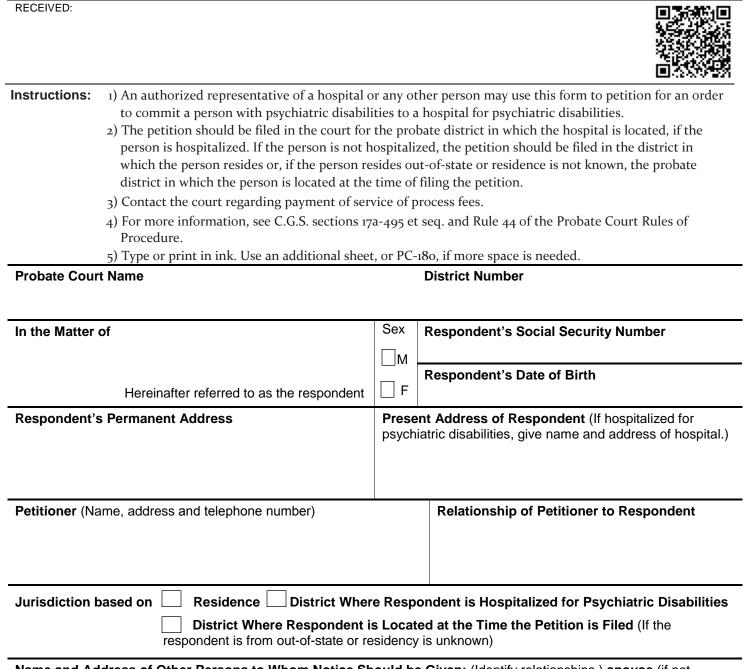
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Name and Address of Other Persons to Whom Notice Should be Given: (Identify relationships.) spouse (if not the petitioner), closest relatives (If none, so state), and interested parties (e.g. conservator, guardian, etc.)

CONFIDENTIAL

In the Matter of:

ls |

THE PETITIONER REPRESENTS THAT the respondent:

Is ls not able to request or obtain an attorney.

Is not able to pay for the services of an attorney. (Submit Request Order/Waiver of Fees/Respondent PC-184A.)

THE PETITIONER RESPECTFULLY ALLEGES in accordance with C.G.S. section 17a-497 that the respondent has psychiatric disabilities and is dangerous to himself or others or gravely disabled in the following respects: (Describe condition and/or behavior of the respondent to support this allegation, including diagnosis, if any, and relevant history.)

IF THE RESPONDENT IS HOSPITALIZED FOR PSYCHIATRIC DISABILTIES, CHECK THE APPROPRIATE BOXES:

THE PETITIONER REPRESENTS THAT the respondent is hospitalized as a result of:

Emergency Commitment. C.G.S. section 17a-502 (a).

A patient hospitalized for emergency diagnosis, observation or treatment upon certification of a qualified physician.

Voluntary Admission. C.G.S. section 17a-506 (a).

A patient 16 years of age or older who applies in writing to, and is admitted to, a hospital for psychiatric disabilities as a person with psychiatric disabilities. Explain:

An order of the Superior Court that the respondent be placed with the Commissioner of Mental Health and
Addiction Services for the purpose of civil commitment. C.G.S. section 54-56d.

The Superior Court has found that the respondent is not competent to stand trial.

THE PETITIONER FURTHER represents that a member of the hospital staff offered the respondent voluntary status within 24 hours of the filing of this petition and the respondent:

Did not accept voluntary status.

Is not capable of making this election.

CONFIDENTIAL

In the Matter of:

WHEREFORE, THE PETITIONER REQUESTS that this court order that the respondent be committed to a hospital for psychiatric disabilities.

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

Signature of Petitioner	
Title	
Type or Print Name	
Date	
PROPOSED HOSPITAL FOR PSYCHIATRIC DISABILITIES	Name and address: