

CARE-101

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: <i>Your Name</i> FIRM NAME: STREET ADDRESS: <i>Your address (where you can receive mail)</i> CITY: <i>City</i> STATE: <i>STATE</i> ZIP CODE: <i>Zip Code</i> TELEPHONE NO.: <i>Your Phone Number</i> FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name): <i>In Pro Per</i>		CARE-101 FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <i>Kings</i> STREET ADDRESS: <i>1640 Kings County Drive</i> MAILING ADDRESS: <i>Hanford, CA 93230</i> CITY AND ZIP CODE: BRANCH NAME:		
CARE ACT PROCEEDINGS FOR (name): <i>Name of the person you want services for</i> RESPONDENT		
MENTAL HEALTH DECLARATION—CARE ACT PROCEEDINGS		CASE NUMBER:

TO LICENSED BEHAVIORAL HEALTH PROFESSIONAL

This form will be used to help the court determine whether respondent meets the diagnostic criteria for CARE Act proceedings.

GENERAL INFORMATION

- ①. Declarant's name:
- ②. Office address, telephone number, and email address:
- ③. License status (complete either a or b):
- a. ☐ I am a licensed behavioral health professional and conducting the examination described on this form is within the scope of my license. I have a valid California license 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 (check one):
- (1) ☐ I am employed as a ☐ psychologist ☐ clinical social worker continuing my employment in the same class as of January 1, 1979, in the same program or facility.
- (2) ☐ I am registered with the licensing board of the State Department of Health Care Services for the purpose of acquiring the experience required for licensure and employed or under contract to provide mental health services as a (check one):
- (a) ☐ clinical social worker.
- (b) ☐ marriage and family therapist.
- (c) ☐ professional clinical counselor.
- (3) ☐ I am employed or under contract to provide mental health services as a psychologist who is gaining experience required for licensure.

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3. b. (4) ☐ I have been recruited for employment from outside this state, and my experience is sufficient to gain admission to a California licensing examination. I am employed or under contract to provide mental health services as a (*check one*):
- (a) ☐ psychologist.
 - (b) ☐ clinical social worker.
 - (c) ☐ marriage and family therapist.
 - (d) ☐ professional clinical counselor.

- ④ Respondent (name): ***Name of the person you want services for***
☐ is ☐ is not a patient under my continuing care and treatment.

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 of a schizophrenia spectrum disorder or another psychotic disorder in the same class (*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 diagnosis of schizophrenia spectrum or other 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*):

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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:

Printed name of Licensed Behavioral Health Professional

(TYPE OR PRINT DECLARANT'S NAME)

Signature of Licensed Behavioral Health Professional

(SIGNATURE OF DECLARANT)