

**Affidavit Re: Occurrence of Contingency  
for Appointment of Coguardian(s) of the  
Person of a Minor Child  
PC-511 NEW 7/15**

CONNECTICUT PROBATE COURTS

CONFIDENTIAL

RECEIVED:



- Instructions:**
- 1) A coguardian whose appointment is effective upon the occurrence of a contingency may use this form to notify the court that the contingency has occurred.
  - 2) Attach documentation of occurrence of contingency, e.g. physician's report, death certificate, etc.
  - 3) Type or print the form in ink.

Probate Court Name	District Number
<p><b>In the Matter of</b> (Name of minor child and address and telephone number where minor child is currently living.)</p> <p style="text-align: right; margin-right: 50px;">Hereinafter referred to as the minor.</p>	<p><b>Minor's Birth Date</b></p>

**Coguardian(s) whose appointment is subject to contingency** (List name, address and telephone number.)

The undersigned represents that:

- By decree dated \_\_\_\_\_, the court appointed the person(s) named above as coguardian(s) of the person of minor child, effective upon the occurrence of a specific contingency, namely:
  
- The specific contingency occurred on or about \_\_\_\_\_, evidence of which is attached.
- This affidavit constitutes the written affidavit and notice to the court required under C.G.S. section 45a-616 (b).
- I reaffirm that I accept the position of coguardian of the person of the minor.
- I understand that I may assume my duties and responsibilities as coguardian upon an order of the court affirming my appointment and that the court may act without notice and hearing.

Signature	Signature
Type or print name	Type or print name
Date	Date

SUBSCRIBED AND SWORN TO BEFORE ME	DATE	..... Judge, Clerk, Notary Public, Comm. Sup. Ct.
--------------------------------------	------	--