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- 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 the 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) Type or print the form in ink.
  - 5) For additional information, see the Probate Court Rules of Procedure, section 33.17.

**Probate Court Name**

**District Number**

**In the Matter of**

Hereinafter referred to as the person under conservatorship.

**Fiduciary** (Name of each fiduciary.)

**EACH FIDUCIARY WHO SIGNS THIS PETITION REPRESENTS THAT:**

1. 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.
2. The fiduciary has retained all supporting records for this estate as required by the Probate Court Rules of Procedure, section 36.13, and the records are available for review upon request.
3. 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
4. Name of funeral home at which a prepaid funeral has been arranged (if any) and contract amount: \_\_\_\_\_
5. Amount of funds on hand:\$ \_\_\_\_\_.
6. 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)\_\_\_\_\_.

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**THE CONSERVATOR OF THE ESTATE REQUESTS THAT THE 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 contained in this financial report are made under penalty of false statement.**

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Signature of Fiduciary

Signature of Fiduciary

Type or Print Name

Type or Print Name

Date

Date

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**Certification**

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

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**Name and Address**

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**Signature of Fiduciary or Attorney for Fiduciary** \_\_\_\_\_

Type or Print Name \_\_\_\_\_

Date \_\_\_\_\_