

ATTORNEY OR PETITIONER WITHOUT ATTORNEY (<i>Name and Address</i>):	TELEPHONE NO.:	FOR COURT USE ONLY
PETITIONER'S BIRTH DATE:		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
IN THE MATTER OF (<i>NAME</i>):	Petitioner	CASE NUMBER:
PETITION FOR WRIT OF HABEAS CORPUS — LPS Act		

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 § 5352.1 (temporary conservatorship)
 W & I § 5350 (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 (Welfare and Institutions Code sections 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)