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, who may act as conservator if the court accepts the resignation of the conservator or removes the conservator or if the conservator is adjudicated incapable or dies.
2) The person for whom the appointment of a conservatorship is being requested is referred to as the respondent.
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.
4) 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.
5) Type or print the form in ink. Use an additional sheet if more space is needed.

Probate Court Name	**District Number**

In the Matter of Hereinafter referred to as the respondent	**Respondent's Date of Birth**

Spouse (Name, address and telephone number)

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)

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 who has been adjudicated incapable.)

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

THE PETITIONER FURTHER REPRESENTS that the respondent:

☐ Has ☐ Has not been physically present in Connecticut for at least six consecutive months immediately before the filing of the petition, including any periods of temporary absence. If not, attach completed form PC-300A.

☐ Does ☐ Does not have a conservator or guardian appointed in another state or Connecticut probate district. If "Yes," indicate the appointing court: _____

There ☐ is ☐ is not a proceeding pending for the appointment of a conservator or guardian in any other state or Connecticut probate district. If "Yes," indicate the court in which the proceeding is pending:

☐ Has ☐ Has not designated a conservator as provided by C.G.S. section 45a-645. (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.

1. ☐ Has ☐ Has not executed a living will.

2. ☐ Has ☐ Has not appointed a health care representative. (Include name and address. If unknown, so state.)

3. ☐ Has ☐ Has not appointed a health care agent. (Include name and address. If unknown, so state.)

4. ☐ Has ☐ Has not executed a power of attorney for health care decisions. (Include name and address of person appointed to act. If unknown, so state.)

5. ☐ Has ☐ Has not executed a durable power of attorney. (Include name and address of person appointed to act. If unknown, so state.)

Provide copies of any document listed in 1 to 5. above, if available. Explain why these arrangements for the management of respondent's financial or personal affairs are not adequate:

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

☐ Does ☐ Does not own real property. C.G.S. section 45a-658. (Include address, if applicable.)

☐ Has ☐ Has not received public assistance or institutional care from the State of Connecticut.

☐ Is ☐ Is not receiving aid or care from the Veterans' Home and Hospital, Rocky Hill, CT. C.G.S. section 45a-649.

☐ Is ☐ Is not a veteran or beneficiary receiving payment under any account from the Dept. of Veterans' Affairs. C.G.S. § 45a-593.

☐ Does ☐ Does not have a federal fiduciary for Veteran's Affairs benefits. (Include name and address of person appointed to act. If unknown, so state.)

☐ Is ☐ Is not a patient in a hospital or institution. C.G.S. section 45a-649.

THE PETITIONER FURTHER REPRESENTS that said respondent:

☐ Is ☐ Is not in an institution for persons with psychiatric disabilities in this state. C.G.S. section 4a-17.

☐ Is ☐ Is not able request or obtain an attorney. C.G.S. section 45a-649.

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

THE PETITIONER FURTHER 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.)

If the petition is for the appointment of a CONSERVATOR OF THE ESTATE, fill in Part "A" below. If the petition is for the appointment of a CONSERVATOR OF THE PERSON, fill in Part "B." If the petition is for BOTH conservator of the estate and conservator of the person, Parts "A" and "B" must both be completed.

A - Conservator of the Estate

☐ 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 affairs:

AND:

☐ 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.

B - Conservator of the Person

☐ 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:

WHEREFORE THE PETITIONER REQUESTS that this court appoint the proposed conservator named below or some other suitable person as conservator of the aforesaid respondent. (f the Commissioner of Social Services is the proposed conservator of the estate and/or person, attach Affidavit/Appointment of Commissioner of Social Services as Conservator, PC-310. C.G.S. section 45a-651.)

☐ 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 contained herein are made under the penalties of false statement.

Signature of the Petitioner_____ Date_____

Type or print name:

PROPOSED CONSERVATOR(S)

If appointed, I will accept the position of trust.

Conservator of ☐ Person ☐ Estate

Signature .....

Name (Type or print)

Address:

Telephone Number(s):

Conservator of ☐ Person ☐ Estate

Signature ....

Name (Type or print)

Address:

Telephone Number(s):

PROPOSED SUCCESSOR CONSERVATOR(S), if any

If appointed, I will accept the position of trust.

Successor Conservator of ☐ Person ☐ Estate

Signature .....

Name (Type or print)

Address:

Telephone Number(s):

Successor Conservator of ☐ Person ☐ Estate

Signature .....

Name (Type or print)

Address:

Telephone Number(s):

ATTORNEY FOR PETITIONER (Name, address, telephone number and Conn. Bar Juris No.)

Signature of attorney for petitioner: _____

(Attorney shall also file form PC-183, Appearance of Attorney.)

ATTORNEY FOR RESPONDENT (Name, address, telephone number and Conn. Bar Juris No.)

(Attorney shall also file form PC-183, Appearance of Attorney.)

EXAMINING PHYSICIAN/PSYCHOLOGIST* (Name, address and telephone number.) *Examination may be made by a psychologist for respondents with intellectual disability as defined in C.G.S. section 1-1g. C.G.S. section 45a-650, as amended.

Confidential Information/
Petition for Appointment
of Conservator
PC-300CI REV. 10/17

CONNECTICUT PROBATE COURTS

FOR COURT USE ONLY

RECEIVED:

Court of Probate, _____ District

The social security number of the respondent is required in connection with this proceeding.

In the Matter of: _____ , respondent.

Social Security Number: _____