Petition/Authority to Consent to Psychiatric Medication Treatment for Patient with Psychiatric Disabilities PC-309 REV. 10/19

## CONNECTICUT PROBATE COURTS

CONFIDENTIAL	
	5.6



## Instructions:

RECEIVED:

- 1) A conservator previously appointed in an involuntary proceeding may use this form to petition for authority to consent to psychiatric medication for the treatment of a conserved person who is in a facility for psychiatric disabilities. The facility for the diagnosis, observation or treatment of psychiatric disabilities may also use this form to petition the court to grant a conservator authority to consent to psychiatric medication for the treatment of a conserved person who is a patient in hospital for psychiatric disabilities.
- 2) If a conservator has previously been appointed in an involuntary proceeding, the petition may be filed in the district having jurisdiction over the conservatorship or where the treating facility is located. If a petition for the appointment of a conservator of the person in an involuntary proceeding is being filed with the petition for authority to consent to medication, the petition should be filed in the district having jurisdiction over the conservatorship petition under C.G.S. section 45a-648 (a).
- 3) Contact the court regarding payment of service of process fees.
- 4) For more information, see C.G.S. sections 17a-543 (e) and Rule 45.3 of the Probate Court Rules of Procedure.
- 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 (Name and present address)	Patient's Residence Address		Patient's Date of Birth
		F	Probate Court Having Jurisdiction over Conservatorship of Patient
Hereinafter referred to as the patient			
Petitioner (Name and address)		Name and Address of Facility (If the facility is not the petitioner)	
	Facility		

Other Persons to Whom Notice Should Be Given: Spouse (if not petitioner), other close relatives (if none, so state), conservator, if any, and other interested parties. (List names and addresses. Include relationship to patient.)

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THE PETITIONER REPRESENTS THAT:	
1) The patient is in the facility for the diagnosis, obser	rvation or treatment of psychiatric disabilities.
	ans have determined that the patient is incapable of giving informed necessary for the treatment of the patient's psychiatric disabilities. and the two qualified physicians.)
3)	was appointed conservator of the person of the patient by
the Probate Court for the District of	dated
(Attach a copy of the Probate Court's decree and curr	rent Fiduciary's Probate Certificate, PC-450C) OR
for the appointment of a conservator that has been file	$_{\!\scriptscriptstyle -}$ is the proposed conservator of the person of the patient in a petition ed with the court.
WHEREFORE, the petitioner requests that the court a medication for the treatment of the patient's psychiatr	authorize the duly-appointed conservator of the person to consent to ic disabilities.
The representations made in this p	petition are made under penalty of false statement.
Signature of the Petitioner	
Type or Print Name	
Date	