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| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address):<br><br><br>TELEPHONE NUMBER: _____ FAX NUMBER (Optional): _____<br>EMAIL ADDRESS (Optional): _____<br>ATTORNEY FOR (Name): _____ | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</b><br>COURT ADDRESS: 191 North First Street<br>CITY AND ZIP CODE: San José, California 95113<br>DIVISION: Probate Division                        |                           |
| In the Matter of the Application of:<br><br>_____   |                           |
| <b>WRIT OF HABEAS CORPUS<br/>(RE: QUARANTINE DETENTION)</b>   | CASE NUMBER: _____        |

1. **TO THE SANTA CLARA COUNTY PUBLIC HEALTH DEPARTMENT:**

**YOU ARE ORDERED TO APPEAR** to show cause at the hearing noted below why the Petitioner should not be released from quarantined confinement.

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| <p><b>Superior Court of California, County of Santa Clara</b><br/> <b>191 North First Street, San José, CA 95113</b></p> <p><b>Date: _____ Time: _____ Dept. _____</b></p> <p><b>Department Phone Number: (408) 882- _____</b></p> |
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2. **TO THE CLERK OF THIS COURT:** You are directed to serve this writ with the attached order to all interested parties by fax or email. If the Petitioner does not have fax or email capabilities and is self-represented, then you may give notice of the court date by phone as indicated in the petition. **(Attach the original fax confirmation or printed email to this writ as proof of service for the file.)**

[SEAL]

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy