

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101	
PETITIONER	
RESPONDENT County of San Diego, Health and Human Services Agency, Public Health Services	CASE NUMBER
PETITION FOR WRIT OF HABEAS CORPUS RE QUARANTINE DETENTION	

TO: SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

1. I (name), _____, am the Petitioner in this matter.
2. This court has jurisdiction pursuant to Article I, Section 9, of the United States Constitution, Article VI, Section 10 of the California Constitution, and Penal Code §1473.
3. Petitioner was ordered to isolate or quarantine by the County of San Diego, Health and Human Services Agency, Public Health Services (Respondent) (order attached) on (date): _____ at:
 - his/her home located at: _____
 - a facility, if other than home, located at: _____
4. Petitioner believes that he/she is being deprived of his/her freedom illegally and believes that his/her confinement is illegal because: _____

5. Petitioner requests a court review as provided in Penal Code §1473.
6. Petitioner respectfully requests that this court (check all that apply):
 - Appoint counsel to represent the Petitioner in the matter. [Do not check if an attorney has been retained.]
 - Enter an order setting a hearing on this Petition for Respondent to show the legal authority by which the Petitioner was confined by Respondent's order to isolate or quarantine.
 - Seal this Petition and any attachments, along with subsequent related filings, and subsequent orders.

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
 Telephone number: () _____ Email address: _____

If Petitioner is currently represented by an attorney, the attorney must date and sign below.

Date: _____

 Type or print name Signature of Attorney
 Telephone number: () _____ Email address: _____

INSTRUCTIONS

1. Complete the Petition for Writ of Habeas Corpus re Quarantine Detention (page 1 of this document).
2. Date and sign the Petition under penalty of perjury, and include your telephone number and email address.
3. Complete a Civil Case Cover Sheet (JC Form #CM-010). This type of Petition should be categorized as an Unlimited action with a case type of Other Judicial Review (39).
4. File the Petition with the San Diego Superior Court. There is no filing fee for this Petition. The Petition must be filed by email:
 - Attach a copy of the scanned signed Petition, Civil Case Cover Sheet, and any attachments, to an email and send to:
To: WRT@Sdcourt.ca.gov
CC: Thomas.Bunton@sdcounty.ca.gov
Subject: Petition for Writ of Habeas Corpus re Quarantine Detention

The San Diego County Office of County Counsel (Thomas.Bunton@sdcounty.ca.gov) must be copied on the email sent to the court. This is how the Petition will be served on the Respondent (San Diego County Office of County Counsel on behalf of the County of San Diego, Health and Human Services Agency, Public Health Services).

A Proof of Service (page 3 of this Petition) must be completed and emailed to the court (WRT@sdcourt.ca.gov) within one day of filing the Petition.

Once the Petition is filed, a conformed copy will be emailed to the Petitioner and Respondent.

5. A judge will review the Petition and all parties will be notified of the decision.

PROOF OF SERVICE

I, the undersigned, declare:

1. I am (choose one):

Petitioner

Attorney for Petitioner (Name): _____

Adult Person Other than Petitioner (Name): _____

2. I have provided a copy of the Petition for Writ of Habeas Corpus re Quarantine Detention (SDSC Form #CIV-401) to the San Diego County Office of County Counsel (the Attorney for County of San Diego, Health and Human Services Agency, Public Health Services) by the following method:

Email Delivery. Based on an agreement of the party to accept service by email transmission, I emailed the documents as listed below. No error was reported by the email and a copy of the sent email is attached.

a. Email address: Thomas.Bunton@sdcounty.ca.gov

b. Date: _____

c. Time: _____ a.m. p.m.

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 of person completing this form

Signature of person completing this form