

ATTORNEY OF PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address) _____ _____, Public Defender _____, Head Deputy TELEPHONE NUMBER: _____ FAX NO. (Optional): _____ ATTORNEY FOR: _____ <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES</b> STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____ <b>In the Matter of the Application of:</b>  <b>DOB:</b> _____	FOR COURT USE ONLY
<b>PETITION FOR WRIT OF HABEAS CORPUS</b>	CASE NUMBER: _____

**THE PETITIONER DEMANDS THE RIGHT TO A COURT REVIEW AS PROVIDED  
IN SECTION 5275 AND 5353 WELFARE AND INSTITUTIONS CODE**

(PETITIONER SIGNATURE)

DATE \_\_\_\_\_

Judge of the Superior Court

By: Deputy Clerk

LASC MH 002 Rev. 01/23  
For Mandatory Use