

**Petition to Excuse Account/Title 19 Eligibility/
Terminate Conservatorship of Estate
PC-3013 REV. 1/21**

CONNECTICUT PROBATE COURTS

RECEIVED:



- Instructions:**
- 1) A conservator of the estate may use this form to petition the court to terminate the conservatorship of the estate and waive the requirement of a final financial report or account if the Department of Social Services has determined that the person under conservatorship is eligible for Medicaid under Title 19 of the Social Security Act. The conservator of the estate may also use this form to request that the court waive a periodic financial report or account if no assets remain in the estate other than the amount permitted to be retained by a Title 19 recipient.
 - 2) Attach supporting schedules or documents required under Probate Court Rules of Procedure, section 33.17, and any additional details or explanatory notes as needed in support of the petition.
 - 3) The conservator of the estate shall send a copy of this petition to each party and attorney.
 - 4) For more information, see Probate Court Rules of Procedure, section 33.17.
 - 5) Type or print in ink. Use an additional sheet, or PC-180, if more space is needed.

Probate Court Name

District Number

In the Matter of

Hereinafter referred to as the person under conservatorship

Fiduciary (Name of each fiduciary)

This petition covers the time period (Month, Day, Year) from _____ to _____.

Each fiduciary who signs this petition represents that:

1. The current monthly income of the person under conservatorship is \$_____.
2. The source of income is _____.
3. Briefly describe the monthly expenses for the person under conservatorship:

4. No significant assets or income have been received by me, on behalf of the person under conservatorship, other than those reported in this petition.

5. The amount of funds on hand as of _____ is \$_____.

Each fiduciary who signs this petition represents that (Check all that apply):

The State of Connecticut Department of Social Services issued a Determination Letter on _____ stating that the person under conservatorship is eligible for Medicaid under Title 19 of the Social Security Act.

The fiduciary has retained all supporting records for this estate as required by Probate Court Rules of Procedure, section 36.13, and the records are available for review upon request.

In the Matter of _____

Copies of the following documents in support of the petition are attached:

State of Connecticut Department of Social Services Determination Letter or Re-Determination Letter

Spend-down plan, including payment of probate fees, conservator fees and attorney fees for the person under conservatorship

Report showing the manner in which the conservator has executed the spend-down plan

The fiduciary, or the person under conservatorship, has arranged for a prepaid funeral contract.

The name of the funeral home is _____.

The amount of the prepaid funeral contract is \$ _____.

The conservator of the estate proposes that the remaining funds be transferred to:

The conservator of the person pursuant to C.G.S. section 45a-660

The person under conservatorship's patient account

Special needs trust

Other (Specify)

WHEREFORE the petitioner requests that this court:

Terminate the conservatorship of the estate and excuse the filing of a final financial report or account for the period covering _____ to _____ and release the fiduciary from liability with respect to all items set forth in this petition.

Excuse the filing of a periodic financial report or account for the period covering _____ to _____ and release the fiduciary from liability with respect to all items set forth in this petition.

The representations made in this petition are made under penalty of false statement.

Signature of Petitioner

Type or Print Name

Date

Signature of Petitioner

Type or Print Name

Date

In the Matter of

CERTIFICATION

I certify that a copy of this petition, including all required attachments, was sent to each of the following persons:

Name and Address

Check here if any of the addresses have changed.

Signature of Fiduciary or Attorney

Type or Print Name

Date
