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Instructions:

- 1) Any adult person may use this form to petition the court to appoint a voluntary conservator of the person or estate to manage his or her personal or financial affairs, or both. A voluntary "conservator of the person" is appointed to supervise personal affairs, such as the need for food, clothing, shelter, health care and safety. A voluntary "conservator of the estate" is appointed to supervise financial affairs. This may include, but is not limited to, actions to obtain and manage assets, income and public assistance benefits. The court will not make a finding of incapacity in a voluntary conservatorship. 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 petition must be filed in the probate district in which the person resides, is domiciled or is located at the time the petition is filed.
- 3) Type or print the form in ink. Use an additional sheet, or Second Sheet, PC-180, if more space is needed.

Probate Court Name

District Number

In the Matter of

Petitioner's Telephone No.

Petitioner's Residence Address

Petitioner's Date of Birth

Hereinafter referred to as the petitioner.

Petitioner's Domicile Address (if different.)

Petitioner's Present Address (if different.)

Spouse (Name, address and telephone number.)

Other Persons to Whom Notice Should Be Given, if any: (Give names, addresses and relationships to petitioner. 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. C.G.S. section 45a-646.)

THE PETITIONER FURTHER REPRESENTS that he/she:

1. Has Has not executed a living will.*
2. Has Has not appointed a health care representative. (Include name and address.)*

3. Has Has not appointed a health care agent. (Include name and address.)*

4. Has Has not executed a power of attorney for health care decisions. (Include name and address of person appointed to act.)

5. Has Has not executed a durable power of attorney. (Include name and address of person appointed to act.)

*Please provide copies of any documents listed in 1 to 5 above, if available.

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. Conn. Gen. Statutes Chapter 302.

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. section 45a-593.

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

Is Is not presently under conservatorship.

WHEREFORE, THE PETITIONER REQUESTS that this court appoint the proposed conservator named below or some other suitable person as:

Conservator of the estate of the petitioner to carry out the following duties and authorities:

Conservator of the person of the petitioner to carry out the following duties and authorities:

AND THAT

Probate bond of the conservator with suitable surety be fixed at \$ _____

The conservator be excused from furnishing probate bond.

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

Signature of Petitioner

Type or Print Name

Date

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.)

Acceptance of Trust of Conservator

If appointed, I will accept the position of trust:

Conservator of Person Estate

Signature of Proposed
Conservator

Type or Print Name

Date

Address

Phone Number

Conservator of Person Estate

Signature of Proposed
Conservator

Type or Print Name

Date

Address

Phone Number

Acceptance of Trust of Successor Conservator

If appointed, I will accept the position of trust:

Successor Conservator of Person Estate

Signature of Successor
Conservator

Type or Print Name

Date

Address

Phone Number

Successor Conservator of Person Estate

Signature of Successor
Conservator

Type or Print Name

Date

Address

Phone Number

FOR COURT USE ONLY

RECEIVED:



Probate Court Name

District Number

In the Matter of

, petitioner

The social security number of the petitioner named above is required in connection with this proceeding.

Social Security Number _____