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- Instructions:**
- 1) A person or a legal representative of a person who a) is subject to an order of isolation, quarantine or vaccination as a result of a public health emergency declared by the governor of this state under C.G.S. section 19a-131a or b) is subject to an order of isolation or quarantine by a local health director under C.G.S section 19a-221, may use this form to appeal the order to the Probate Court.
  - 2) The appeal from a state public health emergency order must be filed in the court for the probate district in which the person is isolated, quarantined, or has been ordered vaccinated. An appeal from an order of the local health director must be filed in the court for the probate district in which the person is isolated, quarantined or where the person subject to the order resides. A copy of the order from which the appeal is being taken should be filed in court prior to the hearing, if possible.
  - 3) For more information, see C.G.S. sections 19a-131 et seq, and 19a-221.
  - 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**

**In the Matter of** (List name and address of the person subject to order.) Hereinafter referred to as the respondent.

**Address where the respondent is isolated or quarantined or the town in which the respondent was ordered vaccinated, if different**

**Respondent's Legal Representative filing the appeal, if any** (List name and address.)

**Relationship to Respondent**

**Name(s) and Address(es) of Person(s) to Whom Notice Should be Given:** (Spouse, other close relatives and interested parties, including health care representative, conservator, or guardian, if applicable. Identify relationships.)

Notice will also be given to the Commissioner of Public Health or designee, attorney general, the local health director issuing an order, and the head of the institution where the respondent is isolated or quarantined, as applicable.

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THE RESPONDENT OR THE RESPONDENT'S LEGAL REPRESENTATIVE REPRESENTS THAT:

- The respondent is subject to the following order in response to a public health emergency declared by the governor of the state of Connecticut:
- Order of Isolation dated \_\_\_\_\_.
  - Order of Quarantine dated \_\_\_\_\_.
  - Order of Vaccination dated \_\_\_\_\_.
- The respondent is subject to the following order by the local health director of the town of \_\_\_\_\_:
- Order of Isolation dated \_\_\_\_\_.
  - Order of Quarantine dated \_\_\_\_\_.

THE RESPONDENT OR REPRESENTATIVE OF THE RESPONDENT FURTHER REPRESENTS THAT:

- The respondent is represented by an attorney, \_\_\_\_\_ who has filed an appearance in the court. See PC-183 and Probate Court Rules, section 5.5.
- The respondent is unable to obtain an attorney and requests that the court appoint an attorney to represent the respondent.
- The respondent is  able  unable to pay for an attorney. If unable to pay for an attorney, submit PC-184A, Request/Order Waiver of Fees.

THE RESPONDENT OR RESPONDENT'S REPRESENTATIVE APPEALS FROM THE ABOVE ORDER AND REQUESTS that the court hold a hearing to:

- Modify the order as follows:

- Release the respondent from the order.

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

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Signature of Respondent or  
Legal Representative

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Type or Print Name

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Date

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