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- Instructions:**
- 1) Any adult person may use this form to petition for the appointment of a temporary conservator of another adult person in an emergency. The petitioner must allege that the respondent is incapable of managing his or her finances (for an appointment of a conservator of the estate) and/or incapable of caring for him or herself (for an appointment of a conservator of the person). The petitioner must also allege that immediate and irreparable harm to the respondent will result if a temporary conservator is not appointed.
  - 2) The petition must be filed in the probate district in which the respondent resides, is domiciled or is located at the time the petition is filed. A report by a physician who has examined the respondent not more than 3 days before the filing of the petition must accompany the petition, unless the respondent has refused to be examined.
  - 3) The petitioner may request that the court issue a decree without notice and a hearing (ex parte) if the petitioner believes that the delay resulting from giving notice will cause immediate and irreparable harm. If the court appoints a temporary conservator ex parte, the court must conduct a hearing to confirm or revoke the ex parte appointment.
  - 4) If petitioner is seeking the appointment of a conservator who would have the authority to consent to the administration of involuntary medication for the treatment of the respondent's psychiatric illness, the petitioner should also submit PC-309, Petition/Authority to Consent to Psychiatric Medication Treatment of Patient with Psychiatric Disabilities.
  - 5) Any appointment of a temporary conservator expires 30 days after date of appointment, unless the following documents have been filed in court prior to the 30-day period: 1) a petition for the appointment of a conservator, PC-300 and 2) a written request to extend the appointment of the temporary conservator. The court may extend the temporary conservatorship for an additional 30 days or the disposition of the petition for the appointment of a conservator, whichever occurs first.
  - 6) For more information, see C.G.S. sections 45a-654 and Rule 33 of the Probate Court Rules of Procedure.
  - 7) Type or print the form in ink. Use an additional sheet, or PC-180, if more space is needed.

<b>Probate Court Name</b>	<b>District Number</b>
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In the Matter of	<b>Respondent's Date of Birth</b>	<b>Relationship of Petitioner to Respondent</b>
Hereinafter referred to as the respondent.		

**Respondent's Residence Address**

**Respondent's Domicile Address** (If different.)

**Respondent's Present Address** (If different.)

**Petitioner** (Name and address.)

**Name and Address of Other Persons to Whom Notice Should be Given:** (Identify relationships.) Spouse, the Respondent's Children, and if none, the Respondent's Parents, and, if none, the Respondent's Brothers and Sisters or their Representatives, and, if none, the Respondent's Next of Kin and other Interested Parties (List names, addresses and relationships to respondent. C.G.S. section 45a-649. Indicate any person who is a minor, in the military service or under conservatorship or legal disability. Include the name, address and position of trust of the legal representative of any party who has been adjudicated incapable. This section is continued on page 2.)

**Name and Address of Other Persons to Whom Notice Should be Given: (Continued)**

The following efforts have been made to identify any party whose name or address is unknown:

**THE PETITIONER REPRESENTS that the respondent:**

- Has  Has not been physically present in Connecticut for at least six consecutive months immediately before the filing of the petition, including any periods of temporary absence. If not, attach completed form PC-300A.
- Does  Does not have a conservator or guardian appointed in another state or Connecticut probate district. If "Yes," indicate the appointing court: \_\_\_\_\_
- There is  is not a proceeding pending for the appointment of a conservator or guardian in any other state or Connecticut probate district. If "Yes," indicate the court in which the proceeding is pending:  
\_\_\_\_\_
- Has  Has not designated a conservator as provided by C.G.S. section 45a-645. (Include name and address. If unknown, so state.)

1.  Has  Has not executed a living will.
2.  Has  Has not appointed a health care representative. (Include name and address. If unknown, so state.)
3.  Has  Has not appointed a health care agent. (Include name and address. If unknown, so state.)
4.  Has  Has not executed a power of attorney for health care decisions. (Include name and address of person appointed to act. If unknown, so state.)
5.  Has  Has not executed a power of attorney. (Include name and address of person appointed to act. If unknown, so state.)

Provide copies of any document listed in 1 to 5. above, if available. Explain why these arrangements for the management of respondent's financial or personal affairs are not adequate:

List other means of management of the respondent's personal or financial affairs, not including the appointment of a conservator, that have been considered:

THE PETITIONER FURTHER REPRESENTS that said respondent:

Does  Does not own real property. C.G.S. section 45a-658. (Include address, if applicable.)

Is  Is not a patient in a hospital or institution. C.G.S. section 45a-649.

Is  Is not in an institution for persons with psychiatric disabilities in this state. C.G.S. section 4a-17.

Is  Is not able request or obtain an attorney. C.G.S. section 45a-649.

Is  Is not able to pay for the services of an attorney. Submit Request/Order Waiver of Fees, PC-184A.

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THE PETITIONER FURTHER REPRESENTS THAT:

The mental, emotional and/or physical condition that prevents the respondent from performing the necessary and proper functions for his or her well-being is as follows: Explain.

If the petition is for the appointment of a TEMPORARY CONSERVATOR OF THE ESTATE, fill in Part "A" below. If the petition is for the appointment of a TEMPORARY CONSERVATOR OF THE PERSON, fill in Part "B." If the petition is for BOTH conservator of the estate and conservator of the person, Parts "A" and "B" must both be completed.

**A - Temporary Conservator of the Estate**

The respondent is incapable of managing his or her financial or legal affairs. Explain.

Immediate and irreparable harm to the financial or legal affairs of the respondent will result if a temporary conservator of the estate is not appointed. Explain. Be specific.

The appointment of a temporary conservator of the estate is the least restrictive means available to prevent the harm.

**B - Temporary Conservator of the Person**

The respondent is incapable of caring for himself or herself. Explain.

Immediate and irreparable harm to the mental or physical health of the respondent will result if a temporary conservator of the person is not appointed. Explain. Be specific.

The appointment of a temporary conservator of the person is the least restrictive means available to prevent the harm.

THE PETITIONER REQUESTS THAT:

The court appoint a  temporary conservator of the estate  temporary conservator of the person for the respondent.

The court make the appointment without notice and hearing because the delay resulting from giving notice will cause immediate and irreparable harm.

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

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Signature of Petitioner

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Title

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Type or Print Name

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Date

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**PROPOSED TEMPORARY CONSERVATOR(S)**

If appointed, I will accept the position of trust as **temporary conservator of the estate.**

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Signature

---

Type or Print Name

---

Date

---

Address

---

Telephone number

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If appointed, I will accept the position of trust as **temporary conservator of the person.**

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Signature

---

Type or Print Name

---

Date

---

Address

---

Telephone number

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**ATTORNEY FOR THE PETITIONER**

The attorney shall file form PC-183, Appearance of Attorney.

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Signature

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Type or Print Name

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Address

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Telephone Number

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Conn. Bar Juris No.

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RECEIVED:



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**Probate Court Name**

**District Number**

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**In the Matter of**

**, respondent**

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The social security number of the respondent named above is required in connection with this proceeding.

Social Security Number \_\_\_\_\_