



**TO: COURT OF PROBATE,**

**DISTRICT NO:**

RESPONDENT [Name and address]	RESPONDENT'S REPRESENTATIVE [If any]	TITLE OR RELATIONSHIP

HOSPITAL FOR PSYCHIATRIC DISABILITIES IN WHICH RESPONDENT IS CONFINED [Name and address]

I, the respondent named above, hereby petition for release under C.G.S. section 17a-510 from involuntary confinement at the above hospital for the treatment of psychiatric disabilities.

I understand that the hearing must be held within ten (10) days of the receipt of this petition by the court. I further understand that I have the right to be present at the hearing and present evidence, to cross-examine any witnesses testifying, and to be represented by counsel. If I cannot pay for counsel, counsel will be provided at the state's expense, and I may request a specific attorney to represent me.

DATE	SIGNED [Respondent]
DATE	SIGNED [Respondent's representative, if any]
Court Use Only	DATE REQUEST RECEIVED BY COURT