CONFIDENTIAL

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER:	
	FOR COURT USE ONLY
NAME: Your Name	1
STREET ADDRESS: Your address (where you can receive mail)	
CITY: City STATE: State ZIP CODE: Zip Code	
TELEPHONE NO.: Your Phone Number FAX NO.:	
EMAIL ADDRESS:	
ATTORNEY FOR (name): In Pro Per	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Kings	7
STREET ADDRESS: 1640 Kings County Drive	
MAILING ADDRESS: Hanford, CA 93230	
CITY AND ZIP CODE:	
BRANCH NAME:	_
CARE ACT PROCEEDINGS FOR (name):	
Name of the person you want services for	
RESPONDEN	-
	CASE NUMBER:
NOTICE OF HEARING—CARE ACT PROCEEDINGS	S. SE HOMBEN.
. The court will hold a hearing in this matter as follows:	
Nam	e and address of court, if different from above:
Ivaiii	e and address of court, if different from above.
Hearing Date: Dept.: ************************************	RK WILL COMPLETE**
Hearing **I FAVE THIS BOX BLANK THE CLE	RK WILL COMPLETE**
Date Dept.: ***LEAVE THIS BOX BLANK. THE CLE	
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The hearing is (check all that apply): a. \(\text{A} \) A hearing on the merits of the petition. b. \(\text{A} \) A case management hearing. c. \(\text{A} \) A clinical evaluation review hearing.	ogress or status review hearing.
Date Dept.: **LEAVE THIS BOX BLANK. THE CLE The hearing is (check all that apply): a. \(\begin{align*} \text{A hearing on the merits of the petition.} \) b. \(\begin{align*} \text{A case management hearing.} \) c. \(\begin{align*} \text{A clinical evaluation review hearing.} \) g. \(\begin{align*} \text{A gr} \) g. \(\begin{align*} \text{A gr} \) g. \(\begin{align*} \text{A gr} \)	ogress or status review hearing. ne-year status review hearing.
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