CONFIDENTIAL

CARE-110

ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER:		*FOR COURT USE ONLY*
NAME:			
FIRM NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	
TELEPHONE NO.:	FAX NO.:		
EMAIL ADDRESS:			
ATTORNEY FOR *(name)*:			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF			
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
CARE ACT PROCEEDINGS FOR *(name)*: RESPONDENT			
NOTICE OF INITIAL APPEARANCE—CARE ACT PROCEEDINGS			CASE NUMBER:

1. Petitioner *(name)*:
2. Respondent *(name)*:
3. The court will hold an initial appearance (a hearing) in the CARE Act proceedings for respondent named above.

Hearing Date	→ Date:	Time:	Name and address of court, if different from above:
	Dept.:	Room:	

4. The court has appointed an attorney to represent the respondent in the CARE Act proceedings. The name and contact information of the appointed attorney is:
   Name:
   Mailing Address:
   Phone: Email:
5. A copy of each of the following documents is included with this form.
   a. The petition filed on form CARE-100 to begin these proceedings;
   b. *Information for Respondents—About the CARE Act* (form CARE-060-INFO);
   c. *Notice of Respondent's Rights—CARE Act Proceedings* (form CARE-113); and
   d. Any report ordered under Welfare and Institutions Code section 5977(a)(3)(B).
6. ☐ The court ordered the county behavioral health agency, under Welfare and Institutions Code section 5977(a)(3)(A), to submit a report within 14 court days of the order setting the initial appearance. A copy of that report
   ☐ is included with this notice form ☐ will be provided to all parties no later than the date of the initial appearance.
7. Number of pages attached _____

Date:

(TYPE OR PRINT NAME OF COUNTY BEHAVIORAL HEALTH DIRECTOR OR DESIGNEE)

(SIGNATURE OF COUNTY BEHAVIORAL HEALTH DIRECTOR OR DESIGNEE)

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* for *Disability Accommodation Request* (form MC-410). (Civ. Code, § 54.8.)

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Print this form Save this form Clear this form