

RECEIVED:



- Instructions:**
- 1) Any adult person may use this form to petition for the appointment of a conservator of an adult who is alleged to be incapable. A “conservator of the person” is appointed to supervise the personal affairs of a person whom the court finds to be unable to meet essential requirements for personal needs, even with appropriate assistance. These needs may include, but are not limited to, the need for food, clothing, shelter, health care and safety. A “conservator of the estate” is appointed to supervise the financial affairs of a person whom the court finds to be incapable of doing so to the extent that property will be wasted unless adequate property management is provided. This may include, but is not limited to, actions to obtain and manage assets, income and public assistance benefits. The petition may also request the appointment of a successor conservator. The person for whom the appointment of a conservatorship is being requested is referred to as the respondent.
 - 2) If the petition is for the appointment of a conservator of the estate, complete Part A. If the petition is for the appointment of a conservator of the person, complete Part B. The person submitting this form must also complete Part C.
 - 3) The petition must be filed in the probate district in which the respondent resides, is domiciled or is located at the time the petition is filed. If the proposed fiduciary is not a Connecticut resident, attach a completed Appointment of Probate Judge as Agent for Service by Non-Resident Fiduciary, PC-482.
 - 4) Also file Confidential Sheet, PC-300CI, with the respondent's confidential social security number.
 - 5) If the petitioner is seeking the appointment of a conservator who would have the authority to consent to the administration of involuntary medication for the treatment of the respondent's psychiatric illness, the petitioner should also submit PC-309, Petition/Authority to Consent to Psychiatric Medication Treatment of Patient with Psychiatric Disabilities.
 - 6) Contact the court regarding payment of service of process fees.
 - 7) For more information, see C.G.S. section 45a-648 et seq.
 - 8) Type or print ink. Use an additional sheet, or PC-180, if more space is needed.

Probate Court Name

District Number

In the Matter of	Respondent's Date of Birth	Spouse (Name, address and telephone number)
Hereinafter referred to as the respondent		
Petitioner (Name, address and telephone number)		Petitioner's Relationship to Respondent
Respondent's Residence Address	Respondent's Domicile Address (If different)	Respondent's Present Address (If different)

In the Matter of

Other Persons to Whom Notice Should be Given: spouse (if not the petitioner), the **respondent's children**, and if none, the **respondent's parents**, and, if none, the **respondent's brothers and sisters or their representatives**, and if none, the **respondent's next of kin** and other **interested parties** (List names, addresses and relationships to respondent. C.G.S. section 45a-649. Indicate any person who is a minor, in the military service or under conservatorship or legal disability. Include the name, address and position of trust of the legal representative of any party.)

The petitioner states that the following efforts have been made to identify or locate any person whose name and/or address is unknown.

The petitioner represents that the mental, emotional and/or physical condition that prevents the respondent from performing the necessary and proper functions for his or her well-being is as follows: (Describe briefly.)

The condition described above results in the respondent being unable to receive and evaluate information or make or communicate decisions to such an extent that the person is unable, even with appropriate assistance, to perform the following functions inherent in managing his or her financial affairs:

AND (check all that apply):

The respondent has property rights that will be wasted or dissipated unless adequate property management is provided.

Funds are needed for the support, care or welfare of the respondent, and the respondent is unable to take the necessary steps to obtain or provide such funds.

Funds are needed for the support, care or welfare of those entitled to be supported by the respondent, and the respondent is unable to take the necessary steps to obtain or provide such funds.

In the Matter of

The petitioner represents that the respondent has executed a power of attorney and that a copy has been provided to the court. (Provide name and address of person appointed.)

The petitioner further represents that the respondent (check all that apply):

Owns real property located at:

Has a federal fiduciary for Veteran's Affairs benefits. (Provide name and address of person appointed to act.)

Explain why the arrangements for the management of the respondent's financial affairs are not adequate:

The condition described above results in the respondent being unable to receive and evaluate information or make or communicate decisions to such an extent that the person is unable, even with appropriate assistance, to meet the following essential requirements for personal needs:

The petitioner further represents that the respondent has executed the following documents (check all that apply) and that a copy of each document has been provided to the court.

Living will. (Provide name and address of person appointed.)

Appointment of a health care representative. (Provide name and address of person appointed.)

Appointment of a health care agent. (Provide name and address of person appointed.)

Power of attorney for health care decisions. (Provide name and address of person appointed.)

Explain why the arrangements for the management of the respondent's personal affairs are not adequate:

The petitioner further represents that (check all that apply):

The respondent has been physically present in Connecticut for at least six consecutive months before the filing of the petition, including any periods of temporary absence.

If not attach completed form PC-300A.

In the Matter of

A conservator or guardian has been appointed for the respondent in another state or Connecticut probate district. If so, indicate the appointing court:

There is a proceeding pending for the appointment of a conservator or guardian in another state or Connecticut probate district. If so, indicate the court in which the proceeding is pending:

The respondent has designated a conservator as provided by C.G.S. section 45a-645. If so, include name and address. If unknown, so state.

If the respondent has designated a conservator, and the proposed conservator named herein is not the designated conservator, explain by separate document.

List other means of management of the respondent's financial or personal affairs, not including the appointment of a conservator, that have been considered:

The petitioner further represents that the respondent (check all that apply):

Has received public assistance or institutional care from the State of Connecticut.

Is receiving aid or care from the Veteran's Home and Hospital, Rocky Hill, CT. C.G.S. section 45a-649.

Is a veteran or beneficiary receiving payment under an account from the Dept. of Veteran's Affairs. C.G.S. section 45a-593.)

Is a patient in a hospital or institution. C.G.S. section 45a-649.

Is in an institution for persons with psychiatric disabilities in this state.

Is able to request or obtain an attorney. C.G.S. 45a-649.

Is able to pay for the services of an attorney. If not, submit Request/Order-Waiver of Fees, PC-184A.

WHEREFORE the petitioner requests that this court appoint the proposed conservator named below or some other suitable person as conservator of the respondent.

The petitioner also requests that the court appoint a successor conservator of _____ the person _____ the estate for the respondent to act in the event that the court accepts the resignation of the appointed conservator or removes the conservator or if the conservator becomes incapable or dies. C.G.S. section 45a-645d.

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

Signature of Petitioner

Type or Print Name

Date

In the Matter of

PROPOSED CONSERVATOR

If appointed, I will accept the position of trust:

Signature of Proposed Conservator	Date	Conservator of Person Estate
Type or Print Name		
Address		
Telephone Number		
Proposed Conservator is is not a resident of the State of Connecticut.		

Signature of Proposed Conservator	Date	Conservator of Person Estate
Type or Print Name		
Address		
Telephone Number		
Proposed Conservator is is not a resident of the State of Connecticut.		

PROPOSED SUCCESSOR CONSERVATOR

If appointed, I will accept the position of trust:

Signature of Proposed Successor Conservator	Date	Successor Conservator of Person Estate
Type or Print Name		
Address		
Telephone Number		
Proposed Successor Conservator is is not a resident of the State of Connecticut.		

Signature of Proposed Successor Conservator	Date	Successor Conservator of Person Estate
Type or Print Name		
Address		
Telephone Number		
Proposed Successor Conservator is is not a resident of the State of Connecticut.		