

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar#, and Address)	Reserved for Clerk's File Stamp
TELEPHONE NO: ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
IN THE MATTER OF THE APPLICATION OF: _____ DOB: _____ FOR APPEAL OF CAPACITY DECISION	
PATIENT APPEAL –MEDICATION CAPACITY WIC § 5334(e)(1)	CASE NUMBER: ZW

TO: LOS ANGELES SUPERIOR COURT, _____ COURTHOUSE- DEPARTMENT _____

Your appellant respectfully alleges as follows;

That I am _____, and a Medication Capacity Hearing was held at _____. The decision of the Hearing Officer declared that I lack the capacity to give an informed refusal and may be medicated against my will, is erroneous. There is **no** clear and convincing evidence that I lack the capacity to give an informed refusal and therefore should not be medicated against my will. WHEREFORE, your appellant respectfully prays that this court issue an order to: _____ commanding that I be brought before this court at a specific time and place and that my treating physician be present and demonstrate by clear and convincing evidence that I lack capacity to give an informed refusal to medications.

DATE

(ATTORNEY FOR APPELLANT)

The Clerk is directed to issue an Order calendaring the matter for hearing and requiring the presence of the patient and treating physician at the time and place specified in the Order.

DATE

Judge of the Superior Court

ORDER FOR HEARING

To _____ and _____
(TREATMENT FACILITY) (TREATING PHYSICIAN)

YOU ARE ORDERED to appear at DEPARTMENT _____ of the Superior Court before Honorable _____ Judge of the Superior Court, County of Los Angeles, State of California, on the _____ day of _____, 20____ at 8:30 a.m. You are further ordered to have _____, a patient in custody together with all treatment records relating to said patient's treatment.

Given under my hand with the Seal of Said Court, this _____ day of _____, 20_____.



SHERRI R. CARTER, Executive Officer/Clerk of Court

By: _____ Deputy

CERTIFICATE OF SERVICE

I hereby certify that I received and served the above Appeal on the _____ day of _____ 20____, and that I served the same by delivering said Appeal to

_____ on _____
(Person) (UNIT/WARD)

(SIGNATURE)

(PRINT NAME)

(TITLE AND TELEPHONE NUMBER)