

STATE OF CONNECTICUT
COURT OF PROBATE



[Type or print in ink. Complete Confidential Information Sheet for PC-302 on last page.]

TO: COURT OF PROBATE,		DISTRICT NO.
IN THE MATTER OF	DATE OF BIRTH <div style="border: 1px solid black; width: 100px; height: 30px;"></div>	SPOUSE [Name, address and telephone number]
Hereinafter referred to as the respondent, in a proceeding for involuntary representation.		
RESPONDENT'S RESIDENCE ADDRESS	RESPONDENT'S DOMICILE ADDRESS [If different]	RESPONDENT'S PRESENT ADDRESS [If different]
PETITIONER [Name, address and telephone number]		RELATIONSHIP OF PETITIONER TO RESPONDENT [C.G.S. § 45a-654]

PERSONS TO WHOM NOTICE SHOULD BE GIVEN: SPOUSE [If not the petitioner], CLOSEST RELATIVES [If none, so state], and INTERESTED PARTIES. [Give names, addresses and relationships to respondent (C.G.S. § 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.]

The petitioner states that the following efforts have been made to identify or locate any party whose name and/or whereabouts is unknown:

Additional data [on Second Sheet, PC-180], if any, is made a part hereof.

THE PETITIONER REPRESENTS that said respondent:

Has Has not been physically present in Connecticut for at least six consecutive months immediately before the filing of the application, 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:

- Is incapable of managing his/her affairs and has personal property with an estimated value of \$ _____ and real property with an estimated value of \$ _____
- Is incapable of caring for himself/herself AND
- has* *has not* designated a conservator as provided by C.G.S. §§ 45a-645 and 45a-650
 - has* *has not* executed a living will.*
 - has* *has not* appointed a health care agent. [Include name and address. If unknown, so state.]*

has *has not* appointed a health care representative. [Include name and address. If unknown, so state.]*

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.]*

Is *is not* able to request or obtain an attorney. [C.G.S. § 45a-649.]

Is *is not* able to pay for the services of an attorney. [Submit affidavit of financial status (C.G.S. § 45a-649).]

Is or is expected to become an inpatient or outpatient in a hospital, clinic, or other facility for the diagnosis, observation or treatment of psychiatric disabilities. [Note: If this box is checked, AND if consent or other authorization is being sought for (a) psychiatric medication treatment and/or (b) shock therapy, special statutory requirements must be met. The applicable forms (CM-42 or CM-46 for psychiatric medication and PC-805 for shock therapy), together with all supporting documentation, MUST be attached to this form. ALL of the documents filed in connection therewith will be recorded in a confidential volume.]

*Please provide copies of these documents, if available.

[Note: If Commissioner of Social Services is proposed conservator of estate and/or person, attach Affidavit, PC-310, C.G.S. § 45a-651.]

Immediate and irreparable harm to the mental or physical health or financial or legal affairs of the respondent will result if a temporary conservator is not appointed. [Briefly describe reasons. Use Second Sheet, PC-180, if additional space is needed.]

A report signed by the Connecticut-licensed physician who examined the respondent is attached and is part of this application. C.G.S. § 45a-654.

[Type or print in ink.]

THE PETITIONER FURTHER REPRESENTS that the contents of this application are true to the petitioner's best knowledge and belief and requests that this court appoint the proposed temporary:

Conservator of the Person

Conservator of the Estate

The representations contained herein are made under the penalties of false statement.

Date: _____ Petitioner
[Type or print name.]

PROPOSED TEMPORARY CONSERVATOR(S)

If appointed, I/we will accept the position(s) of trust, as temporary conservator(s) of the:

Person [Complete this section.]

Estate [Complete this section.]

Signature

Signature

Name [Type or print.] _____

Address:

Telephone number(s):

ATTORNEY FOR THE PETITIONER
[Name, complete address, telephone number and Conn. Bar Juris No.]

ATTORNEY FOR THE RESPONDENT
[Name, complete address, telephone number and Conn. Bar Juris No.]

Signature of attorney for petitioner:

Attorney shall also file form PC-183, Appearance of Attorney.

FOR COURT USE ONLY

RECEIVED:



Probate Court Name

District Number

In the Matter of

, respondent

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

Social Security Number _____