

CONFIDENTIAL

CARE-111

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>PROOF OF PERSONAL SERVICE OF NOTICE OF INITIAL APPEARANCE—CARE ACT PROCEEDINGS</b>		CASE NUMBER:



Date:

(TYPE OR PRINT NAME OF DECLARANT)

(SIGNATURE OF DECLARANT)

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