HC-002

ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER:	*FOR COURT USE ONLY*
NAME:		
FIRM NAME:		
STREET ADDRESS:		
CITY:	STATE: ZIP CODE:	
TELEPHONE NO.:	FAX NO.:	
E-MAIL ADDRESS:		
ATTORNEY FOR *(name):*		
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
   - q W & I, § 5150 (72-hour hold)
   - q W & I, § 5270.15 (30-day cert.)
   - q W & I, § 5350 (conservatorship)
   - q Other *(specify):*
   - q W & I, § 5250 (14-day certification)
   - q W & I, § 5300 (180-day post-certification)
   - q W & I, § 5352.1 (temporary conservatorship)
   - q W & I, § 5260 (2d 14-day certification)

3. **Check at least one box:**
   a. q Petitioner is illegally confined for the following reason:

   b. q Petitioner has been denied the following rights without good cause (Welf. & Inst. Code, §§ 5325, 5325.1, and 5326):

4. q Petitioner requests that this court *(check all that apply):*
   a. q 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. q Order the facility to release petitioner from restraint.
   c. q Order that all rights to which petitioner is entitled as a patient be observed.
   d. q 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 BEHALF)