

## CARE ACT- BECOME A LINK TO CARE

### SELF-HELP FORM PACKET



SHC-CC-01 (Rev. 09/29/2023)

Self-Help Services can review your completed forms before you file them with the Court. To request review of your completed forms:

1. Complete the attached forms in black ink.
2. Scan your completed forms and save as a single PDF file.
3. Go to [\*\*www.occourts.org/self-help\*\*](http://www.occourts.org/self-help) (scroll down and click the teal button labeled *Contact Self-Help Services*), attach the PDF, and complete the online request form. Make sure to select PROBATE as the case type on the form.

# CARE Act

## Become a Link to Care

### COMMON WORDS

**CARE Act:** The Community Assistance, Recovery, and Empowerment Act created a legal process to assist individuals living with Schizophrenia Spectrum or Psychotic Disorders.

**Orange County Health Care Agency (HCA):** Agency whose findings and resources are relied on by the CARE Act.

**Petition:** Form CARE-100.

**Petitioner:** Person or entity that files Form CARE-100.

**Prima Facie:** The first time a Judge reviews filed Form CARE-100 to decide if Respondent qualifies under the CARE Act.

**Probate Court:** A division of the court that oversees cases that involve individual rights outside of civil and criminal law.

**Respondent:** A person listed on Form CARE-100 as someone who qualifies under CARE Act.

**Schizophrenia Spectrum Disorders and Psychotic Disorders:** Severe mental health disorders that interfere with someone's daily activities and their ability to be independent.

**Volunteer Supporter:** Respondent's chosen support person to help navigate the CARE Act.

### OVERVIEW

The Community Assistance, Recovery, and Empowerment Act (**CARE Act**), may help someone link an individual living with untreated **Schizophrenia Spectrum Disorders** or other **Psychotic Disorders** to community care resources.

The person that wants to help is called the **Petitioner**. While the person that needs the help and like to care is called the **Respondent**.

The **CARE Act** does not force a **Respondent** to receive care. The **Respondent** may decline to receive care or stop participating at any time. There are no civil or criminal penalties for the **Respondent**.

If you are unsure if the **CARE Act** is the right link to resources for the **Respondent**, please reach out to Self-Help Services before completing this packet.

### PARTICIPANTS

#### Petitioner

A **Petitioner** can link a **Respondent** to care through the **CARE Act** by filing a petition with the **Probate Court**. However, not everyone that wants to help a **Respondent** can be a **Petitioner**. The following persons may serve as **Petitioners**:

#### The **Respondent's**:

- Parent or Legal Guardian
- Spouse
- Sibling
- Child
- Grandparent
- Roommate
- Homeless outreach worker
- Service provider who is treating or has recently treated **Respondent**.
- Director of a hospital in which the **Respondent** was recently or is hospitalized in.
- Directors of Public Service Agencies and their designees.
- A first responder who has had repeated contact with the **Respondent**.

## Respondent

Under the **CARE Act**, a person in need of care can only be a **Respondent** if:

- They are at least 18 years old;
- Have a diagnosis of **Schizophrenia Spectrum Disorder** or other **Psychotic Disorder**;
- A statement signed by a licensed behavioral health professional confirming the diagnosis can be obtained;
- There are other eligibility criteria that will be fully assessed by the court to determine if the **Respondent** qualifies under the **CARE Act**.

## Orange County Health Care Agency

The **Orange County Health Care Agency (HCA)** is responsible for protecting and promoting Orange County community health. As a centralized resource hub, **HCA** is a key part of the **CARE Act**.

**HCA** can be a **CARE Act Petitioner**. If **HCA** did not file the **Petition**, **HCA** will be responsible for contacting, investigating, and submitting a report to the Court about whether the **Respondent** is eligible.

If you believe that someone that needs assistance may not be eligible for **CARE Act** help, reach out to **HCA** to learn about other resources here:

1-855-OC-Links (625-4657)  
Monday – Friday: 8:00am – 6:00pm

You can also visit **HCA's** OC Navigator. This online tool helps find and connect with supportive resources 24/7.

**[www.ocnavigator.org](http://www.ocnavigator.org)**

## Orange County Public Defender

Once the **CARE Act Petition** is filed, an Orange County Public Defender (PD) will be appointed to represent **Respondent**, free of charge. The PD must ensure the **Respondent's** interests are recognized and **CARE Act** requirements met.

## Volunteer Supporter

A **Respondent** may choose a **Volunteer Supporter**. The **Volunteer Supporter** helps the **Respondent** think through potential consequences of care options offered and feel heard and understood. The **Volunteer Supporter** may attend hearings or related appointments.

## ROADMAP



Participants



Complete Forms



Affidavit



Review



File



Prima Facie

## Judge

The Judge will be a neutral facilitator ensuring the **CARE Act** is followed. The Judge is responsible for determining:

- The **Respondent** qualifies under the **CARE Act**.
- The **Respondent** is willing to participate.
- The **Respondent** understands and agrees to the plan of care and the plan continues to meet the **Respondent's** needs.
- The **Respondent** has received available benefits.

## PROCEDURE

[If you are reading this packet on an internet enabled device, forms in **BOLD** are attached and can be clicked on to open and view electronically.]

If you are ready to serve as **Petitioner** and believe that a potential **Respondent** meets all **CARE Act** requirements, you must complete:

- CARE-100 – Petition to Commence Care Act Proceedings**
- CARE-101: Mental Health Declaration**
  - Complete the top of Pg. 1— **Petitioner's** name and contact information, case name, and case number.
  - The rest of the form must be completed by a licensed behavioral health professional and must be attached to **CARE-100** at the time of filing.
- CARE-105: Order for CARE Act Report**
  - Complete the top of Pg. 1—**Petitioner's** name and contact information, case name, and case number and Item 1.
    - The rest of **CARE-105** is completed by the Court.

## Document Review

Self-Help Services offers a free optional document review service for self-represented litigants. As part of this service, an attorney or paralegal will review your documents for completion before filing. **Our staff cannot provide you with legal advice or strategy.** To have your documents reviewed, you may choose:

- Electronic Submission
  - Visit: <https://www.occourts.org/self-help/self-help-services>
  - Scroll down to the teal “Contact Self-Help Services” button and click.
  - Complete the request for assistance form in full and submit.

## ROADMAP



Participants



Complete Forms



Affidavit



Review



File



Prima Facie

- In Person
  - Central Justice Center  
Self-Help Services, 1<sup>st</sup> Floor, Room G-100  
700 Civic Center Drive West, Santa Ana, CA 92701
  - Costa Mesa Justice Complex  
3390 Harbor Boulevard, Costa Mesa, CA 92626
  - Harbor Justice Center  
Criminal Operations, 1<sup>st</sup> Floor, Suite 111  
4601 Jamboree Road, Newport Beach, CA 92660
  - Lamoreaux Justice Center  
Self-Help Services, 1<sup>st</sup> Floor  
341 The City Drive South  
Orange, CA 92868
  - North Justice Center  
Criminal/Traffic Operations, 3<sup>rd</sup> Floor  
1275 North Berkeley Avenue, Fullerton, CA 92832
  - West Justice Center  
Criminal/Traffic Operations, 1<sup>st</sup> Floor  
8141 13<sup>th</sup> Street, Westminster, CA 92683

## **Filing**

**CARE Act Petitioner's** must file in the county where:

- The **Respondent** lives, or
- The **Respondent** is found, or
- The **Respondent** is facing criminal or civil proceedings.

In Orange County, a **CARE Act Petition** may be filed:

- In Person:
  - Central Justice Center  
Self-Help Services, 1<sup>st</sup> Floor, Room G-100  
700 Civic Center Drive West, Santa Ana, CA 92701
  - Costa Mesa Justice Complex  
3390 Harbor Boulevard, Costa Mesa, CA 92626
  - Harbor Justice Center  
Criminal Operations, 1<sup>st</sup> Floor, Suite 111  
4601 Jamboree Road, Newport Beach, CA 92660
  - Lamoreaux Justice Center  
Self-Help Services, 1<sup>st</sup> Floor  
341 The City Drive South  
Orange, CA 92868

## **ROADMAP**



**Participants**



**Complete Forms**



**Affidavit**



**Review**



**File**



**Prima Facie**

- North Justice Center  
Criminal/Traffic Operations, 3<sup>rd</sup> Floor  
1275 North Berkeley Avenue, Fullerton, CA 92832
- West Justice Center  
Criminal/Traffic Operations, 1<sup>st</sup> Floor  
8141 13<sup>th</sup> Street, Westminster, CA 92683
- 24/7 DropBox located outside of the Costa Mesa Justice Complex
- Mail:
  - Costa Mesa Justice Complex  
ATTN: Probate Filing Clerk  
3390 Harbor Boulevard, Costa Mesa, CA 92626
- E-filing:
  - Visit: <https://www.occourts.org/online-services/efiling/efiling-probate-mental-health>

### Filing Fee

There is no fee for filing.

### What is Next?

The Judge will review the **CARE Act Petition** and determine if the **Respondent's** needs meet the basic requirements of the **CARE Act**. This is called a **Prima Facie** review.

If the **Respondent** does not, the Judge will dismiss the case.

If the **Respondent** does, the Judge will assign **HCA** to complete a report and will appoint a Public Defender to represent the **Respondent**.

Once the report is completed, the Judge must decide whether to move forward to develop a care plan to meet the **Respondent's** needs.

## ROADMAP



Participants



Complete Forms



Affidavit



Review



File



Prima Facie

This information sheet describes the CARE Act and how to fill out *Petition to Commence CARE Act Proceedings* (form CARE-100). You may also be able to receive assistance at the court self-help center. Go to <https://selfhelp.courts.ca.gov/self-help/find-self-help> to find one for your court.

## 1 What is the CARE Act?

CARE stands for Community Assistance, Recovery, and Empowerment. The CARE Act is a way to allow specific people, called “petitioners,” to request court-ordered treatment, services, support, and a housing plan for certain people, called “respondents,” who have certain untreated severe mental illnesses, specifically schizophrenia or another psychotic disorder. A respondent must be 18 years of age or older.

CARE Act proceedings involve assessments and hearings to determine whether the respondent meets eligibility requirements. A county behavioral health agency will be involved in the process. If the respondent meets the standards for CARE eligibility, a CARE agreement or plan may be created and, if approved, ordered by the court.

## 2 What is a CARE agreement or CARE plan?

A CARE agreement and a CARE plan are written documents that specify services designed to support the recovery and stability of the respondent. They must be approved by court order. They may include clinical behavioral health care; counseling; specialized psychotherapies, programs, and treatments; stabilization medications; a housing plan; and other supports and services directly and indirectly through a local government entity. Stabilization medications must not be forcibly administered.

A CARE agreement is a voluntary agreement entered into by a respondent and the county behavioral health agency after a court has found that the respondent is eligible for the CARE program. The agreement is subject to court modification before approval.

A CARE plan is an individualized range of community-based services and supports for the respondent that is ordered by the court.

## 3 Have you considered alternatives to CARE Act proceedings?

There may be other ways to help a person with a severe mental illness. If the person has commercial health insurance, contact the health plan/insurer. If you do not know if the person has commercial health insurance or if they do not have commercial insurance, contact your county’s behavioral health agency or check its website for services. County behavioral health agencies offer an array of services, from counseling, psychiatrists, psychologists, or therapists, to full-service partnerships, rehabilitative mental health services, peer support services, intensive case management, crisis services, residential care, substance disorder treatment, assertive community treatment, and supportive housing. Counties are required to provide services to Medi-Cal beneficiaries who qualify for specialty mental health and substance use disorder services, but may also provide access to their services to a broader population, depending on local funding and eligibility criteria, without a court order.

A *full-service partnership* is designed for a person with a severe mental illness who would benefit from an intensive service program. A full-service partnership can assist a person who is homeless, involved with the justice system, or uses crisis psychiatric care frequently. *Assertive community treatment* is a form of mental health care provided in a community setting to help a person become independent and integrate into the community as they recover.

Find out if the person has made an advance health care directive or psychiatric advance directive, designating someone else to make health care decisions on their behalf when they cannot. Consider looking into local social services and community-based organizations, too.



**4** How do I complete *Petition to Commence CARE Act Proceedings (form CARE-100)*?**Item 1: Who Can Be the Petitioner?**

The petitioner is the person who is requesting to start CARE Act proceedings for a person with a severe mental illness who needs help.

To be a petitioner, you must be 18 years of age or older and you **must** fall within one of the following categories to be able to request CARE Act proceedings for a respondent:

- A person who lives with the respondent.
- A spouse or registered domestic partner, parent, sibling, child, or grandparent of the respondent.
- A person who stands in the place of a parent to the respondent.
- The director of a hospital, or their designee, in which the respondent is or was recently hospitalized.
- The director of a public or charitable agency, or their designee, who has within the last 30 days provided or who is currently providing behavioral health services to the respondent or in whose institution the respondent resides.
- A licensed behavioral health professional, or their designee, who is or has been supervising the treatment of or treating the respondent for mental illness within the last 30 days.
- The director of a county behavioral health agency, or their designee, of the county where the respondent resides or is found.
- A judge of a tribal court located in California, or their designee.
- The director of adult protective services, or their designee, of the county where the respondent resides or is found.
- The director of a California Indian health services program or a California tribal behavioral health department, or their designee.
- 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 the respondent in the form of multiple arrests, detentions, and transportation under Welfare and Institutions Code section 5150, multiple attempts to engage the respondent in voluntary treatment, or other repeated efforts to aid the respondent in obtaining professional assistance.
- The public guardian or public conservator, or their designee, of the county where the respondent is present or reasonably believed to be present, or a private court-appointed conservator under the Lanterman-Petris-Short (LPS) Act, if referred from the LPS court.
- The respondent.

In item 1, enter your name and check the box next to the eligible petitioner type or types that apply to you.

**Item 2: Relationship to the Respondent**

Enter the respondent's name in item 2a and describe the nature of your relationship with the respondent in item 2b. If you are a petitioner from a hospital, a public or charitable agency, a first responder, or a licensed behavioral health professional who has been treating or supervising the respondent, you must include the number of interactions, the date of the most recent interaction, and the nature and outcome of each interaction in 2c.

**Item 3: Respondent's Address or Last Known Location**

If you know where the respondent lives, include the address in item 3. If you do not know the respondent's address, or if they do not have one, specify that the address is unknown and provide the last known location and any additional contact information that may be useful to locate the respondent, such as a phone number or email address.

**Item 4: County of Filing**

In item 4, explain why it is appropriate to file the petition in the county where you are filing. The respondent must either live in the county, currently be in the county, or be facing a legal case in the county. Check all that apply. If the person does not live in the county, it is also helpful to include where they live, if you know.





**Item 5: Respondent Eligibility**

You must provide facts and supporting information to show that the respondent is eligible for CARE Act proceedings. **All** of the following requirements, listed in item 5 of form CARE-100, must be met for the respondent to be eligible. Please note that the examples below are only examples of circumstances that **may** qualify. All determinations of eligibility are case-specific.

Requirements	Explanations	Examples
<b>The respondent must be 18 years old or older (item 5a) and must:</b>		
<p>Have a diagnosis of a schizophrenia spectrum disorder or another psychotic disorder in the same class, as defined in the current <i>Diagnostic and Statistical Manual of Mental Disorders</i> (item 5b).</p>	<p>Only a person with a schizophrenia spectrum or other psychotic disorder is eligible for the CARE Act process. A person only with another serious mental illness, such as bipolar disorder or major depression, is not eligible.</p> <p><b>Note:</b> The psychotic disorder must not be based on a medical condition, including a physical health condition such as a traumatic brain injury, autism, dementia, or a neurological condition. A person with a current diagnosis of substance use disorder must also have a psychotic disorder and meet all the other criteria in item 5 to be eligible.</p>	<p>Schizophrenia, schizophreniform disorder, schizoaffective disorder, delusional disorder, schizotypal personality disorder, and other psychotic disorders.</p>
<p>Be currently experiencing a mental illness that (item 5c):</p> <ul style="list-style-type: none"> <li>• Is severe in degree and persistent in duration (item 5c(1))</li> <li>• May cause behavior that interferes substantially with activities of daily living (item 5c(2)), and</li> <li>• May lead to an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period (item 5c(3)).</li> </ul>	<p>Indicate any behaviors, such as delusions, hallucinations, or unusual and ongoing mood changes, that substantially interfere with the respondent’s ability to perform essential and routine tasks needed for work or self-care.</p> <p>Describe why you believe the respondent is unable to live independently, function in the community, and take care of their condition and social relationships, without additional help.</p>	<p>If caused by a chronic, prolonged, or recurrent mental illness:</p> <ul style="list-style-type: none"> <li>• Difficulty with self-care (e.g., bathing, grooming, obtaining and eating food, dressing appropriate to weather, securing health care, or following medical advice).</li> <li>• Difficulty maintaining a residence, using transportation, or managing money day to day.</li> <li>• Difficulty concentrating or completing tasks as scheduled.</li> <li>• Difficulty functioning socially, creating and maintaining relationships.</li> <li>• Recent history of inability to care for themselves (bathe, groom, get food and eat, use the restroom) daily without additional help.</li> </ul>



Requirements	Explanations	Examples
<p>Not be clinically stabilized in ongoing voluntary treatment (<b>item 5d</b>).</p>	<p>Describe why you believe the respondent is not being adequately supported in a voluntary treatment program such that their condition and symptoms are stable.</p>	<ul style="list-style-type: none"> <li>• Repeated and ongoing refusal to accept voluntary treatment without reason.</li> <li>• Temporary acceptance of voluntary treatment that is interrupted by failure or refusal to continue the treatment without reason.</li> <li>• Voluntary treatment is accepted, but that treatment is not effective to stabilize the respondent.</li> </ul>
<p><b>At least one of the following must be true (item 5e):</b></p>		
<p>The respondent is unlikely to survive safely in the community without supervision <b>and</b> the respondent’s condition is substantially deteriorating (<b>item 5e(1)</b>).</p> <p><b>OR</b></p>	<p>Indicate recent instances where the respondent has needed supervision to survive in the community due to lack of reality orientation, confusion, or impaired insight.</p> <p>Describe how the respondent’s ability to think clearly, communicate, or participate in regular activities has worsened quickly.</p>	<ul style="list-style-type: none"> <li>• Recent or frequent hospitalizations due to symptoms such as delusions, hallucinations, disorganization, impaired insight, impaired judgment.</li> <li>• Recent or frequent arrests due to mental illness.</li> </ul>
<p>The respondent needs services and supports to prevent a relapse or deterioration that would likely result in grave disability or serious harm to the respondent or others (<b>item 5e(2)</b>).</p>	<p>Describe how the respondent would be unable to survive safely, would be gravely disabled, or would cause serious harm to others or themselves unless they received services and supports.</p> <ul style="list-style-type: none"> <li>• <i>Grave disability</i> means a person’s inability, due to mental illness, to provide for their basic personal needs for food, clothing, or shelter.</li> <li>• <i>Serious harm</i> includes injury causing extreme pain, high risk of death, or loss of physical or mental functions.</li> </ul>	<ul style="list-style-type: none"> <li>• A person who has access to immediate, safe housing but chooses to live in conditions that could lead to a danger to their health, as a result of mental illness.</li> <li>• A person who has recently attempted suicide because of their mental illness and continues to express a desire to self-harm.</li> <li>• Self-injurious behavior, such as walking into traffic or harming oneself unknowingly through behavior that puts them at risk for serious injury or loss of life.</li> </ul>



Requirements	Explanations	Examples
<b>The respondent’s participation in a CARE plan or CARE agreement must:</b>		
Be the least restrictive alternative necessary to ensure the respondent’s recovery and stability ( <b>item 5f</b> ), and	Explain how participation in a CARE plan or CARE agreement would: <ul style="list-style-type: none"> <li>• Be necessary because other less restrictive alternatives would not sufficiently ensure the respondent’s recovery and stability, potentially because other less restrictive alternatives have not been successful.</li> <li>• Effectively meet the respondent’s treatment needs while placing as few limits as possible on the respondent’s rights and personal freedoms.</li> </ul>	Less-restrictive alternatives might include: <ul style="list-style-type: none"> <li>• <b>Voluntary full-service partnerships</b>, which are collaborative relationships between the county and the individual, and when appropriate the individual’s family, through which the county plans for and provides the full spectrum of community services.</li> <li>• <b>Supported decisionmaking</b>, which is an individualized process of supporting and accommodating an adult with a disability to enable them to make life decisions without impeding their self-determination.</li> <li>• <b>Assertive community treatment</b>, which is a person-centered, recovery-based treatment option that employs low client-to-staff ratios.</li> </ul>
Be likely to benefit the respondent ( <b>item 5g</b> ).	Explain how participating in a CARE plan could help the respondent stabilize and improve their current state and situation.	<ul style="list-style-type: none"> <li>• The respondent’s prior improvement when participating in similar treatment programs.</li> <li>• Medical opinion that the patient would benefit from treatment.</li> </ul>

**Note:** Include in the petition as much information as possible for each item listed above. You may also attach any documents you have that you think support one or more of the items.

**Item 6: Required Documentation**

You must attach supporting documentation to the petition. That documentation must include one of two things:

- a. A declaration by a licensed behavioral health professional on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101); **OR**
- b. Evidence that the respondent was detained for a minimum of two intensive treatments, the most recent one within the last 60 days. Evidence can include copies of certification for intensive treatment, a declaration from a witness to the intensive treatment, or other documents showing that the respondent was detained twice for up to 14 days of intensive treatment. Evidence should include the dates of the last treatment period. **Note:** For purposes of the CARE Act, “intensive treatment” only includes involuntary treatment authorized by Welfare and Institutions Code section 5250. It does *not* refer to treatment authorized by any other statute, including but not limited to 72-hour holds under Welfare and Institutions Code section 5150 or treatments under Welfare and Institutions Code sections 5260 and 5270.15.



## Item 7: Tribal Enrollment or Services From an American Indian Health Care Provider (Optional)

If you know or believe that the respondent is a member of a federally recognized Indian tribe, or is receiving services from an Indian health care provider, tribal court, or tribal organization, include that information in item 7.

**Note:** The petition will be processed even if you do not complete item 7.

## Item 8: Referral From Another Court (Optional)

If you are filing a petition based on a referral from a court proceeding, check this box. Indicate which court made the referral and include the case number and department, if known. If you know which of the types of proceedings listed on the petition it was referred from, check the appropriate box in item 8c. Otherwise, leave item 8 blank and do not check the box. If you have a copy of the court order making the referral, label it as “Item 8” and attach it to the petition.

**Note:** The petition will be processed even if you do not complete item 8.

## Item 9: Helpful Information

In item 9, check any of the boxes that apply to the respondent, if you know.

**Note:** The petition will be processed even if you do not complete item 9.

## Item 10: Attachments

In item 10, list the total number of pages attached to the petition.

**Signature:** You must write the date, print your name, and *sign the petition under penalty of perjury*, which means that if anything you have said you know to be untrue, you may be criminally liable. If you have an attorney helping you, they will sign as well.

## 5 Is service of process required?

No. To begin CARE Act proceedings, you do not need to provide anyone except the court with a copy of the petition.

## 6 What will happen after I file the petition?

After a CARE Act petition is filed, the court will promptly review the petition and supporting documents to determine if they show that the respondent meets or might meet the requirements described above. Then it will do one of the following:

- a. **Dismiss the petition.** The court will do this if it finds (1) that the petition does not show that the respondent meets or may meet the CARE Act eligibility requirements or (2) that the respondent is voluntarily working with the county agency, their engagement is effective, and the respondent has enrolled or is likely to enroll in voluntary treatment through the county or another provider.
- b. **Order a report.** If the court finds that the petition does show that the respondent meets or may meet the criteria for the CARE Act process, the court will order a county agency to engage the respondent and file a written report with the court within 14 business days. You and the respondent will be notified that the report has been ordered.
- c. **Set an initial appearance.** The court will set an initial appearance if it finds that the county agency’s report supports the petition’s showing that the respondent meets or may meet the CARE Act eligibility requirements and the county’s engagement with the respondent was not effective. The court will also order the county to give notice of the hearing to you, the respondent, the respondent’s appointed counsel, and the county behavioral health agency.  
**Note:** The procedures are somewhat different if the county behavioral health agency is the petitioner.

## 7 What happens at the initial appearance?

You, the petitioner, must be present at the initial hearing, or the court may dismiss the petition. You will receive a notice in the mail of the date, time, and place of the hearing.

**Note:** At the initial appearance, the director of the county behavioral health agency, or their designee, will replace you as the petitioner.



**8 What rights do petitioners have?**

If you live with the respondent, are a spouse or registered domestic partner, parent, sibling, child, or grandparent of the respondent, or someone who stands in the place of a parent to the respondent, you have the right to participate during the hearing to determine the merits of the petition. The court may, in its discretion, assign you ongoing rights of notice. If the respondent agrees, the court may allow you to participate in the rest of the CARE Act proceedings.

If the matter is dismissed and later there is a change in circumstances, you may file a new petition with the court.

If you are a petitioner other than those listed above, you have the right to make a statement at the hearing on the merits of the petition, but you will not be assigned ongoing rights.

**9 What is a vexatious litigant?**

The court may determine a person is a vexatious litigant if that person files more than one petition under the CARE Act that has no basis in truth or reality or is intended to harass or annoy the respondent. A person who is deemed a vexatious litigant may be placed on a vexatious litigants list prepared and maintained by the Judicial Council. The court may enter an order that prevents a vexatious litigant from filing any new litigation, including potentially other types of cases (not just CARE Act petitions), without first obtaining permission from the presiding judge. If such an order is issued, a vexatious litigant who does not follow the order may be punished for contempt of court, which could result in fines or imprisonment.

**10 What if I don't speak English?**

When you file your papers, ask the clerk if a court interpreter is available. You can also use Request for Interpreter (Civil) (form [INT-300](#)), or a local court form or website to request an interpreter. For more information about court interpreters, go to <https://selfhelp.courts.ca.gov/request-interpreter>.

**11 What if I have a disability?**

If you have a disability and need an accommodation while you are at court, you can use *Disability Accommodation Request* (form [MC-410](#)) to make your request. You can also ask the ADA Coordinator in your court for help. For more information, see *How to Request a Disability Accommodation for Court* (form [MC-410-INFO](#)) or go to <https://selfhelp.courts.ca.gov/jcc-form/MC-410>.



# CONFIDENTIAL

CARE-100

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

2. c.  Petitioner's interactions with respondent (if petitioner is specified in 1d, 1e, 1f, or 1g, 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.











SHORT TITLE: <hr/>	CASE NUMBER:
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**ATTACHMENT** (Number): \_\_\_\_\_

*(This Attachment may be used with any Judicial Council form.)*

*(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)*

Page \_\_\_\_\_ of \_\_\_\_\_

*(Add pages as required)*

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER:  STATE:                      ZIP CODE: FAX NO.:	<b>FOR COURT USE ONLY</b>          CASE NUMBER:
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CARE ACT PROCEEDINGS FOR (name):          RESPONDENT		
<b>MENTAL HEALTH DECLARATION—CARE ACT PROCEEDINGS</b>		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.

CARE ACT PROCEEDINGS FOR <i>(name)</i> :	CASE NUMBER:
RESPONDENT	

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)*:  
 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 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 severe mental illness that *(all of the following must be completed)*:
  - (1) Is severe in degree and persistent in duration *(explain in detail)*:

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

7. b. (2) May cause behavior that interferes substantially with the primary activities of daily living (*explain in detail*):

(3) May result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period (*explain in detail*):

c. Respondent is not clinically stabilized in ongoing voluntary treatment (*explain in detail*):

d. At least one of these is true (*complete one or both of the following*):

(1)  Respondent is unlikely to survive safely in the community without supervision **and** respondent's condition is substantially deteriorating (*explain in detail*):

(2)  Respondent needs services and supports to prevent a relapse or deterioration that would likely result in grave disability or serious harm to respondent or others (*explain in detail*):





# CONFIDENTIAL

CARE-105

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER:  STATE: ZIP CODE: FAX NO.:	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CARE ACT PROCEEDINGS FOR (name):		
RESPONDENT		
<b>ORDER FOR CARE ACT REPORT</b>		CASE NUMBER:

- The court has read and reviewed *Petition to Commence CARE Act Proceedings* (form CARE-100) filed by petitioner (name): (address): on (date): asking the court to begin CARE Act proceedings for respondent (name): (address, if known):
- The court has found that *Petition to Commence CARE Act Proceedings* has made a prima facie showing that the respondent is or may be eligible to participate in the CARE Act process. A copy of the petition and all attachments are included with this order.

**The court orders as follows:**

- The following county agency (name): or its designee must contact and engage the respondent and, no later than (date): file with the court a written report that includes the following information:
  - Respondent's county of residence;
  - A determination whether respondent meets or is likely to meet the CARE Act eligibility requirements;
  - The outcome of the county's efforts to engage respondent during the period before the report deadline above;
  - Conclusions and recommendations about respondent's ability to voluntarily engage in services; and
  - Other:
- Before engaging the respondent and preparing the report, the county agency named in item 3 or its designee must use *Notice of Order for CARE Act Report* (form CARE-106) to serve notice of this order on petitioner, respondent, and respondent's counsel as provided in California Rules of Court, rule 7.2235(a).
- The court has, by separate order, appointed the following attorney to represent the respondent at all stages of these CARE Act proceedings.
  - Name:
  - Firm name:
  - Street address:
  - Mailing address (if different):
  - Email address:
  - Telephone number:
  - Fax number:

Date:

\_\_\_\_\_  
JUDICIAL OFFICER

Page 1 of 1