

ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (<i>name</i>):	STATE BAR NO.:	<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. (offenders with mental health disorders)
 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. (dangerous persons with developmental disabilities)
 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)