COMMONWEALTH OF MASSACHUSETTS
SUPERIOR COURT DEPARTMENT

_____, ss. _____ COUNTY DIVISION
Docket No.

_____,
Petitioner

v.

_____ State Hospital,
Respondent

NOTICE OF APPEARANCE

Please enter my appearance as counsel for _____, Petitioner, in respect to his Application for Discharge from Malden Hospital, pursuant to G.L. c. 123, § 9(b), filed herewith.

_____
(date)

Respectfully submitted,

_____
By his attorney,

_____