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- Instructions:**
- 1) The sole parent or guardian of the person of a minor child may use this form to petition the court to appoint one or more persons to serve as coguardian of the person of the minor pursuant to C.G.S. section 45a-616 (b).
  - 2) The Commissioner of Children and Families may also use this form to request the appointment of one or more persons to serve as coguardians of the child in the care of the commissioner, with the consent of the parent or guardian.
  - 3) The petition should 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 PC509CI, which is the last page of this petition.
  - 4) 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**

<b>In the Matter of</b> (Name and address of minor child) (Hereinafter referred to as the minor)	<b>Date of Birth of Minor</b>
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<b>Address where minor resides</b>	<b>Address where minor is domiciled</b> (If different)	<b>Address where minor is located at time of filing petition</b> (If different)
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<b>Petitioner/Sole Parent or Guardian</b> (Name and address)	<b>Date of Birth of Sole Parent /Guardian</b>
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**Petitioner/Commissioner of Department of Children and Families** (List address and designee, if applicable.)

<b>Proposed Coguardian(s)</b> (Name, address, telephone number and relationship to minor)	<b>Date(s) of Birth of Proposed Coguardian(s)</b>
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**Other Persons to Whom Notice Should Be Given** (Names, addresses and relationship to the minor, including a parent whose guardianship rights have been removed, if any)

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**THE PETITIONER REPRESENTS that:**

The minor resides within the probate district.

\_\_\_\_\_ is the sole parent / sole guardian of the person of the minor.

- 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 other state affecting the custody of the minor. (If checked, complete and attach form JD-FM-164, Affidavit Concerning Children.)
- The minor is in the care of the Commissioner of Children and Families, and the sole parent or sole guardian consents to the petition.

Each proposed coguardian 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 name of the proposed coguardian and describe relationship with minor.)

The appointment of a coguardian of the person of the minor is in the best interests of the child.

**THEREFORE, the petitioner respectfully requests that:**

The court appoint the person(s) listed above as coguardian(s) of the person of the minor, effective  immediately  upon the occurrence of the following contingency:

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

Signature of Petitioner

Type or print name

Date

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

Signature

Signature

Type or print name

Type or print name

Date

Date

**Consent to Appointment of Coguardian of the Minor**

If the petitioner is the Commissioner of Children and Families, the sole parent or sole guardian must complete this section:

I consent to the appointment of the above proposed coguardian(s) of the person of the minor.

**Sole Parent:** Signature \_\_\_\_\_

Acknowledged before me:

Type or Print Name \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Judge/Clerk/Notary Public/Comm.Sup. Ct.

**Sole Guardian:** Signature \_\_\_\_\_

Acknowledged before me:

Type or Print Name \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Judge/Clerk/Notary Public/Comm.Sup. Ct.

**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) Sole Parent: Name: \_\_\_\_\_

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

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

2) Sole Guardian: Name: \_\_\_\_\_

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

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

3) Proposed Coguardian(s):

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

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

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

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

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

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