

SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF SIERRA 100 Courthouse Square, 2nd Floor P.O. Box 476 Downieville, CA 95936 (530) 289-3698	FOR COURT USE ONLY
IN THE MATTER OF	CASE NUMBER:
<i>Note: The Respondent may use this form to appoint a Supporter with access to the court's file in this case, or terminate the authority of the Supporter. The Supporter may also use this form to resign.</i>	

1. Respondent's name is:

2. This document concerns the appointment of my Supporter named below:
 - a. Name: _____ Telephone: _____
 - b. Address: _____
 - c. Email: _____

3. **Appointment:** I appoint the person in item 2 as my Supporter. I appoint the person in item 2 with authority as follows:
 - Health Records**
As my Supporter, the person in item 2 can receive documents and information with protected health information and mental health records (excluding psychotherapy notes) from the county behavioral health agency.

 - Health Records**
As my Supporter, the person in item 2 can inspect the court's file in the CARE Act proceeding.

(Date)

(Signature of Respondent)

(Print Name)

4. **Resignation:** The person in item 2 hereby **resigns** as Supporter.

(Date)

(Signature of Supporter)

(Print Name)

5. **Termination:** Respondent hereby terminates the services of Supporter in item 2.

(Date)

(Signature of Respondent)

(Print Name)

(Date)

(Signature of Respondent's Attorney)

(Print Name)

6. **Other:**

(Date)

(Signature of Respondent)

(Print Name)

(Date)

(Signature of Respondent's Attorney)

(Print Name)

THE COURT HAS REVIEWED AND SO ORDERS.

(Date)

Judge of the Superior Court