

CONFIDENTIAL

CARE-100

CARE ACT PROCEEDINGS FOR (name):

CASE NUMBER:



Respondent's Name (person needing services)

RESPONDENT

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):

#2 continued
from page 1

☐ 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.

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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:

**Complete
#5
(c) and (d)**

- (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.

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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.

Complete
#5:
(e) and (f)

(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.

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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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7. b. ☐ Respondent is within a juvenile court's dependency, delinquency, or transition jurisdiction.

#7 optional
continued

(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:

PETITIONER'S NAME

(TYPE OR PRINT NAME OF PETITIONER)

PETITIONER'S SIGNATURE

(SIGNATURE OF PETITIONER)