ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.:	FOR COURT USE ONLY
NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (*name*):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
CASE NAME: DEFENDANT/RESPONDENT:	
NOTICE OF APPEAL—CIVIL COMMITMENT/ MENTAL HEALTH PROCEEDINGS	CASE NUMBER:

NOTICE

You must file this form in the SUPERIOR COURT WITHIN 60 DAYS after the court rendered the judgment or made the order you are appealing.

1. Defendant/Respondent (the person subject to the civil commitment) appeals from a judgment rendered or an order of commitment or conservatorship made by the superior court.

   NAME of Defendant/Respondent:
   DATE of the order or judgment:

2. This appeal is (*check one*):
   a. ☐ after a jury or court trial.
   b. ☐ after a contested hearing.
   c. ☐ after an admission, stipulation, or submission.
   d. ☐ other (*specify*):

3. Defendant/Respondent is currently being held under:
   - ☐ Penal Code, § 1026 et seq. (not guilty by reason of insanity)
   - ☐ Penal Code, § 1370 et seq. (incompetent to stand trial)
   - ☐ Penal Code, § 1600 et seq. (return to confinement)
   - ☐ Penal Code, § 2962 et seq. (offenders with mental health disorders)
   - ☐ Welfare & Institutions Code, § 1800 et seq. (extended detention of dangerous persons)
   - ☐ Welfare & Institutions Code, § 5300 et seq. (LPS Act commitments)
   - ☐ Welfare & Institutions Code, § 5350 et seq. (LPS Act conservatorships)
   - ☐ Former Welfare & Institutions Code, § 6300 et seq. (MDSO)
   - ☐ Welfare & Institutions Code, § 6500 et seq. (dangerous persons with developmental disabilities)
   - ☐ Welfare & Institutions Code, § 6600 et seq. (sexually violent predators)
   - ☐ Other *(specify):* _____

4. ☐ Defendant/Respondent requests that the court appoint an attorney for this appeal. Defendant/Respondent:
   ☐ was ☐ was not represented by an appointed attorney in the superior court.

5. Defendant/Respondent's mailing address is ☐ same as in ATTORNEY OR PARTY WITHOUT ATTORNEY box above.
   ☐ as follows:

Date:

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF DEFENDANT/RESPONDENT OR ATTORNEY)

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Print this form | Save this form | Clear this form