

COURT OF PROBATE



TO: COURT OF PROBATE,		DISTRICT NO.
IN THE MATTER OF		RESPONDENT'S DATE OF BIRTH
Hereinafter referred to as the respondent.		
PRESENT ADDRESS OF RESPONDENT [List both residence and domicile, if different.]	DDS REGION ADDRESS	
ASSESSMENT TEAM MEMBERS [List names, job titles, and telephone numbers.]		Date of Evaluation
1. _____		
2. _____		

The undersigned members of the Assessment Team state that they have personally examined or observed said respondent and hereby make their report as follows:

Is your conclusion supported by a psychological evaluation? Yes No

Is your conclusion supported by a psychological evaluation? Yes No If "yes," please attach.

Provide specific information regarding the severity of the respondent and those specific areas, if any, in which he or she needs the support and protection of a guardian, together with the reasons therefor.

Complete all boxes (1-5), explaining whether or not the respondent has the ability to assure and/or consent to the following. If possible, provide specific examples.

[1] A place of abode outside of the natural family home.

[2] Specifically designed educational, vocational or behavioral programs.

[3] The release of clinical records and photographs.

[4] Routine, elective and emergency medical and dental care.

[5] Other specific services necessary to develop or regain to the maximum extent possible the protected person's capacity to meet essential requirements.

PERTINENT HISTORY

PHYSICAL CONDITION

[Describe physical impairments, unless described in diagnosis above. List any medication the respondent may be taking and the common effects of such medication.]

ADDITIONAL COMMENTS:

We hereby certify that we were appointed by the Commissioner of the Department of Developmental Services or his or her designee, and we have personally observed or examined such respondent on the aforementioned date.

SIGNED *[Assessment Team Members (Include Connecticut Professional License Number, if applicable.)]*

Member 1

DATE:

Print Name:

Member 2

DATE:

Print Name:

[Use Second Sheet, PC-180, for additional members.]

Note to Assessment Team Members: This form should be returned to the court at least three (3) days prior to the hearing.