ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:		, on ocon, cor cher
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 HABI	EAS CORPUS—LPS ACT	CASE NUMBER:
Petitioner is being unlawfully restrained of lil by (specify name of agency and treating psy		<u>:</u>
2. Petitioner was admitted to the treatment facility on (date): and is currently being held pursuant to		
W & I, § 5150 (72-hour hold) W & I, § 5250 (14-day certification) W & I, § 5270.15 (30-day cert.) W & I, § 5350 (conservatorship) W & I, § 5350 (conservatorship) W & I, § 5350 (conservatorship)		
<ul><li>3. Check at least one box:</li><li>a. Petitioner is illegally confined for the following reason:</li></ul>		
b. Petitioner has been denied the following rights without good cause (Welf. & Inst. Code, §§ 5325, 5325.1, and 5326):		
4. Petitioner requests that this court (ch	eck 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 to release petitioner from 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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