

CONFIDENTIAL

CARE-102

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| ATTORNEY OR PETITIONER 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 |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | | |
| CARE ACT PROCEEDINGS FOR (name): | | RESPONDENT |
| PETITION TO BEGIN CARE ACT PROCEEDINGS BY LICENSED BEHAVIORAL HEALTH PROFESSIONAL ONLY | | CASE NUMBER: |

To the petitioner: If you complete and file this form, you do not need to file *Petition to Begin CARE Act Proceedings* (form CARE-100) or *Mental Health Declaration—CARE Act Proceedings* (form CARE-101). (See Cal. Rules of Court, rule 7.2221(a), (b)(1).)

1. I (enter your name here):

am 18 years of age or older and a licensed behavioral health professional who is or has been, within the past 30 days, treating or supervising the treatment of the respondent.

For the reasons described in this petition, including any attachments, I am asking the court to begin CARE Act proceedings for the respondent.

2. a. I am a licensed behavioral health professional as defined by the CARE Act (Welf. and Inst. Code, § 5971(l) as a (check one):

- (1) physician.
- (2) psychologist.
- (3) clinical social worker.
- (4) marriage and family therapist.
- (5) professional clinical counselor.

b. My license number is (if applicable):**3. I have interacted with the respondent as follows (describe when (give the date) you last interacted with them, and what happened when you interacted with the respondent):****4. a. The respondent lives or was last found at (give the respondent's address if they have one and you know it, including a post office box where they get mail; otherwise, describe where the respondent lives, the last locations where they were staying, or locations where they are frequently found):****b. The respondent's other contact information is:**

(telephone number, if any): The respondent does does not respond to text messages.
(email address, if any):

c. I believe that the best ways to contact the respondent are (check all that apply):

- (1) by visiting them in person
- (2) by calling them on the phone
- (3) by sending them text messages
- (4) by sending them email
- (5) by sending them mail
- (6) other (describe):

**d. The respondent needs assistance reading hearing or understanding speaking English.
The respondent's preferred language is (specify language(s)):**

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5. The respondent (check a or b; if you check b, you must also check either (1) or (2)):
- Is a resident of the county in which this petition is filed.
 - Is not a resident of the county in which this petition is filed.
(Enter respondent's county of residence, if you know it):
(1) The respondent is currently located in the county in which this petition is filed.
(2) The respondent is a defendant or respondent in a criminal or civil proceeding pending in the superior court of the county in which this is filed.
6. I (complete a or b; date of most recent examination or attempt must be no more than 60 days before the filing of the petition):
- Examined the respondent on (date): .
 - Attempted to examine the respondent on (include all dates): , but was unsuccessful because the respondent would not submit to an examination.
(Describe in detail each attempt you made to examine the respondent, the nature of the respondent's lack of cooperation, and any other factors that prevented you from examining the respondent):
7. It is my professional opinion that the respondent meets the clinical criteria to be eligible for CARE Act proceedings. My opinion is based on (check all that apply):
- The results of my examination of the respondent.
 - The results of an examination of the respondent by another licensed behavioral health professional.
(name):
(address):
(phone number):
(license number):
(email address):
(profession):
 - Other sources of information described below in Attachment 7.
8. Facts and opinions supporting my opinion that the respondent meets each of the clinical criteria in Welfare and Institutions Code section 5972 are provided (check one):
- In item 9. (If you need more space for any of item 9, attach additional pages as Attachment 9a, Attachment 9b, etc.)
 - In an attached declaration labeled "Attachment 9." (Skip item 9, and go to item 10.)
9. It is my professional opinion that the respondent meets each of the requirements below in items 9a to 9f.
- The respondent has a diagnosis of schizophrenia spectrum disorder or another psychotic disorder in the same class, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders*. (Explain below):
 - The respondent is currently experiencing a serious mental disorder, as defined in Welfare and Institutions Code section 5600.3(b)(2), because the disorder:
 - Is severe in degree and persistent in duration;
 - May cause, or has caused, behavior that interferes substantially with the respondent's primary activities of daily living; **and**
 - May result, or has resulted, in the respondent's inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period.
(Describe the seriousness, length, and effects of the respondent's mental disorder below):

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9. c. The respondent is not currently stabilized in ongoing voluntary treatment. (*Describe the respondent's current condition and any ongoing treatment below*):
- d. At least one of the following is true (complete (1) or (2) or both):
- (1) The respondent is unlikely to survive safely in the community without supervision **and** the respondent's condition is substantially deteriorating. (*Explain why the respondent is unlikely to survive safely in the community, describe the type of supervision the respondent would need to survive safely, and describe how the respondent's physical or mental condition has recently grown worse*):
- (2) The respondent needs services and supports to prevent a relapse or deterioration that would be likely to lead to grave disability or serious harm to the respondent or others. (*Describe the services and supports needed by the respondent and explain why the respondent would become gravely disabled or present a risk of harm to self or others without them*):
- e. Participation in a CARE plan or CARE agreement would be the *least restrictive alternative* necessary to ensure the respondent's recovery and stability. (*Explain why no other less restrictive treatment plan would work as well for the respondent*):
- f. The respondent is likely to benefit from participation in a CARE plan or CARE agreement because (*explain below*):

10. **OPTIONAL: Other information** (*if applicable, check any of the following statements that are true, and give the requested information if you know it*):

- a. The respondent needs interpreter services or an accommodation for a disability. (*If you know, describe what they need*):
- b. The respondent is served by a regional center. (*If you know, give the center's name and the services it provides to them*):
- c. The respondent is or was a member of the state or federal armed services or reserves. (*If you know, give branch name*):

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10. d. The respondent is an enrolled member of a federally recognized Indian tribe. (If you know, give the tribe's name and mailing address):
- e. The respondent is receiving services from a California Indian health services program, a California tribal behavioral health department, or a California tribal court. (If you know, give the name and mailing address of the program, department, or court):
- f. The respondent is within a juvenile court's dependency, delinquency, or transition jurisdiction. (If you know, provide the following):
(1) Court:
(2) Case number:
(3) The respondent's attorney in the juvenile court proceeding (name):
(mailing address):
(telephone number): (email address):
- g. The respondent has a court-appointed conservator. (If you know, provide the following):
(1) Court:
(2) Case number:
(3) The respondent's attorney in the conservatorship proceeding (name):
(mailing address):
(telephone number): (email address):

11. Court referral (complete this item only if it applies; if you don't know some of the requested information, leave that part blank):

This petition is filed in response to a referral of the respondent from another court proceeding.

a. Court, department, and judicial officer:

b. Case number:

c. Type of proceeding from which the respondent was referred (check one):

- (1) Mental competence proceeding arising from a criminal prosecution (Pen. Code, §§ 1370, 1370.01)
(2) Assisted outpatient treatment (Welf. & Inst. Code, §§ 5346–5348)
(3) Lanterman-Petris-Short Act conservatorship (Welf. & Inst. Code, §§ 5350–5372)

d. The referral order is attached and labeled as Attachment 11 (optional).

e. The respondent's attorney in the referring proceeding (name):

(mailing address):
(telephone number): (email address):

12. Number of pages attached: _____

Date:

(TYPE OR PRINT NAME OF ATTORNEY, IF ANY)

►

(SIGNATURE OF ATTORNEY, IF ANY)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PETITIONER)

►

(SIGNATURE OF PETITIONER)