

Attorney or Party without Attorney (Name, State Bar Number, Address)	<i>For Court Use Only</i>
Telephone No.	
Attorney For (Name)	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SONOMA</b>	
(Select one)	
<input type="checkbox"/> In the Matter of	
<input type="checkbox"/> State of California vs.	
Date of birth:	
<b>NOTICE OF APPEAL—INVOLUNTARY COMMITMENTS</b> (Penal Code §§ 1026-1027, 1367, et seq., 2960; Welfare & Institutions Code §§ 4825, 5000, et seq., 6500, et seq. 6600, et seq.)	Case Number:

1. Appellant appeals from a judgment rendered or an order made by the superior court.

**Name** of Appellant:

**Date** of the order or judgment:

2. This appeal is:

- a.  after a jury or court trial.
- b.  after a contested hearing.
- c.  after a stipulated judgment.
- d.  other (specify):

3. Appellant requests that the court appoint an attorney for this appeal. Appellant  was  was not represented by an appointed attorney in the superior court.

4. Appellant's mailing address and phone number are:  same as in attorney box above.  as follows:

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF APPELLANT OR ATTORNEY)