

# EXTENDED CONFINEMENT AFTER COMPLETION OF CRIMINAL OR JUVENILE TERM

Mentally Disordered Offender Act (starting at Penal Code § 2960)  
or Sexually Violent Predator Act (starting at Welfare & Institutions Code § 6600)  
or Extended Detention – Division of Juvenile Facilities (starting at Welfare & Institutions Code § 1800)

## NOTICE OF APPEAL

**Forms:** The attached forms are for use in an appeal in the Court of Appeal, Fourth Appellate District, from a judgment or order extending the confinement of a person originally committed to state prison or the Division of Juvenile Facilities, after the time the person would normally be released. They include appeals from an order for confinement under the Mentally Disordered Offender Act (starting at Penal Code § 2960) or Sexually Violent Predator Act (starting at Welfare and Institutions Code § 6600) or extended detention in the Division of Juvenile Facilities (starting at Welfare and Institutions Code § 1800). In these cases an indigent party has the right to court-appointed counsel. The forms include:

- [Notice of Appeal](#). The notice of appeal should be filled out completely and must be signed by either you or your trial counsel.
- [Motion for Appointment of Counsel on Appeal](#). If you cannot afford to retain an attorney on appeal, the motion for appointment of counsel at the bottom of the notice of appeal should be filled out and signed by you (preferably) or trial counsel. If you have no income and are not in custody, you must explain how living expenses are met.
- [Instructions for Filling Out Notice of Appeal](#).
- [Background Information](#). This information helps to ensure that your appeal is processed correctly and that you are properly represented on appeal. Please file with page 1. It is not confidential.
- [Change of Address](#). Detach and keep the change of address form for use as needed. It is critical you keep the Court of Appeal, Appellate Defenders, Inc., and your appellate attorney informed of your current address at all times.

**When:** A notice of appeal must be filed within **60 days** from the date of the judgment or order being appealed.

**What:** An order or judgment for extended confinement after completion of a criminal or juvenile term is appealable.

**Where:** A notice of appeal must be filed with the appeals section of the superior court where the decision being appealed was made. The main courthouses handling these cases in each county of the Fourth Appellate District are listed on Appellate Defenders Inc. website [here](#) and e-filing information is listed [here](#). If you do not have access to the website, or are unsure if you have the correct address, please check with your trial attorney or a court clerk for the filing location. You can also call the on-duty attorney at Appellate Defenders, Inc. (619) 696-0282 to confirm the address.

**For assistance:** Contact Appellate Defenders, Inc., a firm of appellate attorneys that manages the system of court-appointed counsel in the Fourth District Court of Appeal: 555 W. Beech St., Ste 300, San Diego, CA, 92101. Telephone: (619) 696-0282. Website with e-mail contacts, forms, Appellate Practice Manual, and multiple other resources: <http://www.adi-sandiego.com>

**INSTRUCTIONS ON PAGE 2.** This Notice of Appeal must be filed within 60 days of the decision being appealed, in the county superior court where the decision was made. File the background information form (p. 3) along with it.

(1) Name of appellant: \_\_\_\_\_

Address (include I.D. No. if in custody): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (if applicable): \_\_\_\_\_ Date of birth: \_\_\_\_\_

*For Court Use Only*

**SUPERIOR COURT OF THE STATE OF CALIFORNIA,**  
**COUNTY OF (2) \_\_\_\_\_**

People v. or In re \_\_\_\_\_ )

(3) Superior Court No. \_\_\_\_\_

**NOTICE OF APPEAL**

(4) \_\_\_\_\_ )  
 Print name of appellant )

**(Extended Confinement After Completion of Term)**

**(5) Type of proceeding:** This appeal is from a judgment or order for extended confinement of a person, after completion of the original term of commitment, in the following proceeding (check one of these boxes):

- Mentally Disordered Offender Act (Penal Code § 2960 et seq.).
- Sexually Violent Predator Act (Welfare and Institutions Code § 6600 et seq.).
- Extended Detention in Division of Juvenile Facilities (Welfare and Institutions Code § 1800 et seq.).
- Other (*describe*): \_\_\_\_\_

**(6) Date of decision being appealed:** \_\_\_\_\_

**(7) Signature (required):** \_\_\_\_\_

Signature of Appellant or Trial Counsel (with State Bar no.) Date of Signature

*The filing of a notice of appeal by counsel is not an undertaking to handle the appeal. (Penal Code § 1240.1, subd. (b).)*

**(8) MOTION FOR APPOINTMENT OF COUNSEL**

The appellant requests the Court of Appeal appoint an attorney for appeal. The appellant does not have sufficient means to hire an attorney. The appellant and his or her spouse (if applicable) have the following combined income and property:

|   |   |
|---|---|
| Take-home pay from job (monthly): \$ _____  | Trial attorney was: (Check one.)  |
| Other income (monthly): \$ _____  | <input type="checkbox"/> A public defender or court-appointed attorney. |
| Money in bank at this time: \$ _____  | <input type="checkbox"/> An attorney paid for by appellant.             |
| Home ownership? (Check one.) <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Other: _____                                   |

I declare under penalty of perjury under the laws of the State of California that this information is true and correct:

\_\_\_\_\_  
 Date Signature of Appellant (Preferred) or Trial Counsel

## INSTRUCTIONS FOR FILLING OUT NOTICE OF APPEAL

*Please follow these instructions carefully. If you have any questions, ask your trial attorney or Appellate Defenders, Inc., for help.*

A notice of appeal must be filed within **60 days** of the decision being appealed. It is filed in the **county superior court** where the decision was made.

The notice of appeal form is designed to be completed easily by checking boxes or filling in the blanks with your case information. Wherever you see a line like this, \_\_\_\_\_, fill the blank in with the appropriate information. The numbers below refer to the numbers on the notice of appeal form:

- (1) **Name and other information:** Print your name. Give your address at the time you file the notice of appeal. (Use the change of address form for later changes.) Provide phone number and identification number if applicable and date of birth.
- (2) **County:** Show the county where the decision in your case was made.
- (3) **Superior court number:** Show the case number(s) on the notice of appeal form. Ask your attorney if you do not know your superior court number(s). If you were involved in more than one case at the same time, include all of the case numbers you want to appeal.
- (4) **Your name:** Print your name in the blank.
- (5) **Type of proceeding:** Check the box that applies to your case.
  - **Mentally Disordered Offender Act:** Check this box if you are appealing from an order for extended confinement under the Mentally Disordered Offender Act, starting at Penal Code section 2960, whether the confinement is a condition of parole or a later commitment.
  - **Sexually Violent Predator Act:** Check this box if you are appealing an order for extended confinement or a denial of a later petition for release under the Sexually Violent Predator Act, starting at Welfare and Institutions Code section 6600.
  - **Extended Juvenile Detention:** Check this box if you are appealing an order for extended detention in the Division of Juvenile Facilities under the Welfare and Institutions Code, starting at section 1800.
  - **Other:** Describe the type of extended confinement you are appealing.
- (6) **Date:** Enter in this blank the date on which the court made the order you are appealing. If you are not sure, check with your attorney or write, "On or about" and the closest date that you can recall.
- (7) **Signature:** Your signature or your attorney's signature is required.
- (8) **Motion for appointment of counsel:** You are entitled to court-appointed counsel on appeal if you do not have the funds to retain an attorney. Fill out the form at the bottom of the notice of appeal.

### REMEMBER:

- The notice of appeal must be filed with the superior court no later than **60 days** from the date of the decision being appealed. If possible, keep some proof of mailing or filing.
- Send the notice of appeal to the **superior court** of the county where your case took place.
- Be sure to complete and file **all sections** of the notice of appeal, motion for appointment of counsel, and [background information form](#).
- Detach and keep the [change of address](#) form for use as needed. It is critical to keep the Court of Appeal, Appellate Defenders, Inc., and your appellate attorney informed of your current address at all times.

## BACKGROUND INFORMATION

To be filed along with [Notice of Appeal](#) (page 1)

THE INFORMATION ON THIS FORM WILL BE A PART OF THE PUBLIC RECORD AND IS NOT CONFIDENTIAL.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Superior court no.: \_\_\_\_\_

Current address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If applicable: Phone: \_\_\_\_\_ A.K.A : \_\_\_\_\_

**\* IMPORTANT: YOU MUST TELL APPELLATE DEFENDERS, INC., THE COURT OF APPEAL, OR YOUR APPELLATE ATTORNEY WHENEVER YOUR ADDRESS CHANGES. IF YOU FAIL TO DO THIS, YOUR CASE MAY BE DELAYED OR LOST. [CHANGE OF ADDRESS FORMS](#) ARE ATTACHED.**

Family member or friend who will always know your address:

Name and relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Trial attorney:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Proceeding appealed from:

- Mentally Disordered Offender Act (starting at Penal Code § 2960).
- Sexually Violent Predator Act (starting at Welfare and Institutions Code § 6600).
- Extended detention in Division of Juvenile Facilities (starting at Welfare and Institutions Code § 1800).
- Other (*describe*):

Please provide any additional information that may be helpful in understanding the proceedings:

Did you need an interpreter in court?  Yes  No. If yes, in what language? \_\_\_\_\_

Do you have now, or have you ever had, any related appeals, writs or other proceedings before this or any other California appellate court?  Yes  No. If yes, give case title, number, and dates, and describe proceedings:

\_\_\_\_\_  
\_\_\_\_\_

Possible issues on appeal (These are only suggestions. The attorney on appeal will make the final decision on which issues to raise.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Arrangements for counsel on appeal: Have you *hired* an attorney for your appeal?  Yes  No. If yes:

Name: \_\_\_\_\_ Address and phone: \_\_\_\_\_

If you cannot afford to hire an attorney, you have the right to have the Court of Appeal appoint one for you. Please fill out and sign the [request for counsel](#) on the bottom of the notice of appeal (page 1).

# NOTIFICATION OF CHANGE OF ADDRESS

– DETACH FROM NOTICE OF APPEAL AND KEEP FOR USE AS NEEDED –

Once a notice of appeal is filed, it is important that the Court of Appeal, your appellate attorney, and Appellate Defenders, Inc., know your current address at all times while the appeal is pending. It is your responsibility to provide your correct address. If you fail to do that, your appeal may be delayed or dismissed.

You do not have to use the forms below, but they may make it easier to provide the information.

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## CHANGE OF ADDRESS

Appeal Number (if known): \_\_\_\_\_ Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ I.D. # (if in custody): \_\_\_\_\_

New Address: \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mail to: Appellate Defenders, Inc.  
555 West Beech Street, Suite 300  
San Diego, CA 92101-2939

*Be sure to notify your attorney, too, if an attorney has been appointed to your case.*

(DETACH HERE)

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## CHANGE OF ADDRESS

Appeal Number (if known): \_\_\_\_\_ Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ I.D. # (if in custody): \_\_\_\_\_

New Address: \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mail to: Appellate Defenders, Inc.  
555 West Beech Street, Suite 300  
San Diego, CA 92101-2939

*Be sure to notify your attorney, too, if an attorney has been appointed to your case.*