

CONFIDENTIAL

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- Instructions:**
- 1) Any person who is subject to a Probate Court order for involuntary confinement in a hospital for psychiatric disabilities, or his or her representative, may use this form to request release from confinement.
 - 2) For more information, see C.G.S. sections 17a-510.
 - 3) Type or print the form in ink. Use an additional sheet, or PC-180, if more space is needed

Probate Court Name

District Number

Respondent (Name and address)

**Respondent's
Representative**

Title or Relationship

Hospital for psychiatric disabilities in which the respondent is confined: (Name and address)

Parties to Whom Notice Should Be Given: (Name, address and relationship)

I 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 10 days of receipt of this petition by the court.
- I have the right to be present at the hearing, submit evidence, 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.

Signature of Respondent or Representative

Type or Print Name

Date

**Court
Use only**

Date Request Received by Court