

RECEIVED:



- Instructions:**
- 1) A conservator may use this report to: a) notify the person under conservatorship, the attorney for the person under conservatorship and any other party of an intended placement of the person under conservatorship in an institution for long-term care and b) petition for authority for placement and to change the person's residence to the proposed institution for long-term care as required by C.G.S. section 45a-656b.
  - 2) The report is required to be filed in both voluntary and involuntary conservatorship proceedings prior to the intended placement in an institution for long-term care. Placement may be made prior to the filing of the report, provided that the placement is the result of a hospital discharge, and the report is filed not later than five days after the placement.
  - 3) The conservator must send a copy of this petition by first-class mail to the person under conservatorship, the attorney for the person under conservatorship and any other party, to notify them of the intended placement as required by C.G.S. section 45a-656b.
  - 4) Type or print the form in ink.

**Probate Court Name**

**District Number**

**In the Matter of**

**Present Address of the Person under Conservatorship**

Hereinafter referred to as the person under conservatorship.

**Conservator of the Person** (Name, address and tel. no.)

**Proposed Institution for Long-Term Care** (Name and address.)

**List the reasons for the placement** (Be specific.)

The person under conservatorship  agrees  does not agree to the placement.

---

**List community resources, if any, that have been considered to avoid placement** (including but not limited to area agencies on aging, the Department of Social Services and the Office of Protection and Advocacy for Persons with Disabilities)

---

**List the reasons why the physical, mental and psychosocial needs of the person under conservatorship cannot be met in a less restrictive and more integrated setting.**

---

**This section is to be completed if the placement took place prior to filing the report.**

The placement was the result of discharge of the person under conservatorship from a hospital  
Name and address of hospital:

Date of discharge from hospital:

The placement was not the result of discharge from a hospital. Explain.

WHEREFORE, the conservator petitions the court for authority for placement and change of residence of the person under conservatorship to the proposed institution for long term care.

**The representations contained in this report and petition are made under penalty of false statement.**

---

Signature of Conservator of Person

Title

Type or Print Name

Date

---

---

I hereby certify that I sent a copy of this report by first-class mail to the following people as required by C.G.S. section 45a-656b:

**Name and Address**

Signature of Conservator \_\_\_\_\_