

CONFIDENTIAL

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- Instructions:**
- 1) Any adult person may use this form to petition for the appointment of a temporary limited guardian of another adult person for the purpose of consenting to a surgical, medical or dental procedure for the respondent. The petitioner must allege that the respondent is in need of elective surgical, medical or dental procedures or treatment involving the use of general anesthesia and that the respondent is unable to give informed consent because of the severity of the respondent's intellectual disability.
  - 2) The petition must be filed in the probate district in which the respondent resides, is domiciled or is located at the time the petition is filed.
  - 3) A certificate from a physician licensed to practice medicine or surgery in Connecticut and a certificate from a licensed psychologist, each of whom has examined the respondent within 30 days before filing the petition, must accompany the petition.
  - 4) Any appointment of a temporary limited guardian is valid for not more than 60 days.
  - 5) For more information, see C.G.S. sections 45a-677(e) and 45a-682.
  - 6) Type or print the form in ink. 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>		<b>Respondent's Date of Birth</b>
Hereinafter referred to as the respondent		<b>Respondent's Telephone Number</b>
<b>Respondent's Residence Address</b>	<b>Respondent's Domicile Address</b> (If different)	<b>Respondent's Present Address</b> (If different)
<b>Petitioner (Name and address)</b>		<b>Relationship of Petitioner to Respondent</b>

**Name and Address of Other Persons to Whom Notice Should be Given:** (Identify relationships.) **Respondent, Spouse or Respondent's Parents and Other Interested Parties** (Names, addresses and relationships to respondent. C.G.S. section 45a-671. Indicate any person who is a minor, in the military service or under conservatorship or legal disability. Include the name, address and position of trust of the legal representative of any party who has been adjudicated incapable.)

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The petitioner states that the following efforts have been made to identify or locate any party whose name and address are unknown.

THE PETITIONER REPRESENTS that:

The respondent is in need of elective surgical, medical or dental procedures or treatment involving the use of general anesthesia. Explain:

By reason of the severity of the respondent's intellectual disability, the respondent is unable to give informed consent to such treatment.

Without such procedures or treatment, the respondent will suffer deterioration of physical or mental health or serious discomfort.

Two certificates are attached, one signed by physician licensed to practice medicine or surgery in Connecticut and one signed by a licensed psychologist.

THE PETITIONER REQUESTS THAT the court appoint a temporary limited guardian of the person for the purpose of consenting to the procedures or treatment described above.

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

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Signature of Petitioner

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Title

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Type or Print Name

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Date

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**PROPOSED TEMPORARY LIMITED GUARDIAN**

If appointed, I will accept the position of trust as temporary limited guardian.

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Signature

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Type or Print Name

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Date

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Address

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Telephone number

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