

[Type or print in black ink. File in **duplicate**.]

TO: COURT OF PROBATE, DISTRICT OF

DISTRICT NO.

IN THE MATTER OF [Name, address where residing, and zip code.]

DATE OF BIRTH
OF MINOR CHILD

Hereinafter referred to as the minor child.

PETITIONER [Name, address, zip code, telephone number, and legal status of petitioner (e. g. adult relative, counsel for minor).
If adult relative, also give social security number and date of birth. If counsel for minor, also list juris number.]

PARENT(S)/GUARDIAN(S) [Name(s), address(es), zip code(s), and telephone number(s). Indicate parent/guardian to be removed/terminated. **If parent, give social security number and date of birth.**]

MINOR CHILD IS PRESENTLY IN THE CUSTODY OF: [Name, address, zip code, and telephone number. State relationship to minor child.]

THE PETITIONER REPRESENTS that:

- An application is pending in this court for the removal of one or both parents as guardians or for the removal of the guardian of said minor child; OR
- An application is pending in this court for the termination of parental rights with respect to said minor child; OR
- The petitioner has reasonable grounds to believe that said minor child has no guardian of his or her person.

THE PETITIONER FURTHER REPRESENTS that:

- The minor child is in the custody of a person other than the parent or guardian, [If this box is checked, Custodian's Affidavit, PC-510, must be filed with this application.] AND
 - The child was not taken or kept from the parent(s) or guardian(s), AND there is substantial likelihood that the child will be removed from this jurisdiction prior to a hearing for temporary custody; OR
 - To return the child to the parent(s) or guardian(s) would place the child in circumstances which would result in serious physical illness or injury, or the threat thereof, or imminent physical danger prior to a hearing for temporary custody; OR
 - The minor child is hospitalized as a result of serious physical illness or serious physical injury, is in need of immediate medical or surgical treatment; AND the parent(s) or guardian(s) refuses to consent to such treatment; AND to delay such treatment would be life-threatening. [If this box is checked, certificates from two physicians, PC-550, must be filed with this application.]
- OR

- The minor child is in the custody of the parent(s) or guardian(s); AND the minor child has suffered from serious physical illness or serious physical injury, is in need of immediate medical or surgical treatment; AND the parent(s) or guardian(s) refuses to consent to such treatment; AND to delay such treatment would be life-threatening.

THE PETITIONER FURTHER REPRESENTS that:

- The minor child has been abandoned by the parent or guardian in the sense that the parent or guardian has failed to maintain a reasonable degree of interest, concern, or responsibility for the minor's welfare; OR
- The minor child has been denied the care, guidance, or control necessary for physical, educational, moral, or emotional well-being as a result of acts of parental commission or omission, as defined by law. C.G.S. §45a-610.

AND

THESE ACTS PLACE THE HEALTH OR WELFARE OF THE MINOR CHILD IN DANGER.

Continued

[Type or print in black ink. File in **duplicate**.]

THE PETITIONER ALLEGES the following specific actions, omissions, etc. which place the health or welfare of the minor child in danger. Included are dates, times, and places.

[To give further details, use Second Sheet, PC-180.]

THE PETITIONER FURTHER REPRESENTS that there is a no proceeding pending or contemplated in another court affecting the custody of said minor child to the best knowledge and belief of the petitioner. C.G.S. §52-231a. [If such proceeding is pending or contemplated, give full details, using Second Sheet, PC-180.]

THE PETITIONER FURTHER REPRESENTS that it is in the best interest of said minor child that immediate temporary custody of said minor child be granted to a proper person as provided in C.G.S. §45a-607, pending the determination of the aforesaid matter.

WHEREFORE THE PETITIONER REQUESTS that an order for immediate temporary custody for said minor child be granted to:

_____ [Give relationship to minor child, if any.]

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

Date _____

Petitioner's Signature

[If petitioner is requesting a waiver of fees, attach PC-184, Request/Order Waiver of Fees - Petitioner.]

PROPOSED TEMPORARY CUSTODIAN

IF APPOINTED, I WILL ACCEPT SAID POSITION OF TRUST.

Signature _____

Name [Type or print] _____

Address and zip code _____

Telephone number _____