

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) TELEPHONE NO: _____ FAX NO: _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR(Name): _____	FOR COURT USE ONLY
<p style="text-align: center;">SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN</p> STREET ADDRESS: 1215 Truxtun Avenue CITY AND ZIP CODE: Bakersfield, CA 93301 BRANCH NAME: Metropolitan Justice Building	
CARE ACT PROCEEDING FOR: _____	CASE NUMBER: _____
APPOINTMENT, TERMINATION OR RESIGNATION OF SUPPORTER	
<p><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></p>	

1. Respondent's name: _____
2. This document concerns the following individual:
 - a. Name: _____ Telephone: _____
 - b. Address: _____
 - c. Email: _____
3. Respondent:
 - a. **Appointment:** I appoint the person at item 2 as my supporter.
 - b. **Health Records and Court File**
 - (1) **Granted:** As my supporter, the person at item 2 can receive documents and information with protected health information and mental health records (excluding psychotherapy notes) from the county behavioral health agency and can inspect the court's file in the CARE Act proceeding.
 - (2) **Denied:** The person at item 2 cannot receive documents and information with protected health information and mental health records from the county behavioral health agency, or inspect the court's file in the CARE Act proceeding.
 - c. **Termination:** The person at item 2 is no longer my supporter.
4. The person at item 2 hereby **resigns** as supporter.

Dated: _____

(SIGNATURE OF SUPPORTER)

Dated: _____

(TYPE OR PRINT NAME OF RESPONDENT'S ATTORNEY)

(SIGNATURE OF RESPONDENT'S ATTORNEY)

(TYPE OR PRINT NAME OF RESPONDENT)

(SIGNATURE OF RESPONDENT)

APPOINTMENT, TERMINATION OR RESIGNATION OF SUPPORTER