

CONFIDENTIAL

CARE-103

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
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CARE ACT PROCEEDINGS FOR (name):		RESPONDENT
ORDER TO PROVIDE INFORMATION TO RESPONDENT'S ATTORNEY IN RELATED PROCEEDINGS		CASE NUMBER:

1. The respondent
 - a. was referred to CARE Act proceedings from:
(1) a misdemeanor proceeding, as provided in Penal Code section 1370.01.
(2) an assisted outpatient treatment proceeding under Welfare and Institutions Code sections 5345 to 5349.1.
(3) a conservatorship proceeding under Welfare and Institutions Code sections 5350 to 5372.
 - b. is currently within a juvenile court's dependency, delinquency, or transition jurisdiction.

2. The court orders (name):

as director of (name of county agency):

or the director's designee, no later than 10 court days after receipt of this order, to inform the respondent's attorney in the proceeding identified in item 1 that:

- a. a CARE Act petition has been filed on behalf of the respondent; and
- b. the attorney representing the respondent in the CARE Act proceeding is:
(name):
(mailing address):

(telephone number):

(email address):

Date:

JUDICIAL OFFICER

RELATED CASE INFORMATION**To the party filing the proposed order and the court (if acting sua sponte or if any field below is left blank when filed):**

Complete item 3 and enter all known information in items 4, 5, and 6, below, to assist the county agency in complying with the order.

3. The person entering the information below is (name):
(job title): (employer):
4. The related proceeding is pending in the Superior Court of County, not the court named above.
5. The case number of the related proceeding is (number):
6. The contact information for the respondent's attorney in the related proceeding is:
(name):
(mailing address):

(telephone number): (email address):

The information above is true and correct to the best of my knowledge.

Date:



(TYPE OR PRINT NAME)

(SIGNATURE)

Page 1 of 1