

ATTORNEY OR PETITIONER WITHOUT ATTORNEY (<i>Name and Address</i>):	TELEPHONE NO.:	<i>FOR COURT USE ONLY</i>
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—Penal Commitment		

1. Petitioner is being unlawfully restrained of liberty at (*specify name of treatment facility*):
by (*specify name of persons having custody, if known*):

2. Petitioner was admitted to the treatment facility on (*date*): _____ and is currently being held pursuant to:

<input type="checkbox"/> Penal Code § 1026 (not guilty by reason of insanity)	<input type="checkbox"/> Penal Code § 1026.5(b) (extended commitment)
<input type="checkbox"/> Penal Code § 1370 (incompetent to stand trial)	<input type="checkbox"/> Penal Code § 2684 (prisoners transferred to state hospital)
<input type="checkbox"/> Penal Code § 2962 (mentally disordered offender)	<input type="checkbox"/> Former W & I § 6300 (MDSO)
<input type="checkbox"/> Other (<i>specify</i>): _____	

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 (Penal Code section 2600):

4. Petitioner has no adequate and speedy remedy at law.

5. Have you made any previous requests for relief from this confinement? _____ *If your answer is yes, state the nature and grounds for your request, the date it was made, and the result:*

6. 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 personnel to release petitioner from said 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)

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