

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

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:

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(TYPE OR PRINT NAME)



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