

ATTORNEY OR PARTY WITHOUT ATTORNEY: _____ STATE BAR NO.: _____ NAME: FIRM NAME: STREET ADDRESS: CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: ATTORNEY FOR (name): _____	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
CASE NAME:	
DEFENDANT/RESPONDENT:	
NOTICE OF APPEAL—CIVIL COMMITMENT/ MENTAL HEALTH PROCEEDINGS	CASE NUMBER:

NOTICE

You must file this form in the SUPERIOR COURT WITHIN 60 DAYS after the court rendered the judgment or made the order you are appealing.

1. Defendant/Respondent (the person subject to the civil commitment) appeals from a judgment rendered or an order of commitment or conservatorship made by the superior court.
 NAME of Defendant/Respondent: _____
 DATE of the order or judgment: _____
2. This appeal is (*check one*):
 - a. after a jury or court trial.
 - b. after a contested hearing.
 - c. after an admission, stipulation, or submission.
 - d. other (*specify*): _____
3. Defendant/Respondent is currently being held under:
 - Penal Code, § 1026 et seq. (not guilty by reason of insanity)
 - Penal Code, § 1370 et seq. (incompetent to stand trial)
 - Penal Code, § 1600 et seq. (return to confinement)
 - Penal Code, § 2962 et seq. (mentally disordered offenders)
 - Welfare & Institutions Code, § 1800 et seq. (extended detention of dangerous persons)
 - Welfare & Institutions Code, § 5300 et seq. (LPS Act commitments)
 - Welfare & Institutions Code, § 5350 et seq. (LPS Act conservatorships)
 - Former Welfare & Institutions Code, § 6300 et seq. (MDSO)
 - Welfare & Institutions Code, § 6500 et seq. (developmentally disabled persons)
 - Welfare & Institutions Code, § 6600 et seq. (sexually violent predators)
 - Other (*specify*): _____
4. Defendant/Respondent requests that the court appoint an attorney for this appeal. Defendant/Respondent: was was not represented by an appointed attorney in the superior court.
5. Defendant/Respondent's mailing address is same as in ATTORNEY OR PARTY WITHOUT ATTORNEY box above. as follows:

Date: _____

(TYPE OR PRINT NAME)
(SIGNATURE OF DEFENDANT/RESPONDENT OR ATTORNEY)

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