CONFIDENTIAL

CARE-100

ATTORNEY OR PETITIONER WITHOUT ATTORNEY	STATE BAR NUMBER:	*FOR COURT USE ONLY*
NAME:		
FIRM NAME:		
STREET ADDRESS:		
CITY:	STATE: ZIP CODE:	
TELEPHONE NO.:	FAX NO.:	
EMAIL ADDRESS:		
ATTORNEY FOR *(name):*		

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA
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

PETITION TO COMMENCE CARE ACT PROCEEDINGS

CASE NUMBER:

For information on completing this form, see *Information for Petitioners—About the CARE Act* (form CARE-050-INFO).

1. Petitioner *(name):*
   is 18 years of age or older and *(check all that apply):*

   a. ☐ A person who lives with respondent.

   b. ☐ A spouse or registered domestic partner, parent, sibling, child, or grandparent of respondent.

   c. ☐ A person who stands in the place of a parent to respondent.

   d. ☐ The director* of the county behavioral health agency of the county named above.

   e. ☐ A licensed behavioral health professional* who is or has been, within the past 30 days, treating or supervising the treatment of respondent.

   f. ☐ The director* of a hospital in which respondent is hospitalized.

   g. ☐ The director* of a public or charitable organization, agency, or home
      (1) ☐ who is or has been, within the past 30 days, providing behavioral health services to respondent; or
      (2) ☐ in whose institution respondent resides.

   h. ☐ Respondent.

   i. ☐ 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.

   j. ☐ The public guardian* or public conservator* of the county named above.

   k. ☐ A conservator or proposed conservator referred from a proceeding under Welfare and Institutions Code section 5350.

   l. ☐ The director* of adult protective services of the county named above.

   m. ☐ 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.

   n. ☐ 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:

2. c. ☐ Petitioner's interactions with respondent *(if petitioner is specified in 1e, 1f, 1g, or 1i, specify the number of interactions with respondent and the date of the most recent interaction, and describe the nature and outcome of each interaction):*

   ☐ If you need additional space, please include on a separate piece of paper and label as Attachment 2c.

3. Respondent lives or was last found at *(give respondent's residential address, if known and one exists; otherwise, state that the address is unknown and provide the last known location and any additional contact information, such as a phone number, including whether the number can receive texts, or an email address):*

   ☐ If you need additional space, please include on a separate piece of paper and label as Attachment 3.

4. Respondent *(check all that apply):*
   a. ☐ Is a resident of the county named above.
   b. ☐ Is currently located in the county named above.
   c. ☐ Is a defendant or respondent in a criminal or civil proceeding pending in the superior court of the county named above.
   d. ☐ Is a resident of *(specify county if known and different from the county named above):*

5. Respondent meets each of the following requirements and is eligible to participate in the CARE Act process and receive services and support under a CARE agreement or CARE plan *(provide information below to support each requirement):*
   a. Respondent is 18 years of age or older. Date of birth *(if known):*
      Age in years *(if exact age not known, give approximate age):*
   b. Respondent has a diagnosis of a schizophrenia spectrum disorder or another psychotic disorder in the same class, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders*. Diagnosis and additional information are provided
      ☐ on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101), attached as Attachment 6a.
      ☐ on separate documents, attached and labeled as Attachment 5b.
      ☐ below.

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

5. c. Respondent is currently experiencing a serious mental disorder, as defined in Welfare and Institutions Code section 5600.3(b)(2), in that the disorder:
   (1) Is severe in degree and persistent in duration;
   (2) May cause behavior that interferes substantially with respondent's primary activities of daily living; ***and***
   (3) May result in respondent's inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period.

   Supporting information regarding the severity, duration, and risks of respondent's disorder is provided
   ☐ on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101), attached as Attachment 6a.
   ☐ on separate documents, attached and labeled as Attachment 5c.
   ☐ below.

d. Respondent is not currently stabilized in ongoing voluntary treatment. Respondent's current stability and treatment are described
   ☐ on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101), attached as Attachment 6a.
   ☐ on separate documents, attached and labeled as Attachment 5d.
   ☐ below.

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

5. e. At least one of these is true *(complete (1) or (2) or both):*

(1) ☐ Respondent is unlikely to survive safely in the community without supervision ***and*** respondent's condition is substantially deteriorating. Reasons that respondent is unlikely to survive safely in the community, the type of supervision respondent would need to survive safely, and the extent to which respondent's physical or mental condition has recently grown worse are described

☐ on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101), attached as Attachment 6a.

☐ on separate documents, attached and labeled Attachment 5e(1).

☐ below.

(2) ☐ Respondent needs services and supports to prevent a relapse or deterioration that would be likely to lead to grave disability or serious harm to respondent or others. The services and supports needed by respondent and the reasons respondent would become gravely disabled or present a risk of harm to self or others are described

☐ on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101), attached as Attachment 6a.

☐ on separate documents, attached and labeled Attachment 5e(2).

☐ below.

f. Participation in a CARE plan or CARE agreement would be the least restrictive alternative necessary to ensure respondent's recovery and stability. A description of available alternative treatment plans and an explanation why no alternative treatment plan that would be less restrictive of respondent's liberty could ensure respondent's recovery and stability are provided

☐ on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101), attached as Attachment 6a.

☐ on separate documents, attached and labeled Attachment 5f.

☐ below.

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

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):*

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

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)