

ATTORNEY OR PETITIONER WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.: PETITIONER'S BIRTHDATE:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
IN THE MATTER OF (NAME):		Petitioner
PETITION FOR WRIT OF HABEAS CORPUS—Penal Commitment		CASE NUMBER:

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:
 Penal Code, § 1026 (not guilty by reason of insanity) Penal Code, § 1026.5(b) (extended commitment)
 Penal Code, § 1370 (incompetent to stand trial) Penal Code, § 2684 (prisoners transferred to state hospital)
 Penal Code, § 2962 (mentally disordered offender) Former W & I, § 6300 (MDSO)
 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 (Pen. Code, § 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)

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

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