



SUPERIOR COURT OF CALIFORNIA  
**COUNTY OF TULARE**

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## The CARE Act:

### Information for Petitioners and Respondents

Forms and information included in this packet:		
<b>READ</b>	This packet	Instructions and information
	CARE-050-INFO	Information for Petitioners – About the CARE Act
	CARE-060-INFO	Information for Respondents – About the CARE Act
	CARE-113	Notice of Respondent's Rights – CARE Act Proceedings
<b>COMPLETE &amp; FILE</b>	CARE-100	Petition to Commence CARE Act Proceedings
	CARE-101	Mental Health Declaration
	CARE-120	Request for New Order and Hearing – CARE Act Proceedings

# The CARE Act

This is an informational guide about the CARE Act, which includes an overview of the CARE Act process and instructions for completing the Petition to Commence CARE Act Proceedings. Read these instructions in its entirety before you start filling out your forms.

## **Completing Forms:**

Fillable, printable pdf versions of the Judicial Council forms contained in this packet are available online at <https://www.courts.ca.gov/forms.htm>. You can type the forms and print them out for filing.

## **Self Help Resource Center:**

If you do not have an attorney representing you, free assistance is available. Please contact the Self-Help Resource Center, also known as the Office of the Family Law Facilitator. The Self-Help Resource Center will provide instructions on how to complete the forms and how to properly serve notice on all the necessary parties. They can answer your procedural questions and explain the court process but **CANNOT** provide legal advice, represent you in court, or complete forms for you. The Self-Help Resource Center can be reached at (559) 737-5500 and [selfhelp@tulare.courts.ca.gov](mailto:selfhelp@tulare.courts.ca.gov), and offices are located at:

- County Civic Center: 221 S. Mooney Blvd., Room 203, Visalia CA 93291
- South County Justice Center: 300 E. Olive Ave., Porterville, CA 93257

## **Other Resources:**

If you have further questions or concerns, you may wish to consult with an attorney or use the assistance of a paralegal or typing service. You may also conduct self-research at:

- CARE Act at California Courts' Self-Help website: <https://selfhelp.courts.ca.gov/care-act>
- CARE Act Resource Center: <https://care-act.org/>
- Tulare County Law Library: <https://tularecounty.ca.gov/lawlibrary/>
  - The Tulare County Law Library is located on the ground floor of the County Civic Center, and Law Library computer terminals are available in the Self-Help Resource Center in the South County Justice Center.
- Sacramento County Public Law Library: <https://saclaw.org/>

## What is the CARE Act?

The **C**ommunity **A**ssistance, **R**ecovery, and **E**mpowerment Act (CARE) Act provides community-based behavioral health services and supports to Californians living with untreated schizophrenia spectrum or other psychotic disorders through a new civil court process. The CARE Act is intended as an intervention for the most severely impaired Californians to prevent avoidable psychiatric hospitalizations, incarceration, and Lanterman-Petris-Short (LPS) Mental Health conservatorship.

The CARE Act was designed on the evidence that many people can stabilize, begin healing, and exit homelessness in less restrictive, community-based care settings. It's a long-term strategy to positively impact the individual in care and the community around them. The CARE Agreement or CARE Plan may consist of behavioral health services, treatment, housing resources, and other services and supports. Individuals exiting a short-term involuntary hospital hold or an arrest may be especially good candidates for CARE Act services.

## CARE Act Eligibility

To qualify for CARE Act services, the Respondent must meet each requirement listed below:

- Be 18 years old or older.
- Have a diagnosis identified on the *schizophrenia spectrum* or *other psychotic disorder*.
- Be currently experiencing a severe mental illness that:
  - is severe in degree and persistent in duration,
  - may cause behavioral functioning that interferes substantially with activities of daily living, and
  - may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time.
- Not be clinically stabilized in on-going voluntary treatment.
- The Respondent must be either:
  - unlikely to survive safely in the community without supervision and be in a condition that is substantially deteriorating, or
  - need services and supports to prevent a relapse or deterioration that would likely result in grave disability or serious harm to the Respondent or others.
- The Respondent's participation in a CARE Agreement or CARE Plan must be the least restrictive alternative necessary to ensure the Respondent's recovery and stability.
- The Respondent is likely to benefit from participation in CARE Act services.

## Who can file the Petition?

The Petitioner is the person who asks the court to start CARE Act proceedings for a person (the Respondent) who needs help because of a serious mental disorder. The Petitioner must be 18 years old or older, and be one of the following (persons with an (\*) may designate someone else to file a petition on their behalf):

- A person who lives with the Respondent.
- A spouse or registered domestic partner, parent, sibling, child, or grandparent of the Respondent.
- A person who stands in the place of a parent to the Respondent (*in loco parentis*).
- The director\* of the County Behavioral Health agency.
- A licensed behavioral health professional\* who is or has been, *within the past 30 days*, treating or supervising the treatment of the Respondent.
- The director\* of a hospital in which the Respondent is hospitalized.
- The director\* of a public or charitable organization, agency, or home (1) who is or has been, *within the past 30 days*, providing behavioral health services to the Respondent; or (2) in whose institution the Respondent resides.
- The Respondent.
- A first responder—including a peace officer, firefighter, paramedic, emergency medical technician, mobile crisis response worker, or homeless outreach worker—who has had repeated interactions with the Respondent.
- The public guardian\* or public conservator\*.
- A conservator or proposed conservator referred from a proceeding under Welfare and Institutions Code section 5350.
- The director\* of the County Adult Protective Services agency.
- The director\* of a California Indian health services program or tribal behavioral health department that has, *within the past 30 days*, provided or is currently providing behavioral health services to the Respondent.
- A California tribal court judge\* before whom the Respondent has appeared *within the past 30 days*.

Referrals for CARE Act services may also be requested in the following circumstances:

- Referral pursuant to Penal Code section 1370.01 (defendants found incompetent to stand trial; available for misdemeanor offences only).
- Referral from Assisted Outpatient Program (AOT).
- Referral from Conservatorship proceedings commenced under Welfare and Institutions Code section 5350 (for persons who are gravely disabled as a result of a mental health disorder or impairment by chronic alcoholism).

## Rights of the Petitioner

If the Petitioner is someone who lives with the Respondent, is a spouse, parent, sibling, child, grandparent of the Respondent, or someone who acts in the place of a parent to the Respondent (*in loco parentis*), the Petitioner:

- Has a right to participate during the initial hearing to determine the merits of the petition.
- May have ongoing rights of notice assigned, based on the court's discretion.
- May be allowed to participate and engage in the Respondent's CARE Act proceedings, if the Respondent consents.
- May fill the role of Volunteer Supporter, if the Respondent agrees (see below for more information on the Supporter role),

All other Petitioners have the right to make a statement at the hearing on merits of the petition. More information for Petitioners is available on form **CARE-050-INFO – Information for Petitioners – About the CARE Act**.

## Rights of the Respondent

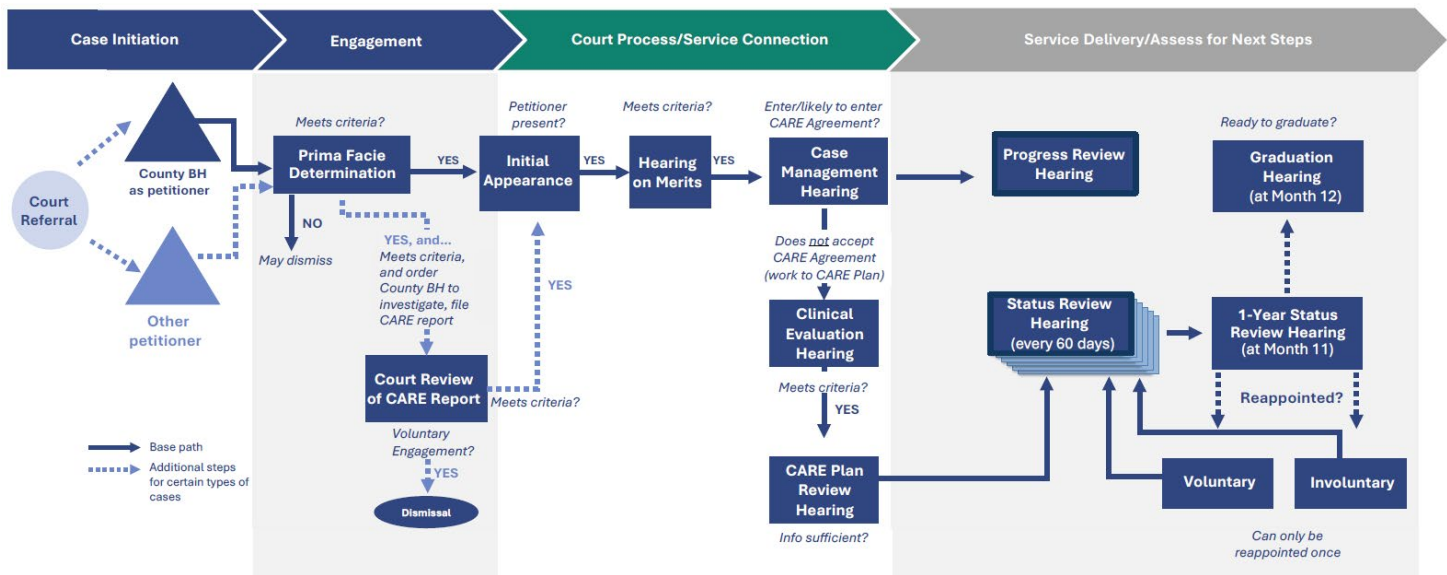
Respondents have a right to:

- Be informed and receive notice of each hearing.
- Be present at each hearing, unless the Respondent waives the right to be present.
- Have an attorney at all stages of the proceedings, regardless of ability to pay.
- Receive a copy of the petition and court-ordered evaluations.
- Have a supporter be present with you and assist you.
- Present evidence, call witnesses, and cross-examine witnesses.
- Appeal decisions, and to be informed of the right to appeal.
- Protection from harassing petitions.
- Keep confidential all evaluations, reports, documents, and filings submitted to the court for CARE Act proceedings.

More information for Respondents is available in the following forms included in this packet:

- **CARE-060-INFO – Information for Respondents – About the CARE Act**
- **CARE-113 – Notice of Respondent's Rights – CARE Act Proceedings**

# Overview of the CARE Act Process



**CARE Act Petition is filed:** A CARE Act case is initiated when a person files a petition to determine a Respondent’s eligibility for CARE Act proceedings. Family members, County Behavioral Health, health care or social service providers, or first responders may file the petition.

**Prima Facie Determination:** The court will promptly decide if the petition shows that the Respondent meets, or may meet, CARE Act eligibility criteria (this is called a *prima facie* showing). If no *prima facie* showing has been made, the petition will be dismissed. If the Petitioner is someone other than County Behavioral Health, such as a family member, the court will order County Behavioral Health to investigate and submit a report within 14 court days, to determine whether the Respondent likely meets the eligibility criteria. County Behavioral Health will provide the Respondent with notice that a CARE Act report has been ordered, and any CARE Act proceedings. County Behavioral Health will attempt to engage the Respondent in voluntary services. The report to the court will include whether the engagement was successful.

Within 5 days of receiving the report, the court will assess whether a *prima facie* showing has been made. If the report supports a *prima facie* showing and engagement was not effective, the court will set an Initial Appearance Hearing. The court will also appoint the Public Defender as an attorney for the Respondent (at no cost) and order the County to provide notice to the Respondent. The court will dismiss the petition if the report does not support a *prima facie* showing or if the voluntary engagement with the Respondent was effective and the Respondent has enrolled or is likely to enroll in voluntary behavioral health treatment without the need for CARE proceedings.

**Initial Appearance Hearing:** The original Petitioner must be present, or the Petition may be dismissed. If the petition was filed by someone other than County Behavioral Health, the original Petitioner is substituted out, and the Director of County Behavioral Health is appointed. During this appearance, the Respondent may select a Volunteer Supporter or ask that one be appointed.

**Hearing on the Merits:** An evidentiary hearing where the Petitioner can prove that the Respondent meets CARE Act eligibility criteria. The Respondent, their attorney, their Supporter, and County Behavioral Health will work together to create a voluntary CARE agreement tailored to the specific needs of the Respondent, and may include treatment for substance abuse disorders, medically-necessary stabilization medications, housing resources & supports, and other services. A Case Management Hearing will be set within 14 calendar days of the Hearing on the Merits. Note: The Hearing on the Merits may be combined with the Initial Appearance Hearing. If not combined, the Hearing on the Merits will be set within 10 court days of the Initial Appearance Hearing.

**Case Management Hearing:** The court will hear evidence as to whether the parties have entered or are likely to enter into a CARE agreement. If a CARE agreement is likely, then a Status Review hearing is set within 60 days. If a CARE agreement is *not likely*, the court will order County Behavioral Health to conduct a clinical evaluation, and a Clinical Evaluation hearing is set within 21 days.

**Clinical Evaluation Hearing:** The court will review the clinical evaluation and other evidence from County Behavioral Health and the Respondent. The court will also determine if the Respondent meets the eligibility criteria and if so, will order that a CARE plan is developed. Like the CARE Agreement, the CARE Plan is tailored to meet the Respondent's needs. A CARE Plan Review hearing will be set within 14 days.

**CARE Plan Review Hearing:** The parties present their plans to the court, and the court will adopt elements and issue orders that support the recovery and stability of the Respondent. These orders will constitute the CARE plan. The issuance of an order approving a CARE plan begins the CARE Act services timeline, which shall not exceed one (1) year. The court will set a Status Review Hearing within 60 days.

**Status Review Hearings:** Set every 60 days or less to monitor the Respondent's progress. County Behavioral Health will file status reports with the court within 5 days of these hearings, and will provide reports to the Respondent, their attorney, and their Supporter.

**1-Year Status Hearing:** During the 11<sup>th</sup> month of the program, the court will determine if the Respondent is ready to graduate, or if the Respondent should continue to receive CARE Act services for an additional year. If the Respondent elects to graduate from the program, the court will order County Behavioral Health to collaborate and prepare a graduation plan. A Graduation Plan Hearing will then be set in the 12<sup>th</sup> month after the adoption of the CARE plan.

**Graduation Plan Hearing:** The Graduation Plan will be presented to the court and will include a recital of the terms on the record. The Graduation Plan may include a psychiatric advance directive that specifies treatment preferences in advance of a crisis, which shall have the force of the law. The Respondent shall be officially graduated from the CARE Act program upon completion of the hearing.

# The Volunteer Supporter

A volunteer supporter is an adult who acts honestly, diligently and in good faith to assist the Respondent during the CARE Act process while respecting the Respondents’ values, beliefs, and preferences. A volunteer supporter is someone chosen by the Respondent; however, the Respondent may choose **not** to have a supporter. A volunteer supporter can be removed by the court because of any conflict with the Respondent, including arguing, or making the Respondent feel uncomfortable or intimidated.

## **A Volunteer Supporter...**

<b>CAN</b>	<b>CANNOT</b> <i>(unless authorized by the Respondent)</i>
Participate in meetings and communication regarding the Respondent’s: <ul style="list-style-type: none"> <li>• Psychiatric evaluation</li> <li>• Development of a CARE Agreement or CARE Plan</li> <li>• Completion of a psychiatric advance directive</li> <li>• Development of a graduation plan</li> <li>• CARE Act proceedings</li> </ul>	<ul style="list-style-type: none"> <li>• Make decisions on behalf of the Respondent unless necessary to prevent imminent harm**</li> <li>• Sign documents on behalf of the Respondent</li> <li>• Waive confidentiality</li> <li>• Be subpoenaed to testify against the Respondent in a CARE Act proceeding</li> </ul> <p><i>** Imminent harm refers to suicidal or homicidal actions. For example: if someone has made a threat to hurt someone or themselves, or they are wielding a gun or knife.</i></p>

A Volunteer Supporter’s “participation” can vary depending on the situation and the relationships with the Respondent. It could look like rephrasing questions for the Respondent, making sure the Respondent’s decisions are being respected, or recalling wishes or questions the Respondent has had. A Supporter’s participation in meetings, etc. is at Respondent’s request and discretion. The Supporter has no rights other than those consented to by the Respondent.

## **Key Principles of Supporter Role**

- **Supported decision-making**: The Supporter’s role is to represent the will and preferences of the Respondent, regardless of whether that matches what the Supporter prefers. This means the Supporter must avoid any personal bias and not pressure the Respondent in any way. The Supporter never makes decisions for the Respondent. The Respondent must make the final decision.
- **Trauma-informed care**: Many Respondents have experienced trauma, impacting their mental and physical health. Trauma-informed care means operating in a respectful, consistent, and reliable manner. Maintaining trust with the Supporter may increase engagement in supportive services.
- **Confidentiality**: The CARE Act protects the confidential relationship between the Respondent and Supporter. Supporters must respect the Respondent’s privacy and should not discuss the Respondent’s CARE Act process with anyone without expressed written release. Supporters cannot be asked to appear in court or be called to testify against the Respondent in any proceeding related to the CARE Act.



## Completing the CARE Act Petition

To initiate CARE Act proceedings, complete form **CARE-100 - Petition to Commence CARE Act Proceedings**. Details on completing this form are provided below. Petitioners should also review form **CARE-050-INFO – Information for Petitioners - About the CARE Act**, which contains explanations and examples of each eligibility requirement.

### **CARE-100 - Petition to Commence CARE Act Proceedings:**

**Top of page 1:** Add your name, address, and phone number. Add the court address. The addresses for the Visalia and Porterville courthouses are:

- County Civic Center: 221 S. Mooney Blvd., Visalia CA 93291
- South County Justice Center: 300 E. Olive Ave., Porterville, CA 93257

**Top of page 2 through 6:** Add the name of the Respondent.

**Item 1:** Add your name and check all boxes that apply. If you live with the Respondent, mark box (a). Mark box (b) if your relationship to the Respondent is listed here.

**Item 2:** At (a): Add the Respondent's name. At (b): Describe your relationship to the Respondent.

- 2(c) is to be completed only if the Petitioner is a licensed behavioral health professional, or director of a hospital or organization that provided services to the Respondent, or a first responder.

**Item 3:** Add the address where the Respondent lives or was last found. This could be a hotel, park, or a location that the Respondent frequents. Provide additional contact information if known.

**Item 4:** Check all that apply regarding the Respondent's residency, location, and pending court cases.

**Item 5:** This section covers the Respondent's CARE Act eligibility.

- At (a), enter the Respondent's date of birth or approximate age.
- For 5(b) through 5(g), state facts and provide information about the Respondent's mental health. This can be done by:
  - Attaching form **CARE-101 – Mental Health Declaration**, which is completed by a behavioral health professional,
  - Attaching evidence of the Respondent's mental health condition (attachments should be labeled Attachment 5(b) through 5(g)), and/or
  - Entering information in the space below each question. You may add information here even if you are attaching form **CARE-101 – Mental Health Declaration**.

**Item 6:** This section covers the required documentation about the Respondent's mental health.

- Mark box (a) if you are attaching form **CARE-101 – Mental Health Declaration**, and mark box (a)(1) or (a)(2) for how the behavioral health professional examined the Respondent.
- Mark box (b) if you are providing evidence that the Respondent was detained for at least two periods of intensive treatment, with the most recent period within the past 60 days.
  - **Note:** For purposes of the CARE Act, "*intensive treatment*" refers to involuntary treatment authorized by Welfare and Institutions Code section 5250. It does not refer to treatment authorized by other statutes such as Welfare and Institutions Code sections 5150, 5260, and 5270.15.
- Examples of evidence include a copy of the certification of intensive treatment, a declaration from a witness to the intensive treatment, or other documentation indicating involuntary detention and certification for up to 14 days of intensive treatment.
  - Attach all supporting documents and label each, in order, Attachment 6(b)(1), 6(b)(2), 6(b)(3), etc.

**Item 7:** Enter information if the Respondent has other court proceedings, including the Respondent's attorney's information.

**Item 8:** Mark the box if the Respondent has a Tribal affiliation.

**Item 9:** Check the box if any statement is true. If so, provide details.

**Item 10:** Indicate the number of pages that are attached.

**Bottom of Page 6:** If an attorney is assisting the Petitioner, they will date, print their name, and sign. The Petitioner will enter the date, print their name, and sign.

## File the Petition

There is **no cost** to file the CARE Act petition.

The petition can be filed in multiple counties: where the Respondent lives, where the Respondent is found, and where the Respondent has another court proceeding. If these locations are different counties, consider where the Respondent is most likely to have access to services and a support system.

If you file in Tulare County, return your completed forms to the Visalia Courthouse, Clerk of the Court, located at 221 S. Mooney Blvd, Room 201, Visalia, CA 93291, or the South County Justice Center, Court Clerk's window, located at 300 E. Olive Ave, Porterville, CA 93257.

The Court Clerk will file the forms and send them to the judge for review right away. County Behavioral Health will notify the Petitioner and Respondent if the court ordered a report, and will provide notice of the Initial Appearance Hearing, if one was set.

## Common CARE Act Questions

### **What if the Respondent does not meet CARE Act eligibility? What other options or resources are available?**

- Services such as full-service partnerships, assertive community treatment, and supportive housing may still be available through the County or a community-based service provider.
- Other court-ordered services, such as Assisted Outpatient Treatment (AOT) or services under the Lanterman-Petris-Short Act (LPS), may be appropriate. Contact Tulare County Behavioral Health for more information.
- A list of resources and service providers in Tulare County is provided on page 13.

### **I'm a family member of the Respondent, but I don't have access to the Respondent's personal health information. Can I still file a CARE Act petition?**

- Yes, family members can still file the Petition. You will need to provide as much detailed information about the Respondent in the narrative portions of the petition.
- In some cases, County Behavioral Health can file on the family's behalf since they may have access to the protected health information needed to file the petition.

### **The Respondent has major depressive disorder or bi-polar disorder. Do they qualify for CARE Act services?**

- Maybe. Persons with certain mental health disorders such as major depressive disorder or bi-polar disorder are **NOT** eligible for CARE Act services unless they also have a schizophrenia-related diagnosis or other psychotic disorder.

### **I'm the Petitioner and I have filed the *CARE-100 - Petition to Commence CARE Act Proceedings*. Do I need to notice the Respondent?**

- No. You do not need to notify anyone.
- County Behavioral Health will notice you and the Respondent if the court has ordered a CARE Act report, and will provide you notice of the Initial Appearance Hearing, if one is set.

### **What if the Respondent does not complete their CARE Plan?**

- The goal is that the CARE Plan will stabilize someone with severe mental illness. However, Respondents who do not successfully complete their CARE Plan may be hospitalized or referred to conservatorship - with a new presumption that no suitable less restrictive alternatives to conservatorship are available.

**The Respondent has pending criminal charges. What happens to these charges if the Respondent graduates from CARE Act proceedings?**

- If the Respondent graduates from CARE services, the judge presiding over the Respondent’s criminal matter may dismiss the criminal charges.
- Speak to the Public Defender or the attorney representing the Respondent in the criminal matter for more information.

**What is the difference between a CARE Agreement and CARE Plan?**

- A CARE Agreement is a voluntary agreement for services and treatment between the Respondent and County Behavioral Health, approved by the court.
- A CARE Plan is a set of community-based services and supports for the Respondent that is ordered by the court if the Respondent and County Behavioral Health cannot reach a CARE Agreement.

**Where will the CARE Act proceedings take place?**

- All CARE Act proceedings will be heard in Department 7 in the Visalia Courthouse, located at 221 S. Mooney Blvd., Room 203, Visalia CA 93291. Department 7 is on the 3rd Floor.
- If you cannot appear in person, you may appear remotely. To request a remote hearing, go to: <https://www.tulare.courts.ca.gov/online-services/request-remote-hearings>

**As part of the Respondent’s CARE Agreement or CARE Plan, the Respondent was provided with housing assistance. Will the Respondent continue to receive housing assistance after they graduate?**

- Housing support may continue after graduation. Speak with County Behavioral Health about the support services that will be offered to the Respondent and integrated into the Graduation Plan.

**I’m the Respondent and my circumstances have changed. How can I change my CARE Plan?**

- Complete and file form **CARE-120 – Request for New Order and Hearing - CARE Act Proceedings** (included in this packet). You can explain how your circumstances have changed and whether you want a hearing for the court to consider your request.

# Community Resources and Service Providers

## **Tulare County Behavioral Health**

- <https://tchhsa.org/eng/behavioral-health/>
- Behavioral Health Administration: (559) 624-7445
- **24-Hour Crisis and Access Lines:**
  - Mental Health Services Access and Crisis Line: (800) 320-1616
  - Substance Use Disorder Access Line: (866) 732-4114
  - National Suicide Prevention Lifeline: 988
- **Family Advocate:** (559) 623-0952
  - The Family Advocate is a licensed clinician who assists relatives and support persons of those struggling with mental health problems in understanding mental health services. The Family Advocate also provides guidance and linkage to community and educational resources.
- **Visalia Adult Integrated Clinic:** (559) 623-0900  
520 East Tulare Avenue  
Visalia, CA 93277.
- **Porterville Adult Mental Health Clinic:** (559) 788-1200  
1055 West Henderson Avenue, Suite #2  
Porterville, CA 93257

## **Community Mental Health Services**

- **NAMI Tulare County**
  - <https://namitularecounty.org/>
  - (559) 732-6264
- **Turning Point of Central California**
  - <https://www.tpocc.org/>
  - North County One-Stop: (559) 627-2046  
201 North Court Street  
Visalia, CA 93291
  - Central County One-Stop: (559) 687-8713  
145 North N Street, Suite A  
Tulare, CA 93274
  - North Tulare County Mobile Services: (559) 627-2046  
201 North Court Street  
Visalia, CA 93291
- **Kings View**
  - <https://www.kingsview.org/>
  - Visalia Wellness Center: (559) 256-1183  
1223 South Lovers Lane  
Visalia, CA 93292
  - Porterville Wellness Center: (559) 931-1001  
333 West Henderson Avenue  
Porterville, CA 93257
  - South Tulare County Mobile Services: (559) 687-0929, or 24/7 at (800) 315-4156  
201 North K Street  
Tulare, CA 93274

## **Visalia Recovery Center**

- Providing care and support for substance use disorders
- <https://visaliarecoverycenter.com/>
- (559) 702-5180
- 4040 South Demaree Street, Suite A  
Visalia, CA 93277

## **Tulare County Public Defender**

- <https://tularecountypublicdefender.com/>
- Visalia Office: (559) 636-4500  
221 South Mooney Blvd, Room G35  
Visalia, CA 93291
- Porterville Office: (559) 782-6960  
20 North Main Street, 2nd Floor  
Porterville, CA 93257



This information sheet describes the CARE Act and how to fill out *Petition to Commence CARE Act Proceedings* (form CARE-100). A court self-help center may also be able to help you. Go to <https://selfhelp.courts.ca.gov/self-help/find-self-help> to find your court's self-help center. **Note:** There is no cost to file a CARE Act petition.

## 1 What is the CARE Act?

CARE stands for Community Assistance, Recovery, and Empowerment. The CARE Act allows specific people, called *petitioners*, to ask for court-ordered treatment, services, support, and a housing plan for people, called *respondents*. A respondent must be at least 18 years old, have a schizophrenia spectrum or other psychotic disorder, and meet several other requirements.

The CARE process uses evaluations and court hearings to figure out whether the respondent is eligible for services. A county behavioral health agency may contact the respondent as part of the process. If the respondent is eligible, a CARE agreement or plan for services may be created. If the court approves, it will order the CARE agreement or plan.

## 2 What is a CARE agreement or CARE plan?

A CARE agreement and a CARE plan are written documents that describe services to support the recovery and stability of the respondent. They must be approved by court order. Services may include clinical behavioral health care; counseling; specialized psychotherapy, programs, and treatments; stabilization medications; a housing plan; and other supports and services provided directly and indirectly by local government. The agreement or plan cannot give anyone the right to use force to medicate the respondent.

A CARE agreement is a voluntary agreement for services and treatment between the respondent and the county behavioral health agency after a court has found that the respondent is eligible for the CARE program. For the agreement to be valid, the court must approve it. The court can change the agreement before approving it.

A CARE plan is a set of community-based services and supports for the respondent that is ordered by the court if the respondent and the county cannot reach a CARE agreement.

## 3 Have you thought about ways to help other than CARE Act proceedings?

There may be other ways to help a person with a serious mental illness. If the person has private health insurance, contact their health plan/insurer. If you do not know if the person has private health insurance or if they do not have private insurance, contact your county's behavioral health agency or check its website. County behavioral health agencies offer many services. These include services like counseling, therapy, and medication and can also include programs like full-service partnerships, rehabilitative mental health services, peer support services, intensive case management, crisis services, residential care, substance use disorder treatment, assertive community treatment, and supportive housing. Counties are required to provide services to Medi-Cal beneficiaries who qualify for specialty mental health and substance use disorder services. They are also allowed to provide their services to people who do not receive Medi-Cal, depending on local funding and eligibility standards. These services do not require a court order.

A *full-service partnership* is a program for a person with a serious mental illness who would benefit from intensive services. A full-service partnership can help a person who is homeless, involved with the justice system, or uses crisis psychiatric care frequently. *Assertive community treatment* is a form of mental health care provided in a community setting to help a person become independent and live as part of the community as they recover.

Find out if the person has made an advance health care directive or psychiatric advance directive. These written documents name someone else to make health care decisions for a person when that person cannot. If the person has a directive, you can contact the person named in it to ask for their help. Think about looking into local social services and community-based programs too.



**4** How do I complete *Petition to Commence CARE Act Proceedings (form CARE-100)*?**Item 1: Who Can Be the Petitioner?**

The petitioner is the person who asks the court to start CARE Act proceedings for a person who needs help because of a serious mental disorder.

To be a petitioner, you **must** be 18 years of age or older **and** be one of the following:

- A person who lives with the respondent.
- The respondent's spouse or registered domestic partner, parent, sibling, child, or grandparent.
- A person who has authority to act as the respondent's parent.
- The director of a county behavioral health agency of the county where the respondent lives or is present, or the director's designee.
- A licensed behavioral health professional who is or has been supervising the treatment of or treating the respondent for a mental disorder within the last 30 days, or the professional's designee.
- The director of a public or charitable agency who is or has, within the last 30 days, been providing behavioral health services to the respondent or in whose institution the respondent resides, or the director's designee.
- The director of a hospital in which the respondent is or was recently hospitalized, or the director's designee.
- A California tribal court judge in whose court the respondent has appeared within the previous 30 days, or the judge's designee.
- The director of adult protective services of the county where the respondent lives or is present, or the director's designee.
- The director of a California Indian health services program or tribal behavioral health department that is or has, within the previous 30 days, been providing behavioral health services to the respondent, or the director's designee.
- A first responder who has encountered the respondent multiple times to arrest or involuntarily detain the respondent, engage the respondent in voluntary treatment, or make other efforts to get the respondent professional help.
- The public guardian or public conservator of the county where the respondent lives or is present, or the public officer's designee.
- A conservator or proposed conservator referred from a proceeding under the Lanterman-Petris-Short (LPS) Act.
- The respondent.

In item 1, enter your name and check the box next to the petitioner type or types that apply to you.

**Item 2: Relationship to the Respondent**

Enter the respondent's name in item 2a. Describe your relationship with the respondent in item 2b. If you are a petitioner from a hospital, a public or charitable agency, a licensed behavioral health professional who has been treating or supervising the respondent, or a first responder, state how many times you have interacted with the respondent, give the date of the most recent interaction, and describe the nature and outcome of each interaction in item 2c.

**Item 3: Respondent's Address or Last Known Location**

If you know where the respondent lives, enter the address in item 3. If you do not know the respondent's address, or if they do not have one, state that the address is unknown and give the respondent's last known location and any other information, such as a phone number or email address, that might help to locate the respondent.

**Item 4: The Right Court and County**

In item 4, show why the county where you are filing the petition is the right place to file. You can file a petition only in the county where the respondent lives, where the respondent is currently present, or where the respondent is facing a legal case. Check all options that apply. If the person does not live in the county, it helps to state where they live, if you know.





**Item 5: Respondent Eligibility**

You must state facts and provide information that support your claim that the respondent is eligible for the CARE Act process. **All** of the following requirements, which are listed in item 5a–5g on form CARE-100, must be met for a respondent to be eligible. Please note that the situations discussed below are only *examples* of circumstances that **may** qualify. The court decides whether each respondent is eligible based only on facts about that respondent.

Requirements	Explanations	Examples
<b>The respondent must be 18 years old or older (item 5a) and must:</b>		
<p>Have a diagnosis of a schizophrenia spectrum disorder or another psychotic disorder in the same class, as defined in the current <i>Diagnostic and Statistical Manual of Mental Disorders</i> (item 5b).</p>	<p>Only a person with a schizophrenia spectrum or other psychotic disorder is eligible for the CARE Act process. A person who does not have that diagnosis is not eligible even if they have a different serious mental disorder, such as bipolar disorder or major depression.</p> <p><b>Note:</b> The psychotic disorder must not be based on a medical condition, including a physical health condition such as a traumatic brain injury, autism, dementia, or a neurological condition. A person with a current diagnosis of substance use disorder must also have a psychotic disorder and meet all the other criteria in item 5 to be eligible.</p>	<p>Schizophrenia, schizophreniform disorder, schizoaffective disorder, delusional disorder, schizotypal personality disorder, and other psychotic disorders.</p>
<p>Be currently experiencing a serious mental disorder that (item 5c):</p> <ul style="list-style-type: none"> <li>• Is severe in degree and persistent in duration (item 5c(1))</li> <li>• May cause behavior that interferes substantially with the person’s activities of daily living (item 5c(2)), and</li> <li>• May lead to an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period (item 5c(3)).</li> </ul>	<p>Indicate any behaviors, such as delusions, hallucinations, or unusual and ongoing mood changes, that substantially interfere with the respondent’s ability to perform essential and routine tasks needed for work or self-care.</p> <p>Describe why you believe the respondent is unable to live independently, function in the community, and take care of their condition and social relationships without additional help.</p>	<p>If caused by a chronic, prolonged, or recurrent mental disorder:</p> <ul style="list-style-type: none"> <li>• Difficulty with self-care (e.g., bathing, grooming, obtaining and eating food, dressing appropriately for the weather, securing health care, or following medical advice).</li> <li>• Difficulty maintaining a residence, using transportation, or managing money day to day.</li> <li>• Difficulty concentrating or completing tasks as scheduled.</li> <li>• Difficulty functioning socially, creating and maintaining relationships.</li> <li>• Recent history of inability to care for themselves (bathe, groom, get food and eat, use the restroom) daily without additional help.</li> </ul>



Requirements	Explanations	Examples
<p>Not be clinically stabilized in ongoing voluntary treatment (<b>item 5d</b>).</p>	<p>Describe why you believe the respondent is not being adequately supported in a voluntary treatment program such that their condition and symptoms are stable.</p>	<ul style="list-style-type: none"> <li>• Repeated and ongoing refusal to accept voluntary treatment without reason.</li> <li>• Temporary acceptance of voluntary treatment that is interrupted by failure or refusal to continue the treatment without reason.</li> <li>• Voluntary treatment is accepted, but that treatment is not effective to stabilize the respondent.</li> </ul>
<p><b>At least one of the following must be true (item 5e):</b></p>		
<p>The respondent is unlikely to survive safely in the community without supervision <i>and</i> the respondent’s condition is substantially deteriorating (<b>item 5e(1)</b>).</p> <p><b>OR</b></p>	<p>Indicate recent instances where the respondent has needed supervision to survive in the community due to lack of reality orientation, confusion, or impaired insight.</p> <p>Describe how the respondent’s ability to think clearly, communicate, or participate in regular activities has worsened quickly.</p>	<ul style="list-style-type: none"> <li>• Recent or frequent hospitalizations due to symptoms such as delusions, hallucinations, disorganization, impaired insight, impaired judgment.</li> <li>• Recent or frequent arrests due to a mental disorder.</li> </ul>
<p>The respondent needs services and supports to prevent a relapse or deterioration that would likely result in grave disability or serious harm to the respondent or others (<b>item 5e(2)</b>).</p>	<p>Describe how the respondent would be unable to survive safely, would be gravely disabled, or would cause serious harm to others or themselves unless they received services and supports.</p> <ul style="list-style-type: none"> <li>• <i>Grave disability</i> includes a person’s inability, due to a mental disorder, to provide for their basic personal needs for food, clothing, or shelter.</li> <li>• <i>Serious harm</i> includes injury causing extreme pain, high risk of death, or loss of physical or mental functions.</li> </ul>	<ul style="list-style-type: none"> <li>• A person who has immediate access to safe housing but chooses, because of a mental disorder, to live in conditions that could lead to a danger to their health.</li> <li>• A person who recently attempted suicide because of their mental disorder and continues to express a desire to harm themselves.</li> <li>• Self-injuring behavior, such as walking into traffic or harming oneself unknowingly through behavior that puts them at risk for serious injury or death.</li> </ul>



Requirements	Explanations	Examples
<b>The respondent’s participation in a CARE plan or CARE agreement must:</b>		
Be the least restrictive alternative necessary to ensure the respondent’s recovery and stability ( <b>item 5f</b> ), and	Explain how participation in a CARE plan or CARE agreement: <ul style="list-style-type: none"> <li>• Would effectively meet the respondent’s treatment needs while placing as few limits as possible on the respondent’s rights and personal freedoms.</li> <li>• Is necessary because other less restrictive alternatives would not ensure the respondent’s recovery and stability; for example, because other less restrictive alternatives have not been successful.</li> </ul>	Less restrictive alternatives might include: <ul style="list-style-type: none"> <li>• <b>Voluntary full-service partnerships</b>, which are collaborative relationships between the county and the individual, and when appropriate the individual’s family, through which the county plans for and provides the full spectrum of community services.</li> <li>• <b>Supported decisionmaking</b>, which is an individualized process of supporting and accommodating an adult with a disability to enable them to make life decisions without impeding their self-determination.</li> <li>• <b>Assertive community treatment</b>, which is a person-centered, recovery-based treatment option that employs low client-to-staff ratios.</li> </ul>
Be likely to benefit the respondent ( <b>item 5g</b> ).	Explain how participating in a CARE plan could help the respondent stabilize and improve their current state and situation.	<ul style="list-style-type: none"> <li>• The respondent’s prior improvement when participating in similar treatment programs.</li> <li>• Medical opinion that the patient would benefit from treatment.</li> </ul>

**Note:** Include in the petition as much information as you have about each item listed above. You may also attach any documents you have that support one or more of those items.

**Item 6: Required Documentation**

You must attach supporting documentation to the petition. That documentation must include one of two things:

- a. A completed declaration by a licensed behavioral health professional on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101); **OR**
- b. Evidence that the respondent was detained for a minimum of two intensive treatments, the most recent one within the last 60 days.

For example, this evidence could include copies of certification for intensive treatment, a declaration from a witness to the intensive treatment, or other documents showing that the respondent was detained twice for up to 14 days of intensive treatment. Evidence should include the dates of the last treatment period.

**Note:** For purposes of the CARE Act, “intensive treatment” only includes involuntary treatment authorized by Welfare and Institutions Code section 5250. It does *not* refer to treatment authorized by any other statute, including but not limited to 72-hour holds under Welfare and Institutions Code section 5150 or treatments under Welfare and Institutions Code sections 5260 and 5270.15.



## Item 7: Other Proceedings

If the respondent has another court case, information about that case could be helpful to your CARE Act petition. Complete item 7 if you know any of the requested information.

- If you are filing a petition in response to a referral from another court proceeding, fill out item 7a. Give the name of the referring court and the case number, department, and type of case, if you know. If you have a copy of the referral order, label it “Attachment 7a” and attach it to the petition.
- If the respondent is within a juvenile court’s jurisdiction as a dependent, ward, or nonminor dependent, fill out item 7b. Give the court name, the case number, and contact information for the respondent’s juvenile court attorney.
- If the respondent has a conservator, fill out item 7c. Give the court name, the case number, and contact information for the respondent’s conservatorship attorney.

**Note:** If you don’t know the information requested in part of item 7, leave that part blank. The petition will be processed even if you do not complete item 7.

## Item 8: Tribal Enrollment or Services From an American Indian Health Care Provider

If you know that the respondent is a member of a federally recognized Indian tribe or is receiving services from California Indian health care provider, tribal court, or tribal organization, include that information in item 8.

**Note:** The petition will be processed even if you do not complete item 8.

## Item 9: Helpful Information

In item 9, check any of the boxes that apply to the respondent and provide any requested information that you know.

**Note:** The petition will be processed even if you do not complete item 9.

## Item 10: Attachments

In item 10, list the total number of pages attached to the petition.

**Signature:** You must write the date, print your name, and *sign the petition under penalty of perjury*. That means that if you have stated anything that you know is not true on the form, you may be criminally liable. If you have an attorney helping you, they will sign as well.

## 5 Is service of process required?

No. To begin CARE Act proceedings, you do not need to provide anyone with a copy of the petition except the court.

## 6 What will happen after I file the petition?

After you file a petition, the court will review it and any supporting documents filed with it. The court will decide if the documents show that the respondent meets or might meet the CARE eligibility requirements. Then the court will either:

- a. **Dismiss the petition** if it finds (1) that the petition does not show that the respondent meets or may meet the CARE Act eligibility requirements *or* (2) that the respondent is voluntarily working with the county agency, their engagement is effective, and the respondent has enrolled or is likely to enroll in voluntary treatment through the county or another provider. **OR**
- b. **Order a report** if it finds that the petition does show that the respondent meets or may meet the CARE Act eligibility requirements. The court will order a county agency to engage the respondent and file a written report with the court within 14 business days. The county will notify you and the respondent that the court ordered the report.

**Note:** The procedures are different if the county behavioral health agency is the petitioner.



**7 The initial appearance**

If the court finds that the county agency's report supports the petition's showing that the respondent meets or may meet the CARE Act eligibility requirements and the county's engagement with the respondent was not effective, the court will set an *initial appearance*. The court will also order the county to give notice of the initial appearance to you, as well as to the respondent, the respondent's appointed counsel, and the county behavioral health agency.

You, the petitioner, must be present at the initial appearance, or the court may dismiss the petition. You will receive a notice in the mail of the date, time, and place of the initial appearance.

**Note:** At the initial appearance, the director of the county behavioral health agency, or the director's designee, will replace you as the petitioner.

**8 Do petitioners have any rights?**

You have the right to go to the hearing on the merits and make a statement. If you live with the respondent, are the respondent's spouse or domestic partner, parent, sibling, child, or grandparent, or are someone who has authority to act as the respondent's parent, then the court may choose to give you ongoing rights to receive notice. And if the respondent agrees, the court may also allow you to participate in the rest of the CARE Act proceedings.

If you are a petitioner not listed above, the court cannot give you other ongoing rights.

If the petition is dismissed and later the respondent's situation changes, you may file a new petition with the court.

**9 What is a vexatious litigant?**

A *vexatious litigant* is a person whom a court has found to have used the court process to harm or annoy other people by repeatedly suing them or filing other papers against them without a good reason.

A CARE Act court may find that a person is a vexatious litigant if that person files more than one CARE Act petition that is not true or is intended to disturb, harm, or annoy the respondent. Once declared a vexatious litigant, a person may be placed on a vexatious litigants list kept by the Judicial Council. The court may enter an order that prevents a vexatious litigant from filing any new litigation, including other types of cases (not just CARE Act petitions), without first getting permission from the trial court presiding judge. If such an order is issued, the court may fine a person who does not follow the order or send them to jail for contempt of court.

**10 What if I don't speak English?**

When you file your papers, ask the clerk if a court interpreter is available. You can also use *Request for Interpreter (Civil)* (form [INT-300](#)) or a local court form or website to request an interpreter. For more information about court interpreters, go to <https://selfhelp.courts.ca.gov/request-interpreter>.

**11 What if I have a disability?**

If you have a disability and need an accommodation while you are at court, you can use *Disability Accommodation Request* (form [MC-410](#)) to make your request. You can also ask the ADA Coordinator in your court for help. For more information, see *How to Request a Disability Accommodation for Court* (form [MC-410-INFO](#)) or go to <https://selfhelp.courts.ca.gov/jcc-form/MC-410>.



This information sheet provides information about the CARE Act and CARE Act proceedings.

## 1 Why am I being given these documents?

Someone has filed a petition with a court to start a CARE Act case for you. In the case, you are called the *respondent*. The CARE Act applies only to specific people. The petition asks a court to decide if you are one of them. The court has found that you might be. It is asking for more information to help it decide if you are.

### Important information for you:

- You have been appointed an attorney, free of charge.
- Your court-appointed attorney will try to contact you about this case using the last known address or location on file for you.
- You may also contact your attorney at any time. Your attorney's contact information is listed in item 5 of *Order for Care Act Report* (form CARE-105) and item 4 of *Notice of Initial Appearance—CARE Act Proceedings* (form CARE-110). You should have received one of those forms when you got this form.
- You should make sure that your attorney knows how to get in touch with you. Give them your contact information and let them know if it changes.
- You may also choose an attorney to represent you instead of the appointed attorney. If you choose your own attorney, you are responsible for their fees.
- You have the right to an interpreter, free of charge, at every CARE Act court hearing.

## 2 What is the CARE Act?

CARE stands for Community Assistance, Recovery, and Empowerment. The CARE process is a way to get court-ordered treatment, services, support, and a housing plan for adults with schizophrenia spectrum disorders or other similar psychotic disorders.

The CARE process uses outreach, meetings, and court hearings. The court will decide if you meet the eligibility requirements. One or more county agencies will be part of the process. If you are eligible, they will work with you to identify services and supports you might need.

If you are eligible for CARE, the court will ask you to work with the county behavioral health agency to make a CARE agreement for services and supports. If you do not reach an agreement with the county agency, the court will order a clinical evaluation of your mental health. After reviewing the evaluation, the court will decide if you are still eligible. If you are, the court will order you and the county agency to develop a CARE plan.

## 3 What is CARE eligibility?

To be eligible for the CARE process, you need to be at least 18 years old and have a schizophrenia spectrum disorder or another psychotic disorder. That disorder, or another mental disorder if you have one, must be serious. That means it has lasted for a long time, it can make you do things that interfere with your life, and it can make it impossible for you to live on your own for very long without treatment, support, and rehabilitation.

You also cannot be stabilized in a voluntary treatment program. In addition, *either* it must be unlikely that you will survive safely in the community without somebody watching over you and your condition is getting a lot worse, *or* you must need services and supports to keep your symptoms from coming back or getting bad enough that you would probably become severely disabled or would seriously hurt yourself or somebody else. Finally, it must be likely that going through the CARE process will help you and that nothing less restrictive than the CARE process will make sure that you recover and stabilize.

## 4 What is a CARE agreement or CARE plan?

A CARE agreement and CARE plan are written documents that contain services designed to support you. They must be approved by court order. They may include clinical behavioral health care; counseling; specialized psychotherapy, programs, and treatment; stabilization medications; a housing plan; and other supports and services, provided directly or indirectly by local government. These documents cannot give anyone the right to use force to medicate you.



4

A CARE agreement is a voluntary agreement between you and the county behavioral health agency. If you are eligible for the CARE program, the court will order you and the county agency to try to reach a CARE agreement. The court can modify the agreement before approving it.

If you cannot reach a CARE agreement, the court may ask you to work with the county to create a CARE plan. A CARE plan is an individualized range of community-based supports and services. It can include the same services and supports as a CARE agreement. You and the county agency will propose one or more CARE plans to the court. The court will order the final CARE plan.

## 5 Who is the petitioner?

The petitioner is the person who is asking the court to start CARE Act proceedings for you.

## 6 Who is the respondent?

The respondent is you, the person the court is being asked to start CARE Act proceedings for.

## 7 What happens after the petition has been filed?

The court reviews the petition and decides if you might be eligible for the CARE process. If it thinks you might be, the court may order a county agency to try to contact you, talk with you, and file a written report. The county agency must file the report with the court within 14 business days, unless the court gives it more time. The county will send notice to you and the petitioner if the court orders a report.

### What happens if the county agency contacts me?

The county agency will ask you about your mental and physical health. It will also ask how your mental health affects your your life and what services and treatment you think would be helpful. It will ask if you are willing to work with the county to get connected to those services and treatment options.

### What will the report include?

The county agency will file a report even if it is not able to contact you. The report will include:

- The agency’s opinion about whether you meet, or are likely to meet, the CARE eligibility requirements. These include your mental health diagnosis and current condition, whether you need additional services, and whether there are other services that would help you but be less restrictive than a CARE agreement or plan.
- The county’s efforts to get you to participate voluntarily in services and whether the county thinks you can participate voluntarily in services.

### What happens after the court receives the report?

After the court receives the report, it will either:

- **Dismiss the proceedings:** If the court finds, based on the petition and the county’s report, that you are not eligible for the CARE process or that you are working willingly and effectively with the county agency and have enrolled or are likely to enroll in behavioral health treatment, the court will dismiss the case; or
- **Set an initial appearance (court hearing):** If the court finds that the county’s report shows that you may be eligible for the CARE process and the county’s contacts with you were not able to connect you with voluntary services and treatment, the court will set an initial appearance.

**Note:** The court has appointed an attorney for you. The attorney will contact you at the beginning of the CARE Act process. If the court sets an initial appearance, the county will give you notice of the date, time, and place of the hearing along with additional information.





**8 What happens at the initial appearance and the hearing on the merits?**

**At the initial appearance:**

- You may replace your court-appointed attorney with an attorney that you choose.  
**Note:** If you choose your own attorney, you are responsible for their fees, if any.
- You have the right to appear in person. You can choose to give up your right to attend personally, and your attorney can appear on your behalf.
- If you do not tell the court, through your attorney, that you are choosing not to attend and you do not appear, the court may have a hearing without you. To do that, the court needs to find that reasonable attempts to encourage you to appear have failed and that having a hearing without you would be in your best interests.
- The petitioner must be present at the initial appearance, or the court may dismiss the petition.
- A representative from the county behavioral health agency will be present.
- If the original petitioner is not the director of a county behavioral health agency, the court will replace the original petitioner with the director of the county behavioral health agency or their designee, who will then take over as the petitioner.
- If you are enrolled in a federally recognized Indian tribe or receiving services from an Indian health care provider, a tribal court, or a tribal organization, the law allows a representative from the program, the tribe, or the tribal court to be present if you consent. The county must give notice of the initial appearance to the tribal representative.
- The court will set a hearing on the merits of the petition.
- The hearing on the merits of the petition may happen at the same time as the initial appearance but only if you (the respondent), the petitioner, and the court all agree.

**At the hearing on the merits:**

The court will decide if you meet the CARE Act requirements. The court will consider the petition, the report from the county agency, and all evidence properly presented to it, including evidence that you provide.

- **If the court finds that you *do not* meet the CARE Act requirements:** The court will dismiss the petition. The original petitioner may be able to file a new petition if something changes unless the court finds that the original petition was not filed in good faith.
- **If the court finds that the petitioner has shown that you *do* meet the CARE Act requirements:** The court will order the county behavioral health agency to work with you, your attorney, and your supporter, if you have one, to connect you with behavioral health treatment. You all will also need to decide if you and the behavioral health agency can reach a CARE agreement. The court will set a case management hearing.

**Note:** If you are enrolled in a federally recognized Indian tribe and you want a tribal representative to attend the case management hearing, you should let the tribe know the date, time, and place of the hearing.

**9 What rights do petitioners have?**

The original petitioner has the right to go to the hearing on the merits and make a statement. If the original petitioner lives with you; is your spouse, parent, sibling, child, or grandparent; or is someone who has authority to act as your parent, the court may give them ongoing rights to receive notice. In addition, if you agree, the court may allow that person to participate in your CARE Act process.

If the original petitioner is not someone listed above, the court will not give them additional rights.



**10 What rights do respondents have?**

You have the right to be informed of what is happening in your case. You have the right to participate in your case. You have the right to an attorney at all stages of the process. You have the right to an interpreter if you need one. You have the right to keep confidential all CARE evaluations, reports, documents, and filings. You also have other rights that are described in *Notice of Respondent's Rights* (form CARE-113). You will get a copy of that form when you get notice of any court hearing in the CARE Act process.

**11 What if I disagree with a court order?**

You have the right to ask a higher court to review a court order in the CARE process. This is called an *appeal*. Talk with your attorney if you think you want to appeal a court order. To get more information, read *Information on Appeal Procedures for Unlimited Civil Cases* (form [APP-001-INFO](#)).

**12 What is a "supporter"?**

You have the right to choose a person to support you throughout the CARE Act process. The CARE Act calls that person a *supporter*. The supporter helps you understand, communicate, make decisions, and express your preferences. You can choose to have your supporter with you at meetings, appointments, or court hearings.

**Your supporter must:**

- Respect your values and beliefs and support your preferences as well as they can.
- Communicate with you to help you understand and make informed decisions.

**Your supporter must not:**

- Act independently from you.
- Make decisions for you or on your behalf unless necessary to keep someone from immediately getting hurt.
- Sign documents for you.

**You have a right to have a supporter throughout the CARE Act process.**

**13 What if I don't speak English?**

You have the right to an interpreter at all CARE Act court hearings. Let your attorney know that you will need an interpreter for court hearings. When you go to court, tell the judge you need an interpreter if you or your attorney haven't already asked for one. You can also use *Request for Interpreter (Civil)* (form [INT-300](#)) or a local court form or website to request an interpreter. For more information about court interpreters, go to <https://selfhelp.courts.ca.gov/request-interpreter>.

**14 What if I have a disability?**

If you have a disability and need an accommodation while you are at court, you can use *Disability Accommodation Request* (form [MC-410](#)) to make your request.

You can also ask the ADA Coordinator in your court for help. For more information, see *How to Request a Disability Accommodation for Court* (form [MC-410-INFO](#)) or go to <https://selfhelp.courts.ca.gov/jcc-form/MC-410>.

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX 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>NOTICE OF RESPONDENT'S RIGHTS—CARE ACT PROCEEDINGS</b>		CASE NUMBER:

Someone filed a petition to begin CARE Act proceedings for you. You have been appointed an attorney, free of charge. That attorney will contact you about this case. You may also choose an attorney to represent you instead of the appointed attorney. If you choose your own attorney, you will be responsible for their fees. A person who, like you, is the subject of a CARE Act petition is called the respondent.

**THE CARE ACT RESPONDENT'S RIGHTS**

Every respondent has all of the following rights.

**During the CARE Act proceedings, you have a right to:**

- Be informed of the proceedings;
- Receive notice of each hearing;
- Be present and personally participate at each hearing;
- Be represented by an attorney at all stages of the proceedings, regardless of ability to pay;
- Receive a copy of the petition;
- Receive a copy of the court-ordered evaluation and court-ordered report;
- Have a supporter be present with you and assist you;
- Have an interpreter assist you, if necessary;
- Present evidence;
- Call witnesses;
- Cross-examine witnesses;
- Appeal decisions; and
- Keep confidential all evaluations, reports, documents, and filings submitted to the court for CARE Act proceedings.

**CARE Act hearings are closed to the public unless the court orders otherwise (see below). However, you have a right to:**

- Demand that the hearing be public and be held in a place the public can attend;
- Request any family member or friend, including a supporter, attend the hearing without giving up your right to keep the hearing closed to the rest of the public; and
- Be informed by the judge of these rights before each hearing begins.

**Note:** The court may allow a hearing to be public if the judicial officer finds that the public interest in an open hearing clearly outweighs your interest in privacy.

**You have a right to a supporter throughout the CARE Act process.**

A supporter can help you understand, communicate, make decisions, and express your preferences. You can have a supporter with you at hearings and meetings throughout the CARE Act process. For more information, see *Information for Respondents—About the CARE Act* (form [CARE-060-INFO](#)).

**What if I don't speak English?**

When your appointed attorney contacts you, let them know that you will need an interpreter at court hearings. Let the court know as early in the case as possible that you need an interpreter. If there is no interpreter when you get to court, ask the clerk for one. You can also use *Request for Interpreter—Civil* (form [INT-300](#)) or a local court form or website to request an interpreter. For more information about court interpreters, go to <https://selfhelp.courts.ca.gov/request-interpreter>.

**What if I have a disability?**

If you have a disability and need an accommodation while you are at court, you can use *Disability Accommodation Request* (form [MC-410](#)) to make your request. You can also ask the ADA Coordinator in your court for help. For more information, see *How to Request a Disability Accommodation for Court* (form [MC-410-INFO](#)).



ATTORNEY OR PETITIONER WITHOUT ATTORNEY STATE BAR NUMBER:		<i>FOR COURT USE ONLY</i>
NAME:		
FIRM NAME:		
STREET ADDRESS:		
CITY:	STATE:                      ZIP CODE:	
TELEPHONE NO.:	FAX NO.:	
EMAIL ADDRESS:		
ATTORNEY FOR ( <i>name</i> ):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
CARE ACT PROCEEDINGS FOR ( <i>name</i> ):		
RESPONDENT		
<b>PETITION TO COMMENCE CARE ACT PROCEEDINGS</b>		CASE NUMBER:
For information on completing this form, see <i>Information for Petitioners—About the CARE Act</i> (form <a href="#">CARE-050-INFO</a> ).		

1. Petitioner (*name*):

is 18 years of age or older and (*check all that apply*):

- a.  A person who lives with respondent.
- b.  A spouse or registered domestic partner, parent, sibling, child, or grandparent of respondent.
- c.  A person who stands in the place of a parent to respondent.
- d.  The director\* of the county behavioral health agency of the county named above.
- e.  A licensed behavioral health professional\* who is or has been, within the past 30 days, treating or supervising the treatment of respondent.
- f.  The director\* of a hospital in which respondent is hospitalized.
- g.  The director\* of a public or charitable organization, agency, or home
  - (1)  who is or has been, within the past 30 days, providing behavioral health services to respondent; or
  - (2)  in whose institution respondent resides.
- h.  Respondent.
- i.  A first responder—including a peace officer, firefighter, paramedic, emergency medical technician, mobile crisis response worker, or homeless outreach worker—who has had repeated interactions with respondent.
- j.  The public guardian\* or public conservator\* of the county named above.
- k.  A conservator or proposed conservator referred from a proceeding under Welfare and Institutions Code section 5350.
- l.  The director\* of adult protective services of the county named above.
- m.  The director\* of a California Indian health services program or tribal behavioral health department that has, within the past 30 days, provided or is currently providing behavioral health services to respondent.
- n.  A California tribal court judge\* before whom respondent has appeared within the past 30 days.

\* This person may designate someone else to file the petition on their behalf. If the petitioner is a designee, check this category and put the designee's name in item 1, above.

2. a. Petitioner asks the court to find that respondent (*name*):

is eligible to participate in the CARE Act process and to commence CARE Act proceedings for respondent.

b. Petitioner's relationship to respondent (*specify and describe relationship*):

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CARE ACT PROCEEDINGS FOR <i>(name)</i> :	CASE NUMBER:
RESPONDENT	

2. c.  Petitioner's interactions with respondent *(if petitioner is specified in 1e, 1f, 1g, or 1i, specify the number of interactions with respondent and the date of the most recent interaction, and describe the nature and outcome of each interaction)*:

If you need additional space, please include on a separate piece of paper and label as Attachment 2c.

3. Respondent lives or was last found at *(give respondent's residential address, if known and one exists; otherwise, state that the address is unknown and provide the last known location and any additional contact information, such as a phone number, including whether the number can receive texts, or an email address)*:

If you need additional space, please include on a separate piece of paper and label as Attachment 3.

4. Respondent *(check all that apply)*:

- a.  Is a resident of the county named above.
- b.  Is currently located in the county named above.
- c.  Is a defendant or respondent in a criminal or civil proceeding pending in the superior court of the county named above.
- d.  Is a resident of *(specify county if known and different from the county named above)*:

5. Respondent meets each of the following requirements and is eligible to participate in the CARE Act process and receive services and support under a CARE agreement or CARE plan *(provide information below to support each requirement)*:

- a. Respondent is 18 years of age or older.      Date of birth *(if known)*:  
    Age in years *(if exact age not known, give approximate age)*:
  
- b. Respondent has a diagnosis of a schizophrenia spectrum disorder or another psychotic disorder in the same class, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders*. Diagnosis and additional information are provided
  - on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101), attached as Attachment 6a.
  - on separate documents, attached and labeled as Attachment 5b.
  - below.

CARE ACT PROCEEDINGS FOR (name):	CASE NUMBER:
RESPONDENT	

5. c. Respondent is currently experiencing a serious mental disorder, as defined in Welfare and Institutions Code section 5600.3(b)(2), in that the disorder:
- (1) Is severe in degree and persistent in duration;
  - (2) May cause behavior that interferes substantially with respondent's primary activities of daily living; **and**
  - (3) May result in respondent's inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period.

Supporting information regarding the severity, duration, and risks of respondent's disorder is provided

- on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101), attached as Attachment 6a.
- on separate documents, attached and labeled as Attachment 5c.
- below.

- d. Respondent is not currently stabilized in ongoing voluntary treatment. Respondent's current stability and treatment are described
- on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101), attached as Attachment 6a.
  - on separate documents, attached and labeled as Attachment 5d.
  - below.

CARE ACT PROCEEDINGS FOR (name):   RESPONDENT	CASE NUMBER:
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5. e. At least one of these is true (complete (1) or (2) or both):

- (1)  Respondent is unlikely to survive safely in the community without supervision **and** respondent's condition is substantially deteriorating. Reasons that respondent is unlikely to survive safely in the community, the type of supervision respondent would need to survive safely, and the extent to which respondent's physical or mental condition has recently grown worse are described
  - on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101), attached as Attachment 6a.
  - on separate documents, attached and labeled Attachment 5e(1).
  - below.

- (2)  Respondent needs services and supports to prevent a relapse or deterioration that would be likely to lead to grave disability or serious harm to respondent or others. The services and supports needed by respondent and the reasons respondent would become gravely disabled or present a risk of harm to self or others are described
  - on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101), attached as Attachment 6a.
  - on separate documents, attached and labeled Attachment 5e(2).
  - below.

- f. Participation in a CARE plan or CARE agreement would be the least restrictive alternative necessary to ensure respondent's recovery and stability. A description of available alternative treatment plans and an explanation why no alternative treatment plan that would be less restrictive of respondent's liberty could ensure respondent's recovery and stability are provided
  - on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101), attached as Attachment 6a.
  - on separate documents, attached and labeled Attachment 5f.
  - below.



CARE ACT PROCEEDINGS FOR (name):	CASE NUMBER:
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5. g. Respondent is likely to benefit from participation in a CARE plan or CARE agreement. Reasons in support of this assertion are provided
- on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101), attached as Attachment 6a.
  - on separate documents, attached and labeled Attachment 5g.
  - below.

6. Required Documentation

The evidence described below is attached in support of this petition. (Attach the documents listed in a or b, or both, and check the box next to the description of each document or set of documents attached).

- a.  A completed *Mental Health Declaration—CARE Act Proceeding* (form CARE-101), the declaration of a licensed behavioral health professional stating that, no more than 60 days before this petition was filed, the professional or a person designated by them
- (1)  examined respondent and determined that respondent met the diagnostic criteria for eligibility to participate in the CARE Act proceedings; or
  - (2)  made multiple attempts to examine respondent but was not successful in obtaining respondent's cooperation and has reasons, explained with specificity, to believe that respondent meets the diagnostic criteria for eligibility to participate in CARE Act proceedings.

Attach *Mental Health Declaration—CARE Act Proceedings* (form CARE-101) and label it Attachment 6a.

- b.  Evidence that respondent was detained for at least two periods of intensive treatment, the most recent period within the past 60 days. *Examples of evidence:* a copy of the certification of intensive treatment, a declaration from a witness to the intensive treatment, or other documentation indicating involuntary detention and certification for up to 14 days of intensive treatment. (Attach all supporting documents and label each, in order, Attachment 6b1, 6b2, 6b3, etc.)

**Note:** For purposes of the CARE Act, "intensive treatment" refers to involuntary treatment authorized by Welfare and Institutions Code section 5250. It does **not** refer to treatment authorized by any other statutes, including but not limited to Welfare and Institutions Code sections 5150, 5260, and 5270.15.

7. Other Court Proceedings (you may leave a field blank if you don't know the information requested or it does not apply)

- a.  This petition is in response to respondent's referral from another court proceeding.
- (1) Court, department, and judicial officer:
  - (2) Case number:
  - (3) Type of proceeding from which respondent was referred:
    - (A)  Mental competence proceeding arising from a misdemeanor prosecution (Penal Code, § 1370.01)
    - (B)  Assisted outpatient treatment (Welfare & Institutions Code, §§ 5346–5348)
    - (C)  Lanterman-Petris-Short Act conservatorship (Welfare & Institutions Code, §§ 5350–5372)
  - (4)  The referral order is attached and labeled as Attachment 7a (optional).
  - (5) Respondent's attorney in referring proceeding (name):  
 (mailing address):  
 (telephone number): (email address):

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CARE ACT PROCEEDINGS FOR <i>(name)</i> :  <p style="text-align: right;">RESPONDENT</p>	CASE NUMBER:
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7. b.  Respondent is within a juvenile court's dependency, delinquency, or transition jurisdiction.
- (1) Court: \_\_\_\_\_ (2) Case number: \_\_\_\_\_
- (3) Respondent's attorney in juvenile court proceeding *(name)*:  
*(mailing address)*: \_\_\_\_\_  
*(telephone number)*: \_\_\_\_\_ *(email address)*: \_\_\_\_\_
- c.  Respondent has a court-appointed conservator.
- (1) Court: \_\_\_\_\_ (2) Case number: \_\_\_\_\_
- (3) Respondent's attorney in conservatorship proceeding *(name)*:  
*(mailing address)*: \_\_\_\_\_  
*(telephone number)*: \_\_\_\_\_ *(email address)*: \_\_\_\_\_

**Other information** *(you may leave a field blank if you don't know the information requested or it does not apply)*

8. Tribal affiliation
- a.  Respondent is an enrolled member of a federally recognized Indian tribe.  
Tribe's name and mailing address: \_\_\_\_\_
- b.  Respondent is receiving services from a California Indian health services program, a California tribal behavioral health department, or a California tribal court.  
Name and mailing address of program, department, or court: \_\_\_\_\_
9. Check any of the following statements that is true and give the requested information if you know it:
- a.  Respondent needs interpreter services or an accommodation for a disability *(if you know, describe respondent's needs)*: \_\_\_\_\_
- b.  Respondent is served by a regional center *(if you know, give the center name and the services provided to respondent)*: \_\_\_\_\_
- c.  Respondent is a current or former member of the state or federal armed services or reserves *(branch name if you know it)*: \_\_\_\_\_

10. Number of pages attached: \_\_\_\_\_

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME OF ATTORNEY)  \_\_\_\_\_  
(SIGNATURE OF ATTORNEY)

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)

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>          CASE NUMBER:
<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>MENTAL HEALTH DECLARATION—CARE ACT PROCEEDINGS</b>		CASE NUMBER:

**TO LICENSED BEHAVIORAL HEALTH PROFESSIONAL**  
 This form will be used to help the court determine whether respondent meets the diagnostic criteria for CARE Act proceedings.

GENERAL INFORMATION

1. Declarant's name:
  
2. Office address, telephone number, and email address:
  
3. **License status** (complete either a or b):
  - a.  I am a licensed behavioral health professional and conducting the examination described on this form is within the scope of my license. I have a valid California license as a (check one):
    - (1)  physician.
    - (2)  psychologist.
    - (3)  clinical social worker.
    - (4)  marriage and family therapist.
    - (5)  professional clinical counselor.
  
  - b.  I have been granted a waiver of licensure by the State Department of Health Care Services under Welfare and Institutions Code section 5751.2 because (check one):
    - (1)  I am employed as a  psychologist  clinical social worker continuing my employment in the same class as of January 1, 1979, in the same program or facility.
  
    - (2)  I am registered with the licensing board of the State Department of Health Care Services for the purpose of acquiring the experience required for licensure and employed or under contract to provide mental health services as a (check one):
      - (a)  clinical social worker.
      - (b)  marriage and family therapist.
      - (c)  professional clinical counselor.
  
    - (3)  I am employed or under contract to provide mental health services as a psychologist who is gaining experience required for licensure.

CARE ACT PROCEEDINGS FOR <i>(name)</i> :	CASE NUMBER:
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3. b. (4)  I have been recruited for employment from outside this state, and my experience is sufficient to gain admission to a California licensing examination. I am employed or under contract to provide mental health services as a *(check one)*:
- (a)  psychologist.
  - (b)  clinical social worker.
  - (c)  marriage and family therapist.
  - (d)  professional clinical counselor.

4. Respondent *(name)*:  
 is  is not a patient under my continuing care and treatment.

### EXAMINATION OR ATTEMPTS MADE AT EXAMINATION OF RESPONDENT

5. Complete one of the following *(both a and b must be within 60 days of the filling of the CARE Act petition)*:
- a.  I examined the respondent on *(date)*: *(proceed to item 7).*
  - b.  On the following dates: I attempted to examine respondent but was unsuccessful due to respondent's lack of cooperation in submitting to an examination.
6. *(Answer only if item 5b is checked.)* Explain in detail when, how many attempts, and the types of attempts that were made to examine respondent. Also explain respondent's response to those attempts and the outcome of each attempt.

7. Based on the following information, I have reason to believe respondent meets the diagnostic criteria for CARE Act proceedings *(each of the following requirements **must** be met for respondent to qualify for CARE Act proceedings)*:
- a. Respondent has a diagnosis of a schizophrenia spectrum disorder or another psychotic disorder in the same class *(indicate the specific disorder)*:

**Note:** Under Welfare and Institutions Code section 5972, a qualifying psychotic disorder must be primarily psychiatric in nature and not due to a medical condition such as a traumatic brain injury, autism, dementia, or a neurological condition. A person who has a current diagnosis of substance use disorder without also meeting the other statutory criteria, including a diagnosis of schizophrenia spectrum or other psychotic disorder, does not qualify.

- b. Respondent is experiencing a serious mental disorder that *(all of the following must be completed)*:
  - (1) Is severe in degree and persistent in duration *(explain in detail)*:

CARE ACT PROCEEDINGS FOR <i>(name)</i> :	CASE NUMBER:
RESPONDENT	

7. b. (2) May cause behavior that interferes substantially with the primary activities of daily living *(explain in detail)*:

(3) May result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period *(explain in detail)*:

c. Respondent is not clinically stabilized in ongoing voluntary treatment *(explain in detail)*:

d. At least one of these is true *(complete one or both of the following)*:

(1)  Respondent is unlikely to survive safely in the community without supervision **and** respondent's condition is substantially deteriorating *(explain in detail)*:

(2)  Respondent needs services and supports to prevent a relapse or deterioration that would likely result in grave disability or serious harm to respondent or others *(explain in detail)*:

CARE ACT PROCEEDINGS FOR (name):   <div style="text-align: right;">RESPONDENT</div>	CASE NUMBER:
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7. e. Participation in a CARE plan or CARE agreement would be the least restrictive alternative necessary to ensure respondent's recovery and stability (*explain in detail*):

f. Respondent is likely to benefit from participation in a CARE plan or CARE agreement (*explain in detail*):

8.  Additional information regarding my examination of respondent is  as follows  on Attachment 8.

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 DECLARANT'S NAME)

 \_\_\_\_\_  
(SIGNATURE OF DECLARANT)

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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):  <p style="text-align: right;">RESPONDENT</p>		
<b>REQUEST FOR NEW ORDER <input type="checkbox"/> AND HEARING— CARE ACT PROCEEDINGS</b>		CASE NUMBER:

1. I am  the respondent  the director of a county behavioral health agency or the director's designee  other (specify):
2. I am asking the court to make the following order (a description of the requested order is given  below  on an attached sheet of paper labeled Attachment 2):
3. I am requesting this order because:
  - a.  Circumstances have changed, and the changes require a change to a previous court order (a description of what has changed is provided  below  on an attached sheet of paper labeled Attachment 3a):
  - b.  A party has not complied with a previous order (a description of what the party has or has not done is given  below  on an attached sheet of paper labeled Attachment 3b):

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CARE ACT PROCEEDINGS FOR (name):	CASE NUMBER:
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c.  Other (the reason for the request is given  below  on an attached sheet of paper labeled Attachment 3c):

4. The court should make the order requested in item 2 because (reasons for the requested order are given  below  on an attached sheet of paper labeled Attachment 4):

5.  I would like the court to hold a hearing to consider my request (reasons for the court to hold a hearing are given  below  on an attached sheet of paper labeled Attachment 5):

6. Number of pages attached: \_\_\_\_\_

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

Date:

\_\_\_\_\_

(NAME OF PARTY OR ATTORNEY FOR PARTY)



\_\_\_\_\_

(SIGNATURE OF PARTY OR ATTORNEY FOR PARTY)



### Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms) for Disability Accommodation Request (form MC-410). (Civ. Code, § 54.8.)