

CONFIDENTIAL

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- Instructions:**
- 1) Any person who is involuntarily confined to a hospital for psychiatric disabilities, or his or her representative, may use this form to request a hearing to determine whether there is probable cause to continue the confinement for further treatment.
 - 2) The request for hearing must be filed immediately in the court for the probate district in which the hospital is located.
 - 3) For more information, see C.G.S. section 17a-502(d).
 - 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

TO: Superintendent:

Hospital:

Respondent (Name and address)

Respondent's Representative

Title or Relationship

I hereby request a hearing under C.G.S. section 17a-502(d) in the Probate Court to determine if there is probable cause to conclude I am subject to involuntary confinement, considering my condition at the time of my admission to the hospital and at the time of the hearing, the effects of medication, if any, and the advisability of continued treatment based on the testimony of the hospital staff.

I understand that:

- The hearing must be held within 72 hours of receipt of this request by the court, excluding Saturdays, Sundays and holidays.
- I have the right to be present at the hearing and to cross examine all witnesses who testify.
- I have a right to be represented by an attorney. If I cannot pay for an attorney, an attorney will be provided at the state's expense, and I may request a specific attorney to represent me.

I further understand that if the court finds probable cause for my confinement, the court will order my continued confinement for the remaining time provided by the physician's emergency certificate or, if a petition for involuntary commitment is submitted to the court under C.G.S. section 17a-498, until completion of the commitment proceedings.

Signature of Respondent or Representative

Type or Print Name

Date

Time

Hospital Use Only	Received by	Title	Date Received	Time Received
	Probate Court Notified	Notified by	Date Notified	Time Notified
Court Use only	Date Request Received by Court		Time Request Received by Court	