

CONFIDENTIAL

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- 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) For more information, see C.G.S. section 17a-75 et seq.
  - 4) 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** \_\_\_\_\_ **Date of Birth of Child** \_\_\_\_\_  M  F  
Hereinafter referred to as the minor child, a 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.)

**Proposed Hospital** (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.) \_\_\_\_\_

**The petitioner represents that:**

The child is now living at the present address written above.

The child  is  is not a patient in a hospital. C.G.S. section 17a-76.

The child suffers from a mental disorder and is in need of treatment.

**WHEREFORE, the petitioner requests** that the court make an order for the above child's confinement to a hospital for mental illness of children.

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

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Signature of Petitioner

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Type or Print Name

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Date

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