RECORDED (CONFIDENTIAL):

RECEIVED:



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 the appointment of a guardianship 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 in the statutes as a "ward."
- 3) Type or print the form in ink. Use an additional sheet or Second Sheet, PC-180, if more space is needed.

Japanendont's Date of Birth
Respondent's Date of Birth
Respondent's Town of Domicile
Petitioner's Relationship to Respondent

Persons to Whom Notice Should Be Given: Respondent; Respondent's Spouse and Parents (if any, and provided the spouse or parents are not the petitioner); 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. If attorney for respondent, list juris number.) C.G.S. section 45a-671.

CONNECTICUT PROBATE COURTS

	RECORDED (CONFIDENTIAL):		
THE PETITION	ER REPRESENTS that:		
The respondent	t 🗌 is 🔲 is not able to attend	a hearing at the court.	
There 🗌 is 🗌	is not a plenary guardian, limited	guardian or conservator for the respondent in any jurisdiction. (If so, lis	
status, location,	court and date of decree in the spa	ace below.)	
The respondent	t has an IQ of 69 or less.		
the ta	sks necessary to meet essential re-	of his or her intellectual disability, is able to do some, but not all, of quirements for his or her physical health or safety or to make some, ters related to his or her care. (LIMITED GUARDIANSHIP)	
esser	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 list the s below.	specific areas of protection and assi	stance required for the respondent by checking the appropriate boxes	
The probate cou	urt may give a guardian the power t	o assure and/or consent to the following:	
residence home;	outside the natural family	routine, elective and emergency medical and dental care;	
vocational	y designed educational, , or behavioral programs; e of clinical records and	other specific limited services necessary to develop or regain to the maximum extent possible the ward's capacity to meet essential requirements.	
A plenary guard		owers; a limited guardian will be given only those powers deemed	
appointment and		assure the care and comfort of the ward within the scope of their rces available to the ward, either through his or her own estate or by	
WHEREFORE person for the re		S that the court appoint a \square limited \square plenary guardian(s) of the	
	to act in the event that the appointe	appoint a standby limited plenary guardian(s) of the person for ed guardian dies, becomes incapable or renounces his guardianship.	
The re	epresentations made in this po	etition are made under the penalty of false statement.	
Signature of the	he Petitioner	Date	

RECORDED (CONFIDENTIAL):

IF APPOINTED, I WILL ACCEPT THE POSITION OF TRUST AS DETERMINED BY THE COURT.

Proposed LIMITED PLENARY Guardian	Proposed Standby LIMITED PLENARY Guardian
Signature	Signature
Type or Print Name	Type or Print Name
Address	Address
Telephone Number	Telephone Number
Proposed LIMITED PLENARY Guardian	Proposed Standby LIMITED PLENARY Guardian
Signature	Signature
Type or Print Name	Type or Print Name
Address	Address
Telephone Number	Telephone Number