



Judicial Council of California

455 Golden Gate Avenue · San Francisco, California 94102-3688

www.courts.ca.gov

REPORT TO THE JUDICIAL COUNCIL

Item No.: 25-082

For business meeting on April 25, 2025

Title

Rules and Forms: Additional CARE Act
Legislation

Report Type

Action Required

Effective Date

July 1, 2025

Date of Report

March 28, 2025

Contact

Tyler Shill, 415-865-4571

Tyler.Shill@jud.ca.gov

Rules, Forms, Standards, or Statutes Affected

Amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235; adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; adopt Cal. Stds. Jud. Admin., std. 7.20

Recommended by

Probate and Mental Health Advisory
Committee
Hon. Jayne Chong-Soon Lee, Chair

Anne Hadreas, 415-865-7598

Anne.Hadreas@jud.ca.gov

Executive Summary

To implement recently enacted legislation amending the Community Assistance, Recovery, and Empowerment (CARE) Act in Senate Bills 42 (Stats. 2024, ch. 640), 1323 (Stats. 2024, ch. 646), and 1400 (Stats. 2024, ch. 647), the Probate and Mental Health Advisory Committee recommends amending three rules of court, adopting one form, approving two forms, revising three forms, adopting one standard of judicial administration, and renaming a title in the standards of judicial administration. The committee also recommends revisions to certain forms in response to feedback from members of the public regarding the forms' readability and ease of use.

Recommendation

The Probate and Mental Health Advisory Committee recommends that the Judicial Council, effective July 1, 2025:

1. Amend California Rules of Court, rule 7.2210 to conform with SB 42’s changes regarding instances where a CARE Act respondent has other court cases and communications between the CARE Act court and a referring court.
2. Amend rule 7.2221 to include form CARE-102, which is recommended for adoption in this proposal, as a petition option for licensed behavioral health professionals.
3. Amend rule 7.2235 to clarify that the respondent has the right to waive personal service or accept notice by other means.
4. Adopt *Petition to Begin CARE Act Proceedings by Licensed Behavioral Health Professional Only* (form CARE-102) as an alternate mandatory form, which provides an alternative petition option to *Petition to Begin CARE Act Proceedings* (form CARE-100) that is filled out by licensed behavioral health professionals.
5. Approve *Notice of Hearing or Continuance* (form CARE-118) as an optional form to satisfy the court’s obligation to provide ongoing notice of a hearing or a continuance to specific petitioners and *Notice of Dismissal* (form CARE-119) as an optional form to satisfy the court’s obligation to provide ongoing notice of dismissal to specific petitioners.
6. Revise *Information for Petitioners—About the CARE Act* (form CARE-050-INFO) and *Information for Respondents—About the CARE Act* (form CARE-060-INFO) to update information regarding the rights of the petitioner and the respondent.
7. Revise *Petition to Begin CARE Act Proceedings* (form CARE-100) to incorporate statutory updates, including the acceptance of particular documentary evidence in support of statements regarding the respondent’s CARE Act eligibility, and to improve readability and ease of use in response to user testing feedback.
8. Rename title 7 of the California Standards of Judicial Administration to include mental health proceedings, and adopt standard 7.20 to provide guidelines related to the unique roles of the court and judicial officers in CARE Act proceedings.

The proposed amended rules, new and revised forms, and standard are attached at pages 12–37.

Relevant Previous Council Action

The Judicial Council has considered rules of court and forms related to the CARE Act in each of the last two years. At its May 12, 2023, meeting, the Judicial Council adopted 11 rules of court, amended one rule, adopted eight forms, and approved five forms to implement requirements and provisions of the CARE Act. Those rules of court and forms became effective on September 1, 2023.

At its May 17, 2024, meeting, the Judicial Council amended four rules of court, approved one new form, and revised seven forms to implement SB 35 (Stats. 2023, ch. 283), which amended both substantive and procedural aspects of the CARE Act.

Analysis/Rationale

The CARE Act took effect on January 1, 2023. The act created a new pathway to deliver mental health treatment and support services to persons with schizophrenia or other psychotic disorders by authorizing specific qualifying individuals to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan. The first cohort of California counties implemented the CARE Act on October 1, 2023,¹ with the remaining counties required to implement no later than December 1, 2024.² As of December 2, 2024, all counties and courts have implemented the CARE Act.

On September 27, 2024, Governor Gavin Newsom signed into law three bills affecting the CARE Act. First, SB 42 (see Link A) made several procedural and substantive changes to the act. Specifically, SB 42:

- Requires ongoing notice of proceedings to certain original petitioners throughout the CARE Act proceedings, including notice when a continuance is granted and when a case is dismissed;³
- Authorizes the court hearing CARE Act proceedings and a court that referred an individual to CARE Act proceedings to communicate regarding the respondent's cases, prescribes the manner of that communication, and authorizes communication between courts hearing CARE Act proceedings and juvenile courts;⁴ and
- Clarifies that signed declarations from a petitioner may be used as evidence that a respondent was detained for a minimum of two intensive treatments.⁵

Second, both SB 1323 (see Link B) and SB 1400 (see Link C) amended procedural components of the referral process for mentally incompetent defendants in criminal proceedings into CARE Act proceedings. SB 1323 amended Penal Code section 1370 to allow a criminal court to refer to CARE Act proceedings a defendant in a felony proceeding who is found mentally incompetent and ineligible for mental health diversion.⁶ Similarly, SB 1400 amended the referral process for

¹ Welf. & Inst. Code, § 5970.5(a). Unless otherwise noted, all further statutory references are to the Welfare and Institutions Code.

² § 5970.5(b). Five counties and courts implemented early: Los Angeles on December 1, 2023; San Mateo on July 1, 2024; Kern on October 1, 2024; Mariposa on November 1, 2024; and Napa on November 25, 2024.

³ § 5977(b)(6)(B)(ii)(II).

⁴ § 5978.2.

⁵ § 5975(d)(2).

⁶ Pen. Code, § 1370(a)(1)(B)(iii)(III)(id).

mentally incompetent defendants in misdemeanor cases who are ineligible for mental health diversion. Under SB 1400, if the court refers the respondent to CARE Act proceedings and the respondent is accepted, the criminal charges must be dismissed six months after the date of the referral to CARE Act proceedings, unless the case is referred back.⁷

Additionally, the committee received feedback that the readability and ease of use of *Petition to Begin CARE Act Proceedings* (form CARE-100) could be improved. In response, Judicial Council staff facilitated user testing sessions to seek feedback on the language, formatting, and overall effectiveness of the petition. Volunteers were given a hypothetical scenario and were asked to fill out form CARE-100 as if they were a petitioner. Judicial Council staff also gathered feedback from Cohort 1 courts and behavioral health system partners on form CARE-100.

Accordingly, the committee recommends the following rule, form, and standard changes to address the relevant statutory amendments and the feedback received on form CARE-100.

Rules of court

Rule 7.2210

Amended rule 7.2210 would include information on proceedings related to those under the CARE Act and prescribe permissible communication between a CARE Act court and the court in related proceedings. The amended rule defines “related proceedings” as a proceeding identified in section 5978 from which a referral occurred that prompted a CARE Act proceeding or a court case through which the respondent is within the juvenile court’s dependency, delinquency, or transition jurisdiction. The amended rule also specifies when the court hearing CARE Act proceedings must inform courts with related proceedings, delineates how those courts may communicate with each other, and provides for notification of the respondent’s attorney in the related proceeding, if any, in accordance with the newly introduced section 5978.2. The new statutory language regarding communication between courts also requires the removal of the rule’s prior language, which limited the ability of a CARE Act court to communicate with another court absent an express waiver by the respondent. Further, rule 7.2210(d)(4) and the related advisory committee comment would be expanded to incorporate the availability of concurrent jurisdiction for a broader set of case types.

Rule 7.2221

Amended rule 7.2221 would reflect the adoption of form CARE-102, as described below. The amendment provides two alternative mandatory petition forms to begin CARE Act proceedings: forms CARE-100 and CARE-102. Rule 7.2221 also clarifies that form CARE-102 must be filled out by a petitioner who is a licensed behavioral health professional, as defined in Welfare and Institutions Code section 5971(l).

Rule 7.2235

Amended rule 7.2235(e) would clarify that respondents may waive personal service notice of hearings and receive notice through their attorney or by other means of their choosing. This

⁷ Pen. Code, § 1370.01(b)(4)(D).

amendment is intended to ensure that respondents receive actual notice in the manner that is best suited for them, while recognizing that for many respondents, personal service may be necessary.

New CARE Act forms

Form CARE-102

New form CARE-102 would serve as an alternative mandatory petition to form CARE-100. Form CARE-102 provides a petition option tailored to petitioners who are licensed behavioral health professionals able to provide all the information contained in the forms CARE-100 and CARE-101.

Form CARE-118

New form CARE-118 would be an optional form to implement the new requirements for courts in SB 42 to provide ongoing notice of CARE Act court proceedings to the original petitioner. Specifically, form CARE-118 provides notice to original petitioners described in section 5974(a) or (b) when a hearing has been continued in accordance with section 5977(b)(6)(B)(ii)(II). The form requires the court to provide a general reason for the continuance without disclosing any confidential medical information.

Form CARE-119

Similarly, new form CARE-119 would be an optional notice form that courts may use to satisfy the new obligation in SB 42 to provide notice of dismissal of a petition to original petitioners described in section 5974(a) or (b). The form requires the court to specify the statutory basis for the dismissal while disclosing no confidential medical information, reflecting the language in section 5977(b)(6)(B)(ii)(II).

Revised CARE Act forms

Form CARE-050-INFO

The committee recommends revising optional form CARE-050-INFO to inform petitioners that:

- CARE agreements and CARE plans may be amended. Specifically, amended section 5977.1(a)(3) allows CARE agreements to be amended if the parties agree, while section 5977.1(d)(7) allows amendment of a CARE plan either upon agreement or following a hearing that supports a finding that such amendments are needed to support the respondent.
- They can contact their local behavioral health agency to refer someone to CARE Act proceedings without filing a petition, and that the agency may decide (but is not required to) file a petition.
- A petition may be supported by a statement from the petitioner that they personally knew about the respondent's hospitalizations for involuntary treatment, reflecting the amendment of section 5975(d)(2).

- They may state that they already gave information in an earlier section if they feel that they are repeating themselves.
- Certain petitioners will receive ongoing notice throughout the CARE Act proceedings, unless such notice would be detrimental to the treatment or well-being of the respondent, as required by section 5977(b)(6)(B)(ii)(II).

The committee also recommends technical, nonsubstantive revisions to form CARE-050-INFO, including some to conform to the corresponding changes to form CARE-100, which are described below.

Form CARE-060-INFO

The committee recommends making changes to form CARE-060-INFO that are similar in nature to those recommended for form CARE-050-INFO. The committee recommends revising form CARE-060-INFO to inform respondents about the potential for CARE agreement and CARE plan amendments, and that certain petitioners will receive ongoing notice about the case throughout the CARE Act proceedings unless the court decides that notice would be harmful to the respondent, as required by section 5977(b)(6)(B)(ii)(II). The committee also recommends revising the requirement that the county agency file a written report ordered by the court within 30 court days, unless the court gives it more time, as required by section 5977(a)(3)(B). Finally, the committee recommends technical, nonsubstantive revisions to form CARE-060-INFO, including some to conform to changes to form CARE-050-INFO and form CARE-100.

Form CARE-100

Form CARE-100 would be revised to incorporate changes required by SB 42, SB 1323, and SB 1400, as well as feedback from user testing sessions, as follows:

- Replace “Commence” with “Begin” in the title of form CARE-100 to increase readability and revise the footer to designate the form as an Alternative Mandatory form.
- Replace “Petitioner” with “I” to ensure that the petitioner filling out form CARE-100 understands their role, and reorganize the initial items so that basic information about the respondent is entered earlier in the form.
- Collect the respondent’s contact information through check boxes and specific information rather than provide a large text box to enter multiple pieces of information.
- Provide an option for the petitioner to include a statement within the form that the respondent was hospitalized two or more times for involuntary treatment, without requiring an attachment.
- Revise the instructions for item 7 to include the phrase, “To the best of my knowledge,” and include an option for the petitioner to check a box and attach form CARE-101 instead of filling out items 7a through 7f. The form would also notify petitioners that if

they choose to fill out items 7a through 7f, they may indicate whether they've previously provided certain information and, if so, specify where it was provided.

Additional revisions include technical, nonsubstantive conforming changes and language revisions to increase readability.

Standard of judicial administration

The adoption of standard 7.20 would comply with the mandate in SB 42 to add “the role of the judiciary to improve system performance” to the list of topics for which the Judicial Council must establish rules and policies. Additionally, SB 42 added language to section 5977.4(a) that requires the court and relevant local public agency to “cooperate to develop a comprehensive set of objectives established to improve performance of the CARE system in a vigorous and ongoing manner,” and authorized CARE Act courts to “coordinate and participate in meetings to improve system performance.” This standard was drafted to provide nonmandatory guidelines related to the court’s role in the CARE Act process.

The standard is composed of two parts. Standard 7.20(a) outlines the “unique role of the CARE Act court judicial officer” and how these judicial officers, in consultation with the court’s presiding judge and to the extent that it does not interfere with the adjudication process, exercise their authority to ensure delivery and facilitate coordination of supports and services to respondents. Standard 7.20(b) states that the CARE Act court should convene relevant local public agencies and stakeholders to coordinate the provision of services and work to accommodate the sharing of information within the limits of the statutory framework.

Policy implications

To the extent this proposal has policy implications, they can be attributed to the legislation that the changes derive from. The recommended rules, forms, and standard will implement and facilitate those legislative policies. While some changes to form CARE-100 are based on user testing feedback rather than applicable legislation, these changes were related to readability and ease of use and do not create any additional policy implications.

Comments

The proposal was circulated for comment in the winter 2025 invitation-to-comment cycle, and was provided directly to several key stakeholders, including courts, public defender and county counsel offices, and state agencies; as well as the CARE Act, mental health, and Equal Access court listservs. The committee received comments from ten commenters, including three superior courts, one superior court judge, three professional associations, and three agencies. Two commenters agreed with the proposal, three agreed with proposal if modified, and five did not indicate whether they agreed or disagreed with the proposal.

All comments and the committee’s responses are provided in the attached chart of comments at pages 38–74.

Standard 7.20

The committee received three comments regarding standard 7.20. In response, the committee removed the previously proposed subdivisions (a)(1),⁸ which encouraged judicial officers to monitor specific services in the community, and (b)(1),⁹ which stated that the CARE Act court should educate the community about its role, and revised subdivision (b)(2). The committee also made conforming renumbering changes to accommodate the removed subdivisions.

The Trial Court Presiding Judges Advisory Committee (TCPJAC) and the Court Executives Advisory Committee (CEAC) (TCPJAC/CEAC Joint Rules Subcommittee) along with one superior court and one superior court judge all expressed concern that these subdivisions were not required to comply with SB 42's amendment to Welfare and Institution Code section 5977.4(c) to add to rules and policies related to the role of the judiciary to improve system performance. Further, commenters also questioned whether previously proposed subdivisions (a)(1) and (b)(1) included inappropriate roles for the courts. The joint subcommittee expressed concern that both subdivisions involved roles that are incompatible with the court's role as "the neutral arbiter of these proceedings." One superior court commented that standard 7.20(a)(1) is a "potentially inappropriate role for the CARE Court judge" who is responsible for using its adjudicatory role to enforce the delivery of specific services and supports for respondents. The judge commented that the standard "may place judicial officers in conflict with several judicial canons."

The commenters also expressed concern regarding a separation of powers and roles between the judicial branch and the executive branch, as well as the cost to courts to comply with the standard. The joint subcommittee noted that community education and monitoring subdivisions are more properly the "the role of executive branch entities such as county behavioral health departments" and stated that the council "should not adopt a standard that suggests these activities are the responsibility of courts." One superior court commented that while the educational component in subdivision (b)(1) "may be a laudable goal ..., requiring judges to provide education as a Standard of Judicial Administration is inappropriate." The comment also raised concerns that there was no additional funding given to courts to carry out this educational function.

The superior court judge also expressed concern that previously proposed subdivision (b)(2) compromised the independence of the judiciary by encouraging it to convene certain agencies (local behavioral health and social service agencies) but not others. Because the committee does

⁸ Proposed standard 7.20(a)(1) was "Judicial officers of CARE Act courts, in consultation with the presiding judge of the superior court and to the extent that it does not interfere with the adjudication process, are encouraged to [m]onitor what specific supports and services are available in the local community for inclusion in CARE agreements and CARE plans."

⁹ Proposed standard 7.20(b)(1) was "The CARE Act court should [e]ducate the community concerning the role of the CARE Act court in providing services and support for eligible adults."

not intend to exclude any local agencies, it has revised the subdivision to emphasize the inclusion of all relevant local public agencies and stakeholders.

Personal service

The committee received two comments related to the personal service. A local bar association commented in support of the amendments to rule 7.2235 and stated that the rule “will help with efficiency” especially for respondents who do not prefer personal service. The comment acknowledged that personal service could be onerous but that giving the respondent the right to choose between personal service and alternate methods of service “supports the patient’s self-determination in court proceedings.”

The other comment, submitted jointly by three associations representing counties across the state, expressed concern with rule 7.2235’s mandate that personal service be required throughout the entirety of the CARE Act proceedings and proposed alternative language. The comment stated that “county behavioral health professionals responsible for treating the CARE population report that constantly interjecting the intimidating formality of personal service into what is supposed to be a therapeutic process actually hinders that process and degrades trust and open communication.” The comment cited “the repeated continuances and extensions caused by difficulties in effecting personal service” as a reason why the CARE Act is “not yet producing the results anticipated by the Legislature and Governor.” The commenters provided suggested language that would retain the personal service requirement through the Notice of Initial Appearance, and then for subsequent hearings, the court would determine whether personal service is “necessary, effective, and feasible based on the circumstances of each case.”

After reviewing the commenter’s suggestion and evaluating other possible revisions, the committee concluded that maintaining the personal service requirement but adding the proposed rule 7.2235(e), which gives the respondent the right to waive personal service of notice or to choose to receive notice through other means, is the most effective method to safeguard the rights of all respondents while maintaining the efficiency and effectiveness of the CARE Act. The committee must balance the burdens and costs of a rule with ensuring actual notice to the respondent, without which the CARE process would not function. The committee believes that a default of personal service, with the other options as necessary and appropriate, is imperative because some respondents unquestionably require personal service to receive actual notice. Additionally, because some of the most consequential liberty and rights determinations, such as ordering a CARE plan or termination from the CARE process, occur after the initial appearance stage, not guaranteeing notice when the due process need is highest would be inappropriate.

Further, the committee believes that a revised structure requiring the court to make a finding in each case whether personal service is appropriate would lead to more inefficiencies. An approach that requires the court to make an individualized determination in every case of “whether personal service is necessary, effective, and feasible based on the individual circumstances of each case” would require significant review and would likely impair the efficiency of CARE Act proceedings.

The committee also notes that rule 7.2235 does not require personal service in all cases. Rule 7.2235 already allows for the use of other types of service if personal service is impracticable. This provision provides a mechanism for the court to order alternative service if necessary. Additionally, the waiver provision in rule 7.2235(e) offers an alternative for those respondents who find personal service to be intimidating, nontherapeutic, or otherwise inappropriate. Therefore, alternative service is permitted if either (1) the respondent chooses or (2) the respondent's circumstances make personal service unworkable.

Forms

The invitation to comment specifically asked commenters whether forms CARE-118 and CARE-119 allow courts to provide sufficient notice without disclosing confidential medical information. Commenters who provided feedback in response to this question noted that the proposed forms do allow courts to provide required notice without disclosing confidential medical information.

Additionally, the committee requested comments from courts regarding the need for rules of court to accompany form CARE-118 and CARE-119 and whether the forms should provide additional instructions to the court on how to determine the reasoning or basis for the continuance or dismissal. Court commenters agreed that additional rules or instructions were not necessary, because the CARE Act statutes provide sufficient guidance. One court suggested that form CARE-118 should be revised to include the original date of the hearing and the time, department, and location for the continued hearing. The committee does not recommend accepting this change because these elements are not statutorily required and may encourage the petitioner to attempt to attend a hearing that they do not have a statutory right to attend.

In addition, two agencies and one nonprofit association suggested revisions to forms CARE-050-INFO, CARE-100, and CARE-102. The committee accepted most of these suggested changes to increase the clarity, readability, or structure of the items on respective forms. The committee also made conforming changes to maintain consistency across different forms.

The committee declined to accept revisions to form CARE-100 that did not correspond to the framework of the statute. In particular, one commenter suggested that two of the seven eligibility criteria should be combined because the information often overlaps. The committee noted that the potential for overlap exists in all the criteria and that it believes the instructions regarding the ability of petitioners to not repeat themselves is sufficient. Additionally, the commenter suggested a reorganization of item 6 that would make the form no longer conform to section 5975(d).

Alternatives considered

The committee did not consider taking no action. SB 42, SB 1323, and SB 1400 require the council to amend rules and revise forms. As described above, the committee considered revising rule 7.2235 as it relates to the personal service requirement for respondents. The committee considered revising standard 7.20(a)(1) and (b)(1) rather than removing the subdivisions altogether. The committee also considered adding the new hearing time, department, and location but determined that doing so is not statutorily required and noted that many of the

original petitioners would not be permitted to attend. Finally, the committee considered changing the operative date for the proposal to coincide with the operative dates of SB 42, SB 1323, and SB 1400 but determined that that would be unworkable and unnecessary.

Fiscal and Operational Impacts

The committee's recommendations impose indeterminate costs on the courts to change their operational procedures, but such changes are the result of new legislation. For example, one court commented that implementing the recommended rules, forms, and standard would involve updating procedures, training business office and courtroom staff, and notifying judicial officers. The committee believes the costs associated with these efforts are necessary components of maintaining respondents' best interests and striving to implement the CARE Act as effectively as possible.

The committee also recognizes that some of these costs may be offset by improved efficiency of the CARE Act as a result of these changes. For example, the committee believes that the new alternative petition will minimize money costs because a licensed behavioral health professional can fill out a tailored petition and not need to file multiple documents.

Attachments and Links

1. Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, at pages 12–14
2. Forms CARE-050-INFO, CARE-060-INFO, CARE-100, CARE-102, CARE-118, and CARE-119, at pages 15–36
3. Cal. Stds. Jud. Admin., std. 7.20, at page 37
4. Chart of comments, at pages 38–74
5. Link A: Sen. Bill 42,
https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB42
6. Link B: Sen. Bill 1323,
https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1323
7. Link C: Sen. Bill 1400,
https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1400

Rules 7.2210, 7.2221, and 7.2235 of the California Rules of Court are amended, effective July 1, 2025, to read:

Rule 7.2210. General provisions

(a)–(c) * * *

(d) ~~Respondent within juvenile court jurisdiction~~ Related proceedings
(§§ 5977.4(c), 5978, 5978.2)

(1) Definition

“Related proceedings” means a proceeding identified in section 5978 from which a referral occurred that prompted a CARE Act proceeding or a court case through which the respondent is within the juvenile court’s dependency, delinquency, or transition jurisdiction.

~~(1)~~ (2) Informing the juvenile court and respondent’s attorney in related proceedings

Upon learning that a If the CARE Act court learns that the respondent has been referred from a proceeding identified in section 5978 or that the respondent is within a juvenile court’s dependency, delinquency, or transition jurisdiction, the CARE Act court must order the county agency to:

(A) Inform the juvenile court in the related proceeding that a CARE Act petition has been filed on behalf of that respondent; and The court may communicate this information in any suitable manner.

(B) Notify the respondent’s attorney, if any, in the related case that a CARE Act petition has been filed on behalf of the respondent and provide that attorney with the contact information of the respondent’s CARE Act attorney, if known.

(3) Communication between courts

The CARE Act court and the court in the related proceeding may communicate regarding the status of the respondent’s cases in any manner consistent with the limits in section 5978.2.

~~(2)~~ (4) Concurrent jurisdiction with juvenile court in related proceeding

The CARE Act court is not precluded by statute from exercising jurisdiction over a respondent who is within a juvenile court’s dependency, delinquency, or transition the jurisdiction of the court in the related proceeding. The CARE

Act court and the juvenile other court may, therefore, exercise concurrent jurisdiction over such a respondent.

(e) ~~Notification of respondent's attorney in related proceedings (§§ 5977.4(c), 5978, 5978.2)~~

~~If the CARE Act court learns that the respondent has been referred from a proceeding identified in section 5978 or that the respondent is within a juvenile court's dependency, delinquency, or transition jurisdiction, the court must order the county agency to:~~

- ~~(1) Notify the respondent's attorney, if any, in the related case that a CARE Act petition has been filed on behalf of the respondent; and~~
- ~~(2) Provide the attorney with the contact information of the respondent's CARE Act attorney, if known.~~

(f) ~~No communication of further information (§ 5976.5)~~

~~Subdivisions (d) and (e) of this rule does not authorize the communication of information other than that identified in those that subdivisions absent an express waiver by the respondent.~~

Advisory Committee Comment

Subdivisions (d) and (e). As used in ~~these~~ this subdivisions, the phrase “within a juvenile court’s dependency, delinquency, or transition jurisdiction” refers to a respondent whom a juvenile court has found to be described by Welfare and Institutions Code section 300, 450, 601, or 602 and who is currently within the juvenile court’s jurisdiction based on one of those descriptions. The term does not refer to any other party to a juvenile court proceeding.

Subdivision (d)(2)(4). The subdivision is intended to describe the effect of existing law. ~~Neither the juvenile court law (Welf. & Inst. Code, §§ 200–987), nor the CARE Act, No provision of law precludes concurrent jurisdiction or, conversely, confers exclusive jurisdiction on either any court over matters relating to the mental health treatment of persons who meet the statutory jurisdictional criteria of both each court, unless otherwise specified.~~

Rule 7.2221. Papers to be filed (§ 5975)

- (a)** A petition to commence CARE Act proceedings must be made on *Petition to Commence Begin CARE Act Proceedings* (form CARE-100) or, if the petitioner is a licensed behavioral health professional as defined in section 5971(l), on *Petition to*

1 Begin CARE Act Proceedings by Licensed Behavioral Health Professional Only
2 (form CARE-102).

3
4 **(b)** If using *Petition to Begin CARE Act Proceedings* (form CARE-100), the petition
5 must include either:

6
7 (1) A completed *Mental Health Declaration—CARE Act Proceedings* (form
8 CARE-101); or

9
10 (2) The evidence described in section 5975(d)(2).

11
12 **(c)** If using *Petition to Begin CARE Act Proceedings by Licensed Behavioral Health*
13 *Professional Only* (form CARE-102), the documentation in subdivision (b) is not
14 required.

15
16 **Rule 7.2235. Notice of proceedings (§§ 5977–5977.3, 5979)**

17
18 **(a)–(d)** * * *

19
20 **(e) Waiver**

21
22 Nothing in these rules limits the right of the respondent to waive personal service
23 of notice or to choose to receive notice through their attorney or by other means.
24 Any such waiver must be in writing or made orally in open court.

This information sheet describes the CARE Act and how to fill out *Petition to Begin CARE Act Proceedings* (form CARE-100). A court self-help center may also be able to help you. Go to <https://selfhelp.courts.ca.gov/self-help/find-self-help> to find your court's self-help center. **Note:** There is no cost to file a CARE Act petition.

1 What is the CARE Act?

CARE stands for Community Assistance, Recovery, and Empowerment. The CARE Act allows a person in one or more of 14 categories (see page 2) to file a petition asking a court to start proceedings intended to get help for an adult who has a schizophrenia spectrum disorder or another psychotic disorder and meets several other requirements. The person who asks the court to start the proceedings is called the *petitioner*. This form assumes that you are thinking about whether to file a petition and become a petitioner. The person who you think needs help is called the *respondent*.

If the court decides that the respondent is eligible for CARE, the county behavioral health agency will work with them to try to reach a CARE agreement, as described in item 2.

2 What is a CARE agreement or CARE plan?

A CARE agreement and a CARE plan are written documents that describe services to support the recovery and stability of the respondent. They must be approved by court order. Services may include clinical behavioral health care; counseling; specialized psychotherapy, programs, and treatments; stabilization medications; a housing plan; and other supports and services provided directly and indirectly by local government. The agreement or plan cannot give anyone the right to use force to medicate the respondent.

A CARE agreement is a voluntary agreement for services and treatment between the respondent and the county behavioral health agency after a court has found that the respondent is eligible for the CARE program. For the agreement to be valid, the court must approve it. The court can change the agreement before approving it.

A CARE plan is a set of community-based services and supports for the respondent that is ordered by the court if the respondent and the county cannot reach a CARE agreement.

A CARE plan or CARE agreement may be amended if the respondent and the county agree to amend the plan or agreement. The court may also approve amendments to a CARE plan without the parties' agreement if the court holds a hearing and finds that the amendments are needed to support the respondent in getting the help they need.

3 Have you thought about ways to help other than CARE Act proceedings?

There may be other ways to help a person with a serious mental illness. If the person has private health insurance, contact their health plan/insurer. If you do not know if the person has private health insurance or if they do not have private insurance, contact your county's behavioral health agency or check its website.

County behavioral health agencies offer many services. These include services like counseling, therapy, and medication and can also include programs like full-service partnerships, rehabilitative mental health services, peer support services, intensive case management, crisis services, residential care, substance use disorder treatment, assertive community treatment, and supportive housing. Counties are required to provide services to Medi-Cal beneficiaries who qualify for specialty mental health and substance use disorder services. They are also allowed to provide their services to people who do not receive Medi-Cal, depending on local funding and eligibility standards. These services do not require a court order. Also, you can contact your local behavioral health agency to refer someone to CARE Act proceedings without filing a petition. The agency can investigate and may decide to file a petition itself, but it is not required to do so.

Find out if the person has made an advance health care directive or psychiatric advance directive. These written documents name someone else to make health care decisions for a person when that person cannot. If the person has a directive, you can contact the person named in it to ask for their help. Think about looking into local social services and community-based programs too.



4 How do I complete *Petition to Begin CARE Act Proceedings* (form CARE-100)?

This section walks you through the petition, form CARE-100, item by item.

Item 1: Names and Age

As noted on page 1, you are the *petitioner*, the person asking the court to start CARE Act proceedings for the *respondent*, a person who needs help because of a serious mental disorder. In item 1 of form CARE-100, enter your name, the respondent's name, and the respondent's date of birth (or, if you don't know it, give the respondent's approximate age).

Item 2: What Type of Petitioner Are You?

In item 2, confirm that you are an adult, and check the box next to each petitioner type that applies to you:

- A person who lives with the respondent.
- The respondent's spouse or registered domestic partner, parent, sibling, child, or grandparent.
- A person who has authority to act as the respondent's parent.
- The director of a county behavioral health agency of the county where the respondent lives or is present, or the director's designee.
- A licensed behavioral health professional who is or has been supervising the treatment of or treating the respondent for a mental disorder within the last 30 days, or the professional's designee.
- The director of a public or charitable agency who is or has, within the last 30 days, been providing behavioral health services to the respondent or in whose institution the respondent resides, or the director's designee.
- The director of a hospital in which the respondent is or was recently hospitalized, or the director's designee.
- A California tribal court judge in whose court the respondent has appeared within the previous 30 days, or the judge's designee.
- The director of adult protective services of the county where the respondent lives or is present, or the director's designee.
- The director of a California Indian health services program or tribal behavioral health department that is or has, within the previous 30 days, been providing behavioral health services to the respondent, or the director's designee.
- A first responder who has encountered the respondent multiple times to arrest or involuntarily detain the respondent, engage the respondent in voluntary treatment, or make other efforts to get the respondent professional help.
- The public guardian or public conservator of the county where the respondent lives or is present, or the public officer's designee.
- A conservator or proposed conservator referred from a proceeding under the Lanterman-Petris-Short (LPS) Act.
- The respondent.

Item 3: Your Interaction With the Respondent

Describe your interactions and relationship with the respondent in item 3. For example, describe how you know the respondent, how often you see or talk with them, when (give the date) you last saw them, and what happened when you interacted with the respondent.

Item 4: The Respondent's Contact information

If you know where the respondent lives, enter that address in item 4a. If you do not know the respondent's address or if they do not have one, give the respondent's last known location and any other information, such as a post office box where they get mail or locations where they are frequently found, that might help to locate the respondent. In item 4b, provide the respondent's phone number—including whether they respond to text messages—and their email address, if any. If you are in contact with the respondent, check the box or boxes in item 4c that show all ways you have been able to contact them. Then, if respondent needs any language assistance, check the box in item 4d and identify the respondent's preferred language.



CARE-050-INFO Information for Petitioners—About the CARE Act

Item 5: The Right Court and County

You can file a petition *only* in a county where the respondent lives, where the respondent is currently located, or where the respondent is involved in a court case. In item 5, check the box or boxes that show why the county where you are filing the petition is the right place to file. If the respondent does not live in the county, state what county they live in, if you know it.

Item 6: Required Supporting Evidence

You must include supporting evidence in or with the petition. That evidence must be one of the following:

- A completed declaration by a licensed behavioral health professional on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101); **OR**
- A statement or documentation that the respondent has been hospitalized at least twice for involuntary treatment, and that the most recent hospitalization ended no more than 60 days before you file the petition.

If you know personally about the respondent's hospitalizations for involuntary treatment, you can describe them in the space provided in item 6a. You can also check item 6b and attach documentation, such as copies of certifications for intensive treatment, declarations from one or more witnesses to the involuntary treatment, or other documents showing that the respondent was hospitalized at least twice for involuntary treatment. At least one piece of evidence should show the beginning and ending (discharge) dates of the most recent treatment period.

Note: For purposes of the CARE Act, "involuntary treatment" includes only a 14-day hold for intensive treatment authorized by Welfare and Institutions Code section 5250. It does *not* refer to treatment authorized by any other statute, including but not limited to a 72-hour hold under Welfare and Institutions Code section 5150 or treatment under Welfare and Institutions Code sections 5260, 5270.15, and 5270.70.

Item 7: The Respondent's Eligibility for the CARE Process

Your petition must state facts and provide information to support your claim that, to the best of your knowledge, the respondent is eligible for the CARE Act process. All of the following requirements, which are listed in items 7a–7f on form CARE-100, must be met for a respondent to be eligible. If you are attaching a declaration on form CARE-101 (see item 6a above) containing that information, then you may check the box at the beginning of item 7 and not fill out the rest of that item. Please note that the situations discussed below are only *examples* of circumstances that **may** qualify. The court decides whether each respondent is eligible based on facts about that respondent.

Requirements	Explanations	Examples
The respondent must be 18 years old or older and must:		
Have a diagnosis of a schizophrenia spectrum disorder or another psychotic disorder in the same class, as defined in the current <i>Diagnostic and Statistical Manual of Mental Disorders</i> (item 7a).	Only a person with a schizophrenia spectrum or other psychotic disorder is eligible for the CARE Act process. A person who does not have that diagnosis is not eligible even if they have a different serious mental disorder, such as bipolar disorder or major depression. Note: The psychotic disorder must not be based on a medical condition, including a physical health condition such as a traumatic brain injury, autism, dementia, or a neurological condition. A person with a current diagnosis of substance use disorder must also have a psychotic disorder and meet all the other criteria in item 7 to be eligible.	Schizophrenia, schizophreniform disorder, schizoaffective disorder, delusional disorder, schizotypal personality disorder, and other psychotic disorders.



Requirements	Explanations	Examples
<p>Be currently experiencing a serious mental disorder that (item 7b):</p> <ul style="list-style-type: none"> Is severe in degree and persistent in duration May cause behavior that interferes substantially with the person’s activities of daily living, and May lead to an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period. 	<p>Indicate any behaviors, such as delusions, hallucinations, or unusual and ongoing mood changes, that substantially interfere with the respondent’s ability to perform essential and routine tasks needed for work or self-care.</p> <p>Describe why you believe the respondent is unable to live independently, function in the community, and take care of their condition and social relationships without additional help.</p>	<p>If caused by a chronic, prolonged, or recurrent mental disorder:</p> <ul style="list-style-type: none"> Difficulty with self-care (e.g., bathing, grooming, obtaining and eating food, dressing appropriately for the weather, securing health care, or following medical advice). Difficulty maintaining a residence, using transportation, or managing money day to day. Difficulty concentrating or completing tasks as scheduled. Difficulty functioning socially, creating and maintaining relationships. Recent history of inability to care for themselves (bathe, groom, get food and eat, use the restroom) daily without additional help.
<p>Not be clinically stabilized in ongoing voluntary treatment (item 7c).</p>	<p>Describe why you believe the respondent is not being adequately supported in a voluntary treatment program such that their condition and symptoms are stable.</p>	<ul style="list-style-type: none"> Repeated and ongoing refusal to accept voluntary treatment without reason. Temporary acceptance of voluntary treatment that is interrupted by failure or refusal to continue the treatment without reason. Voluntary treatment is accepted, but that treatment is not effective to stabilize the respondent.
<p>At least one of the following must be true (item 7d):</p>		
<p>The respondent is unlikely to survive safely in the community without supervision and the respondent’s condition is substantially deteriorating (item 7d(1)).</p> <p>OR (<i>see next page</i>)</p>	<p>Indicate recent instances where the respondent has needed supervision to survive in the community due to lack of reality orientation, confusion, or impaired insight.</p> <p>Describe how the respondent’s ability to think clearly, communicate, or participate in regular activities has been getting worse recently.</p>	<ul style="list-style-type: none"> Recent or frequent hospitalizations due to symptoms such as delusions, hallucinations, disorganization, impaired insight, impaired judgment. Recent or frequent arrests due to a mental disorder.



CARE-050-INFO Information for Petitioners—About the CARE Act

Requirements	Explanations	Examples
The respondent needs services and supports to prevent a relapse or deterioration that would likely result in grave disability or serious harm to the respondent or others (item 7d(2)).	<p>Describe how the respondent would become gravely disabled or likely to cause serious harm to themselves or others without services and supports.</p> <ul style="list-style-type: none"> <i>Grave disability</i> includes a person's inability, due to a mental disorder, to provide for their basic personal needs for food, clothing, shelter, safety, or medical care. <i>Serious harm</i> includes injury causing extreme pain, high risk of death, or loss of physical or mental functions. 	<ul style="list-style-type: none"> A person who has immediate access to safe housing but chooses, because of a mental disorder, to live in conditions that could lead to a danger to their health. A person who recently attempted suicide because of their mental disorder and continues to express a desire to harm themselves. Self-injuring behavior, such as walking into traffic or harming oneself unknowingly through behavior that puts them at risk for serious injury or death.
The respondent's participation in a CARE plan or CARE agreement must:		
Be the least restrictive alternative necessary to ensure the respondent's recovery and stability (item 7e), and	<p>Explain how participation in a CARE plan or CARE agreement:</p> <ul style="list-style-type: none"> Would effectively meet the respondent's treatment needs while placing as few limits as possible on the respondent's rights and personal freedoms. Is necessary because other less restrictive alternatives would not ensure the respondent's recovery and stability; for example, because other less restrictive alternatives have not been successful. 	<p>Less restrictive alternatives might include:</p> <ul style="list-style-type: none"> Voluntary full-service partnerships, which are collaborative relationships between the county and the individual, and when appropriate the individual's family, through which the county plans for and provides the full spectrum of community services. Supported decisionmaking, which is an individualized process of supporting and accommodating an adult with a disability to enable them to make life decisions without impeding their self-determination. Assertive community treatment, which is a person-centered, recovery-based treatment option that employs low client-to-staff ratios.
Be likely to benefit the respondent (item 7f).	<p>Explain how participating in a CARE plan could help the respondent stabilize and improve their current state and situation.</p>	<ul style="list-style-type: none"> The respondent's prior improvement when participating in similar treatment programs. Medical opinion that the patient would benefit from treatment.

Note: Include in the petition as much information as you have about each item listed above. If you notice you're repeating yourself, you can say that you already gave the information and say where you said it before. You may also attach any documents you have that support one or more of those items.



Item 8: Other Optional Information

In item 8, check any of the boxes that apply to the respondent and provide any requested information that you know. Please find information about specific sections of item 8 below.

Note: If you don't know the information requested in any part of item 8, leave that part blank. The petition will be processed even if you do not complete item 8.

- **Regional Center:** If you know that respondent is served by a regional center, please check item 8b, provide the name and location of the center, and list any services the center provides to the respondent. A list of service centers can be found at www.dds.ca.gov/rc/listings/.
- **Tribal Enrollment or Services From an American Indian Health Care Provider:** If you know that the respondent is a member of a federally recognized Indian tribe or is receiving services from a California Indian health care provider, tribal court, or tribal organization, include that information in item 8d or item 8e.
- **Juvenile Court Information:** If the respondent is within a juvenile court's jurisdiction as a dependent, ward, or nonminor dependent, fill out item 8f. Give the court name, the case number, and contact information for the respondent's juvenile court attorney.
- **Conservator Information:** If the respondent has a conservator, fill out item 8g. Give the court name, the case number, and contact information for the respondent's conservatorship attorney.

Item 9: Court Referral

If you are filing a petition in response to a referral from another court proceeding, fill out item 9. Give the name of the referring court and the case number, department, and type of case, if you know it. If you have a copy of the referral order, label it "Attachment 9" and attach it to the petition.

Item 10: Attachments

In item 10, list the total number of pages attached to the petition.

Signature: You must write the date, print your name, and *sign the petition under penalty of perjury*. That means that if you have stated anything that you know is not true on the form, you may be criminally liable. If you have an attorney helping you, they will sign as well.

5 Am I required to give or send the petition to the respondent or anyone else?

No. To begin CARE Act proceedings, you must file the petition with the court. You do not need to give or send a copy of the petition to the respondent or anyone else.

6 What will happen after I file the petition?

After you file the petition, the court will review it and the supporting documents filed with it. The court will decide if the documents show that the respondent meets or may meet the CARE Act eligibility requirements. Then the court will either:

- a. **Dismiss the petition** if it finds (1) that the petition does not show that the respondent meets or may meet the CARE Act eligibility requirements **or** (2) that the respondent is voluntarily working with the county agency, their engagement is effective, and the respondent has enrolled or is likely to enroll in voluntary treatment through the county or another provider. **OR**
- b. **Order a report** if it finds that the petition shows that the respondent meets or may meet the CARE Act eligibility requirements. The court order will require a county agency to engage the respondent and file a written report with the court as soon as practicable, but within 30 court days. If the court orders a report, the county agency will notify you and the respondent.

Note: The procedures are different if the county behavioral health agency is the petitioner.



7 The initial appearance

If the court finds that the county agency's report supports the petition's showing that the respondent meets or may meet the CARE Act eligibility requirements and the county's engagement with the respondent was not effective, the court will set an *initial appearance*. The court will also order the county to give notice of the initial appearance to you, as well as to the respondent, the respondent's appointed counsel, and the county behavioral health agency.

You, the petitioner, must be present at the initial appearance, or the court may dismiss the petition. You will receive a notice in the mail of the date, time, and place of the initial appearance.

Note: At the initial appearance, the director of the county behavioral health agency, or the director's designee, will replace you as the petitioner.

8 Do petitioners have any rights?

You have the right to go to the hearing on the merits and make a statement. And if the respondent agrees, the court may also allow you to participate in the rest of the CARE Act proceedings. If you live with the respondent; are the spouse, parent, sibling, child, or grandparent of the respondent; or are someone who has authority to act as a parent, the court will provide ongoing notice to you throughout the CARE Act proceedings, including notice of when a court proceeding is postponed or when the case is dismissed. However, the court will not provide this notice if the court decides that giving notice to you would not be in the best interest of the respondent or their treatment.

If the petition is dismissed and later the respondent's situation changes, you may file a new petition with the court.

9 What is a vexatious litigant?

A *vexatious litigant* is a person whom a court has found to have used the court process to harm or annoy other people by repeatedly suing them or filing other papers against them without a good reason.

A CARE Act court may find that a person is a vexatious litigant if that person files more than one CARE Act petition that is not true or is intended to disturb, harm, or annoy the respondent. Once declared a vexatious litigant, a person may be placed on a vexatious litigants list kept by the Judicial Council. The court may enter an order that prevents a vexatious litigant from filing any new litigation, including other types of cases (not just CARE Act petitions), without first getting permission from the trial court presiding judge. If such an order is issued, the court may fine a person who does not follow the order or send them to jail for contempt of court.

10 What if I don't speak English?

When you file your papers, ask the clerk if a court interpreter is available. You can also use *Request for Interpreter (Civil)* (form [INT-300](#)) or a local court form or website to request an interpreter. For more information about court interpreters, go to <https://selfhelp.courts.ca.gov/request-interpreter>.

11 What if I have a disability?

If you have a disability and need an accommodation while you are at court, you can use *Disability Accommodation* (form [MC-410](#)) to make your request. You can also ask the ADA Coordinator in your court for help. For more information, see *How to Request a Disability Accommodation for Court* (form [MC-410-INFO](#)) or go to <https://selfhelp.courts.ca.gov/jcc-form/MC-410>.

This information sheet provides information about the CARE Act and CARE Act proceedings.

1 Why am I being given these documents?

Someone has filed a petition with a court to start a CARE Act case for you. In the case, you are called the *respondent*. The CARE Act applies only to specific people. The petition asks a court to decide if you are one of them. The court has found that you might be. It is asking for more information to help it decide if you are.

Important information for you:

- You have been appointed an attorney, free of charge.
- Your court-appointed attorney will try to contact you about this case using the last known address or location on file for you.
- You may also contact your attorney at any time. Your attorney's contact information is listed in item 5 of *Order for Care Act Report* (form CARE-105) and item 4 of *Notice of Initial Appearance—CARE Act Proceedings* (form CARE-110). You should have received one of those forms when you got this form.
- You should make sure that your attorney knows how to get in touch with you. Give them your contact information and let them know if it changes.
- You may also choose an attorney to represent you instead of the appointed attorney. If you choose your own attorney, you are responsible for their fees.
- You have the right to an interpreter, free of charge, at every CARE Act court hearing.

2 What is the CARE Act?

CARE stands for Community Assistance, Recovery, and Empowerment. The CARE process is a way to get court-ordered treatment, services, support, and a housing plan for adults with schizophrenia spectrum disorders or other similar psychotic disorders.

The CARE process uses outreach, meetings, and court hearings. The court will decide if you meet the eligibility requirements. One or more county agencies will be part of the process. If you are eligible, they will work with you to identify services and supports you might need.

If you are eligible for the CARE Act, the court will ask you to work with the county behavioral health agency to make a CARE agreement for services and supports. If you do not reach an agreement with the county agency, the court will order a clinical evaluation of your mental health. After reviewing the evaluation, the court will decide if you are still eligible. If you are, the court will order you and the county agency to develop a CARE plan.

3 What is CARE eligibility?

To be eligible for the CARE process, you need to be at least 18 years old and have a schizophrenia spectrum disorder or another psychotic disorder. That disorder, or another mental disorder that you have, must be serious. That means it has lasted for a long time, it can make you do things that interfere with your life, and it can make it impossible for you to live on your own for very long without treatment, support, and rehabilitation.

You also cannot be stabilized in a voluntary treatment program. In addition, *either* it must be unlikely that you will survive safely in the community without somebody watching over you and your condition is getting a lot worse, *or* you must need services and supports to keep your symptoms from coming back or getting bad enough that you would probably become severely disabled or would seriously hurt yourself or somebody else. Finally, it must be likely that going through the CARE process will help you and that nothing less restrictive than the CARE process will make sure that you recover and stabilize.

4 What is a CARE agreement or CARE plan?

A CARE agreement and CARE plan are written documents that contain services designed to support you. They must be approved by court order. They may include clinical behavioral health care; counseling; specialized psychotherapy, programs, and treatment; stabilization medications; a housing plan; and other supports and services, provided directly or indirectly by local government. These documents cannot give anyone the right to use force to medicate you.



4 What is a CARE agreement or CARE plan?

A CARE agreement is a voluntary agreement between you and the county behavioral health agency. If you are eligible for the CARE program, the court will order you and the county agency to try to reach a CARE agreement. The court can change the agreement before approving it. After the court approves the CARE agreement, it can still be changed if you and the county agency agree to change it.

If you cannot reach a CARE agreement, the court may ask you to work with the county to create a CARE plan. A CARE plan is an individualized range of community-based supports and services. It can include the same services and supports as a CARE agreement. You and the county agency will propose one or more CARE plans to the court. The court will order the final CARE plan and can also change it later.

5 Who is the petitioner?

The petitioner is the person who is asking the court to start CARE Act proceedings for you.

6 Who is the respondent?

The respondent is you, the person the court is being asked to start CARE Act proceedings for.

7 What happens after the petition has been filed?

The court reviews the petition and decides if you might be eligible for the CARE process. If it thinks you might be, the court may order a county agency to try to contact you, talk with you, and file a written report. The county agency must file the report with the court as soon as practicable, but within 30 court days, unless the court gives it more time. The county will let you and the petitioner know if the court orders a report.

What happens if the county agency contacts me?

The county agency will ask you about your mental and physical health. It will also ask how your mental health affects your life and what services and treatment you think would be helpful. It will ask if you are willing to work with the county to get connected to those services and treatment options.

What will the report include?

The county agency will file a report even if it is not able to contact you. The report will include:

- The agency's opinion about whether you meet, or are likely to meet, the CARE eligibility requirements. These include your mental health diagnosis and current condition, whether you need additional services, and whether there are other services that would help you but be less restrictive than a CARE agreement or plan.
- The county's efforts to get you to participate voluntarily in services and whether the county thinks you can participate voluntarily in services.

What happens after the court receives the report?

After the court receives the report, it will either:

- **Dismiss the proceedings:** If the court finds, based on the petition and the county's report, that you are not eligible for the CARE process or that you are working willingly and effectively with the county agency and have enrolled or are likely to enroll in behavioral health treatment, the court will dismiss the case; or
- **Set an initial appearance (court hearing):** If the court finds that the county's report shows that you may be eligible for the CARE process and the county's contacts with you were not able to connect you with voluntary services and treatment, the court will set an initial appearance.

Note: The court has appointed an attorney for you. The attorney will contact you at the beginning of the CARE Act process. If the court sets an initial appearance, the county will give you notice of the date, time, and place of the hearing along with additional information.



8 What happens at the initial appearance and the hearing on the merits?

At the initial appearance:

- You may replace your court-appointed attorney with an attorney that you choose.
Note: If you choose your own attorney, you are responsible for their fees, if any.
- You have the right to appear in person. You can choose to give up your right to attend personally, and your attorney can appear on your behalf.
- If you do not tell the court, through your attorney, that you are choosing not to attend and you do not appear, the court may have a hearing without you. To do that, the court needs to find that reasonable attempts to encourage you to appear have failed and that having a hearing without you would be in your best interests.
- The petitioner must be present at the initial appearance, or the court may dismiss the petition.
- A representative from the county behavioral health agency will be present.
- If the original petitioner is not the director of a county behavioral health agency, the court will replace the original petitioner with the director of the county behavioral health agency or their designee, who will then take over as the petitioner.
- If you are enrolled in a federally recognized Indian tribe or receiving services from an Indian health care provider, a tribal court, or a tribal organization, the law allows a representative from the program, the tribe, or the tribal court to be present if you consent. The county must give notice of the initial appearance to the tribal representative.
- The court will set a hearing on the merits of the petition.
- The hearing on the merits of the petition may happen at the same time as the initial appearance but only if you (the respondent), the petitioner, and the court all agree.

At the hearing on the merits:

The court will decide if you meet the CARE Act requirements. The court will consider the petition, the report from the county agency, and all evidence properly presented to it, including evidence that you provide.

- **If the court finds that you *do not* meet the CARE Act requirements:** The court will dismiss the petition. The original petitioner may be able to file a new petition if something changes unless the court finds that the original petition was not filed in good faith.
- **If the court finds that you *do* meet the CARE Act requirements:** The court will order the county behavioral health agency to work with you, your attorney, and your supporter, if you have one, to connect you with behavioral health treatment. You all will also need to decide if you and the behavioral health agency can reach a CARE agreement. The court will set a case management hearing.

Note: If you are enrolled in a federally recognized Indian tribe and you want a tribal representative to attend the case management hearing, you should let the tribe know the date, time, and place of the hearing.

9 What rights do petitioners have?

The original petitioner has the right to go to the hearing on the merits and make a statement. If the original petitioner lives with you; is your spouse, parent, sibling, child, or grandparent; or is someone who has authority to act as your parent, the court will continue to give them notice about the case, unless it decides that notice would be harmful to you. In addition, if you agree, the court may allow that person to participate in your CARE Act process.

If the original petitioner is not someone listed above, the court will not give them additional rights.



10 What rights do respondents have?

You have the right to be informed of what is happening in your case. You have the right to participate in your case. You have the right to an attorney at all stages of the process. You have the right to an interpreter if you need one. You have the right to keep confidential all CARE evaluations, reports, documents, and filings. You also have other rights that are described in *Notice of Respondent's Rights* (form CARE-113). You will get a copy of that form when you get notice of any court hearing in the CARE Act process.

11 What if I disagree with a court order?

You have the right to ask a higher court to review a court order in the CARE process. This is called an *appeal*. Talk with your attorney if you think you want to appeal a court order. To get more information, read *Information on Appeal Procedures for Unlimited Civil Cases* (form [APP-001-INFO](#)).

12 What is a "supporter"?

You have the right to choose a person to support you throughout the CARE Act process. The CARE Act calls that person a *supporter*. The supporter helps you understand, communicate, make decisions, and express your preferences. You can choose to have your supporter with you at meetings, appointments, or court hearings.

Your supporter must:

- Respect your values and beliefs and support your preferences as well as they can.
- Communicate with you to help you understand and make informed decisions.

Your supporter must not:

- Act independently from you.
- Make decisions for you or on your behalf unless necessary to keep someone from immediately getting hurt.
- Sign documents for you.

You have a right to have a supporter throughout the CARE Act process.

13 What if I don't speak English?

You have the right to an interpreter at all CARE Act court hearings. Let your attorney know that you will need an interpreter for court hearings. When you go to court, tell the judge you need an interpreter if you or your attorney haven't already asked for one. You can also use *Request for Interpreter (Civil)* (form [INT-300](#)) or a local court form or website to request an interpreter. For more information about court interpreters, go to <https://selfhelp.courts.ca.gov/request-interpreter>.

14 What if I have a disability?

If you have a disability and need an accommodation while you are at court, you can use *Disability Accommodation Request* (form [MC-410](#)) to make your request.

You can also ask the Americans with Disabilities Act coordinator in your court for help. For more information, see *How to Request a Disability Accommodation for Court* (form [MC-410-INFO](#)) or go to <https://selfhelp.courts.ca.gov/jcc-form/MC-410-INFO>.

CARE ACT PROCEEDINGS FOR (name): <div style="text-align: right; padding-right: 20px;">RESPONDENT</div>	CASE NUMBER:
---	--------------

4. a. The respondent lives or was last found at *(give the respondent's address if they have one and you know it, including a post office box where they get mail; otherwise, describe where the respondent lives, the last location where they were staying, or locations where they are frequently found)*:
- b. The respondent's other contact information is:
(telephone number, if any): The respondent ☐ does ☐ does not respond to text messages.
(email address, if any):
- c. I believe that the best ways to contact the respondent are *(check all that apply)*:
- (1) ☐ by visiting them in person
 (2) ☐ by calling them on the phone
 (3) ☐ by sending them text messages
 (4) ☐ by sending them email
 (5) ☐ by sending them mail
 (6) ☐ other *(describe)*:
- d. ☐ The respondent needs assistance ☐ reading ☐ hearing or understanding ☐ speaking English.
 The respondent's preferred language is *(specify language(s))*:
5. The respondent *(check a or b; if you check b, you must also check either (1) or (2))*:
- a. ☐ Is a resident of the county in which this petition is filed.
 b. ☐ Is not a resident of the county in which this petition is filed.
 The respondent's county of residence is *(if you know it)*:
- (1) ☐ The respondent is located in the county in which this petition is filed.
 (2) ☐ The respondent is a defendant or respondent in a criminal or civil proceeding pending in the superior court of the county in which this is filed.
6. Evidence supporting this petition includes *(you must check and provide at least one of the following)*:
- a. ☐ The declaration of a licensed behavioral health professional (form [CARE-101](#)), attached and labeled as Attachment 6a.
 b. ☐ A statement or documents showing that the respondent has been hospitalized two or more times for involuntary treatment and that the most recent involuntary hospital stay ended less than 60 days ago.
- Note:** As used in this form, "involuntary treatment" refers only to a 14-day hold authorized by Welfare and Institutions Code section 5250. It does **not** refer to treatment authorized by any other statutes, including but not limited to Welfare and Institutions Code sections 5150, 5260, 5270.15, and 5270.70.
- (If you checked 6b above, please check (1) and provide the information below, or check (2) and attach the documents, or do both.)*
- (1) ☐ I know personally that the respondent was hospitalized for involuntary treatment. *(Describe what happened each time, and explain how you know about it.)*
- (2) ☐ I have attached documents showing that the respondent was hospitalized two or more times for involuntary treatment and labeled the documents Attachment 6b1, 6b2, 6b3, etc. *(Include, for example, your own signed declaration (only if you have personal knowledge of the respondent's involuntary treatment), copies of certifications for intensive treatment, signed declarations by persons who witnessed the respondent's involuntary treatment, or other records.)*

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

7. To the best of my knowledge, the respondent meets each of the requirements below:

☐ Check here if all the information requested in items 7a through 7f is included in form CARE-101. If it is, you can skip the rest of this question, if you choose. Otherwise, explain below.

Note: Some details you enter in items 7a through 7f may overlap. If you notice you're repeating yourself, you can say that you already gave the information and mention where you said it before.

a. The respondent has a diagnosis of schizophrenia spectrum disorder or another psychotic disorder in the same class, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders*. (Explain below):

b. The respondent is currently experiencing a serious mental disorder, as defined in Welfare and Institutions Code section 5600.3(b)(2), because the disorder:

- (1) Is severe in degree and persistent in duration;
- (2) May cause, or has caused, behavior that interferes substantially with the respondent's primary activities of daily living; **and**
- (3) May result, or has resulted, in the respondent's inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period.

(Describe the seriousness, length, and effects of the respondent's mental disorder below):

c. The respondent is not currently stabilized in ongoing voluntary treatment. (Describe the respondent's current condition and any ongoing treatment below):

d. At least one of the following is true (complete (1) or (2) or both):

- (1) ☐ The respondent is unlikely to survive safely in the community without supervision **and** the respondent's condition is substantially deteriorating. (Explain why the respondent is unlikely to survive safely in the community, describe the type of supervision the respondent would need to survive safely, and describe how the respondent's physical or mental condition has recently grown worse):

CARE-100

CARE ACT PROCEEDINGS FOR <i>(name)</i> :	CASE NUMBER:
RESPONDENT	

7. d. (2) ☐ The respondent needs services and supports to prevent a relapse or deterioration that would be likely to lead to grave disability or serious harm to the respondent or others. *(Describe the services and supports needed by the respondent, and explain why the respondent would become gravely disabled or present a risk of harm to self or others without them):*
- e. Participation in a CARE plan or CARE agreement would be the *least restrictive alternative* necessary to ensure the respondent's recovery and stability. *(Explain why no other less restrictive treatment plan would work as well for the respondent):*
- f. The respondent is likely to benefit from participation in a CARE plan or CARE agreement because *(explain below)*:
8. **OPTIONAL: Other information** *(if applicable, check any of the following statements that are true, and give the requested information if you know it):*
- a. ☐ The respondent needs interpreter services or an accommodation for a disability. *(If you know, describe what they need):*
- b. ☐ The respondent is served by a regional center. *(If you know, give the center's name and the services it provides to them):*
- c. ☐ The respondent is or was a member of the state or federal armed services or reserves. *(If you know, give branch name):*
- d. ☐ The respondent is an enrolled member of a federally recognized Indian tribe. *(If you know, give the tribe's name and mailing address):*
- e. ☐ The respondent is receiving services from a California Indian health services program, a California tribal behavioral health department, or a California tribal court. *(If you know, give the name and mailing address of the program, department, or court):*

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

8. f. ☐ The respondent is within a juvenile court's dependency, delinquency, or transition jurisdiction. *(If you know, provide the following):*
- (1) Court:
 - (2) Case number:
 - (3) The respondent's attorney in the juvenile court proceeding (name):
(mailing address):
(telephone number): *(email address):*
- g. ☐ The respondent has a court-appointed conservator. *(If you know, provide the following):*
- (1) Court:
 - (2) Case number:
 - (3) The respondent's attorney in the conservatorship proceeding (name):
(mailing address):
(telephone number): *(email address):*
9. **Court referral** *(complete this item only if it applies; if you don't know some of the requested information, leave that part blank):*
- ☐ This petition is filed in response to a referral of the respondent from another court proceeding.
- a. Court, department, and judicial officer:
 - b. Case number:
 - c. Type of proceeding from which the respondent was referred *(check one)*:
 - (1) ☐ Mental competence proceeding arising from a criminal prosecution (Pen. Code, §§ 1370, 1370.01)
 - (2) ☐ Assisted outpatient treatment (Welf. & Inst. Code, §§ 5346–5348)
 - (3) ☐ Lanterman-Petris-Short Act conservatorship (Welf. & Inst. Code, §§ 5350–5372)
 - d. ☐ The referral order is attached and labeled as Attachment 9 *(optional)*.
 - e. The respondent's attorney in the referring proceeding (name):
(mailing address):
(telephone number): *(email address):*

10. Number of pages attached: _____

Date:

(TYPE OR PRINT NAME OF ATTORNEY, IF ANY)	▶	(SIGNATURE OF ATTORNEY, IF ANY)
--	---	---------------------------------

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

Date:

(TYPE OR PRINT NAME OF PETITIONER)	▶	(SIGNATURE OF PETITIONER)
------------------------------------	---	---------------------------

CONFIDENTIAL

CARE-102

CARE ACT PROCEEDINGS FOR <i>(name)</i> :	CASE NUMBER:
RESPONDENT	

9. c. The respondent is not currently stabilized in ongoing voluntary treatment. *(Describe the respondent's current condition and any ongoing treatment below):*
- d. At least one of the following is true *(complete (1) or (2) or both)*:
- (1) ☐ The respondent is unlikely to survive safely in the community without supervision **and** the respondent's condition is substantially deteriorating. *(Explain why the respondent is unlikely to survive safely in the community, describe the type of supervision the respondent would need to survive safely, and describe how the respondent's physical or mental condition has recently grown worse):*
- (2) ☐ The respondent needs services and supports to prevent a relapse or deterioration that would be likely to lead to grave disability or serious harm to the respondent or others. *(Describe the services and supports needed by the respondent and explain why the respondent would become gravely disabled or present a risk of harm to self or others without them):*
- e. Participation in a CARE plan or CARE agreement would be the *least restrictive alternative* necessary to ensure the respondent's recovery and stability. *(Explain why no other less restrictive treatment plan would work as well for the respondent):*
- f. The respondent is likely to benefit from participation in a CARE plan or CARE agreement because *(explain below)*:
10. **OPTIONAL: Other information** *(if applicable, check any of the following statements that are true, and give the requested information if you know it):*
- a. ☐ The respondent needs interpreter services or an accommodation for a disability. *(If you know, describe what they need):*
- b. ☐ The respondent is served by a regional center. *(If you know, give the center's name and the services it provides to them):*
- c. ☐ The respondent is or was a member of the state or federal armed services or reserves. *(If you know, give branch name):*

CARE-118

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.:	FOR COURT USE ONLY DRAFT Not approved by the Judicial Council
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;">NOTICE OF HEARING OR CONTINUANCE</div>		
		CASE NUMBER:

Note: This form provides information about ongoing CARE Act proceedings. To protect the privacy and confidentiality rights of the respondent, it includes only basic information.

A continuance means that the court had previously scheduled a hearing on a particular day but has rescheduled it to another day. This notice of hearing or continuance does not give you the right to attend the hearing. You may attend the hearing only if the court explicitly gives you permission to attend.

1. The court has set a hearing on continued a hearing to (date):
If continued, the continuance is for the following reason (do not disclose confidential medical information):

CLERK'S CERTIFICATE OF MAILING

I certify that:

1. I am an employee of the Superior Court of California, County of *(name)*: _____, and am not a party to this case.
2. I mailed a true copy of this form following standard court practices by placing it in a sealed envelope with postage fully prepaid and addressed to the original petitioner in this case, who is a person identified in Welfare and Institutions Code section 5974(a) or (b), as follows:
(name): _____
(street address): _____
(city, state, and zip code): _____
3. The mailing took place on *(date)*: _____ at *(city)*: _____, California.

[SEAL]

Date: _____ Clerk, by _____, Deputy

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY <h2 style="margin: 0;">DRAFT</h2> <h3 style="margin: 0;">Not approved by the Judicial Council</h3>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CARE ACT PROCEEDINGS FOR (name):	RESPONDENT
NOTICE OF DISMISSAL	CASE NUMBER:
<p>Note: This form provides information about ongoing CARE Act proceedings. To protect the privacy and confidentiality rights of the respondent, it includes only basic information.</p> <p>A dismissal means that the court has closed the case. This can happen for a lot of reasons, including the court's finding that the respondent has voluntarily agreed to services, is ineligible for CARE proceedings, or no longer needs court supervision. The respondent may be receiving supports and services even after a dismissal. If the respondent's situation changes after this petition is dismissed, you may file a new petition with the court.</p>	

1. The court dismissed this case on (date): _____ because (give the statutory basis; do not disclose any confidential medical information): _____

CLERK'S CERTIFICATE OF MAILING

I certify that:

1. I am an employee of the Superior Court of California, County of (name): _____, and am not a party to this case.
2. I mailed a true copy of this form following standard court practices by placing it in a sealed envelope with postage fully prepaid and addressed to the original petitioner in this case, who is a person identified in Welfare and Institutions Code section 5974(a) or (b), as follows:
 (name): _____
 (street address): _____
 (city, state, and zip code): _____
3. The mailing took place on (date): _____ at (city): _____, California.

[SEAL]

Date: _____ Clerk, by _____, Deputy

Standard 7.20 of the California Standards of Judicial Administration is adopted, effective July 1, 2025, to read:

Title 7. Standards for Probate and Mental Health Proceedings

Standard 7.20. CARE Act proceedings

(a) Unique role of the CARE Act court judicial officer

Judicial officers of CARE Act courts, in consultation with the presiding judge of the superior court and to the extent that it does not interfere with the adjudication process, are encouraged to:

- (1) Exercise their authority under statute or rule to review, order, and enforce the delivery of specific supports and services for respondents, including prioritization for supports and services, where appropriate; and
- (2) Facilitate coordination of supports and services by using their authority to join multiple local agencies when the agencies have appeared to fail to fulfill their legal obligations to provide supports and services to the respondent.

(b) Role of the CARE Act court

The CARE Act court should:

- (1) Convene relevant local public agencies and stakeholders, including behavioral health and social service agencies, to coordinate the provision of available services through CARE agreements and CARE plans that use the least restrictive means to promote respondents' recovery, safety, and stability; and
- (2) Work to accommodate the sharing of information among agencies within the limits of the statutory framework.

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
1.	California Health and Human Services Agency by Austin Dickman, Senior Policy Analyst	AM	<p>CARE-100</p> <ul style="list-style-type: none"> Q4a (respondent location): Suggest revising to add <i>“You can also describe multiple areas where they are frequently found.”</i> 	The committee agrees with this comment and recommends revising the form in a similar manner. The committee recommends revising Item 4(a) of form CARE-100 to include the phrase “or locations where they are frequently found.” Further, a conforming change has been recommended for item 4(a) of form CARE-102 to maintain consistency between the forms.
			<ul style="list-style-type: none"> Q6: Suggest revising to make proposed question 6b2 stand as 6b and proposed 6b1 stand as 6c (so there are three clear choices: CARE-101, attached evidence, and/or personal knowledge). Our proposed revision is as follows: 6. Evidence supporting this petition includes (you must check and provide at least one of the following): a. The declaration of a licensed behavioral health professional (form CARE-101), attached and labeled as Attachment 6a. <i>b. I have attached documents showing that the respondent has been hospitalized two or more times for involuntary treatment and that the most recent involuntary hospital stay ended less than 60 days ago, and labeled the documents Attachment 6b1, 6b2, 6b3, etc. (Include, for example, copies of certifications for intensive treatment, signed declarations by persons who witnessed the respondent's involuntary treatment, or other records.)</i> <i>c. I know personally that the respondent has been hospitalized two or more times for involuntary treatment and that the most recent involuntary hospital stay ended less than 60 days ago. (Describe what happened each time and explain how you know about it.)</i> Note: As used in this form, “involuntary treatment” refers only to a 14-day hold authorized by Welfare and Institutions Code section 5250. It does not refer to treatment authorized by any other 	<p>The committee appreciates this proposed revision but does not recommend modifying the proposal in this manner. The committee recommends, alternatively, to revise the italicized directions below 6(b) to include the phrase “If you checked 6(b) above, please...” in order to clearly communicate to the petitioner that their options are to check one of the following four options: (1) 6(a), (2) 6(b)(1), (3) 6(b)(2), or (4) both 6(b)(1) and 6(b)(2).</p> <p>The committee acknowledges the comment’s goal in making it clearer that there are multiple options to meet 6(b) and recognizes that clarity for the petitioner or reader of the form is critical. The committee notes, however, that the statute creates two choices for the petitioner, not three, as would be implied by the proposed language. One option is to provide a declaration from a licensed mental health provider, and one is to</p>

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			statutes, including but not limited to Welfare and Institutions Code sections 5150, 5260, 5270.15, and 5270.70. (You may check (1) and provide the information below, or check (2) and attach the documents, or do both.)	provide evidence of two detentions for involuntary treatment. Further, as currently constructed, the note defining “involuntary treatment” directly follows item 6(b). This suggested revision would result in options 6(b) and 6(c) both contemplating “involuntary treatment,” but the note defining and explaining the term would appear only under option 6(c). The committee is concerned that the suggested revision would increase the risk that the petitioner mistakenly thinks that the note only applies to 6(c) and not to 6(b) because it is not directly under 6(b), or that the petitioner does not see the note altogether.
			<ul style="list-style-type: none"> Q7b: Suggest revising to place the WIC citation last, or omit it entirely so it is easier for petitioners to understand: <ul style="list-style-type: none"> <i>The respondent is currently experiencing a serious mental disorder because the disorder has the following characteristics (as defined in Welfare and Institutions Code section 5600.3(b)(2)):</i> 	The committee does not recommend modifying the proposal in response to this suggestion. The committee agrees that making forms easier for the petitioner to understand is important. However, the committee has to balance simplicity for the petitioner with critical legal distinctions. Omitting the statutory citation to the definition of “serious mental disorder” may confuse the petitioner as to why these criteria are being used. The form must be clear that having “a serious mental disorder” is defined by the statute and means something other than the plain language of the phrase.

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

W25-11

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
				Further, the committee does not recommend placing the citation last. The committee believes that placing the citation last would be more confusing to the petitioner, and that the current phrasing uses the most effective and easiest to understand language.
			<ul style="list-style-type: none"> Q7e/f: Recognizing that these are separate criteria in statute, for most petitioners, we have heard that these two questions are heavily duplicative and that 7f is effectively redundant since that is the entire basis for filing a petition. We suggest combining them as follows: <ul style="list-style-type: none"> <i>Participation in a CARE plan or CARE agreement would be the least restrictive alternative necessary to ensure the respondent's recovery and stability and would benefit the respondent. (Explain why no other less restrictive treatment plan would work as well for the respondent and how a CARE plan or agreement would benefit them)</i> 	<p>The committee does not recommend modifying the proposal in response to this comment. The committee acknowledges that petitioners are reporting that these two questions are duplicative, and the committee wants to avoid requiring redundancy. However, the committee must balance the risk of redundancy with confusing the petitioner. Previous user testing sessions conducted by Judicial Council staff showed that petitioners are more likely to be confused and fail to sufficiently respond to a question if it is a compound question. The compound nature of this proposed revision requires a higher reading level than the current language and increases the risk of reader confusion.</p> <p>Further, while there may be some overlap between facts supporting why the CARE plan or CARE agreement would be the least restrictive alternative necessary and why the respondent is likely to benefit from participation in a CARE plan or CARE agreement, there are still critical facts that</p>

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

W25-11

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
				<p>could apply to one question and not the other. For example, a petitioner could read the proposed revision language and focus only on how a CARE plan or CARE agreement would benefit the respondent. Responding only to this part of the question would omit information related to the CARE plan or CARE agreement being the least restrictive means necessary and would result in a deficient petition. The court must make separate findings regarding each fact, so if the petitioner wants to make the best case possible in the petition, it would be clearer and more effective to have the items presented separately.</p> <p>Finally, the potential for overlap between subsections of item 7 exists across other subsections as well (e.g. 7b and 7f), but which subsections might overlap depends on an individual case. The committee believes that the instruction that the petitioner can explain where they have covered the information before is sufficient.</p>
			<ul style="list-style-type: none"> Q8: To ensure petitioners understand that the ensuing information is optional, suggest retitling the question to clarify this: <ul style="list-style-type: none"> <i><u>OPTIONAL</u> Other Information (if applicable, check any of the following statements that is true, and give the requested information if you know it):</i> 	<p>The committee agrees with this comment and recommends revising form CARE-100 accordingly.</p>

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			<ul style="list-style-type: none"> We suggest making conforming revisions to other related forms, such as the CARE-102 and the CARE-050. 	The committee recommends making conforming revisions to form CARE-102 and form CARE-050-INFO.
			CARE-102 <ul style="list-style-type: none"> We suggest making conforming revisions with the suggestions above for the CARE-100 form. 	The committee recommends making conforming revisions to form CARE-102.
			<ul style="list-style-type: none"> Q8: Suggest revising to replace “the allegations” to “this petition” to match the tone of the rest of the form. <i>Facts and opinions supporting the allegations <u>this petition</u> that the respondent meets each of the clinical criteria in Welfare and Institutions Code section 5972 are provided (check one):</i>	The committee recommends revising item 8 on form CARE-102 in a similar manner. The committee believes that replacing “the allegations” with “my opinion” best matches the tone of the rest of the form.
			CARE-050 <ul style="list-style-type: none"> Page 1 of 7, Item 3: We support ensuring that petitioners know they can also contact local behavioral health agencies, we think it is important to clarify that doing so in no way obligates the agency to investigate or file a petition. Our proposed revision is as follows: <ul style="list-style-type: none"> 3. Have you thought about ways to help other than CARE Act proceedings? [. . .] Also, you can contact your local behavioral health agency to refer someone to CARE Act proceedings without filing a petition. The agency can investigate and may decide to file a petition themselves, <u>but is not required to investigate or petition. If you have previously contacted your local behavioral health agency to refer someone to CARE Act proceedings, you can still file a petition yourself.</u> 	<p>The committee appreciates this comment and recommends revising form CARE-050-INFO in a similar manner. The committee believes that the most concise way to communicate this principle is to revise the sentence to read as follows:</p> <p>“The agency can investigate and may decide to file a petition itself, but it is not required to do so.”</p> <p>The committee does not recommend including the last sentence notifying the petitioner that they can still file a petition themselves. While this statement is true, Section 3 of form CARE-050-INFO aims to provide information about ways to help other than CARE Act proceedings. Therefore, this</p>

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
				information is not appropriate to include in this section. Also, the statement implies that having previously contacted the local behavioral health agency is relevant to whether the person can file, which is inaccurate.
			CARE-119 <ul style="list-style-type: none"> We suggest adding to the Note to indicate for the petitioner that if circumstances change and/or additional information becomes available, they can petition again. <ul style="list-style-type: none"> <i>You may file a new petition with the court if there is a change in circumstances and/or additional information becomes available.</i> 	The committee recommends revising form CARE-119 in a similar manner. In order to maintain consistency with corresponding language in form CARE-050-INFO, the note has been revised to include the following sentence: “If the respondent’s situation changes after this petition is dismissed, you may file a new petition with the court.”
2.	California Department of Health Care Services by Ashley Love, Chief	NI	*Commenter submitted comments directly on the forms that circulated for comment using the Microsoft Word comment feature. Please consider deleting the word 'serious' as all schizophrenia *This comment was made on Page 14 in reference to the following section of text on CARE-050-INFO, Section 1, which read as follows: The CARE Act allows a person in one or more of 14 categories (see page 2) to file a petition asking a court to start proceedings intended to get help for an adult who has a serious schizophrenia spectrum disorder or another psychotic disorder and meets several other requirements.	The committee appreciates and agrees with this comment and recommends removing “serious” from Section 1 of form CARE-050-INFO.

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

W25-11

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			<p>Please consider rephrasing the last sentence to read, 'The person who you think needs help is called the respondent.'</p> <p>*This comment was made on Page 14 in reference to the following section of text on CARE-050-INFO, Section 1, which read as follows:</p> <p>The person who asks the court to start the proceedings is called the petitioner. This form assumes that you are thinking about whether to file a petition and become a petitioner. The person who needs help is called the <i>respondent</i>.</p>	The committee agrees with this comment and recommends revising form CARE-050-INFO accordingly.
			<p>Please consider incorporating a description of the 102 form here.</p> <p>*This comment was made on Page 16 of the Proposal Document, and on Page 3 of the form CARE-050-INFO. This comment was made on Item 6a, which read as follows:</p> <p>a. A completed declaration by a licensed behavioral health professional on Mental Health Declaration-CARE Act Proceedings (form CARE-101); OR</p>	The committee does not recommend modifying the proposal in response. The committee must balance the usefulness of additional information with simplicity for the petitioner in what is already a thorough information sheet. The form CARE-050-INFO is intended to help a petitioner fill out form CARE-100, not form CARE-102. Further, item 6 informs the petitioner what supporting evidence a petitioner filling out form CARE-100 would need to provide in their petition. Including information about form CARE-102 here may confuse the reader and result in some non-licensed behavioral health professionals attempting to file form CARE-102.

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			<p>Please consider adjusting this language (and in future occurrences) to read, “Is currently located in the county that this petition is filed.” and “Is a defendant or respondent in a criminal or civil proceeding pending in the superior court in the county that this petition is filed.”</p> <p>*This comment was made on Page 26 of the Proposal Document, and on Page 2 of the form CARE-100. This comment was made on Item 5(b)(1) and Item 5(b)(2), which read as follows:</p> <p>The respondent’s county of residence is (<i>if you know it</i>):</p> <p>(1) Is currently located in this county.</p> <p>(2) Is a defendant or respondent in a criminal or civil proceeding pending in the superior court of this county.</p>	The committee agrees with this comment and recommends revising item 5 of form CARE-100 accordingly.
			<p>Please consider the following language instead:</p> <p>2 a. ___ I am a licensed behavioral health professional as defined by the CARE Act, which includes professionals who are acquiring experience for licensure or who are from out of state with sufficient experience to gain admission to a licensing exam (WIC 5971 (k) and 5751.2) as a (check one)</p> <p>_____ physician</p> <p>_____ psychologist</p> <p>_____ clinical social worker</p> <p>_____ marriage and family therapist</p> <p>_____ professional clinical counselor</p> <p>b. My license number is (if applicable):</p> <p>*This comment was made on Page 30 of the Proposal Document, and on Page 1 of the form CARE-102. This comment was made in reference to Item 2(a), which read as follows:</p>	The committee agrees with this comment and recommends revising item 2(a) on form CARE-102 in a similar manner. The committee has revised item 2(a) to directly reflect the appropriate statutory language and corresponding citation. Accordingly, the language in 2a preceding 2(a)(1)–(5) has been modified to read as follows: “I am a licensed behavioral health professional as defined by the CARE Act (Welf. & Inst. section 5971(<i>l</i>)) as a (check one)”

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			2. a. () I hold a current valid California license as a (check one): (1) physician. (2) psychologist. (3) clinical social worker. (4) marriage and family therapist. (5) professional clinical counselor.	
3.	County Behavioral Health Directors Association By Diana Luna, Deputy Director of Budget Advocacy	NI	<p>*Commenter submitted comments directly on the forms that circulated for comment using the Adobe PDF comment feature.</p> <p>CBHDA recommends adding the below to clarify reference to “the parties” for public understanding.</p> <p>*This comment was made on Page 26 of the Proposal Document, on Item 2 of form CARE-050-INFO. The recommended language, which changes in red text, is as follows:</p> <p>A CARE plan or CARE agreement may be amended if the parties (i.e., the respondent and/or petitioner) agree to amend the CARE plan or agreement. The court may also approve amendments to a CARE plan without the parties’ agreement if the court holds a hearing and finds that the amendments are needed to support the respondent in getting the help they need.</p>	<p>The committee agrees with this comment and recommends revising item 2 of form CARE-050-INFO in a similar manner. The “parties” who can agree to amend a CARE plan or CARE agreement are the respondent and the county behavioral health agency because by that point in the process the county behavioral health agency will have replaced the original petitioner, if applicable. Accordingly, “parties” has been replaced with “respondent and the county” to lessen the confusion with the ability of the original petitioner to agree or not to future amendments.</p>
			<p>CBHDA recommends including instructions to clarify whether responses to Q9 is a “check one” or a “check all that apply.”</p> <p>*This comment was made on Page 31 of the Proposal Document, and on Page 2 of the form CARE-102 to Item 9.</p>	<p>The committee appreciates this comment but does not recommend modifying the proposal in response. Items 9a through 9f allow the petitioner to provide facts and opinions supporting their opinion that the respondent meets each of the clinical criteria in Welfare</p>

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
				<p>and Institutions Code section 5972. If the petitioner checks the box in item 8(a), they must complete all parts of 9a through 9f. The petitioner must demonstrate that the respondent meets each of the criteria in order to be eligible for CARE Act proceedings. Therefore, items 9a through 9f are not optional and a “check one” or “check all that apply” would be inappropriate.</p> <p>The committee recognizes that item 9 could be clearer regarding its purpose. To that end, the committee recommends revising item 9 of form CARE-102 to include a statement that it is the petitioner’s professional opinion that the respondent meets each of the requirements in items 9a to 9f.</p>
4.	Hon. Michael J. Jurkovich Superior Court of Madera	NI	<p>Title 7. Standards for Probate and Mental Health Proceedings Standard 7.20. CARE Act Proceedings (a) Unique role of the CARE Act court judicial officer</p> <p>Judicial officers of CARE Act courts, in consultation with the presiding judge of the superior court and to the extent that it does not interfere with the adjudication process, are encouraged to:</p> <p>(1) Monitor what specific supports and services are available in the local community for inclusion in CARE agreements and CARE plans;</p> <p>(2) Exercise their authority under statute or rule to review, order, and enforce the delivery of specific supports and services for</p>	<p>The committee appreciates this comment but does not recommend modifying the proposal in response. The adoption of standard 7.20 would comply with the mandate in SB 42 to add “the role of the judiciary to improve system performance” to the list of topics for which the Judicial Council must establish rules and policies. Additionally, SB 42 added language to section 5977.4(a) that requires the court and relevant local public agency to “cooperate to develop a comprehensive set of objectives established to improve performance of the CARE system in a vigorous and ongoing manner,” and</p>

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			<p>respondents, including prioritization for supports and services, where appropriate; and</p> <p>(3) Facilitate coordination of supports and services by using their authority to join multiple local agencies when it appears that the agencies have failed to fulfill their legal obligations to provide supports and services to the respondent.</p> <p>(b) Role of the CARE Act court</p> <p>The CARE Act court should:</p> <p>(1) Educate the community concerning the role of the CARE Act court in providing services and support for eligible adults;</p> <p>(2) Convene local behavioral health and social service agencies to coordinate the provision of available services through CARE agreements and CARE plans that use the least restrictive means to promote respondents' recovery, safety, and stability; and</p> <p>(3) Work to accommodate the sharing of information among agencies within the 36 limits of the statutory framework.</p> <p>I am concerned the yellow text above, when read in conjunction with the entire text, may place judicial officers in conflict with several judicial canons, which guide our daily life.</p> <p>In particular, Canons 1, 2, 3 and 4 (integrity, independence, avoid the appearance of impropriety, conflict with judicial obligations, and actions inconsistent with impartiality).</p>	<p>authorized CARE Act courts to “coordinate and participate in meetings to improve system performance.”</p> <p>Standard 7.20 is drafted to provide nonbinding guidelines related to the CARE Act and is not intended to violate the Code of Judicial Ethics or conflict with a judge’s obligations. The committee understands the need for judicial officers to act within judicial canons for ethics, and further understands that judicial officers have the discretion to choose whether to follow standards.</p>

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			Referring to the yellowed text above: 1. What does it mean when judicial officers are “encouraged to” do something, or “should” do something? See 7.20(a)(b). I understand “must”, “shall”, and “may”, but do not know what being “encouraged” means. How do I respond to something I “should” do. If I don’t do these things, will I be called before the Commission on Judicial Performance (“CJP”)? Also, what is the statutory authority for this language? While I see the court is authorized to do certain things (WIC 5944.4), I don’t see any legislative language from which “encouraged to” or “should” flow. I think these prefaces are problematic.	The committee does not recommend modifying the proposal in response. The verb “should” comes directly from Cal. Rules of Court, rule 1.5, which prescribes the construction of rules and standards. “Should” expresses a preference or a nonbinding recommendation. (See Cal. Rules of Court, rule 1.5(b)(5).) The use of “should” in standard 7.20 indicates the general nonbinding nature of standards, as opposed to the binding nature of rules. (See Cal. Rules of Court, rule 1.5(c).) The verb form “encouraged to” is used interchangeably with “should” and has the same nonbinding effect of a guideline or goal. “Encouraged to” is used in other California Standards of Judicial Administration such as standard 5.30(f) and standard 5.40(e).
			2. Similarly, what does “to the extent that it does not interfere with the adjudication process” mean? See 7.20(a). To me, all of the above hi lit text interferes with the adjudication process if it compromises our independence, integrity, creates the appearance of impropriety, conflicts with a judge’s obligations, or appears to be inconsistent with impartiality.	The committee does not recommend modifying the proposal in response. Standard 7.20 is intended to establish guidelines that are consistent with the relevant statutory requirements. As with all other standards, the intent is not to compromise any obligations or independence but to create nonbinding guidelines or goals. (See Cal. Rules of Court, rule 1.5(c).) The referenced clause is used elsewhere in the Standards of Judicial Administration (see standard 5.30(f)) to

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
				<p>establish guidelines specific to a unique court such as the CARE Act proceedings court.</p> <p>As described above, the committee understands that judicial officers will exercise their discretion in following nonbinding standards.</p>
			<p>3. As for: “Exercise their authority under statute or rule to review, order, and enforce the delivery of specific supports and services for respondents, including prioritization for supports and services, where appropriate;”, what is the authority for this proposed rule? The CARE Act created the CARE Court, which is designed to operate in an “informal nonadversarial atmosphere” See WIC 5977.4(a), From my review, there is no authority in the Act which would permit judicial officers to “enforce” delivery of anything. Even the authorization of a medication order, is not really an order vis a vis the respondent, as there is no “penalty” for noncompliance. See WIC 5979(a)(5). If the “authority” is found in WIC 5979(b)(2)(B), that authority is limited to the imposition of a fine.</p>	<p>The committee does not recommend modifying the proposal in response. In addition to the authority found in Welfare and Institutions Code section 5979(b), section 5977.1(d) generally provides the court authority to make orders related to elements of a CARE agreement or CARE plan. Specifically, 5977.1(d)(2) gives the court the authority to “adopt the elements of a CARE plan that support the recovery and stability of the respondent” and allows the court to “issue any orders necessary to support the respondent in accessing appropriate services and supports, including prioritizations of those services and supports.” This section provides the statutory basis for the language in Standard 7.20(a)(1) (formerly subdivision (a)(2) in the version circulated for comment) regarding the delivery of services and supports.</p> <p>Further, section 5977.1(d)(3) provides the authority to order medication under certain circumstances and section 5977.1(d)(4)</p>

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
				allows the court to consider a motion to add a local entity as a party to the CARE proceeding to facilitate the inclusion of supports or services. Notwithstanding the above, the court maintains its general ability to enforce court orders.
			4. As for: “Facilitate coordination of supports and services by using their authority to join multiple local agencies when it appears that the agencies have failed to fulfill their legal obligations to provide supports and services to the respondent”, are you really suggesting judicial officers “join multiple agencies” if the agencies have not “fulfill[ed] their legal obligations? How does this not compromise the independence of the judiciary (canon 1), avoid the appearance of impropriety (canon 2), not cast doubt on the “impartiality” of the judicial officer (canon 3), risk conflicting with the judge’s “judicial obligations” (one can not serve two masters)? If you mean “enjoin”, see paragraph 3, above.	Finally, the committee notes that the referenced mandate to conduct proceedings “in an informal nonadversarial atmosphere” found in Section 5977.4(a) applies only when there is no contested issue of fact or law.” This language does not limit the court’s ability to enforce orders.
				The committee does not recommend modifying the proposal in response. The usage of “join multiple other agencies” in standard 7.20(a)(2) (formerly subdivision (a)(3) in the version circulated for comment) flows directly from section 5977.1(d)(4) and the joinder procedure is established in rule 7.2240. Section 5977.1(d)(4) permits joinder by allowing the court to consider a motion to add a local entity as a party to the CARE proceeding to facilitate the inclusion of supports or services. Rule 7.2240 prescribes the procedure for joinder of a local government entity under section 5977.1(d)(4).

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
				Further, the language in subdivision (a)(2) (formerly subdivision (a)(3) in the version circulated for comment) also flows from Welfare and Institutions Code section 5979(b)(1) which requires the court to report a finding that the county or other local government entity is not complying with court orders to the presiding judge of the superior court or their designee. Section 5979(b)(2)(A) requires the presiding judge or their designee to issue an order to show cause why the local government entity should not be fined. The CARE Act statutes do not allow a court to sanction an agency without making a finding that the agency has failed to meet a legal obligation and offering the agency to be respond and argue that it either has no obligation or has fulfilled the relevant obligation. If the court were to follow these procedures outlined in section 5979(b), then the judicial officer should not be in conflict with any ethical obligations.
			5. As for: “Convene local behavioral health and social service agencies to coordinate the provision of available services through CARE agreements and CARE plans that use the least restrictive means to promote respondents’ recovery, safety, and stability”, what is the legislative basis for this proposed rule? WIC 5977.4 states “The court is authorized to coordinate and participate in meetings to improve system performance.” This does not say the court is authorized to “convene” Behavioral Health and Social Services agencies and “coordinate” provision of services using the	The committee agrees with this comment to the extent that some may view standard 7.20(b)(1) (formerly subdivision (b)(2) in the version circulated for comment) as unfairly including certain agencies and not others. To avoid any inference that the standard encourages a judicial officer to convene with certain agencies and not others, the committee recommends that standard

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			least restrictive means to “promote respondents’ recovery, safety, and stability”... When did judicial officers become advocates for the respondents? We are not advocates. This section, perhaps more than others, runs afoul of most of the judicial canons by compromising our impartiality and integrity. The public (counsel) will view the court’s involvement here as picking sides (just “convening” behavioral health/social service agencies- to the exclusion of others, such as public defenders). The proposed language goes well beyond the legislative mandate.	<p>7.20(b)(2) be renumbered and revised to state that judicial officers should convene “relevant local public agencies and stakeholders, including behavioral health and social service agencies,” rather than just naming behavioral health and social service agencies.</p> <p>The committee notes that subdivision (b)(2) is not intended to imply that judicial officers become advocates for respondents. Instead, subdivision (b)(2) uses statutory language as the basis for creating a goal which promotes the respondents’ wellbeing. Subdivision (b)(1) takes language directly from section 5977.1(d)(2), which requires that courts “adopt the elements of a CARE plan that support the recovery and stability of the respondent.” Further, Section 5977.4(a) requires that the judicial officer “control the proceedings during the hearings with a view to the expeditious and effective ascertainment of the jurisdictional facts and the ascertainment of all information relative to the present condition and future welfare of the respondent.” This subdivision draws from these statutes to create a goal of ordering CARE agreements and CARE plans that promote the overall wellbeing and welfare of the respondent.</p>

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			<p>6. As for: “Educate the community concerning the role of the CARE Act court in providing services and support for eligible adults”....this is nothing more than code for getting the word out to the community to get them to file Petitions for their loved ones. This is NOT the same as teaching a class of university students about the CARE Act/court. What is clearly contemplated here is to solicit participation – this is advocacy by judges. This proposed rule will be viewed by many (including attorneys) as compromising judicial integrity if we are to go out into the community and be perceived as encouraging participating in this legislatively created process. This perception alone subjects judicial officers to investigation by the CJP for violating the above Canons requiring we be unbiased and independent.</p> <p>Somewhere along the line, it has been forgotten that notwithstanding its legislative genesis, the CARE Act, from which the CARE Court flows, is still conducted before sworn judges, who are bound by oath to follow the judicial canons (and, if we don’t, risk sanction by the Commission on Judicial Performance, notwithstanding our altruistic motivations). These proposed rules, if followed, risk scores of judges being sanctioned if the rules are followed (as I believe following them may well be a violation of many canons) or if they are not followed (drawing a sanction of failing to follow a court rule). This body was tasked with promulgating rules regarding the “role of the judiciary to improve system performance”. See WIC 5977.4(a). Much of what concerns me (in yellow, above) does not flow from this legislative mandate, nor any mandate I could find.</p> <p>Additionally, we must recall that all judicial officers must wait until a problem comes to us. We may not go in search of a</p>	The committee agrees with this comment and recommends removing proposed standard 7.20(b)(1), as circulated for comment.

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			<p>problem so that we may offer a solution. This is why we do not offer advisory opinions. It is improper to “adjudicate the merits of a case not pending before us”. See <i>In re Marriage of Goddard</i> (2004) 33 Cal.4th 49, 57, fn. 4. Asking judicial officers to go out into the community and “educate” the community concerning the “role of the CARE Act” risks the judge offering opinions about the Act and how a case might go – to where impartiality may easily be questioned.</p>	
			<p>It seems to be lost on many that the CARE Act is not beloved by all, and has been challenged by many. The CARE Act has been modified since the early challenges (hence these proposed rules) and, I expect, will be challenged again. As judicial officers, if we were to comply with the proposed rules hi-lit above, it is most assured our integrity/neutrality will be challenged by contesting litigants if their action lands on our docket. Madera County is a small county. We only have two civil departments and I sit in one. I have a 50/50 chance of any CARE Act challenge landing on my docket. Why would I want to increase the chance of a disqualification challenge and risk the possibility my colleague will have to handle a case otherwise assigned to me? We are busy enough. I do not want to add to his or her workload- where I could have avoided the issue.</p> <p>In closing: I have been a trial court judge for 12 years now. I have never before responded to an invitation to comment on a proposed rule. That should mean something. I ask the committee to take another look at the proposed rules in light of my comments, and make revisions accordingly.</p>	No response is required.
5.	Orange County Bar Association	A	The CARE Act proposal is intended to improve efficiency and make the forms easier for users.	The committee appreciates this comment but does not recommend modifying the proposal

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
	by Mei Tsang, President		<p><u>Does the proposal appropriately address the stated purpose?</u></p> <p>The amendments to the rules of court are all based on new legislation. The amendments to the rules of court could be seen as problematic due to gaps and conflicts in the existing legislation. For example the amendment to rule 7.2210 which is based on SB42 directs the CARE court to communicate with a court with “related proceedings,” which we anticipate will improve efficiency, however at the expense of the patient’s self-determination in the CARE court proceedings by eliminating a limitation on the CARE court’s communication with other courts without a waiver from the respondent. Also, insofar as there will be an exchange of information between the CARE court and a juvenile court, there is no reference to 827 confidentiality. WIC 5978.2 may create an 827 “carve out”.</p>	in response. The committee agrees that there are ambiguities in the statutes, but these cannot be resolved through the rules as the committee cannot opine as to whether the legislature intended to create a “carve out.” The committee notes that concerns regarding statutory ambiguities are appropriately addressed to the Legislature or the appellate courts.
			The amendment to rule 7.2221 and the adoption of CARE-102 will assist county behavioral health as the number of petitions being filed by the county agency increases. There is no concern with this.	No response is required.
			The amendment to rule 7.2235 which clarifies the type of notice of hearings the respondent is to receive will help with efficiency particularly for individuals who do not prefer personal service. Respondent notice was a topic of discussion because of a handful of tense situations between the individual trying to effectuate personal service and the respondent and the onerousness of effectuating personal service on a population that is often unhoused. The patient must receive notice of every hearing and that typically requires personal service. That the respondent gets	No response is required.

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

W25-11

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			<p>to choose between personal service and some other form of service supports the patient’s self-determination in the court proceedings.</p> <p><u>Do the proposed forms regarding ongoing notice to original petitioners (forms CARE-118 and CARE-119) allow the court to provide sufficient notice without disclosing confidential medical information?</u></p> <p>Assuming the CARE court who is using this form does not indicate confidential medical information in the narrative section, these forms should be able to provide sufficient notice to the original petitioner without disclosing confidential medical information.</p> <p>The proposed changes to CARE rules and forms are all stated to be effective July 1, 2025 whereas the legislation at SB42 (stats. 2024, Ch. 640) states that it is emergency legislation effective January 1, 2025. Only the change to Wel. & Inst. Code 5977 (b)(6)(B)(ii) is effective on July 1, 2025 regarding the Court’s duty to provide notice of continuances and dismissals to the participants. Therefore only the proposed CARE Form-118 and the CARE Form-119 are correctly identified as being effective July 1, 2025. Clarification should be given to all other rules, forms, and standards for judicial administration as to their immediate effectiveness.</p>	<p>The committee does not recommend modifying the proposal in response. Although SB 42 was enacted as emergency legislation effective January 1, 2025, the effective dates of the rules, forms, and standard follow the Judicial Council’s general practice for proposals taking effect either January 1 or July 1. Proposals for new or amended rules, forms, and standards of judicial administration are circulated for public comment and follow the procedures found in California Rules of Court, rules 10.20–10.22. Since SB 42 was signed into law September 27, 2024, there was insufficient time for the required committee review, public comment, and Judicial Council adoption to occur in time for the rules and forms to take effect January 1, 2025.</p> <p>July 1, 2025, is the earliest effective date that allows for review of the proposal and incorporation of recommended changes. The effective date of the rules, forms, and standard does not change the effective date of the statute.</p>

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
6.	<p>Rural County Representatives of California by Sarah Dukett, Policy Advocate</p> <p>California State Association of Counties by Jolie Onodera, Legislative Advocate</p> <p>Urban Counties of California by Kelly Brooks Lindsay, Legislative Advocate</p>	NI	<p>Overall, the proposed rules and forms are well-suited to implement the CARE Act legislation enacted during the 2023-24 legislative session – with one significant exception. The Advisory Committee’s “determin[ation] that it would be in the best interest of respondents, as well as the success and effectiveness of the CARE Act as a whole, to maintain the current personal service requirement” fails to properly balance the undisputed need to effectively notify and engage respondents with the equally indisputable reality that requiring personal service of all papers in CARE proceedings is often a major cause of delay and inefficiency in CARE proceedings. The repeated continuances and extensions caused by difficulties in effecting personal service experienced in many cases are among the reasons that “fewer respondents have received CARE agreements or plans than anticipated,”*[the comment included a footnote here, which states as follows: Sen. Jud. Comm., analysis of Sen. Bill. No. 42 (2023-2024 Reg. Sess.) as amended Aug. 22, 2024]* and that the CARE Act is not yet producing the results anticipated by the Legislature and Governor.</p> <p>Moreover, repeated personal service of legal papers does <i>not</i> “build an ongoing communicative relationship between the court, the county, and the respondent.” Quite the contrary, county behavioral health professionals responsible for treating the CARE population report that constantly interjecting the intimidating formality of personal service into what is supposed to be a therapeutic process actually hinders that process and degrades trust and open communication.</p> <p>Allowing the respondent to waive personal service does not fully address either of these concerns. With due respect to the Advisory</p>	<p>The committee appreciates this comment but does not recommend modifying the proposal in response.</p> <p>The committee must balance the burdens and costs of a rule with ensuring actual notice to the respondent, without which the CARE process would not function. The committee appreciates that requiring personal service of notice of all hearings in CARE Act proceedings certainly increases financial costs and may even cause delays in certain proceedings. As the comment notes, there may also be instances where personal service “hinders the process” and “degrades trust and open communication.” However, these inefficiencies and potential frustrations are outweighed by the significant interest in ensuring the respondent receives actual notice. The committee believes that setting a minimum standard for personal service is the most effective method to safeguard the rights of all respondents, some of whom unquestionably require personal service in order to receive actual notice. Modifying the rule to allow for other forms of process as the default opens the door to inadequate notice. Personal service is a necessary expense to help create a process as uniquely collaborative as the CARE Act proceedings.</p>

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			<p>Committee, there is a better, middle- ground approach that both protects the respondent's rights and grants the court flexibility to manage the proceedings to best achieve the CARE Act's goals based upon the circumstances of each case. Counties' alternative proposal is attached in red-line format, and consists of the following elements:</p> <ul style="list-style-type: none"> • Retain the personal service requirement for the "Notice of order for report to augment petition" and "Notice of initial appearance." Counties concur with the Advisory Committee that personal service is generally appropriate "before the first court appearance." • For subsequent hearings, empower the Superior Court to determine whether personal service is necessary, effective, and feasible based on the individual circumstances of each case. Such consideration could include all of the factors noted by the Advisory Committee (e.g., the respondent's ability to receive service through other means), and also the countervailing concerns set forth above. • Allow notices of continued hearings (i.e., when the respondent has already received an initial notification) to be provided by means other than personal service. <p>Thank you for your consideration of our comments. If you have any questions, please do not hesitate to contact our organizations.</p> <p>Attachment: 1. Counties' Alternative Proposal for Rule 7.2235, Red-line Format</p> <p>Rule 7.2235. Notice of proceedings (§§ 5977-5977.3, 5979)</p>	<p>The committee believes that any revised language with less stringent service requirements risks inadequate notice at crucial points in the CARE Act proceedings. The alternative proposed language suggests that personal service would not be the default standard after the Notice of Initial Appearance. The committee is concerned that this structure would not ensure adequate notice for case management hearings where CARE agreements or CARE plans are being discussed. These later stages of the CARE Act proceedings are crucial times for the respondent's success, and the committee wants to ensure that respondents are receiving actual notice at these important stages of the process.</p> <p>The committee also recognizes the comment's emphasis on efficiency but notes that adopting the proposed "middle ground approach" would impair efficiency of proceedings in other ways. An approach that puts the burden on the court to "determine whether personal service is necessary, effective, and feasible based on the individual circumstances of each case" would likely result in a higher volume of requests to order or waive notice. Evaluation of these requests would require significant review and would likely impair the</p>

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			<p>(a) Notice of order for report to augment petition (§ 5977(a)(3) & (4))</p> <p>(1) Before engaging the respondent and preparing a report ordered under section 5977(a)(3)(B), the county agency ordered to file the report and serve notice of that order must give written notice to the respondent by serving the respondent personally or, if personal service is not practicable, by any method reasonably calculated to give the respondent actual notice. Proof of service on the respondent by any method other than personal service must include an explanation why personal service is impracticable and why the alternative method of service used is reasonably calculated to give the respondent actual notice.</p> <p>(2) The county agency must give notice to the respondent's counsel and the petitioner as provided in (d).</p> <p>(3) Notice must be given on Notice of Order for CARE Act Report (form CARE-106) and must include a copy of Order for CARE Act Report (form CARE-105) issued by the court.</p> <p>(4) Notice to the respondent and the respondent's counsel must also include a copy of the petition packet filed to begin the proceedings and Information for Respondents--About the CARE Act (form CARE-060-INFO).</p> <p>(5) If the court grants the county agency additional time to engage the respondent in voluntary treatment and services before filing the report, the county agency must, within five calendar days of the order, serve written notice of the extended report deadline on the respondent, the respondent's counsel, and the petitioner on form CARE-106 as provided in (d).</p> <p>(b) Notice of initial appearance (§ 5977(a)(3)(A), (a)(5)(C))</p> <p>(1) The county must give at least five court days' notice of the date, time, and location of the initial appearance under section 5977(b) to the respondent and the respondent's counsel, the</p>	<p>efficiency of the CARE Act proceedings court.</p> <p>Removal of the personal service requirement may also impair efficiency in another way. If the respondent does not receive actual notice of proceedings, hearings may have to be continued to protect the respondent's right to attend the hearings. (Welf. & Inst. Code § 5976(a) and (e).)</p> <p>Finally, the committee does not believe that any revisions are necessary because the existing structure of rule 7.2235 provides mechanisms to address situations where personal service is not practicable or in the best interest of the respondent. The existing rule provides that if personal service on a respondent is not practicable, service may be made by any method reasonably calculated to give the respondent actual notice. (See Cal. Rules of Court rule 7.2235(b) and 7.2235(c)(3).) The corresponding proof of service must also explain why personal service is impracticable and why the chosen alternative method is reasonably calculated to give the respondent actual notice. This provision provides a mechanism for the court to order alternative service if necessary. Additionally, the recommended rule 7.2235(e) states that the respondent has the</p>

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			<p>petitioner and the petitioner's counsel unless the county behavioral health agency is the petitioner, and, if the respondent does not reside in the county where the petition is filed, the county behavioral health agency in the respondent's county of residence and the agency's counsel.</p> <p>(2) Notice must be given on Notice of Initial Appearance--CARE Act Proceedings (form CARE-110).</p> <p>(3) Notice to respondent</p> <p>(A) Notice must be served personally on the respondent or, if personal service is not practicable, by any method reasonably calculated to give the respondent actual notice. Proof of service on the respondent by any method other than personal service must include an explanation why personal service is impracticable and why the alternative method of service used is reasonably calculated to give the respondent actual notice.</p> <p>(B) Notice to the respondent must include copies of the following:</p> <p>(i) The petition packet filed to begin the proceedings;</p> <p>(ii) Any report ordered and filed under section 5977(a)(3);</p> <p>iii) Notice of Respondent's Rights--CARE Act Proceedings (form CARE-113); and</p> <p>(iv) Information for Respondents--About the CARE Act (form CARE-060-INFO).</p> <p><u>(C) Notice of any continuance of the initial appearance may be served on the respondent by any method provided in (d).</u></p> <p>(4) Notice to respondent's counsel</p> <p>(A) Notice must be served on the respondent's counsel by any method provided in (d).</p> <p>(B) Notice to the respondent's counsel must include copies of the following:</p> <p>(i) The petition packet filed to begin the proceedings; and</p>	<p>right to waive personal service of notice or to choose to receive notice through other means. This provision offers an alternative for those respondents who find personal service to be intimidating, non-therapeutic, or otherwise inappropriate.</p> <p>Therefore, existing language permits service by alternative methods if either (1) the respondent chooses or (2) the respondent's circumstances make personal service unworkable.</p>

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			<p>(ii) Any report ordered under section 5977(a)(3).</p> <p>(5) Notice to other persons Notice must be served on all other persons entitled to receive notice by any method provided in (d).</p> <p>(c) Notice of other hearings (§§ 5977-5977.3, 5979)</p> <p>(1) The county must give at least five court days' notice of any hearing after the initial appearance to the respondent, the respondent's counsel, any local government entity the court has joined as a party to the proceedings, and, with the respondent's express consent given in writing or orally in court, the respondent's supporter.</p> <p>(2) Notice must be given on Notice of Hearing--CARE Act Proceedings (form CARE-115) and, except as provided in (3), served as provided in (d).</p> <p>(3) <u>The court may order that the first</u> Notice to the respondent of any hearing must be served personally or, if personal service is not practicable, by any method reasonably calculated to give the respondent actual notice and include a copy of Notice of Respondent's Rights--CARE Act Proceedings (form CARE-113). <u>If so ordered by the court, P</u>proof of service on the respondent by any method other than personal service must include an explanation why personal service is impracticable and why the alternative method of service used is reasonably calculated to give the respondent actual notice. <u>Each notice served upon the respondent shall include a copy of Notice of Respondent's Rights--CARE Act Proceedings (form CARE-113).</u></p> <p><u>(4) Notice of any continuance of a hearing may be served on the respondent by any method</u></p>	

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			<p><u>provided in (d).</u></p> <p>(45) Notice to the respondent and the respondent's counsel of a clinical evaluation hearing under section 5977.1 (c) must include a copy of the evaluation ordered under section 5977.1 (b).</p> <p>(56) Notice to the respondent and the respondent's counsel of a status review hearing under section 5977.2 (a)(1) must include a copy of the report required by that section.</p> <p>(67) Notice to the respondent and the respondent's counsel of a one-year status hearing under section 5977.3 (a)(1) must include a copy of the report required by that section.</p> <p>(d) Method of service Unless personal service is required, any notice or other document required by this rule to be served may be served as follows: (1) Personally or by first-class mail, express mail, or overnight delivery on any person; (2) By fax transmission as provided in rule 2.306; or (3) Electronically as provided in Code of Civil Procedure section 1010.6 and rule 2.251.</p> <p>(e) Waiver Nothing in these rules limits the right of the respondent to waive personal service of notice or to choose to receive notice through their attorney or by other means. Any such waiver must be in writing or made orally in open court.</p>	
7.	Superior Court of Los Angeles County	AM	<p>Position on Proposal Agree with proposed changes if modified</p>	The committee appreciates this comment. No response is required.
			Comments	No response is required.

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

W25-11

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
	by Robert Oftring, Chief Communications and External Affairs Officer		<p>The following comments are representative of the Superior Court of California, County of Los Angeles, and do not represent or promote the viewpoint of any particular judicial officer or employee.</p> <p>In response to the Judicial Council of California's proposal titled "ITC W25-08: Rules and Forms: Additional CARE Act Legislation," the Superior Court of California, County of Los Angeles (Court), concurs that the proposal effectively addresses its intended purpose.</p>	
			<p>The Court agrees the proposed forms regarding ongoing notice to original petitioners (forms CARE-118 and CARE-119) allow courts to provide sufficient notice without disclosing confidential medical information.</p> <p>It is unclear if there will be cost savings, as the Court would need to train its staff on the changes.</p> <p>The Court does not believe forms CARE-118 and CARE-119 need to provide additional instructions on how to determine the reasoning or basis for the continuance or dismissal.</p>	No response is required.
			<p>To implement the proposal, the Court would need to:</p> <ul style="list-style-type: none"> -Train court services assistants on the new forms (102, 118, and 119) and would take about two hours to complete. -Revise the initial filing procedure to include the option for licensed behavioral health professionals to use CARE-102 to start a CARE case. The Court would also want to revise its hearings procedure to make mention of the new ongoing notice requirement. This should not take long to change on the actual 	No response is required.

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

W25-11

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			<p>procedures since the changes are minimal. The Court estimates a couple of hours to train.</p> <p>-Train Self-Help staff on the new forms and the ongoing notice requirement right that is being granted to original petitioner.</p> <p>-The Court Technology Services Division would need to create a new case management system event code for CARE-102, 118, and 119. They would also have to configure CARE-102 for OFS and AWF. CARE-118 and 119 would need to be configured so that we can generate them in the case management system.</p> <p>Three months should be sufficient to implement from an operations standpoint. The changes will work in Los Angeles County, but it could be a burden for smaller courts that do not have as many resources.</p>	
			<p>For general comments, the new Standard 7.20 envisages that CARE Court judicial officers should undertake a leadership role among the justice partners to coordinate care and an educational role for the public. Specifically, proposed Standard 7.20(a)(1) encourages CARE Court judges to “monitor what specific supports and services are available in the local community for inclusion in CARE agreements and CARE plans.” This is a potentially inappropriate role for the CARE Court judge who is responsible under proposed Standard 7.20(a)(2) in using its adjudicatory role to “enforce the delivery of specific services and supports for respondents.” The Court suggests that proposed Standard 7.20(a)(1) be deleted.</p>	<p>The committee agrees with this comment recommends removing proposed standard 7.20(a)(1), as circulated for comment, accordingly.</p>

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			<p>Proposed Standard 7.20(b)(1) requires that CARE Court to “educate the community concerning the role of the CARE Act court in providing services and support for eligible adults.” While this may be a laudable goal for the CARE Act Courts, requiring judges to provide this education as a Standard of Judicial Administration is inappropriate. In addition, the education component will require coordination with Court Leadership, CARE Court judges and the Court’s Communications Division. If additional judicial time is needed for this purpose, then it may be necessary to assign an extra judicial officer to the LPS Courts in Norwalk.</p> <p>The specific public education component appears to be unique to CARE Court. However, there is no new funding to implement this. It is a significant concern for CARE Court judicial officers to educate the community without adequate funding to support these efforts. Therefore, the Court proposes suggests that proposed Standard 7.20(b)(1) be deleted.</p>	<p>The committee agrees with this comment and recommends removing proposed standard 7.20(b)(1), as circulated for comment, accordingly.</p>
			<p>Additionally, the new rules and forms governing communication between CARE Court judges and judges in Criminal (e.g., Hollywood in this context) and Juvenile Courts propose that cases remain open while CARE Court proceedings are pursued. However, in Los Angeles County, this approach is inapplicable to Criminal Courts. Referrals to CARE Court for criminal defendants are limited to individuals found incompetent to stand trial.</p> <p>In Los Angeles County, all incompetent misdemeanor defendants are evaluated for mental health diversion through the Office of Diversion and Reentry (ODR). If they are deemed</p>	<p>No response is required.</p>

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			<p>unsuitable due to refusal of medication or services, lower levels of care, such as CARE Court or Assisted Outpatient Treatment (AOT), are inappropriate. These defendants are instead evaluated for LPS conservatorship, and their cases are dismissed regardless of whether conservatorship is established.</p> <p>For felony cases, recent changes to Penal Code 1370 emphasize diversion for all eligible defendants. If a defendant is found unsuitable for diversion, it would not be logical to consider them for voluntary programs like AOT or CARE Court. Instead, they are either evaluated for LPS conservatorship or returned to treatment to restore competency.</p>	
8.	Superior Court of Orange County Probate Operations Management by Sean Lillywhite, Operations Analyst	NI	<p>Comments: Form CARE-102 <i>Petition to Begin CARE Act Proceedings by Licensed Behavioral Health Professional Only</i> is proposed for optional use and Rule 7.2221 specifies that it must be used if petitioner is a licensed behavioral health professional. The instructions in CARE-102 state that “If you complete and file this form, you do not need to complete or file Mental Health Declaration—CARE Act Proceedings (form CARE-101). (See Cal. Rules of Court, rule 7.2221(a), (b)(1).)” Since CARE-100 <i>Petition to Commence CARE Act Proceedings</i> is mandatory, should the instructions on CARE-102 state that this also replaces CARE-100? For example: “If you complete and file this form, you do not need to complete or file Petition to Commence CARE Act Proceedings (form CARE-100) or Mental Health Declaration—CARE Act Proceedings (form CARE-101). (See Cal. Rules of Court, rule 7.2221(a), (b)(1).)” Reference the proposal’s discussion on page four regarding the adoption of form CARE-102.</p>	The committee agrees with the suggested change and recommends revising the form in a similar manner.

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			Comments: Forms CARE-118 <i>Notice of Hearing or Continuance</i> and CARE-119 <i>Notice of Dismissal</i> are tailored specifically for an original petitioner described in subdivision (a) or (b) of Section 5974 for purposes of W&I 5977(b)(6)(B)(ii)(II). Form CARE-118 does not include the original date of the hearing being continued. This information would be important for the clerk processing the continuance when ordered as chambers work.	The committee appreciates this comment but does not recommend modifying the proposal in response. Including the original date of the hearing being continued may be helpful in some instances but is not statutorily required and does not affect the petitioner's rights. To the extent that including the original hearing date impacts the processing of papers, the committee recognizes that courts have different internal methods and technologies for processing court forms and does not recommend modifying the proposal in a way that may work for some courts but not others. Finally, forms CARE-118 and CARE-119 are optional forms (see Cal. Rules of Court, rule 1.35) and courts may choose to create its own local forms that better align with its own internal processing, so long as the local forms meet all relevant statutory requirements.
			Nor is there space for providing hearing time, department, or location. If the original petitioner is permitted to attend the hearing, this information would need to be included.	The committee does not recommend modifying the proposal in response. Providing the hearing time, department, or location is not statutorily required for form CARE-118. Further, as the original petitioner does not have a statutory right to be present beyond the initial hearing on the merits, providing such information may encourage the petitioner to attempt to attend the hearing even if they are not permitted to do so, which would disrupt the process. (See Welf. & Inst.

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

W25-11

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
				Code section 5977(b)(6)(B)(i.) If the petitioner is entitled to receive notice of the new hearing date, they could receive it through the normal <i>Notice of Hearing—CARE Act Proceedings</i> (CARE-115).
			On form CARE-119, the Clerk’s Certificate of mailing only allows for one party to be noticed. There may be an occasion where there are two or more original petitioners under W&I subdivision (a) or (b) of Section 5974 (parents with separate addresses), consider adding another column to add an additional address.	The committee does not recommend modifying the proposal in response. Creating space for additional addresses would be unnecessary for many cases and risks confusing petitioners or respondents in situations where there is only one petitioner. In the event that there is more than one original petitioner, a court can satisfy its obligations by completing a separate form CARE-119 for each original petitioner.
9.	Superior Court of San Diego County by Elizabeth Allen, Legal Services Manager	A	Specific Comments Q: Does the proposal appropriately address the stated purpose? A: Yes. Q: Do the proposed forms regarding ongoing notice to original petitioners (forms CARE-118 and CARE-119) allow the court to provide sufficient notice without disclosing confidential medical information? A: Yes. Q: Would the proposal provide cost savings? If so, please quantify. A: No. Q: Would rules related to the substance of forms CARE-118 and CARE-119—notice to petitioners, respondents’ privacy rights, etc.—be appropriate and useful?	The committee appreciates this comment. No response is required.

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			<p>A: Additional rules related to CARE-118 and CARE-119 are not necessary. Welfare and Institutions Code section 5977(b)(6)(B)(ii)(II) provides sufficient guidance.</p> <p>Q: Do forms CARE-118 and CARE-119 need to provide additional instructions to the court on how to determine the reasoning or basis for the continuance or dismissal?</p> <p>A: No, Welfare and Institutions Code section 5977(b)(6)(B)(ii)(II) provides sufficient guidance.</p> <p>Q: What would the implementation requirements be for courts for example, training staff (please identify position and expected hours of training), revising processes and procedures (please describe), changing docket codes in case management systems, or modifying case management systems?</p> <p>A: Updating procedures, training business office and courtroom staff, and notifying judicial officers.</p> <p>Q: Would three months from Judicial Council approval of this proposal until its effective date provide sufficient time for implementation?</p> <p>A: Yes.</p> <p>Q: How well would this proposal work in courts of different sizes?</p> <p>A: It appears the proposal would work for courts of all sizes.</p> <p>No additional Comments.</p>	
10.	Trial Court Presiding Judges Advisory Committee (TCPJAC) and the Court Executives Advisory Committee (CEAC)	AM	<p>JRS Position: Agree with proposed changes if modified.</p>	The committee appreciates this comment. See below for responses to specific comments.
			The JRS notes that the proposal is required to conform to a change of law and is intended to provide significant cost savings and efficiencies, generate significant revenue, or avoid a significant loss of revenue.	No response is required.

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
	(TCPJAC/CEAC Joint Rules Subcommittee) by Corey Rada, Senior Analyst		<p>The JRS also notes the following impact to court operations:</p> <ul style="list-style-type: none"> • Impact on existing automated systems. <ul style="list-style-type: none"> ○ The creation of new forms and modification of existing forms will require changes be made within case management systems to facilitate the use of the forms. Such changes should be relatively easy to implement, however. 	
			<ul style="list-style-type: none"> • Results in additional training, which requires the commitment of staff time and court resources. <ul style="list-style-type: none"> ○ Operations and self-help staff will need to be trained on the various changes resulting from the initiating legislation and these rule and form changes in order to provide accurate information to the public and justice partners, and to process CARE Act cases correctly following these changes. New noticing requirements for instance are a significant change for operations staff. 	No response is required.
			<ul style="list-style-type: none"> • Changes the responsibilities of the presiding judge and/or supervising judge. The adoption of Standard of Judicial Administration 7.20 as proposed would expand the role of the court and in turn of the presiding judge and CARE Court judge. Specifically, including subsections (a)(1) and (b)(1) in standard 7.20 would suggest that it is the court's role to provide community education and monitor which services are available in the community. That is not the court's role as the neutral arbiter of these proceedings, but rather the role of executive branch entities such as county behavioral health departments. That is particularly true when it comes to monitoring 	The committee agrees with this comment and recommends removing proposed standards 7.20(a)(1) and 7.20(b)(1), as circulated for comment, accordingly.

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			available services. Further, all courts do not have the capacity or expertise to fulfill this role. Although the Standards of Judicial Administration are not mandates, the Judicial Council should not adopt a standard that suggests these activities are the responsibility of courts. Those subsections should be removed from the proposed rule change. They are not required to comply with SB 42's amendment to Welfare and Institutions Code section 5977.4(c) to add "the role of the judiciary to improve system performance" to the list of topics for which the Judicial Council must establish rules and policies.	
			<ul style="list-style-type: none"> • Impact on local or statewide justice partners. <ul style="list-style-type: none"> ○ Various changes are proposed to create efficiencies for justice partners, and other changes affect the role of justice partners in this area. These changes seem likely to result in a net positive impact for justice partners. 	No response is required.
			<p><u>Suggested Modifications</u></p> <p>Proposed Standard of Judicial Administration 7.20 should be modified by removing subsections (a)(1) and (b)(1). See comment on impact #7 below for the rationale behind this suggested modification.</p>	The committee agrees with this comment and recommends removing proposed standards 7.20(a)(1) and 7.20(b)(1), as circulated for comment, accordingly.
			<p><u>Specific Proposal Questions and Responses</u></p> <p>1. Does the proposal appropriately address the stated purpose?</p> <p>a. <i>For the most part, yes. It goes too far, however, with some of the proposed language in Standard of</i></p>	No response is required.

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			<p><i>Judicial Administration 7.20. See the comment on impact #7 above.</i></p> <p>2. Do the proposed forms regarding ongoing notice to original petitioners (forms CARE-118 and CARE-119) allow the court to provide sufficient notice without disclosing confidential medical information? <i>a. Yes.</i></p> <p>3. Would the proposal provide cost savings? If so, please quantify. <i>a. No.</i></p> <p>4. Would rules related to the substance of forms CARE-118 and CARE-119—notice to petitioners, respondents’ privacy rights, etc.—be appropriate and useful? <i>a. This does not seem necessary. These forms are very straight forward.</i></p> <p>5. Do forms CARE-118 and CARE-119 need to provide additional instructions to the court on how to determine the reasoning or basis for the continuance or dismissal? <i>a. No. As stated in the report, the statute provides sufficient information.</i></p> <p>6. What would the implementation requirements be for courts—for example, training staff (please identify position and expected hours of training), revising processes and procedures (please describe), changing docket codes in case management systems, or modifying case management systems?</p>	

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

W25-11

Rules and Forms: Additional CARE Act Legislation (amend Cal. Rules of Court, rules 7.2210, 7.2221, and 7.2235, adopt form CARE-102; approve forms CARE-118 and CARE-119; revise forms CARE-050-INFO, CARE-060-INFO, and CARE-100; and adopt Cal. Stds. Jud. Admin., std 7.20)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			<p><i>a. See the impact comments above.</i></p> <p>7. Would three months from Judicial Council approval of this proposal until its effective date provide sufficient time for implementation?</p> <p><i>a. Yes.</i></p> <p>8. How well would this proposal work in courts of different sizes?</p> <p><i>a. As proposed, Standard of Judicial Administration 7.20 would not be realistic to comply with for courts of varying sizes, namely medium and small courts with limited resources to engage in activities beyond the adjudication and processing of cases. The proposed modification to the standard would address that issue. Other requirements in this proposal may be burdensome for small courts as well, such as added noticing requirements, but are unavoidable given new statutory requirements.</i></p>	

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.