Petition for Order Authorizing Psychiatric Medication Treatment for Non-Consenting Patient with Psychiatric Disabilities PC-906 REV. 10/19

CONNECTICUT PROBATE COURTS

PC-906 REV.	10/19	
		CONFIDENTIAL
RECEIVED:		
Instructions:	 A facility for the diagnosis, observation or treatment petition the court for an order authorizing psychiatric hospital for psychiatric disabilities whom the hospital consent but has refused psychiatric medication. The petition, with documentation from the head of the properties of the prope	ic medication for the treatment of a patient in a all has determined is capable of giving informed
	qualified physicians, should be filed in the court for t	-
	3) Contact the court regarding payment of service of pr	rocess fees.
	4) For more information, see C.G.S. sections 17a-543(f)	and rule 45.3 of the Probate Court Rules of Procedure.
	5) Type or print in ink. Use an additional sheet, or PC-18	Bo, if more space is needed.
Probate Cour	t Name	District Number
In the Matter	of (Name and present address)	Patient's Residence Address
	Hereinafter referred to as the patient	
Petitioner (Name and address of facility)		Patient's Date of Birth
	s to Whom Notice Should Be Given: Spouse, other cles. Identify relationship to patient.)	ose relatives and interested parties. (List names

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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 patient is capable of giving informed consent to certain medication deemed necessary for treatment of the patient's psychiatric disabilities but has refused to give consent for the medication;
 - b) Without the medication, the diagnosed psychiatric disabilities will continue unabated, placing the patient or others in direct threat of harm; AND
 - c) There is no other less intrusive beneficial treatment available.

THE PETITITIONER REQUESTS THAT:

The court enter an order authorizing the administration of medication for the treatment of the patient's psychiatric disabilities.

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

Signature of Petitioner	
Title	
Type or Print Name	
Date	