CONFIDENTIAL	
RECEIVED:	
Instructions:  1) Any person, including a relative or guardian of the child sought to be committed, a physician issuing a certificate under C.G.S. section 17a-78 or the administrator of a hospital for mental illness, may use this form to petition for an order to commit a child to a hospital for mental illness.  2) If the child is being treated in a hospital for mental illness, the petition should be filed in the court for the probate district in which the hospital is located. If the child is not being treated in a hospital, the petitioner shall file the petition in the court for the probate district in which the child resides, or if the child resides out-of-state or at an unknown address, the petitioner should file the petition in the district where the child is located at the time the petition is filed.  3) Contact the court regarding payment of service of process fees.  4) For more information, see C.G.S. section 17a-75 et seq.  5) Type or print in ink. Use an additional sheet, or PC-18o, if more space is needed.	
Probate Court Name	District Number
In the Matter of  Hereinafter referred to as the minor child, a	Date of Birth of Child  Proceeding for commitment
Residence Address of Child	Present Address of Child (If hospitalized, name and address of hospital)
Petitioner (Name and address)	Jurisdiction Based on:  Residence District Where Child is Hospitalized  District Where Child is at the Time the Petition is Filed  (Only if child is from out of state or residency is unknown)
<b>Proposed Hospital</b> (Name and address. C.G.S. section 17a-77.)	Attorney Appointed for the Child by the Superior Court, if applicable (Name and address. C.G.S. sections 46b-129 and 17a-76.)
Persons to Whom Notice Should Be Given: parents, guardians, closest relatives (if none, so state) and interested parties (Names and addresses and relationship to child. If attorney for child or parents, list juris number.)	

## CONNECTICUT PROBATE COURTS