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- Instructions:**
- 1) Any adult person may use this form to petition the court to appoint a guardian of the person of a minor who has no parent with guardianship rights or court-appointed guardian pursuant to C.G.S. section 45a-616 (a).
  - 2) The petition shall be filed in the probate district in which the minor resides, is domiciled or is located at the time the petition is filed. Also file PC-508CI, Confidential Information sheet, which is the last page of this petition.
  - 3) Type or print the form in ink. Use Second Sheet, PC-180, or an additional sheet, if more space is needed.

**Probate Court Name**

**District Number**

**In the Matter of**

**Date of Birth of Minor**

Hereinafter referred to as the minor

**Address where minor resides**

**Address where minor is domiciled  
(If different)**

**Address where minor is located at  
time of filing petition (If different)**

**Petitioner** (Name, address and telephone number and relationship to minor, if any)

**Mother/Parent** (Name and, if removed as guardian, address)

Deceased on \_\_\_\_\_  Removed as guardian on \_\_\_\_\_  Parental rights terminated on \_\_\_\_\_  
(Provide death certificate or court decree.)

**Father/Parent** (Name and, if removed as guardian, address)

Deceased on \_\_\_\_\_  Removed as guardian on \_\_\_\_\_  Parental rights terminated on \_\_\_\_\_  
(Provide death certificate or court decree.)

**Court-appointed Guardian(s)** (Name and date of court appointment)

Deceased on \_\_\_\_\_  Removed as Guardian on \_\_\_\_\_  
(Provide death certificate or court decree.)

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**Proposed Guardian(s)** (Name, address and telephone number and relationship to minor, if any)

**Other persons to whom notice should be given** (Names, addresses and relationship to the minor)

**THE PETITIONER REPRESENTS that:**

The minor resides, is domiciled or is located within the probate district.

The minor has no parent with guardianship rights or court-appointed guardian of the person.

- To the best of the petitioner's knowledge and belief, no deceased parent with guardianship rights has designated a guardian of the person of the minor in a will or any nontestamentary document in accordance with C.G.S. section 45a-596.
- There is no proceeding pending or contemplated in Connecticut or any other state affecting the custody of the minor.
- There is a proceeding pending, or there has been a past proceeding in Connecticut or another state affecting the custody of the minor. (If checked, complete and attach form JD-FM-164, Affidavit Concerning Children.)

Each proposed guardian listed above has the ability to meet, on a continuing day to day basis, the physical, emotional, moral and educational needs of the minor and has established a relationship with the minor as indicated below. (Identify the name of the proposed guardian and provide a description of the relationship with minor.)

The appointment of the proposed guardian(s) of the person of the minor is/are in the best interests of the minor.

**THEREFORE, the petitioner requests that:**

The court appoint the proposed guardian(s) listed above as guardian(s) of the person of the minor.

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

Signature of the Petitioner \_\_\_\_\_

Date \_\_\_\_\_

**If appointed, I/we will accept the position of trust as guardian(s).**

Signature	Signature
Type or Print Name	Type or Print Name
Date of Birth	Date of Birth

**CONFIDENTIAL INFORMATION/  
Petition/Appointment of Guardian Where  
Parents/Legal Guardians Are Deceased  
PC-508CI REV. 10/17**

CONNECTICUT PROBATE COURTS

FOR COURT USE ONLY



**Probate Court Name**

**District Number**

**In the Matter of**

**,a minor child.**

The social security numbers of the following persons are required in connection with this proceeding.

1) Mother/Name: \_\_\_\_\_

Maiden Name: (If applicable) \_\_\_\_\_

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

2) Father/Name: \_\_\_\_\_

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

3) Proposed Guardian(s):

a. Name: \_\_\_\_\_

Maiden Name (If applicable) \_\_\_\_\_

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

b. Name: \_\_\_\_\_

Maiden Name (If applicable) \_\_\_\_\_

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