

**CONFIDENTIAL**

CARE-118

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.:	FOR COURT USE ONLY
<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>NOTICE OF HEARING OR CONTINUANCE</b>		CASE NUMBER:
<p><b>Note:</b> This form provides information about ongoing CARE Act proceedings. To protect the privacy and confidentiality rights of the respondent, it includes only basic information.</p> <p>A continuance means that the court had previously scheduled a hearing on a particular day but has rescheduled it to another day. This notice of hearing or continuance does not give you the right to attend the hearing. You may attend the hearing only if the court explicitly gives you permission to attend.</p>		

1. The court has  set a hearing on  continued a hearing to (date):  
If continued, the continuance is for the following reason (*do not disclose confidential medical information*):

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**CLERK'S CERTIFICATE OF MAILING**

I certify that:

1. I am an employee of the Superior Court of California, County of (name): , and am not a party to this case.
2. I mailed a true copy of this form following standard court practices by placing it in a sealed envelope with postage fully prepaid and addressed to the original petitioner in this case, who is a person identified in Welfare and Institutions Code section 5974(a) or (b), as follows:  
(name):  
(street address):  
(city, state, and zip code):

3. The mailing took place on (date): at (city): , California.

[SEAL]

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

**NOTICE OF HEARING OR CONTINUANCE**