

[Type or print in black ink.]

TO: COURT OF PROBATE, DISTRICT OF

DISTRICT NO.

IN THE MATTER OF (Name, address, zip code, and telephone number)

PETITIONER'S SOCIAL SECURITY NUMBER

PETITIONER'S DATE OF BIRTH

Hereinafter referred to as the petitioner.

SPOUSE, CLOSEST RELATIVES (If none, so state.), and INTERESTED PARTIES as defined in *Probate Practice Book*, Rule 3.1.02. (Give names, addresses, zip codes, and relationships to petitioner.) C.G.S. §45a-646.

(To give further details, use Second Sheet, PC-180)

THE PETITIONER REPRESENTS that *he/she*:

Is now living at the present address written above and is domiciled in the town written above.

Has Has not executed a living will.

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

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.)

Does Does not own real property. C.G.S. §45a-658. [Include address(es), if applicable.]

Has Has not received public assistance or institutional care from the State of Connecticut. Conn. Gen. Statutes Chapter 302.

Is Is not a veteran or beneficiary receiving payments under any account from the Veterans' Administration C.G.S. §45a-593.

Is Is not a patient of the Veterans' Home and Hospital, Rocky Hill, CT. C.G.S. §45a-649.

Is Is not presently under conservatorship.

THE PETITIONER FURTHER REPRESENTS that :

The spouse and closest relatives, if any, of said petitioner are as written above.

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

Conservator of the Estate Conservator of the Person of said petitioner, *and that*

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

The conservator be excused from furnishing probate bond.

The representations contained herein are made under the penalties of false statement.

Petitioner's Signature

PROPOSED CONSERVATOR

If appointed, I will accept said position of trust.

Signature _____

Name (Type or print) _____

Address _____

ATTORNEY FOR PETITIONER (Name, address, zip code, telephone number, and juris number)