CONFIDENTIAL

ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER:	*FOR COURT USE ONLY*
NAME:		
FIRM NAME:		
STREET ADDRESS:		
CITY: STATE: ZIP CODE:		
TELEPHONE NO.: FAX NO.:		
EMAIL ADDRESS:		
ATTORNEY FOR *(name)*:		

SUPERIOR COURT OF CALIFORNIA, COUNTY OF
  STREET ADDRESS:
  MAILING ADDRESS:
CITY AND ZIP CODE:
  BRANCH NAME:

CARE ACT PROCEEDINGS FOR *(name)*:

RESPONDENT

NOTICE OF DISMISSAL	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 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.

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

NOTICE OF DISMISSAL