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CONFIDENTIAL



Instructions:	1)	Any adult person may use this form to petition to place an adult with intellectual disability in the
		custody and control of the Department of Developmental Services for placement in an appropriate
		setting. "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 placement is being requested is referred to as the respondent.
- 3) The petition should be filed in the court for the probate district in which the respondent resides.
- 4) For more information, see C.G.S. section 17a-274.
- 5) Type or print the form in ink. Use an additional sheet, or PC-180, if more space is needed.

Probate Court Name	District Number			
In the Matter of		Respondent's Date of Birth		
Hereinafter	referred to as the respondent			
Petitioner (Name, address and telephone number)	Respondent's Residence Address and Telephone Number			

Legal Representative of the Respondent: Guardian or Conservator (Name, address, telephone number and probate district in which the legal representative was appointed)

Other Persons to Whom Notice Should Be Given: Spouse, the Respondent's Children, and if none, the Respondent's Parents, and, if none, the Respondent's Brothers and Sisters and other Interested Parties (Names, addresses and relationships to respondent)

In addition to the persons listed above, the Commissioner of the Department of Developmental Services must be given notice in all cases.

THE PETITIONER RE	PRESENT	S that:								
The respondent h	The respondent has an IQ of 69 or less.									
The respondent is	The respondent is unable to provide for himself or herself at least one of the following (check all that apply):									
education	🗆 h	abilitation	care for persona	al an	nd mental health needs					
meals	□ c	lothing	safe shelter		protection from harm					
The responde OR	The respondent has no family, legal representative or other person to care for him or her. OR									
The responde	The respondent's family, legal representative or other person can no longer provide adequate care for him or her.									
The respondent is unable to obtain adequate, appropriate services that would enable him or her to receive care, treatment and education, or habilitation without placement by a probate court.										
The respondent is not willing to be placed under the custody and control of the Department of Developmental Services or its agents, or voluntary admission has been sought by the legal representative of the respondent, and such voluntary admission has been opposed by the respondent or the respondent's next of kin.										
The respondent	has	has not received	public assistance or	r inst	titutional care from the State of Connecticut.					
The respondent	is	is not in an institu section 4a-17.	ution for persons with	h psy	ychiatric disabilities in this state. C.G.S.					
					ndent in the custody and control of the nvironment available or that can be created					

within the existing resources of the department.

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

Signature of Petitioner	
Type or Print Name	
Date	