

**COURT OF PROBATE**

[Type or print in black ink.]  
[Use back of form or additional sheets if more space is required.]

**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"

ATTORNEY FOR CONSERVED PERSON [Name, address, zip code, and telephone number]

CONSERVATOR OF THE PERSON [Name, address, zip code, and telephone number]

Reporting period covered by this report --- FROM:

TO:

Is the conserved person now domiciled in Connecticut?  YES  NO [If this box is checked, all sections that follow must be completed.]

Describe the efforts made to provide notice concerning the conserved person to individuals and applicable agencies in the state of domicile during this reporting period.

The conserved person has been provided an opportunity and the financial means to return to his or her place of domicile within his or her resources and has declined to return. [Explain.]

Reasonable but unsuccessful efforts have been made to return the conserved person to his or her place of domicile. [Explain.]

**This section is to be completed for reviews of conservatorship pursuant to C.G.S. §45a-648.**

In my opinion, the conservatorship should be  continued  modified  terminated. Give reasons for your answer below.

Dated at: \_\_\_\_\_, Connecticut, on [Month, Day, Year]

.....  
 Conservator:

Attorney for conserved person: