ATTORNEY OR PETITIONER WITHOUT ATTORNEY *(Name and Address)*:	TELEPHONE NO.:	To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.
PETITIONER'S BIRTH DATE:		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
IN THE MATTER OF *(NAME)*: Petitioner		CASE NUMBER:
PETITION FOR WRIT OF HABEAS CORPUS — LPS Act		

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
   ☐ W & I § 5150 (72-hour hold) ☐ W & I § 5250 (14-day certification) ☐ W & I § 5260 (2d 14-day certification)
   ☐ W & I § 5270.15 (30-day cert.) ☐ W & I § 5300 (180-day post-certification) ☐ W & I § 5352.1 (temporary conservatorship)
   ☐ W & I § 5350 (conservatorship) ☐ 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 (Welfare and Institutions Code sections 5325, 5325.1, and 5326):

4. 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 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)