

CARE-106

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): <div style="text-align: right;">RESPONDENT</div>		
<div style="text-align: center;"> NOTICE OF ORDER FOR CARE ACT REPORT </div>		
		CASE NUMBER:

1. Petitioner (*name*):
2. Respondent (*name*):
3. The court has ordered (*name of county agency*):
or its designee to engage the respondent and, no later than (*date*): , file with the court a written report that includes all of the following information:
 - a. The respondent's county of residence;
 - b. A determination whether the respondent meets, or is likely to meet, the criteria necessary to participate in the CARE Act process;
 - c. The outcome of efforts made to voluntarily engage the respondent;
 - d. Conclusions and recommendations about the respondent's ability to voluntarily engage in services; and
 - e. The information, including protected health information, necessary to support the determinations, conclusions, and recommendations in the report.
4. Attached to this notice, as required by California Rules of Court, rule 7.2235(a), are
 - a. a copy of *Order for CARE Act Report* (form CARE-105) issued by the court in this proceeding on (*date*): ,
 - b. a copy of the petition filed on form CARE-100 on (*date*): to begin these proceedings, and
 - c. *Information for Respondents—About the CARE Act* (form CARE-060-INFO).

Date:

(TYPE OR PRINT NAME OF COUNTY AGENCY REPRESENTATIVE)

(SIGNATURE OF COUNTY AGENCY REPRESENTATIVE)