| RECEIVED: | | | | |
|--|---|---|---|--|
| Instructions: 1) This form is to be completed if the respondent was not physically present in Connecticut for at least six consecutive months immediately before filing the application for the appointment of a conservator, including any period of temporary absence. 2) Type or print the form in ink. | | | | |
| To: Probate Court Name | | District Number | ict Number | |
| Respondent/Conserved Person (Name) | | | | |
| Please include information concerning the respondent for the past year below: | | | | |
| Dates of Residence (Current residence first) | Address – Town & State | Was respondent physically present at residence during this period? (Yes/No) | Duration of any absence from residence during period | |
| From: To: | | | | |
| From: To: | | | | |
| From: To: | | | | |
| 2. If the above chart indicates that the respondent was physically present for the past six consecutive months, including periods of temporary absences, in any state other than Connecticut in the past year, please indicate the state and list below the names and addresses of all persons who would be entitled to notice if a petition for involuntary conservatorship or guardianship of the person and estate were brought in a court of that state: | | | | |
| 3. List any pariod that the response | ondent has been physically present in C | Connecticut prior to the past w | oar. | |

Petition for Appointment of Conservator/ Supplemental Form PC-300A REV. 10/16

CONNECTICUT PROBATE COURTS

| 4. Does the respondent own real estate located in Connecticut? Yes No | | | |
|---|--|--|--|
| | | | |
| 5. Is the respondent registered to vote in Connecticut? Yes No | | | |
| 6. Did the respondent file state income tax returns in Connecticut? Yes No | | | |
| 7. Does the respondent have a driver's license in Connecticut? Yes No | | | |
| | | | |
| 8. Is there a motor vehicle or a boat registered in Connecticut in the respondent's name? Yes No | | | |
| | | | |
| 9. Does the respondent have a bank account, safe deposit box, investment account, or investment advisor in | | | |
| Connecticut? Yes No | | | |
| 10. Has the respondent received medical services in Connecticut in the past year? Yes No | | | |
| 11. Has the respondent received any other services in Connecticut in the past year? Yes No | | | |
| 12. Does the respondent hold membership in any religious organizations, clubs, or societies in Connecticut? Yes | | | |
| No | | | |
| | | | |
| 13. Please provide any other information concerning the respondent's connections with the State of Connecticut. | | | |