

ATTORNEY OR PETITIONER WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): 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:

<input type="checkbox"/> Penal Code, § 1026 (not guilty by reason of insanity)	<input type="checkbox"/> Penal Code, § 1026.5(b) (extended commitment)
<input type="checkbox"/> Penal Code, § 1370 (incompetent to stand trial)	<input type="checkbox"/> Penal Code, § 2684 (prisoners transferred to state hospital)
<input type="checkbox"/> Penal Code, § 2962 (mentally disordered offender)	<input type="checkbox"/> Former W & I, § 6300 (MDSO)
<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 (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 WRIT ON PETITIONER'S BEHALF)