		CARE-100
ATTORNEY OR PETITIONER WITHOUT ATTORNEY STATE BAR NUMBER:	:	FOR COURT USE ONLY
TELEPHONE NO.: Petitioner's Phone # FAX NO.:	CODE;	
EMAIL ADDRESS: ATTORNEY FOR (name): In Pro Per SUPERIOR COURT OF CALIFORNIA, COUNTY OF Kings STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: Hanford, CA 93230 BRANCH NAME: CARE ACT PROCEEDINGS FOR (name):		
Respondent's Name (person needing services)	RESPONDENT	
PETITION TO COMMENCE CARE ACT PROCE		CASE NUMBER:
For information on completing this form, see Information for	r Petitioners—About the	CARE Act (form CARE-050-INFO).
1. Petitioner (name): Petitioner's Name (person need 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.	i. A first respondirefighter, particular, homeless of interactions j. The public of county name. k. A conservation a proof Code section. The director county name. The director program or has, within currently program or respondent. n. A California.	tor or proposed conservator referred eeding under Welfare and Institutions on 5350. r* of adult protective services of the ned above. r* of a California Indian health services tribal behavioral health department that the past 30 days, provided or is oviding behavioral health services to a tribal court judge* before whom
h. Respondent.		has appeared within the past 30 days.
* This person may designate someone else to file the petition or put the designee's name in item 1, above. 2. a. Petitioner asks the court to find that respondent (name). Re is eligible to participate in the CARE Act process and to com	espondent's Na mence CARE Act proc	me (person needing services)
 Petitioner's relationship to respondent (specify and describe 	relationship):	

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CARE ACT PROCEEDINGS FOR (name):	CASE NUMBER:
Respondent's Name (person needing services) RESPONDENT	
C. Petitioner's interactions with respondent (if petitioner is specified in 1e, 1f, 1g respondent and the date of the most recent interaction, and describe the nate from page 1	
If you need additional space, please include on a separate piece of par	per and label as Attachment 2c.
3 Respondent lives or was last found at (give respondent's residential address, if known address is unknown and provide the last known location and any additional contact int whether the number can receive texts, or an email address):	
If you need additional space, please include on a separate piece of paper and la (4) Respondent (check all that apply):	bel as Attachment 3.
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 t and support under a CARE agreement or CARE plan (provide information below to su	
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 psycthe current Diagnostic and Statistical Manual of Mental Disorders. Diagnosis and a on Mental Health Declaration—CARE Act Proceedings (form CARE-101), at on separate documents, attached and labeled as Attachment 5b. below. 	dditional information are provided

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CARE ACT PROCEEDINGS FOR (name):		CASE NUMBER:	
Respondent's Name (person needing services)	RESPONDENT		
5. c. Respondent is currently experiencing a serious mental disorder, a section 5600.3(b)(2), in that the disorder:	as defined in Welfa	are and Institutions Code	
(1) Is severe in degree and persistent in duration; (2) May cause behavior that interferes substantially with resp (3) May result in respondent's inability to maintain stable adjuand rehabilitation for a long or indefinite period. Supporting information regarding the severity, duration, and ris on Mental Health Declaration—CARE Act Proceedings (on separate documents, attached and labeled as Attach below.	ustment and indeposits sks of respondent's (form CARE-101),	endent functioning without treatment, su s disorder is provided	ipport,
 d. Respondent is not currently stabilized in ongoing voluntary treatned on Mental Health Declaration—CARE Act Proceedings (for on separate documents, attached and labeled as Attachmed below. 	rm CARE-101), att	· ·	cribed

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	CT PROCEEDINGS FOR (name):	CASE NUMBER:
□ R	espondent's Name (person needing services) RESPONDENT	NT
(5) e.	At least one of these is true (complete (1) or (2) or both):	
Complete #5: (e) and (f)	(1) Respondent is unlikely to survive safely in the community without super substantially deteriorating. Reasons that respondent is unlikely to survive supervision respondent would need to survive safely, and the extent to condition has recently grown worse are described on Mental Health Declaration—CARE Act Proceedings (form CAF) on separate documents, attached and labeled Attachment 5e(1).	ive safely in the community, the type of which respondent's physical or mental RE-101), attached as Attachment 6a.
	(2) Respondent needs services and supports to prevent a relapse or determined to the control of	
	disability or serious harm to respondent or others. The services and superespondent would become gravely disabled or present a risk of harm to on Mental Health Declaration—CARE Act Proceedings (form CAF on separate documents, attached and labeled Attachment 5e(2). below.	o self or others are described RE-101), attached as Attachment 6a.
f.	Participation in a CARE plan or CARE agreement would be the least restrictive all recovery and stability. A description of available alternative treatment plans and a plan that would be less restrictive of respondent's liberty could ensure respondent on <i>Mental Health Declaration—CARE Act Proceedings</i> (form CARE-101), a on separate documents, attached and labeled Attachment 5f. below.	an explanation why no alternative treatment nt's recovery and stability are provided

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1	RE ACT PROCEEDINGS FOR (name):	CASE NUMBER:
\Rightarrow	Respondent's Name (person needing services) RESPONDENT	Г
5.	 Respondent is likely to benefit from participation in a CARE plan or CARE agreem provided 	
	on Mental Health Declaration—CARE Act Proceedings (form CARE-101), at on separate documents, attached and labeled Attachment 5g.	tached as Attachment 6a.
	below.	
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6 .)	Required Documentation	
w.	The evidence described below is attached in support of this petition. (Attach the documents)	ments listed in a or b, or both, and check the
	box next to the description of each document or set of documents attached).	
	 A completed Mental Health Declaration—CARE Act Proceeding (form CARE health professional stating that, no more than 60 days before this petition was designated by them 	E-101), the declaration of a licensed behaviora as filed, the professional or a person
	(1) examined respondent and determined that respondent met the diagnos CARE Act proceedings; or	tic criteria for eligibility to participate in the
	(2) made multiple attempts to examine respondent but was not successful reasons, explained with specificity, to believe that respondent meets the in CARE Act proceedings.	in obtaining respondent's cooperation and har e diagnostic criteria for eligibility to participate
	Attach Mental Health Declaration—CARE Act Proceedings (form CARE-101) and	label it Attachment 6a.
	Evidence that respondent was detained for at least two periods of intensive past 60 days. Examples of evidence: a copy of the certification of intensive intensive treatment, or other documentation indicating involuntary detention treatment. (Attach all supporting documents and label each, in order, Attach	treatment, a declaration from a witness to the and certification for up to 14 days of intensive
	Note: For purposes of the CARE Act, "intensive treatment" refers to involun Institutions Code section 5250. It does <i>not</i> refer to treatment authorized by Welfare and Institutions Code sections 5150, 5260, and 5270.15.	tary treatment authorized by Welfare and any other statutes, including but not limited to
7.	Other Court Proceedings Vou may leave a field blank if you don't know the informa	tion requested or it does not apply)
	 a This petition is in response to respondent's referral from another court proce (1) Court, department, and judicial officer: 	eeding.
	(2) Case number:	
	(3) Type of proceeding from which respondent was referred:	
	 (A) Mental competence proceeding arising from a misdemeanor prose (B) Assisted outpatient treatment (Welfare & Institutions Code, §§ 534) 	
	 (B) Assisted outpatient treatment (Welfare & Institutions Code, §§ 534 (C) Lanterman-Petris-Short Act conservatorship (Welfare & Institutions 	
	(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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	OCEEDINGS FOR (name):	CASE NUMBER:
□ □ Respore	ndent's Name (person needing services) RESPONDENT	
7. b F	Respondent is within a juvenile court's dependency, delinquency, or transition	jurisdiction.
#7 optional (1) Co	purt:	(2) Case number:
continued (3) Re	espondent's attorney in juvenile court proceeding (name):	
	nailing address): elephone number): (email address);	
(16	elephone number): (email address);	
c F	Respondent has a court-appointed conservator.	
(1) Co	ourt:	(2) Case number:
	espondent's attorney in conservatorship proceeding (name):	
	nailing address):	
(16	elephone number): (email address):	
Other informa	ation (you may leave a field blank if you don't know the information requested	d or it does not apply)
8. Tribal affili	ation	4
	Respondent is an enrolled member of a federally recognized Indian tribe.	
	Fribe's name and mailing address:	
b F	Respondent is receiving services from a California Indian health services prog	gram, a California tribal behavioral health
	department, or a California tribal court. Name and mailing address of program, department, or court:	
'	value and maining address of program, department, or court	
9. Check any	y of the following statements that is true and give the requested information if	you know it:
	Respondent needs interpreter services or an accommodation for a disability (
۵، ۱	respondent needs interpreter services of an accommodation for a disability (n you whow, accombe respondent a medal.
b F	Respondent is served by a regional center (if you know, give the center name	and the services provided to respondent):
с Г	Respondent is a current or former member of the state or federal armed servi	ces or reserves (branch name if you know it):
(10.)Number o	f pages attached:	
O		
Date:		
	k	
	<u> </u>	
	(TYPE OR PRINT NAME OF ATTORNEY)	(SIGNATURE OF ATTORNEY)
☐ I declare unde	er penalty of perjury under the laws of the State of California that the foregoin	g is true and correct.
	1	
Date:]	
	PETITIONER'S NAME	PETITIONER'S SIGNATURE
		(SIGNATURE OF PETITIONER)
	(TYPE OR PRINT NAME OF PETITIONER)	(SIGNATURE OF PETITIONER)