

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): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>	
CASE NAME:	
DEFENDANT/RESPONDENT:	
<b>NOTICE OF APPEAL—CIVIL COMMITMENT/ MENTAL HEALTH PROCEEDINGS</b>	
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)

