

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
IN THE MATTER OF (NAME) :		Petitioner
PETITION FOR WRIT OF HABEAS CORPUS—LPS ACT		CASE NUMBER:

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

<input type="checkbox"/> W & I, § 5150 (72-hour hold)	<input type="checkbox"/> W & I, § 5250 (14-day certification)	<input type="checkbox"/> W & I, § 5260 (2d 14-day certification)
<input type="checkbox"/> W & I, § 5270.15 (30-day cert.)	<input type="checkbox"/> W & I, § 5300 (180-day post certification)	
<input type="checkbox"/> W & I, § 5350 (conservatorship)	<input type="checkbox"/> W & I, § 5352.1 (temporary conservatorship)	
<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 (Welf. & Inst. Code, §§ 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)