CONFIDENTIAL

CARE-120

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:	*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)*: RESPONDENT	
REQUEST FOR NEW ORDER ☐ AND HEARING— CARE ACT PROCEEDINGS	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)*:

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

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

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