CONFIDENTIAL

CARE-115

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 HEARING—CARE ACT PROCEEDINGS		CASE NUMBER:

1. The court will hold a hearing in this matter as follows:

Name and address of court, if different from above:

Hearing Date → Date: Time:

Dept.: Room:

2. The hearing is *(check all that apply)*:

a. ☐ A hearing on the merits of the petition.
b. ☐ A case management hearing.
c. ☐ A clinical evaluation review hearing.
d. ☐ A CARE plan review hearing.
e. ☐ A progress or status review hearing.
f. ☐ A one-year status review hearing.
g. ☐ A graduation hearing.
h. ☐ Other hearing *(indicate type)*:

3. ☐ In advance of this hearing, ☐ the county behavioral health agency ☐ the respondent ☐ another party or person *(name)*:
has filed a *(give exact title of filing)*:

☐ A copy of the filing is attached to this notice.

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

Date:

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

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 hearing. Contact the clerk's office or go to *www.courts.ca.gov/forms.htm* for *Disability Accommodation Request* (form MC-410). (Civ. Code, § 54.8.)

Form Adopted for Mandatory Use
Judicial Council of California
CARE-115 [New September 1, 2023]

NOTICE OF HEARING—CARE ACT PROCEEDINGS

Welfare & Institutions Code,
§§ 5976, 5977–5977.3, 5979
www.courts.ca.gov

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