

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

<b>TO: COURT OF PROBATE, DISTRICT OF</b>		<b>DISTRICT NO.</b>
IN THE MATTER OF [Name, address, zip code and date of birth]		PRESENT ADDRESS OF WARD [If institutionalized, give name and address of institution.]
HEREINAFTER REFERRED TO AS THE "WARD"		
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: [C.G.S. §§45a-654(f), 45a-656, 45a-660(c)]

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|--|--|
| <input type="checkbox"/> Annual Report   | <input type="checkbox"/> Conservator has resigned or has been removed. |
| <input type="checkbox"/> Court-ordered Report  | <input type="checkbox"/> Application for restoration has been filed.   |
| <input type="checkbox"/> Significant change in the ward's capacity to meet the essential requirements for physical health or safety. | <input type="checkbox"/> Temporary conservatorship has terminated.     |

Reporting period covered by this report -- FROM: TO:

Indicate number of visits made during reporting period \_\_\_\_\_

List significant changes in the capacity of the ward to meet the essential requirements for physical health or safety.

If applicable, list any significant actions you have taken regarding the ward during this reporting period.

If applicable, list any significant problems relating to the conservatorship that have arisen during this reporting period.

Describe general physical and mental condition of the ward. [List any other factors.]

**This section is to be completed for three-year reviews of conservatorship pursuant to C.G.S. §45a-660.**

In my opinion, the conservatorship should be  continued  modified  terminated.

Give reasons for your answer.

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Conservator's Signature

Dated at \_\_\_\_\_, Connecticut this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_