

Session

Sponsor



Gabriele Labonte



Jen Herbst



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Stephen Keogh



Decision-Making Tools Across the Lifespan



Supported Decision-Making

Aging and Disability Summit

October 6, 2026



Supported Decision Making

- How many of you have made a large purchase such as a car or a house?
- How many have seen a doctor for one thing or another?
- How many of you have needed a repair done and called a friend to ask for recommendations?



Supported Decision Making

- How many people have read an article to get more information about a topic?
- How many asked the people on your local Facebook Page for ideas about a local business?
- How many people have answered calls from friends, relatives or colleagues about an issue in the aging and disability community?

What is Supported Decision-Making?

Supported Decision-Making (SDM) is an alternative to guardianship and conservatorship that gives individuals with disabilities and older adults the right to make their own decisions with the support of trusted friends, direct support professionals, and/or family members they choose.

It's what we all do!



What is Supported Decision-Making?

- **Alternative to Guardianship – Allows the individual to maintain personal autonomy and decision-making rights.**
- **Encourages personal growth.**
- **Promotes self-determination, control, autonomy and independence.**
- **Individuals make decisions with a team of supporters of their choosing.**
- **Not any different than how most of us make decisions.**

Why does SDM Matter for People with Disabilities?

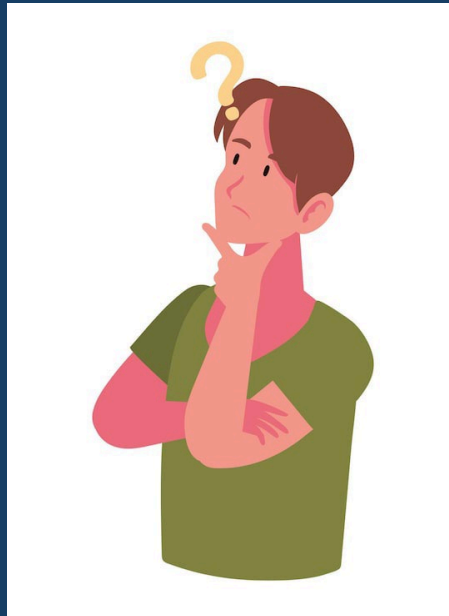
- Preserves Civil Rights
- Promotes Independence
- Build capacity over time
- Reduces Vulnerability to Abuse



Why does SDM Matter for Older Adults?

- **Supports Cognitive Changes with Dignity**
- **Helps Prevent Exploitation**
- **Encourages Independence and Confidence**
- **Used in Healthcare, Budgeting, Finance and Daily Living**

How Does Supported Decision-Making Work?



How Does SDM Work?

1. Individual identifies areas where they need decision-making assistance and the type of support needed.
2. Individual chooses a team of trusted supporters and defines the responsibilities of the supporters.
3. Supporters agree to providing information that individual needs to make his or her own decisions.
4. Supporters agree to honor the individual's choices.
5. Supported Decision-Making Agreement executed.

SDM in Connecticut!

Supported Decision-Making Coalition



- Working for 8 years to bring SDM to Connecticut
- Has been educating people with disabilities, family members, friends, educators, and policymakers for the past five years.
- Past three legislative sessions – introduced legislation but have experienced barriers from different factions.

SDM in Connecticut!



Supported Decision-Making Coalition

2026 Legislative Session – Special Act §26-12

- **Defines Supported Decision-Making and many of the associated terms.**
- **Resulted in Legislative Workgroup that is currently working to develop language for a new bill.**



Where Can I Learn More?

SDM information and materials will be posted on the SILC Website:

<https://ctsilc.org/supported-decision-making/>

Have Questions or Need Information on SDM?

SDMinfo@gmail.com



CT State Independent
Living Council

ABOUT

ADVOCACY

SUPPORTED DECISION MAKING

EVENTS

CIL's



1



SUPPORTED DECISION MAKING
Guardianship and Conservatorship
are not your ONLY Choices!



SDM BOOKLET # 1

Guardianship and



2



SUPPORTED DECISION MAKING IN
SPECIAL EDUCATION PROGRAMS



SDM BOOKLET # 2

Special Education



3



SUPPORTED DECISION MAKING AND
TRANSITION SERVICES
"What are you going to do after
High School?"



SDM BOOKLET # 3

Transition Services:



4



SUPPORTED DECISION MAKING
Vocational Rehabilitation



SDM BOOKLET # 4

Vocational Re

Translate »

Contact Information



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Department of Services for Persons with Disabilities

Gabriele Labonte



**Jen
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Gretchen Knauf



Stephen Keogh



Decision-Making Tools Across the Lifespan

Aging and Disability Summit

Gabrielle Labonte
CT Probate Courts
Northeast District Judge

Table of Contents

1. Appointment of Temporary Conservator
2. Involuntary Appointment of Conservator
3. Voluntary Representation by Conservator
4. Physician's Evaluation/Conservatorship

Appointment of Temporary Conservator

Petition/Appointment of
Temporary Conservator
PC-302 REV. 1/21

CONNECTICUT PROBATE COURTS

RECEIVED:



- Instructions:**
- 1) Any adult person may use this form to petition for the appointment of a temporary conservator of another adult person in an emergency. The petitioner must allege that the respondent is incapable of managing his or her finances (for an appointment of a conservator of the estate) and/or incapable of caring for him or herself (for an appointment of a conservator of the person). The petitioner must also allege that immediate and irreparable harm to the respondent will result if a temporary conservator is not appointed.
 - 2) If the petition is for the appointment of a conservator of the estate, complete Part A. If the petition is for the appointment of a conservator of the person, complete Part B. The person submitting this form must also complete Part C.
 - 3) The petition must be filed in the probate district in which the respondent resides, is domiciled or is located at the time the petition is filed. A report by a physician who has examined the respondent not more than 3 days before the filing of the petition must accompany the petition, unless the respondent has refused to be examined. Also file Confidential Sheet, PC-302C1, with the respondent's confidential social security number.
 - 4) The petitioner may request that the court issue a decree without notice and a hearing (ex parte) if the petitioner believes that the delay resulting from giving notice will cause immediate and irreparable harm. If the court appoints a temporary conservator ex parte, the court must conduct a hearing to confirm or revoke the ex parte appointment.
 - 5) If the petitioner is seeking the appointment of a conservator who would have the authority to consent to the administration of involuntary medication for the treatment of the respondent's psychiatric illness, the petitioner should also submit PC-309, Petition/Authority to Consent to Psychiatric Medication Treatment of Patient with Psychiatric Disabilities.
 - 6) Any appointment of a temporary conservator expires 30 days after the date of appointment, unless the following documents have been filed in court prior to the expiration of the 30-day period:
(a) Petition/Involuntary Appointment of Conservator, PC-300 and (b) a written request to extend the appointment of the temporary conservator.
 - 7) Contact the court regarding payment of service of process fees.
 - 8) For more information, see C.G.S. section 45a-654.
 - 9) Type or print in ink. Use an additional sheet, or PC-180, if more space is needed.

Probate Court Name		District Number
In the Matter of	Respondent's Date of Birth	Spouse (Name, address and telephone number)
Hereinafter referred to as the respondent		
Petitioner (Name, address and telephone number)		Petitioner's Relationship to Respondent
Respondent's Residence Address	Respondent's Domicile Address (If different)	Respondent's Present Address (If different)



RECEIVED:



- Instructions:**
- 1) Any adult person may use this form to petition for the appointment of a temporary conservator of another adult person in an emergency. The petitioner must allege that the respondent is incapable of managing his or her finances (for an appointment of a conservator of the estate) and/or incapable of caring for him or herself (for an appointment of a conservator of the person). The petitioner must also allege that immediate and irreparable harm to the respondent will result if a temporary conservator is not appointed.
 - 2) If the petition is for the appointment of a conservator of the estate, complete Part A. If the petition is for the appointment of a conservator of the person, complete Part B. The person submitting this form must also complete Part C.
 - 3) The petition must be filed in the probate district in which the respondent resides, is domiciled or is located at the time the petition is filed. A report by a physician who has examined the respondent not more than 3 days before the filing of the petition must accompany the petition, unless the respondent has refused to be examined. Also file Confidential Sheet, PC-302CI, with the respondent's confidential social security number.
 - 4) The petitioner may request that the court issue a decree without notice and a hearing (ex parte) if the petitioner believes that the delay resulting from giving notice will cause immediate and irreparable harm. If the court appoints a temporary conservator ex parte, the court must conduct a hearing to confirm or revoke the ex parte appointment.
 - 5) If the petitioner is seeking the appointment of a conservator who would have the authority to consent to the administration of involuntary medication for the treatment of the respondent's psychiatric illness, the petitioner should also submit PC-309, Petition/Authority to Consent to Psychiatric Medication Treatment of Patient with Psychiatric Disabilities.
 - 6) Any appointment of a temporary conservator expires 30 days after the date of appointment, unless the following documents have been filed in court prior to the expiration of the 30-day period:
(a) Petition/Involuntary Appointment of Conservator, PC-300 and (b) a written request to extend the appointment of the temporary conservator.
 - 7) Contact the court regarding payment of service of process fees.
 - 8) For more information, see C.G.S. section 45a-654.
 - 9) Type or print in ink. Use an additional sheet, or PC-180, if more space is needed.

Probate Court Name		District Number
In the Matter of	Respondent's Date of Birth	Spouse (Name, address and telephone number)
Hereinafter referred to as the respondent		
Petitioner (Name, address and telephone number)		Petitioner's Relationship to Respondent
Respondent's Residence Address	Respondent's Domicile Address (If different)	Respondent's Present Address (If different)

In the Matter of

Other Persons to Whom Notice Should be Given: **Spouse** (if not the petitioner), the **respondent's children**, and if none, the **respondent's parents**, and, if none, the **respondent's brothers and sisters or their representatives**, and if none, the **respondent's next of kin** and other **interested parties** (List names, addresses and relationships to respondent. C.G.S. section 45a-649. Indicate any person who is a minor, in the military service or under conservatorship or legal disability. Include the name, address and position of trust of the legal representative of any party.)

The petitioner states that the following efforts have been made to identify or locate any person whose name and/or address is unknown.

The petitioner represents that the mental, emotional and/or physical condition that prevents the respondent from performing the necessary and proper functions for his or her well-being is as follows: (Describe briefly.)

Part A - Temporary Conservator of the Estate

The condition described above results in the respondent being unable to receive and evaluate information or make or communicate decisions to such an extent that the person is unable, even with appropriate assistance, to perform the following functions inherent in managing his or her financial affairs:

Immediate and irreparable harm to the financial or legal affairs of the respondent will result if a temporary conservator of the estate is not appointed. Explain. Be specific.

In the Matter of

The appointment of a temporary conservator of the estate is the least restrictive means available to prevent the harm.

☐ The petitioner represents that the respondent has executed a power of attorney and that a copy has been provided to the court. (Provide name and address of person appointed.)

☐ The petitioner represents that the respondent owns real property located at:

Part B - Temporary Conservator of the Person

The condition described above results in the respondent being unable to receive and evaluate information or make or communicate decisions to such an extent that the person is unable, even with appropriate assistance, to meet the following essential requirements for personal needs:

Immediate and irreparable harm to the mental or physical health of the respondent will result if a temporary conservator of the person is not appointed. Explain. Be specific.

The appointment of a temporary conservator of the person is the least restrictive means available to prevent the harm.

The petitioner further represents that the respondent has executed the following documents (check all that apply) and that a copy of each document has been provided to the court:

☐ Living will. (Provide name and address of person appointed.)

☐ Appointment of a health care representative. (Provide name and address of person appointed.)

☐ Appointment of a health care agent. (Provide name and address of person appointed.)

☐ Power of attorney for health care decisions. (Provide name and address of person appointed.)

In the Matter of

Explain why these arrangements for the management of respondent's financial or personal affairs are not adequate:

Part C - Must be completed by All petitioners

The petitioner further represents (check all that apply):

- ☐ The respondent has been physically present in Connecticut for at least six consecutive months before the filing of the petition, including any periods of temporary absence.
If not, attach completed form PC-300A.
- ☐ A conservator or guardian has been appointed for the respondent in another state or Connecticut probate district.
If so, indicate the appointing court:
- ☐ There is a proceeding pending for the appointment of a conservator or guardian in another state or Connecticut probate district.
If so, indicate the court in which the proceeding is pending:
- ☐ The respondent has designated a conservator as provided by C.G.S. section 45a-645.
If so, include name and address. If unknown, so state.

If the respondent has designated a conservator, and the proposed conservator named herein is not the designated conservator, explain by separate document.

List other means of management of the respondent's financial or personal affairs, not including the appointment of a conservator, that have been considered:

The petitioner further represents that the respondent (check all that apply):

- ☐ Is a patient in a hospital or institution. C.G.S. section 45a-649.
- ☐ Is in an institution for persons with psychiatric disabilities in this state.
- ☐ Is able to request or obtain an attorney. C.G.S. section 45a-649.
- ☐ Is able to pay for the services of an attorney.
- ☐ If not, submit Request/Order-Waiver of Fees, PC-184A.

WHEREFORE the petitioner requests that:

The court appoint a ☐ temporary conservator of the estate ☐ temporary conservator of the person for the respondent.

- ☐ The court make the appointment without notice and hearing (ex parte) because the delay resulting from giving notice will cause immediate and irreparable harm.

In the Matter of

The representations made in this petition are made under penalty of false statement.

Signature of Petitioner

Type or Print Name

Date

PROPOSED TEMPORARY CONSERVATOR

If appointed, I will accept the position of trust:

Signature of Proposed
Temporary Conservator

Date:

Type or Print Name

Temporary
Conservator of ☐ Person ☐ Estate

Address

Telephone Number

Proposed Temporary
Conservator ☐ is ☐ is not a resident of the State of Connecticut.

Involuntary Appointment of Conservator

**Petition/Involuntary
Appointment of Conservator
PC-300 REV. 1/21**

CONNECTICUT PROBATE COURTS

RECEIVED:



- Instructions:**
- 1) Any adult person may use this form to petition for the appointment of a conservator of an adult who is alleged to be incapable. A "conservator of the person" is appointed to supervise the personal affairs of a person whom the court finds to be unable to meet essential requirements for personal needs, even with appropriate assistance. These needs may include, but are not limited to, the need for food, clothing, shelter, health care and safety. A "conservator of the estate" is appointed to supervise the financial affairs of a person whom the court finds to be incapable of doing so to the extent that property will be wasted unless adequate property management is provided. This may include, but is not limited to, actions to obtain and manage assets, income and public assistance benefits. The petition may also request the appointment of a successor conservator. The person for whom the appointment of a conservatorship is being requested is referred to as the respondent.
 - 2) If the petition is for the appointment of a conservator of the estate, complete Part A. If the petition is for the appointment of a conservator of the person, complete Part B. The person submitting this form must also complete Part C.
 - 3) The petition must be filed in the probate district in which the respondent resides, is domiciled or is located at the time the petition is filed. If the proposed fiduciary is not a Connecticut resident, attach a completed Appointment of Probate Judge as Agent for Service by Non-Resident Fiduciary, PC-482.
 - 4) Also file Confidential Sheet, PC-300CI, with the respondent's confidential social security number.
 - 5) If the petitioner is seeking the appointment of a conservator who would have the authority to consent to the administration of involuntary medication for the treatment of the respondent's psychiatric illness, the petitioner should also submit PC-309, Petition/Authority to Consent to Psychiatric Medication Treatment of Patient with Psychiatric Disabilities.
 - 6) Contact the court regarding payment of service of process fees.
 - 7) For more information, see C.G.S. section 45a-648 et seq.
 - 8) Type or print ink. Use an additional sheet, or PC-180, if more space is needed.

Probate Court Name

District Number

In the Matter of

Respondent's
Date of Birth

Spouse (Name, address and telephone number)

Hereinafter referred to as the respondent

Petitioner (Name, address and telephone number)

Petitioner's Relationship to Respondent

Respondent's Residence Address

Respondent's Domicile Address
(If different)

Respondent's Present Address
(If different)



RECEIVED:



- Instructions:**
- 1) Any adult person may use this form to petition for the appointment of a conservator of an adult who is alleged to be incapable. A "conservator of the person" is appointed to supervise the personal affairs of a person whom the court finds to be unable to meet essential requirements for personal needs, even with appropriate assistance. These needs may include, but are not limited to, the need for food, clothing, shelter, health care and safety. A "conservator of the estate" is appointed to supervise the financial affairs of a person whom the court finds to be incapable of doing so to the extent that property will be wasted unless adequate property management is provided. This may include, but is not limited to, actions to obtain and manage assets, income and public assistance benefits. The petition may also request the appointment of a successor conservator. The person for whom the appointment of a conservatorship is being requested is referred to as the respondent.
 - 2) If the petition is for the appointment of a conservator of the estate, complete Part A. If the petition is for the appointment of a conservator of the person, complete Part B. The person submitting this form must also complete Part C.
 - 3) The petition must be filed in the probate district in which the respondent resides, is domiciled or is located at the time the petition is filed. If the proposed fiduciary is not a Connecticut resident, attach a completed Appointment of Probate Judge as Agent for Service by Non-Resident Fiduciary, PC-482.
 - 4) Also file Confidential Sheet, PC-300CI, with the respondent's confidential social security number.
 - 5) If the petitioner is seeking the appointment of a conservator who would have the authority to consent to the administration of involuntary medication for the treatment of the respondent's psychiatric illness, the petitioner should also submit PC-309, Petition/Authority to Consent to Psychiatric Medication Treatment of Patient with Psychiatric Disabilities.
 - 6) Contact the court regarding payment of service of process fees.
 - 7) For more information, see C.G.S. section 45a-648 et seq.
 - 8) Type or print ink. Use an additional sheet, or PC-180, if more space is needed.

Probate Court Name		District Number
In the Matter of	Respondent's Date of Birth	Spouse (Name, address and telephone number)
Hereinafter referred to as the respondent		
Petitioner (Name, address and telephone number)		Petitioner's Relationship to Respondent
Respondent's Residence Address	Respondent's Domicile Address (If different)	Respondent's Present Address (If different)

In the Matter of

Other Persons to Whom Notice Should be Given: spouse (if not the petitioner), the **respondent's children**, and if none, the **respondent's parents**, and, if none, the **respondent's brothers and sisters or their representatives**, and if none, the **respondent's next of kin** and other **interested parties** (List names, addresses and relationships to respondent. C.G.S. section 45a-649. Indicate any person who is a minor, in the military service or under conservatorship or legal disability. Include the name, address and position of trust of the legal representative of any party.)

The petitioner states that the following efforts have been made to identify or locate any person whose name and/or address is unknown.

The petitioner represents that the mental, emotional and/or physical condition that prevents the respondent from performing the necessary and proper functions for his or her well-being is as follows: (Describe briefly.)

Part A - Conservator of the Estate

The condition described above results in the respondent being unable to receive and evaluate information or make or communicate decisions to such an extent that the person is unable, even with appropriate assistance, to perform the following functions inherent in managing his or her financial affairs:

AND (check all that apply):

- ☐ The respondent has property rights that will be wasted or dissipated unless adequate property management is provided.
- ☐ Funds are needed for the support, care or welfare of the respondent, and the respondent is unable to take the necessary steps to obtain or provide such funds.
- ☐ Funds are needed for the support, care or welfare of those entitled to be supported by the respondent, and the respondent is unable to take the necessary steps to obtain or provide such funds.

In the Matter of

☐ The petitioner represents that the respondent has executed a power of attorney and that a copy has been provided to the court. (Provide name and address of person appointed.)

The petitioner further represents that the respondent (check all that apply):

☐ Owns real property located at:

☐ Has a federal fiduciary for Veteran's Affairs benefits. (Provide name and address of person appointed to act.)

Explain why the arrangements for the management of the respondent's financial affairs are not adequate:

Part B - Conservator of the Person

The condition described above results in the respondent being unable to receive and evaluate information or make or communicate decisions to such an extent that the person is unable, even with appropriate assistance, to meet the following essential requirements for personal needs:

The petitioner further represents that the respondent has executed the following documents (check all that apply) and that a copy of each document has been provided to the court.

☐ Living will. (Provide name and address of person appointed.)

☐ Appointment of a health care representative. (Provide name and address of person appointed.)

☐ Appointment of a health care agent. (Provide name and address of person appointed.)

☐ Power of attorney for health care decisions. (Provide name and address of person appointed.)

Explain why the arrangements for the management of the respondent's personal affairs are not adequate:

Part C - Must be completed by ALL petitioners

The petitioner further represents that (check all that apply):

☐ The respondent has been physically present in Connecticut for at least six consecutive months before the filing of the petition, including any periods of temporary absence.
If not attach completed form PC-300A.

In the Matter of

- ☐ A conservator or guardian has been appointed for the respondent in another state or Connecticut probate district. If so, indicate the appointing court:
- ☐ There is a proceeding pending for the appointment of a conservator or guardian in another state or Connecticut probate district. If so, indicate the court in which the proceeding is pending:
- ☐ The respondent has designated a conservator as provided by C.G.S. section 45a-645. If so, include name and address. If unknown, so state.

If the respondent has designated a conservator, and the proposed conservator named herein is not the designated conservator, explain by separate document.
List other means of management of the respondent's financial or personal affairs, not including the appointment of a conservator, that have been considered:

The petitioner further represents that the respondent (check all that apply):

- ☐ Has received public assistance or institutional care from the State of Connecticut.
- ☐ Is receiving aid or care from the Veteran's Home and Hospital, Rocky Hill, CT. C.G.S. section 45a-649.
- ☐ Is a veteran or beneficiary receiving payment under an account from the Dept. of Veteran's Affairs. C.G.S. section 45a-593.)
- ☐ Is a patient in a hospital or institution. C.G.S. section 45a-649.
- ☐ Is in an institution for persons with psychiatric disabilities in this state.
- ☐ Is able to request or obtain an attorney. C.G.S. 45a-649.
- ☐ Is able to pay for the services of an attorney. If not, submit Request/Order-Waiver of Fees, PC-184A.

WHEREFORE the petitioner requests that this court appoint the proposed conservator named below or some other suitable person as conservator of the respondent.

- ☐ The petitioner also requests that the court appoint a successor conservator of ☐ the person ☐ the estate for the respondent to act in the event that the court accepts the resignation of the appointed conservator or removes the conservator or if the conservator becomes incapable or dies. C.G.S. section 45a-645d.

The representations made in this petition are made under penalty of false statement.

Signature of Petitioner

Type or Print Name

Date

In the Matter of

PROPOSED CONSERVATOR

If appointed, I will accept the position of trust:

Signature of Proposed Conservator	Date	Conservator of ☐ Person ☐ Estate
Type or Print Name		
Address		
Telephone Number		
Proposed Conservator ☐ is ☐ is not a resident of the State of Connecticut.		

Signature of Proposed Conservator	Date	Conservator of ☐ Person ☐ Estate
Type or Print Name		
Address		
Telephone Number		
Proposed Conservator ☐ is ☐ is not a resident of the State of Connecticut.		

PROPOSED SUCCESSOR CONSERVATOR

If appointed, I will accept the position of trust:

Signature of Proposed Successor Conservator	Date	Successor Conservator of ☐ Person ☐ Estate
Type or Print Name		
Address		
Telephone Number		
Proposed Successor Conservator ☐ is ☐ is not a resident of the State of Connecticut.		

Signature of Proposed Successor Conservator	Date	Successor Conservator of ☐ Person ☐ Estate
Type or Print Name		
Address		
Telephone Number		
Proposed Successor Conservator ☐ is ☐ is not a resident of the State of Connecticut.		

Voluntary Representation by Conservator

Petition/Voluntary
Representation by
Conservator PC-301 REV. 1/21

CONNECTICUT PROBATE COURTS

RECEIVED:



- Instructions:**
- 1) Any adult person may use this form to petition the court to appoint a voluntary conservator of the person or estate to manage his or her personal or financial affairs, or both. A voluntary "conservator of the person" is appointed to supervise personal affairs, such as the need for food, clothing, shelter, health care and safety. A voluntary "conservator of the estate" is appointed to supervise financial affairs. This may include, but is not limited to, actions to obtain and manage assets, income and public assistance benefits. The petition may also request the appointment of a successor conservator.
 - 2) If the petition is for the appointment of a conservator of the estate, complete Part A. If the petition is for the appointment of a conservator of the person, complete Part B. The petitioner must also complete Part C.
 - 3) The petition must be filed in the probate district in which the petitioner resides, is domiciled or is located at the time the petition is filed. If the proposed fiduciary is not a Connecticut resident, attach a completed Appointment of Probate Judge as Agent for Service by Non-Resident Fiduciary, PC-482.
 - 4) Also file Confidential Sheet, PC-301CI, with the petitioner's confidential social security number.
 - 5) For more information, see C.G.S. section 45a-646.
 - 6) Type or print in ink. Use an additional sheet, or PC-180, if more space is needed.

Probate Court Name		District Number
In the Matter of	Petitioner's Telephone Number	Petitioner's Date of Birth
Hereinafter referred to as the petitioner		
Petitioner's Residence Address	Petitioner's Domicile Address (If different)	Petitioner's Present Address (If different)
Spouse (Name, address and telephone number)		

Other Persons to Whom Notice Should be Given, if any: (Give names, addresses and relationships to petitioner. Indicate any person who is a minor, in the military service or under conservatorship or legal disability. Include the name, address and position of trust of the legal representative of any party.)



RECEIVED:



- Instructions:**
- 1) Any adult person may use this form to petition the court to appoint a voluntary conservator of the person or estate to manage his or her personal or financial affairs, or both. A voluntary "conservator of the person" is appointed to supervise personal affairs, such as the need for food, clothing, shelter, health care and safety. A voluntary "conservator of the estate" is appointed to supervise financial affairs. This may include, but is not limited to, actions to obtain and manage assets, income and public assistance benefits. The petition may also request the appointment of a successor conservator.
 - 2) If the petition is for the appointment of a conservator of the estate, complete Part A. If the petition is for the appointment of a conservator of the person, complete Part B. The petitioner must also complete Part C.
 - 3) The petition must be filed in the probate district in which the petitioner resides, is domiciled or is located at the time the petition is filed. If the proposed fiduciary is not a Connecticut resident, attach a completed Appointment of Probate Judge as Agent for Service by Non-Resident Fiduciary, PC-482.
 - 4) Also file Confidential Sheet, PC-301CI, with the petitioner's confidential social security number.
 - 5) For more information, see C.G.S. section 45a-646.
 - 6) Type or print in ink. Use an additional sheet, or PC-180, if more space is needed.

Probate Court Name		District Number	
In the Matter of		Petitioner's Telephone Number	Petitioner's Date of Birth
Hereinafter referred to as the petitioner			
Petitioner's Residence Address	Petitioner's Domicile Address (If different)	Petitioner's Present Address (If different)	
Spouse (Name, address and telephone number)			

Other Persons to Whom Notice Should be Given, if any: (Give names, addresses and relationships to petitioner. Indicate any person who is a minor, in the military service or under conservatorship or legal disability. Include the name, address and position of trust of the legal representative of any party.)

In the Matter of

Part A - Conservator of the Estate

I would like a conservator appointed to assist me with the following financial matters:

- ☐ I own real property located at:
- ☐ I have executed a power of attorney and have provided a copy to the court. (Provide name and address of person appointed.)
- ☐ I have a federal fiduciary for Veteran's Affairs benefits. (Provide name and address of person appointed.)

Part B - Conservator of the Person

I would like a conservator appointed to assist me with the following personal affairs:

As petitioner, I represent that I have executed the following documents (check all that apply) and have provided a copy of each document:

- ☐ Living will (Provide name and address of person appointed.)
- ☐ Appointment of a health care representative (Provide name and address of person appointed.)
- ☐ Appointment of a health care agent (Provide name and address of person appointed.)
- ☐ Power of attorney for health care decisions (Provide name and address of person appointed.)

In the Matter of

Part C - Must be completed by All petitioners

I further represent that I (check all that apply):

- ☐ Am receiving or have received public assistance or institutional care from the State of Connecticut.
- ☐ Am receiving or have received aid or care from the Veteran's Home and Hospital, Rocky Hill, CT. C.G.S. section 45a-649.
- ☐ Am a veteran or beneficiary receiving payment under an account from the Dept. of Veteran's Affairs. C.G.S. section 45a-593.
- ☐ Am presently under conservatorship or guardianship. (Provide name and address of conservator or guardian and name of court in which conservator or guardian was appointed.)

WHEREFORE as petitioner, I request that this court appoint the proposed conservator named below or some other suitable person as:

- ☐ Conservator of the estate of the petitioner to carry out the following duties and authorities:

- ☐ Conservator of the person of the petitioner to carry out the following duties and authorities:

AND THAT

- ☐ The conservator be required to obtain a probate bond.
- ☐ The conservator be excused from furnishing probate bond.
- ☐ The court appoint a successor conservator of ☐ the person ☐ the estate for the petitioner to act in the event that the court accepts the resignation of the appointed conservator or removes the conservator or if the conservator becomes incapable or dies. C.G.S. section 45a-645d.

In the Matter of

The representations made in this petition are made under penalty of false statement.

Signature of Petitioner

Type or Print Name

Date

PROPOSED CONSERVATOR

If appointed, I will accept the position of trust:

Signature of Proposed
Conservator

Date

Conservator of
☐ Person ☐ Estate

Type or Print Name

Address

Telephone Number

Proposed Conservator ☐ is ☐ is not a resident of the State of Connecticut.

Signature of Proposed
Conservator

Date

Conservator of
☐ Person ☐ Estate

Type or Print Name

Address

Telephone Number

Proposed Conservator ☐ is ☐ is not a resident of the State of Connecticut.

PROPOSED SUCCESSOR CONSERVATOR

If appointed, I will accept the position of trust:

Signature of Proposed
Successor Conservator

Date

Successor Conservator of
☐ Person ☐ Estate

Type or Print Name

Address

Telephone Number

Proposed Successor Conservator ☐ is ☐ is not a resident of the State of Connecticut.

Signature of Proposed
Successor Conservator

Date

Successor Conservator of
☐ Person ☐ Estate

Type or Print Name

Address

Telephone Number

Proposed Successor Conservator ☐ is ☐ is not a resident of the State of Connecticut.

Physician's Evaluation/Conservatorship

**Physician's Evaluation/
Conservatorship
PC-370 REV. 4/19**

CONNECTICUT PROBATE COURTS

CONFIDENTIAL

RECEIVED:



- Instructions:**
- 1) A physician may be requested to complete this form in connection with an involuntary proceeding for the appointment of a conservator of the person or estate, or review of a conservatorship previously established by the Probate Court.
 - 2) The named physician must be licensed to practice medicine in Connecticut and must have personally examined the patient on the Date of Examination listed below.
 - 3) Type or print in ink. Use an additional sheet, or PC-i8o, if more space is needed.

Probate Court Name	District Number
Patient	Date of Examination
	Place of Examination
Physician (Name, address and telephone number)	Connecticut Medical License No.
	Practicing Psychiatrist ☐ Yes ☐ No

Professional relationship to patient: ☐ Consultation/Evaluation ☐ Treating Physician

If you are a treating physician, how long have you treated this patient?

1. Capacity

Is the patient's capacity to make financial decisions impaired? ☐ Yes ☐ No

Is the patient's capacity to make personal decisions impaired? ☐ Yes ☐ No

If the answer to either question is yes, please complete all sections below. Please give specific examples of recent history known to you that contribute to your answers below. If more space is required, use additional sheets.



CONFIDENTIAL

RECEIVED:



- Instructions:**
- 1) A physician may be requested to complete this form in connection with an involuntary proceeding for the appointment of a conservator of the person or estate, or review of a conservatorship previously established by the Probate Court.
 - 2) The named physician must be licensed to practice medicine in Connecticut and must have personally examined the patient on the Date of Examination listed below.
 - 3) Type or print in ink. Use an additional sheet, or PC-180, if more space is needed.

Probate Court Name	District Number
Patient	Date of Examination
	Place of Examination
Physician (Name, address and telephone number)	Connecticut Medical License No.
	Practicing Psychiatrist ☐ Yes ☐ No

Professional relationship to patient: ☐ Consultation/Evaluation ☐ Treating Physician

If you are a treating physician, how long have you treated this patient?

1. Capacity

Is the patient's capacity to make financial decisions impaired? ☐ Yes ☐ No

Is the patient's capacity to make personal decisions impaired? ☐ Yes ☐ No

If the answer to either question is yes, please complete all sections below. Please give specific examples of recent history known to you that contribute to your answers below. If more space is required, use additional sheets.

CONFIDENTIAL

In the Matter of _____

1a. In my opinion, the patient has: (Check all that apply.)

☐

mental illness

☐

cognitive deficiency

☐

physical illness or physical disability

☐

addiction

☐

other (specify)

that results in the patient being unable to receive or evaluate information or make or communicate decisions about the patient's personal or financial affairs as indicated above.

1b. Describe the patient's current status or symptoms stemming from this condition.

1c. What is the current medical diagnosis?

1d. Is the current condition transitory or permanent in nature?

Explain.

1e. Does the illness or condition affect the patient's ability to seek or obtain medical care?

☐

Yes

☐

No

If yes, give specific examples.

1f. Does the illness or condition affect the patient's ability to secure and maintain a safe living environment?

☐

Yes

☐

No

If yes, give specific examples.

1g. Does the illness or condition affect the patient's ability to independently manage financial affairs?

☐

Yes

☐

No

If yes, give specific examples.

1h. Does the illness or condition raise safety concerns, including the patient's ability to seek protection from

☐

physical abuse or

☐

financial exploitation?

☐

Yes

☐

No

If yes, give specific examples.

CONFIDENTIAL

In the Matter of

2. Medications

2a. List all medications prescribed.

Is the patient capable of managing his/her medications? ☐ Yes ☐ No

2b. Do any of these medications affect mental functioning? ☐ Yes ☐ No ☐ Uncertain

If yes, give specific examples.

3. Treatments and Interventions

3a. Does the patient require hospitalization or additional medical treatment or intervention? ☐ Yes ☐ No

If yes, explain.

3b. Is the patient capable of weighing the benefits and risks of the medical treatment or other alternative interventions recommended in 3a. above? ☐ Yes ☐ No

If yes, explain.

4. Additional information

Include any other relevant information you believe should be presented to the court.

CONFIDENTIAL

In the Matter of

5. Review of conservatorship

If this form was requested in conjunction with a review of the conservatorship under C.G.S. section 45a-660, please also complete this section.

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

Specify your reasons for your opinion. If more space is required, use additional sheets.

I hereby certify that:

I am a physician licensed to practice medicine in the state of Connecticut.

I personally examined the respondent on the above-referenced date.

Signature of Examining Physician

Type or Print Name

Date

Aging and Disability Summit

Thank you!

Gabriele Labonte



**Jen
Herbst**



Gretchen Knauf



Stephen Keogh



Decision-Making Tools Across the Lifespan