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- Instructions:**
- 1) A facility for the diagnosis, observation or treatment of psychiatric disabilities may use this form to petition the court for an order authorizing shock therapy for the treatment of a patient in a hospital for psychiatric disabilities whom the hospital has determined is incapable of giving informed consent.
  - 2) The petition, with documentation from the head of the hospital for psychiatric disabilities and two qualified physicians, should be filed in the court for the probate district in which the patient is hospitalized.
  - 3) Contact the court regarding payment of service of process fees.
  - 4) For more information, see C.G.S. section 17a-543(c) and rule 45.5 of the Probate Court Rules of Procedure.
  - 5) Type or print in ink. Use PC-180, or an additional sheet, if more space is needed.

Probate Court Name		District Number
<b>In the Matter of</b> (Name and present hospital address)	<b>Patient's Residence Address</b>	<b>Patient's Date of Birth</b>
Hereinafter referred to as the patient		
<b>Petitioner</b> (Name, address and telephone number of facility)	<b>Facility to Administer Shock Therapy</b>	<b>Shock Therapy Requested</b>

**Other Persons to Whom Notice Should Be Given:** Spouse, other close relatives and interested parties. (List names and addresses. Identify relationship to the patient.)

**THE PETITIONER REPRESENTS THAT:**

- 1) The patient is receiving treatment in the above facility for the diagnosis, observation or treatment of psychiatric disabilities.
- 2) The head of the facility and two qualified physicians have determined that:
  - a) The shock therapy requested is necessary for the treatment of the patient's psychiatric disabilities.
  - b) The patient is incapable of giving informed consent to the shock therapy; and
  - c) There is no other less intrusive beneficial treatment.

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3) The patient  is  is not able to request an attorney.

The patient  is  is not able to pay for the services of the attorney. (If no, submit Request Order/Waiver of Fees/  
Respondent, PC-184A.)

The patient's financial status is not known to the petitioner.

**THE PETITIONER REQUESTS THAT:**

The court enter an order authorizing the administration of the shock therapy requested above for the treatment of the patient's psychiatric disabilities.

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

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Signature of Petitioner

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Title

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Type or Print Name

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Date

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