

FOR COURT USE ONLY

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP: TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS: ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ 701 Ocean Street, Room 110, Santa Cruz, CA 95060	
CARE ACT PROCEEDINGS FOR:	CASE NUMBER:
APPLICATION AND ORDER FOR EXTENSION OF TIME TO SUBMIT BEHAVIORAL HEALTH REPORT	

1. The Behavioral Health Report is the above case is due on: _____
2. An extension of _____ days is requested.
3. Good cause for the extension exists because: _____

Date: _____

 Signature

ORDER

IT IS SO ORDERED THAT:

The Behavioral Health Report due date is extended until _____.

Date: _____

 Judge of the Superior Court