

NOTICE OF REQUEST FOR WRIT OF HABEAS CORPUS

(Rev. 08/16)

Confidential Patient Information
See Welfare & Institutions Code
Sections 5275 & 5328 and Penal
Code 11142

HIPAA Privacy Rule
45 C.F.R. § 164.508

TO: OFFICE OF THE SAN DIEGO COUNTY PRIMARY PUBLIC DEFENDER
405 B STREET, SUITE 900, SAN DIEGO, CA 92101, **FAX: (619) 338-4847**

On _____, I, _____, received a
Date of request Staff person or interested third party
request for release from _____ / _____ who is being
Name of patient DOB – if available
detained at _____ for intensive treatment pursuant to the
Name of treatment facility

following section of the Welfare and Institutions Code (check one):

- 5150 (72-hour hold)
- 5260 (second 14-day hold, DTS only)
- 5300 (180-day hold, DTO only)
- 5350 (conservatorship)
- 5250 (14-day hold)
- 5270.15 (30-day hold, GD only)
- 5352.1 (temporary conservatorship)
- Other (specify):

The person has been informed of his/her right to counsel. The person has requested the appointment of the Public Defender or other Attorney to assist him/her in preparation of a petition for a writ of habeas corpus pursuant to Section 5275 of the Welfare and Institutions Code.

Signature of staff person or interested third party Date: _____

Signature of Patient making request for release (not required) Date: _____

CAUTION

Any person who intentionally violates the provisions of Section 5275 requiring a staff member to notify the Superior Court of having received a request for release is guilty of a misdemeanor. See California Welfare and Institutions Code Section 5275 for additional information and requirements.