hospital in which respondent is hospitalized.<br>g. <input type="checkbox"/> The director* of a public or charitable organization, agency, or home<br>(1) <input type="checkbox"/> who is or has been, within the past 30 days, providing behavioral health services to respondent; or<br>(2) <input type="checkbox"/> in whose institution respondent resides.<br>h. <input type="checkbox"/> Respondent. | 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 respondent.<br>j. <input type="checkbox"/> The public guardian* or public conservator* of the county named above.<br>k. <input type="checkbox"/> A conservator or proposed conservator referred from a proceeding under Welfare and Institutions Code section 5350.<br>l. <input type="checkbox"/> The director* of adult protective services of the county named above.<br>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 respondent.<br>n. <input type="checkbox"/> A California tribal court judge* before whom respondent has appeared within the past 30 days. |
|--|---|
- \* This person may designate someone else to file the petition on their behalf. If the petitioner is a designee, check this category and put the designee's name in item 1, above.
2. a. Petitioner asks the court to find that respondent (name):  
 is eligible to participate in the CARE Act process and to commence CARE Act proceedings for respondent.
- b. Petitioner's relationship to respondent (specify and describe relationship):







CARE ACT PROCEEDINGS FOR (name):   RESPONDENT	CASE NUMBER:
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5. g. Respondent is likely to benefit from participation in a CARE plan or CARE agreement. Reasons in support of this assertion are provided
- on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101), attached as Attachment 6a.
  - on separate documents, attached and labeled Attachment 5g.
  - below.

6. Required Documentation

The evidence described below is attached in support of this petition. (Attach the documents listed in a or b, or both, and check the box next to the description of each document or set of documents attached).

- a.  A completed *Mental Health Declaration—CARE Act Proceeding* (form CARE-101), the declaration of a licensed behavioral health professional stating that, no more than 60 days before this petition was filed, the professional or a person designated by them
- (1)  examined respondent and determined that respondent met the diagnostic criteria for eligibility to participate in the CARE Act proceedings; or
  - (2)  made multiple attempts to examine respondent but was not successful in obtaining respondent's cooperation and has reasons, explained with specificity, to believe that respondent meets the diagnostic criteria for eligibility to participate in CARE Act proceedings.

Attach *Mental Health Declaration—CARE Act Proceedings* (form CARE-101) and label it Attachment 6a.

- b.  Evidence that respondent was detained for at least two periods of intensive treatment, the most recent period within the past 60 days. *Examples of evidence:* a copy of the certification of intensive treatment, a declaration from a witness to the intensive treatment, or other documentation indicating involuntary detention and certification for up to 14 days of intensive treatment. (Attach all supporting documents and label each, in order, Attachment 6b1, 6b2, 6b3, etc.)

**Note:** For purposes of the CARE Act, "intensive treatment" refers to involuntary treatment 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, and 5270.15.

7. Other Court Proceedings (you may leave a field blank if you don't know the information requested or it does not apply)

- a.  This petition is in response to respondent's referral from another court proceeding.
- (1) Court, department, and judicial officer:
  - (2) Case number:
  - (3) Type of proceeding from which respondent was referred:
    - (A)  Mental competence proceeding arising from a misdemeanor prosecution (Penal Code, § 1370.01)
    - (B)  Assisted outpatient treatment (Welfare & Institutions Code, §§ 5346–5348)
    - (C)  Lanterman-Petris-Short Act conservatorship (Welfare & Institutions Code, §§ 5350–5372)
  - (4)  The referral order is attached and labeled as Attachment 7a (optional).
  - (5) Respondent's attorney in referring proceeding (name):  
(mailing address):  
(telephone number):
- (email address):

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CARE-100

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


7. b.  Respondent is within a juvenile court's dependency, delinquency, or transition jurisdiction.
- (1) Court: \_\_\_\_\_ (2) Case number: \_\_\_\_\_
- (3) Respondent's attorney in juvenile court proceeding *(name)*:  
*(mailing address)*: \_\_\_\_\_  
*(telephone number)*: \_\_\_\_\_ *(email address)*: \_\_\_\_\_
- c.  Respondent has a court-appointed conservator.
- (1) Court: \_\_\_\_\_ (2) Case number: \_\_\_\_\_
- (3) Respondent's attorney in conservatorship proceeding *(name)*:  
*(mailing address)*: \_\_\_\_\_  
*(telephone number)*: \_\_\_\_\_ *(email address)*: \_\_\_\_\_

**Other information** *(you may leave a field blank if you don't know the information requested or it does not apply)*

8. Tribal affiliation
- a.  Respondent is an enrolled member of a federally recognized Indian tribe.  
Tribe's name and mailing address: \_\_\_\_\_
- b.  Respondent is receiving services from a California Indian health services program, a California tribal behavioral health department, or a California tribal court.  
Name and mailing address of program, department, or court: \_\_\_\_\_
9. Check any of the following statements that is true and give the requested information if you know it:
- a.  Respondent needs interpreter services or an accommodation for a disability *(if you know, describe respondent's needs)*: \_\_\_\_\_
- b.  Respondent is served by a regional center *(if you know, give the center name and the services provided to respondent)*: \_\_\_\_\_
- c.  Respondent is a current or former member of the state or federal armed services or reserves *(branch name if you know it)*: \_\_\_\_\_

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

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME OF ATTORNEY)  \_\_\_\_\_  
(SIGNATURE OF ATTORNEY)

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)