

CONFIDENTIAL

RECEIVED:



- Instructions:**
- 1) An authorized representative of a hospital or any other person may use this form to petition for an order to commit a person with psychiatric disabilities to a hospital for psychiatric disabilities.
 - 2) The petition should be filed in the court for the probate district in which the hospital is located, if the person is hospitalized. If the person is not hospitalized, the petition should be filed in the district in which the person resides or, if the person resides out-of-state or residence is not known, the probate district in which the person is located at the time of filing the petition.
 - 3) Contact the court regarding payment of service of process fees.
 - 4) For more information, see C.G.S. sections 17a-495 et seq. and Rule 44 of the Probate Court Rules of Procedure.
 - 5) Type or print in ink. Use an additional sheet, or PC-180, if more space is needed.

Probate Court Name **District Number**

In the Matter of <p style="text-align: center;">Hereinafter referred to as the respondent</p>	Sex	Respondent's Social Security Number
	<input type="checkbox"/> M <input type="checkbox"/> F	Respondent's Date of Birth

Respondent's Permanent Address	Present Address of Respondent (If hospitalized for psychiatric disabilities, give name and address of hospital.)
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Petitioner (Name, address and telephone number)	Relationship of Petitioner to Respondent
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Jurisdiction based on **Residence** **District Where Respondent is Hospitalized for Psychiatric Disabilities**
 District Where Respondent is Located at the Time the Petition is Filed (If the respondent is from out-of-state or residency is unknown)

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.)

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In the Matter of:

THE PETITIONER REPRESENTS THAT the respondent:

- Is Is not able to request or obtain an attorney.
 Is 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 DISABILITIES, 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.

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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:
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