ATTACHMENT PB-4055

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar Number and Address):*	***FOR COURT USE ONLY***
TELEPHONE NUMBER: FAX NUMBER *(Optional)*: EMAIL ADDRESS *(Optional)*: ATTORNEY FOR *(Name)*:	*To keep other people from seeing what you have entered on your form, please press the Reset Form button at the end of the form when finished.*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA COURT ADDRESS: 191 North First Street CITY AND ZIP CODE: San José, California 95113 DIVISION: Probate Division	
In the Matter of the Application of: _____	
FINDINGS AND ORDER AFTER HEARING **(RE: QUARANTINE DETENTION)**	CASE NUMBER:

1. This proceeding was heard

on *(date)*:_____ at *(time)*:_____ in Dept.:_____

by Judge *(name)*:_____

☐ Petitioner present by telephone ☐ Attorney for Petitioner present

☐ Other *(name)*:_____ *(name)*:_____

☐ Santa Clara County Office of County Counsel (attorney for Santa Clara County Public Health Department)

On the Petition for Writ of Habeas Corpus Re: Quarantine Detention filed *(date)*: _____

2. **THE COURT ORDERS**

☐ The Santa Clara County Public Health Department has submitted a sufficient factual showing to require the isolation or quarantining of the Petitioner and the Writ is discharged.

☐ The Santa Clara County Public Health Department has not submitted a sufficient factual showing to require the isolation or quarantining of the Petitioner, the Writ is granted, and the Department's order of _____ (d*ate)* requiring the isolation or quarantining of the Petitioner is set aside.

☐ Other Orders:

_____

_____

_____

Date:_____

_____
Judicial Officer

Reset Form