

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	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): <div style="text-align: right;">Petitioner</div>	
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 checked="" type="checkbox"/> Penal Code, § 1026 (not guilty by reason of insanity)	<input checked="" type="checkbox"/> Penal Code, § 1026.5(b) (extended commitment)
<input checked="" type="checkbox"/> Penal Code, § 1370 (incompetent to stand trial)	<input checked="" type="checkbox"/> Penal Code, § 2684 (prisoners transferred to state hospital)
<input checked="" type="checkbox"/> Penal Code, § 2962 (mentally disordered offender)	<input checked="" type="checkbox"/> Former W & I, § 6300 (MDSO)
<input checked="" type="checkbox"/> 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 WRIT ON PETITIONER'S BEHALF)
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PETITION FOR WRIT OF HABEAS CORPUS Penal Commitment (Mental Health)