

CONFIDENTIAL

In the Matter of

RECEIVED:



- Instructions:**
- 1) A psychologist may be requested to complete this form in connection with an involuntary proceeding for the appointment of a conservator of the person or estate for a respondent with intellectual disability as defined by C.G.S. section 1-1 g or review of a conservatorship for an adult with intellectual disability previously established by the Probate Court. "Intellectual disability" is defined in C.G.S. section 1-1g as "a significant limitation in intellectual functioning existing concurrently with deficits in adaptive behavior that originated during the developmental period before eighteen years of age." A "significant limitation in intellectual functioning" is defined as an intelligence quotient ("IQ") more than two standard deviations below the mean, as measured by standard tests of general intellectual functioning. This means that the person's IQ must be 69 or less.
 - 2) The named psychologist must be licensed to practice in Connecticut and must have personally examined the patient on the Date of Examination listed below.
 - 3) Type or print in ink. Use an additional sheet, or PC-180, if more space is needed.

Probate Court Name

District Number

Patient

Psychologist (Name, address and telephone number)

Date of Examination

Place of Examination

Professional relationship to patient:

Consultation/Evaluation

Treating Psychologist

If you are a treating psychologist, how long have you treated this patient?

1. Intellectual Disability

Is the patient a person with intellectual disability, which is defined in C.G.S. section 1-1g as "a significant developmental limitation in intellectual functioning and deficits in adaptive behavior that originated during the developmental period before eighteen years of age"? See C.G.S. section 1-1g for a complete definition of intellectual disability.

Yes

No

Is your conclusion supported by a psychological evaluation?

Yes

No

If yes, please attach. If no, please provide the basis for your conclusion in the space below. Continue on the next page, if necessary.

CONFIDENTIAL

In the Matter of

2. Capacity

Is the patient's capacity to make financial decisions impaired? Yes No

Is the patient's capacity to make personal decisions impaired? Yes No

Does the patient's intellectual disability result in the patient being unable to receive or evaluate information or make or communicate decisions about the patient's personal or financial affairs as indicated above? Yes No

If yes, please complete all sections below. Please give specific examples of recent history known to you that contribute to your answers below. If more space is required, use additional sheets.

2a. Does the patient's intellectual disability affect the respondent's ability to seek or obtain medical care? Yes No

If yes, give specific examples.

2b. Does the patient's intellectual disability affect the patient's ability to secure and maintain a safe living environment? Yes No

If yes, give specific examples.

2c. Does the patient's intellectual disability affect the patient's ability to independently manage financial affairs? Yes No

If yes, give specific examples.

CONFIDENTIAL

In the Matter of

2d. Does the patient's intellectual disability raise safety concerns, including the patient's ability to seek protection from physical abuse or harm or financial exploitation? Yes No
 If yes, give specific examples.

2e. Are there treatments or rehabilitative factors that can be expected to significantly improve the patient's ability to self-care or self-manage the patient's personal or financial affairs? Yes No
 If yes, specify the treatments or factors.

2f. Are there other illnesses or conditions affecting the patient's ability to manage his or her own personal or financial affairs? Yes No
 If yes, specify the illness or condition.

3. Medications, Treatments and Other Interventions

3a. List all medications prescribed.

Is the patient capable of managing his/her medications?	Yes	No		
3b. Do any of these medications impact mental functioning? If so,how?	Yes	No	Uncertain	

CONFIDENTIAL

In the Matter of

3c. Is the patient capable of understanding the need to accept assistance, treatment or other interventions? Yes No
Explain.

4. Additional information

Include any other relevant information you believe should be presented to the court.

5. Review of conservatorship

If this form was requested in conjunction with a review of the conservatorship under C.G.S. section 45a-660, please also complete this section.

In my opinion, the conservatorship should be continued modified terminated.

Specify your reasons for your opinion. If more space is required, use additional sheets.

I hereby certify that:

I am a licensed psychologist.

I personally examined the respondent on the above-referenced date.

Signature of Examining Psychologist

Type or Print Name

Date
