



CARE REPORT | ADDENDUM

FROM: BHS CARE TEAM

TO: SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

- CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101
- EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020
- NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081
- SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910

ATTN: _____

PARTICIPANT:

NAME: _____

PETITION # _____ CASE #: _____

COURT DATE: _____ TIME: _____

CARE AGREEMENT/PLAN WAS APPROVED BY THE COURT ON: _____

CARE AGREEMENT/PLAN WAS ORDRED BY THE COURT ON: _____

STATUS REVIEW PERIOD: From: _____ To: _____

ORIGINATING PETITIONER:

NAME: _____

ATTACHMENTS:

- FACE SHEET
- DECLARATION BY A LICENSED BEHAVIORAL HEALTH PROFESSIONAL (FORM CARE-101)
- CARE REPORT | INVESTIGATION
- CARE REPORT | INITIAL HEARING
- CARE PLAN
- AMENDED CARE PLAN
- CARE REPORT | STATUS REVIEW
- CARE REPORT | ONE YEAR STATUS REVIEW
- CARE GRADUATION PLAN
- OTHER:

NOTES:



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I, _____ for the County of San Diego CARE Act program, do hereby declare as follows:



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

Declaration is executed on in San Diego, California.

Print Clinician name, title, program

Signature of Clinician