

CONFIDENTIAL

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- Instructions:**
- 1) A Connecticut licensed physician appointed by the Probate Court must complete this form in connection with a petition for commitment of a mentally ill child. The named physician must personally examine the child within 10 days of the hearing.
 - 2) The contents of this form will be used by the Probate Court in determining whether a child suffers from a mental disorder and is in need of treatment.
 - 3) For more information, see C.G.S. section 17a-75 et seq.
 - 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

The undersigned, a physician appointed by this court to examine the named child, states that he or she has personally examined the child and makes the following report:

Child (Name and present address.)	Date of Examination
	Date of Physician's Appointment
Physician (Name, address and telephone number.)	Practicing Psychiatrist Yes No
	Connecticut Medical License No.

Does the child have a mental disorder? Yes No If yes, all of the following questions must be answered.
You must give reasons for your opinions.

1. What specific type of mental or emotional condition is involved? Give D.S.M. diagnosis.

2. Is the child intellectually disabled?

3. Does the child's mental or emotional condition have substantial adverse effects on his or her ability to function as to jeopardize the child's health, safety or welfare or that of others?

4. Is hospitalization for the treatment of mental illness necessary for the child?

In the Matter of (Child's Name):

5. Is a less restrictive placement (other than hospitalization for the treatment of mental illness) recommended for the child?

Pertinent history. (Also indicate who furnished information and relationship to child.)

Physical condition.

Psychiatric findings and conclusions.

I hereby certify that:

I am a physician licensed to practice medicine in the state of Connecticut.

I have practiced medicine for at least one year.

I have personally examined the child on _____.

I further certify, that as a result of my examination of the child, that in my opinion, based on the reasons stated above, the child has does not have a mental disorder that requires hospitalization.

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

Signature of Examining Physician

Type or Print Name

Date

Note to physician: The following is the statutory requirement for the examination of the child:

The court hearing the matter shall require a sworn certificate from at least two impartial physicians selected by the court, one of whom shall be a physician specializing in psychiatry. Both physicians shall be licensed to practice medicine in this state and shall have practiced medicine for at least one year. All appointments shall be made in accordance with procedures adopted by the Judicial Department. If such appointments have not already been made for a case transferred from the Probate Court under subsections (b) and (c) of section 17a-76, then such physicians shall be appointed as soon as reasonably possible by the superior court to which such matter has been transferred. Each physician shall make a report on a separate form adopted for such purpose by the Probate Court Administrator or the Superior Court. The certificates shall include a statement from each physician that he has personally examined such child within ten days of the hearing. The charges for such physicians shall be established by the judicial department and shall be paid in accordance with section 17a-82. C.G.S. section 17a-77 (b).