

COURT OF PROBATE
[Type or print in black ink.]
[Use additional sheets if more space is required.]
PLEASE SEE IMPORTANT NOTICE ON REVERSE SIDE.

TO: COURT OF PROBATE,	DISTRICT NO.
IN THE MATTER OF [Name, address, zip code, and date of birth]	PRESENT ADDRESS OF CONSERVED PERSON
HEREINAFTER REFERRED TO AS THE "CONSERVED PERSON."	
PRESENT TREATING PHYSICIAN [Name, address, and zip code]	CONSERVATOR OF THE PERSON [Name, address, zip code, and telephone number.]

This conservator's report is being filed for the following reason:[P.A. 07-116, Section 21]

Intended placement of the conserved person in an institution for long-term care. [List name and address of proposed institution for long-term care.]

Placement of the conserved person in an institution for long-term care has taken place, and this report is being filed within five days of placement.

List the reasons for placement. [Be specific.]

SPECIAL NOTICE TO CONSERVED PERSON: You may, at any time, request a hearing to have the Court review your placement in an institution for long-term care. If you wish to request such a hearing, please complete the form on the reverse side.

List the community resources, if any, that have been considered to avoid placement. [For example, resources provided by Area Agencies on Aging, the Department of Social Services, and the Office of Protection and Advocacy for Persons with Disabilities.]

List the reason(s) why the conserved person's physical, mental, and psychosocial needs cannot be met in a less restrictive and more integrated setting.

This section is to be completed for placements that took place prior to the filing of the report.

Was the placement a result of the conserved person's discharge from a hospital? YES NO

If "YES," please provide a statement about: 1) the discharge from the hospital, including the hospital's name and address and date of discharge, and 2) the related circumstances requiring the conserved person's placement in an institution for long-term care.

I hereby certify that I have given the REQUIRED notice of the placement of the conserved person in an institution for long-term care and a copy of this report to the conserved person, the conserved person's attorney, and any interested parties as determined by the Court. Service was by first class mail.

.....
Conservator:

Dated at: _____, Connecticut, on [Month, Day, Year]

To **THE CONSERVED PERSON** (the person under conservatorship):

You have the right, at any time, to request that the Court hold a hearing on your placement in an institution for long-term care.

You can exercise this right by advising the Court, in writing, of your desire for a hearing by returning a copy of the form printed below.

As a result of such hearing, the Court may determine that your physical, mental, and psychosocial needs can be met in a less restrictive and more integrated setting within the limitations of the resources available to you, either through your own estate or through public or private assistance. If such a determination is made, the Court shall order that you, as the conserved person, be placed and maintained in such a setting.

Dated at: _____, Connecticut, on [Month, Day, Year]

Court telephone number:	Fax number:
The Court's mailing address is:	

REQUEST FOR FORMAL HEARING

IN THE MATTER OF:

As the conserved person named on the first page, I hereby request a hearing regarding my placement in an institution for long-term care. I understand that I will receive advance written notice of the time and place of the hearing.

.....
Date

Signature

.....
[Please type or print name here.]

If the address on the envelope you received was incorrect in any way, please correct it below.