

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
IN THE MATTER OF (NAME):	Petitioner
PETITION FOR WRIT OF HABEAS CORPUS—LPS ACT	
CASE NUMBER:	

1. Petitioner is being unlawfully restrained of liberty at (specify name of treatment facility):
by (specify name of agency and treating psychiatrist):
2. Petitioner was admitted to the treatment facility on (date): _____ and is currently being held pursuant to
 - W & I, § 5150 (72-hour hold) W & I, § 5250 (14-day certification) W & I, § 5260 (2d 14-day certification)
 - W & I, § 5270.15 (30-day cert.) W & I, § 5300 (180-day post certification)
 - W & I, § 5350 (conservatorship) W & I, § 5352.1 (temporary conservatorship)
 - Other (specify):
3. **Check at least one box:**
 - a. Petitioner is illegally confined for the following reason:

 - b. Petitioner has been denied the following rights without good cause (Welf. & Inst. Code, §§ 5325, 5325.1, and 5326):

4. Petitioner requests that this court (check all that apply):
 - a. Issue a Writ of Habeas Corpus to the director of the facility named in item 1, commanding that the petitioner be brought before this court at a specified time and place.
 - b. Order the facility to release petitioner from restraint.
 - c. Order that all rights to which petitioner is entitled as a patient be observed.
 - d. Grant such other relief as this court deems appropriate.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER OR PERSON REQUESTING WRIT ON PETITIONER'S BEHALF)