

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	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;">ORDER FOR CARE ACT REPORT</div>	CASE NUMBER:

- The court has read and reviewed *Petition to Commence CARE Act Proceedings* (form CARE-100) filed by petitioner (name): (address): on (date): asking the court to begin CARE Act proceedings for respondent (name): (address, if known):
- The court has found that *Petition to Commence CARE Act Proceedings* has made a prima facie showing that the respondent is or may be eligible to participate in the CARE Act process. A copy of the petition and all attachments are included with this order.

The court orders as follows:

- The following county agency (name): or its designee must contact and engage the respondent and, no later than (date): file with the court a written report that includes the following information:
 - Respondent's county of residence;
 - A determination whether respondent meets or is likely to meet the CARE Act eligibility requirements;
 - The outcome of the county's efforts to engage respondent during the period before the report deadline above;
 - Conclusions and recommendations about respondent's ability to voluntarily engage in services; and
 - Other:
- Before engaging the respondent and preparing the report, the county agency named in item 3 or its designee must use *Notice of Order for CARE Act Report* (form CARE-106) to serve notice of this order on petitioner, respondent, and respondent's counsel as provided in California Rules of Court, rule 7.2235(a).
- The court has, by separate order, appointed the following attorney to represent the respondent at all stages of these CARE Act proceedings.
 - Name:
 - Firm name:
 - Street address:
 - Mailing address (if different):
 - Email address:
 - Telephone number:
 - Fax number:

Date:

 JUDICIAL OFFICER