

CONFIDENTIAL

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- Instructions:**
- 1) Any adult person may use this form to petition for the appointment of a guardian of the person of an adult with intellectual disability. "Intellectual disability" is defined in C.G.S. section 1-1g, as "a significant limitation in intellectual functioning existing concurrently with deficits in adaptive behavior that originated during the developmental period before eighteen years of age." A "significant limitation in intellectual functioning" is defined as an intelligence quotient ("IQ") more than two standard deviations below the mean, as measured by standard tests of general intellectual functioning. This means that the person's IQ must be 69 or less.
 - 2) The person for whom appointment of a guardian of the person is being requested is referred to as the respondent. A person with intellectual disability for whom a guardian is appointed is referred to as a "protected person."
 - 3) The petition should be filed in the court for the probate district where the respondent resides, is domiciled or is located at the time the petition is filed. The court will make arrangements for the respondent to be personally served by a state marshal, constable or indifferent person.
 - 4) If the petitioner is seeking the appointment of a guardian to manage the respondent's finances, the petitioner should also submit PC-7007, Petition/Authority to Manage Finances of a Protected Person.
 - 5) For more information, see C.G.S. section 45a-669, et. seq.
 - 6) Contact the court regarding payment of service of process fees.
 - 7) Type or print in ink. Use an additional sheet, or PC-180, if more space is needed.

Probate Court Name	District Number
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In the Matter of	Respondent's Date of Birth
Hereinafter referred to as the respondent	

Address and telephone number where respondent resides (Name and address of institution, if applicable)	Address and telephone number where respondent is domiciled (if different)	Address and telephone number where respondent is located at time of filing (if different)
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Petitioner (Name, address and telephone number)	Relationship to Respondent
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Persons to whom notice should be given: respondent; respondent's spouse and parents (if any); **respondent's children** (if any); **respondent's siblings or their representatives** (if any and if respondent has no living parents); **person in charge of the institution where the respondent currently resides** (if applicable); **attorney for the respondent** (if any); and **any other persons having an interest in the respondent.** (List names, addresses and relationships to respondent.) C.G.S. section 45a-671.

In the Matter of

The petitioner represents that:

The respondent: is is not able to attend a hearing at the court.

The respondent: is is not able to pay for the services of an attorney.

If not, submit Request/Order - Waiver of Fees (Other than Petitioner), PC-184A.

There is is not a plenary guardian, limited guardian or conservator for the respondent in any jurisdiction.

If so, list status, location, court and date of decree in the space below.

The respondent has an IQ of 69 or less.

The respondent, by reason of the severity of his or her intellectual disability, is able to do some, but not all, of the tasks necessary to meet essential requirements for his or her physical health or safety or to make some, but not all, informed decisions about matters related to his or her care. (LIMITED GUARDIANSHIP)

The respondent, by reason of the severity of his or her intellectual disability, is totally unable to meet essential requirements for his or her physical health or safety and totally unable to make informed decisions about matters related to his or her care. (PLENARY GUARDIANSHIP)

Please choose the areas in which the respondent requires assistance (check all that apply):

residence outside the natural family home;

routine, elective and emergency medical and dental care;

specifically designed educational, vocational, or behavioral programs;

other specific limited services necessary to develop or regain to the maximum extent possible the respondent's capacity to meet essential requirements.

the release of clinical records and photographs;

A plenary guardian will be given *all* of the above powers; a limited guardian will be given only those powers deemed necessary by the court. C.G.S. section 45a-677.

Plenary and limited guardians also have a duty to assure the care and comfort of the respondent within the scope of their appointment and within the limitations of the resources available to the respondent, either through the respondent's own income and assets or through public or private assistance.

WHEREFORE THE PETITIONER REQUESTS that the court appoint a limited plenary guardian(s) of the person for the respondent.

In the event that the appointed guardian dies, becomes incapable or renounces the guardianship, the petitioner also requests that the court appoint a standby limited plenary guardian(s) of the person for the respondent. C.G.S. section 45a-680.

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

Signature of Petitioner

Type or Print Name

Date

in the Matter of

PROPOSED GUARDIAN

If appointed, I will accept the position of trust:

Signature of Proposed Guardian	Date	LIMITED	PLENARY Guardian
Type or Print Name			
Address			
Telephone Number			
Proposed Guardian	is	is not a resident of the State of Connecticut.	

Signature of Proposed Guardian	Date	LIMITED	PLENARY Guardian
Type or Print Name			
Address			
Telephone Number			
Proposed Guardian	is	is not a resident of the State of Connecticut.	

PROPOSED STANDBY GUARDIAN

If appointed, I will accept the position of trust:

Signature of Proposed Standby Guardian	Date	Standby	LIMITED	PLENARY Guardian
Type or Print Name				
Address				
Telephone Number				
Proposed Standby Guardian	is	is not a resident of the State of Connecticut.		

Signature of Proposed Standby Guardian	Date	Standby	LIMITED	PLENARY Guardian
Type or Print Name				
Address				
Telephone Number				
Proposed Standby Guardian	is	is not a resident of the State of Connecticut.		