

SAMPLE Declaration in Support of Petition for Outpatient Treatment

Name: [your name]

Address: [the address of the hospital where you are committed]

In Propria Persona

IN THE SUPERIOR COURT
OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF [the name of the county where you were found NGI]

In the Matter of,
[your name]_____.

Petitioner,

A person Judicially Committed under Penal
Code Section 1026

) Case No.: [leave this line blank]

)

) **DECLARATION OF [YOUR NAME]**
) **IN SUPPORT OF PETITION FOR**
) **TRANSFER TO OUTPATIENT**
) **TREATMENT**

) Cal. Penal Code § 1026.2

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DECLARATION OF [your name]

I, [your name], declare that:

I am the Petitioner in this action. I make this statement of my own personal knowledge and if called to testify, could and would testify truthfully thereto.

1. I am a patient confined for treatment under California Penal Code section 1026 by commitment order of the Superior Court of California.

2. I have been confined for treatment in excess of 180 days, having been admitted to a California State Hospital.

3. I would not be a danger to the health and safety of others, including myself, if under supervision and treatment in the community.

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4. I have not had a hearing to determine if my sanity has been restored or to determine my suitability for placement in an appropriate outpatient program during the twelve months proceeding the date of this declaration.

5. I am indigent and cannot afford an attorney to represent me in this action, and request that the court appoint an attorney to represent me without charge.

6. I am indigent and cannot afford an independent psychiatric examination for this action, and request that the court pay for an independent psychiatric examination on my behalf.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on [the date you sign this petition] at [the city where you sign this petition], California.

Petitioner and Declarant