Petition for Termination of Involuntary Commitment/ Alcohol and/or Drug Dependency PC-8009 NEW 4/17

CONNECTICUT PROBATE COURTS

| | CONFIDENTIAL | | | | |
|--|--|--|--|--|-------------|
| RECEIVED: | | | | | |
| Instructions: | 1) Any person, including the person the treatment of alcohol-depender the commitment or recommitment 2) The petition should be filed in t 3) For more information, see C.G.S Procedure. 4) Type or print the form in ink. U | ncy or drug-dependent t and discharge from he Probate Court tha s. sections 17a-685 (l) | ncy, may use this a the treatment fac at ordered the com and Rule 46 of the | form to petition for term ility. mitment or recommitme Probate Court Rules of | ination of |
| Probate Cour | t Name | | | District Number | |
| In the Matter of | | rson committed to a | treatment facility. | Date of Birth | M \square |
| Permanent Ad | ddress of Committed Person | Present Address facility.) | of Committed Pe | erson (Name and addre | ss of |
| Petitioner (Name, address and telephone number committed to a treatment facility.) | | if not the person Relationship of Petitioner to Committee Person | | ed | |
| petitioner), ne | ddress of Persons to Whom Noticext of kin, including parents if a minos located, and persons having an int | or. (If none, so state.) |), administrator of | treatment facility in which | |
| Is Is Is Is Is Is Is Is | NER REPRESENTS THAT the pers not able to request or obtain an atto not able to pay for the services of a 4A.) on's financial status is unknown to t | orney. n attorney. (Submit | · | aiver of Fees/Responder | nt PC- |

Petition for Termination of Involuntary Commitment/ Alcohol and/or Drug Dependency PC-8009 NEW 4/17

CONNECTICUT PROBATE COURTS

| CONFIDENTIAL | | |
|---|--|--|
| THE PETITIONER ALLEGES that: | | |
| The above named individual was involuntarily committed for treatment ofalcohol-dependency and/ordrug-dependency by decree dated and recommitted by decree dated | | |
| the person committed for treatment is no longer an alcohol-dependent or drug-dependent person in need of further treatment. | | |
| AND/OR | | |
| further treatment will not be likely to bring about significant improvement in the condition of the person committed to the treatment facility; | | |
| AND/OR | | |
| Treatment is no longer adequate or appropriate. | | |
| WHEREFORE, THE PETITIONER REQUESTS that the court terminate the commitment or recommitment and discharge the person who was committed or recommitted to a treatment facility as provided in C.G.S. section 17a-685 (I). | | |
| The representations contained in this petition are made under penalty of false statement. | | |
| Signature of Petitioner | | |
| Title | | |
| Type or Print Name | | |
| Date | | |