

**Affidavit/Occurrence of Contingency for  
Appointment of Guardian or Coguardian of  
the Person of a Minor Child  
PC-511 REV. 4/22**

CONNECTICUT PROBATE COURTS

CONFIDENTIAL

RECEIVED:



- Instructions:**
- 1) A guardian or coguardian of the person of a minor child 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) For more information, see C.G.S. section 45a-616(b).
  - 4) Type or print the form. Use an additional sheet, or PC-180, if more space is needed.

<b>Probate Court Name</b>	<b>District Number</b>
<b>In the Matter of</b> (Name of minor child, address and telephone number)	<b>Minor Child's Birth Date</b>
Hereinafter referred to as the minor child	

**Guardian or coguardian whose appointment is subject to contingency** (List name, address and telephone number.)

The undersigned represents that:

- I We was/were appointed by the court by decree dated \_\_\_\_\_ as guardian or coguardian of the person of the minor child, effective upon the occurrence of the following contingency:

- The contingency occurred on or about \_\_\_\_\_, evidence of which is attached.
- I/We reaffirm the acceptance of the position of guardian or coguardian of the person of the minor child.
- I/We understand that the duties and responsibilities as guardian or coguardian will be effective upon an order of the court affirming the appointment.

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

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