

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.:	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CARE ACT PROCEEDINGS FOR (name): RESPONDENT		
NOTICE OF ORDER FOR CARE ACT REPORT		CASE NUMBER:

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

Date:

(TYPE OR PRINT NAME OF COUNTY AGENCY REPRESENTATIVE)



(SIGNATURE OF COUNTY AGENCY REPRESENTATIVE)