

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

INDIO 46-200 Oasis St., Indio, CA 92201
 MURRIETA 30755-D Auld Rd., Murrieta, CA 92563

RIVERSIDE 4050 Main St., Riverside, CA 92501

RI-PR107

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>)</p> <p>TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____</p> <p>E-MAIL ADDRESS (<i>Optional</i>): _____</p> <p>ATTORNEY FOR (<i>Name</i>): _____</p>	<p style="text-align: center;"><i>FOR COURT USE ONLY</i></p> <p>CASE NUMBER: _____</p>
<p>IN THE MATTER OF: _____</p>	

APPOINTMENT, TERMINATION, OR RESIGNATION OF SUPPORTER

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.*

1. Respondent's name is: _____

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)