



Planning for Future Health Care Decisions

Connecticut Advance Directives

- Your Rights to Make Health Care Decisions and Frequently Asked Questions
-A Summary of Connecticut State Law
- Directions for Completing the Consolidated Health Care Instructions and Advanced Directives Document; and
- Consolidated Health Care Instructions and Advanced Directives Document including all the Advance Directives – Appointment of a Health Care Representative, Living Will and Health Care Instructions, Designation of a Conservator, and Anatomical Gift- in one form
- Conservatorship
- List of Legal Resources

CT Department of Aging and Disability Services, Bureau of Aging
55 Farmington Ave., Hartford, CT 0610

Please find enclosed:

- “Your Rights to Make Health Care Decisions and Frequently Asked Questions” prepared by the Office of the Attorney General for the State of Connecticut for the Connecticut Department of Aging and Disability Services;
- Directions for completing the “Consolidated Health Care Instructions and Advance Directives”; and
- “Consolidated Health Care Instructions and Advance Directives” document, including all the advance directives –Appointment of a Health Care Representative, Living Will, Designation of a Conservator of the Person, and Anatomical Gift – in one form.

Important Notes:

The Consolidated Health Care Instructions and Advance Directives document is a legal document and gives broad legal powers to persons designated by you. If there are **any** portions of this planning packet that you do not understand or which may confuse you, **consult an attorney**. You may wish to contact your own attorney relative to questions regarding this form or contact the Legal Services Developer at the Bureau on Aging, 1(860)424-5244, for a list of legal assistance resources available to older adults in Connecticut¹.

Numerous resources (such as a doctor or faith advisor) may also be available to assist you in making decisions about end-of-life health care issues including life-sustaining measures (such as artificial hydration and nutrition, cardiopulmonary resuscitation and do-not-resuscitate orders), palliative care, quality of life, and the impact of your religious beliefs and moral convictions. Some other resources include:

Free Legal Help, www.CTLawHelp.org

CT Legal Services, phone: (860)344-0447, website: www.ctlegal.org

¹ The Legal Services Developer may not provide legal advice to individuals, however, can assist individuals to find local legal resources.

YOUR RIGHTS TO MAKE HEALTH CARE DECISIONS AND FREQUENTLY ASKED QUESTIONS

Connecticut Bar Association, www.ctbar.org, Find a Lawyer CT

A Summary of Connecticut Law prepared by the Office of the Attorney General for the State Department of Aging and Disability Services, Bureau on Aging

- You have the right to make health care decisions about medical care you receive. If you do not want certain treatments, you have the right to tell your physician you do not want them and have your wishes followed.
- You also have the right to receive information from your physician to assist you in reaching a decision about what medical care is to be provided to you.
- There may, however, come a time when you are unable to actively participate in determining your treatment due to serious illness, injury or other disability.

Frequently Asked Questions (FAQs)

1. Do I have the right to make health care decisions?

Yes. Adults in Connecticut have the right to determine what, if any, medical treatment they will receive. If you can understand the nature and consequences of the health care decisions that you are being asked to make, you may agree to treatment that may help you or you may refuse treatment even if the treatment might keep you alive longer.

2. Do I have the right to information needed to make a health care decision?

Yes. Physicians have the responsibility to provide patients with information that can help them to make a decision. Your physician will explain:

- What treatments may help you;

- How each treatment may affect you, that is, how it can help you and what, if any, serious problems or side effects the treatment is likely to cause; and
- What may happen if you decide not to receive treatment.

Your physician may also recommend what, if any, treatment is medically appropriate, but the final decision is yours to make. All this information is provided so you can exercise your right to decide your treatment wisely.

3. What is an “advance directive”?

An “advance directive” is a legal document through which you may provide your directions or express your preferences concerning your health care and/or appoint someone to act on your behalf. Physicians and others use them when you are unable to make or communicate your decisions about your medical treatment.

Advance directives are prepared before any condition or circumstance occurs that causes you to be unable to actively make a decision about your health care.

In Connecticut, advance directives include:

- Living will and health care instructions;
- Appointment of a health care representative;
- Designation of a conservator of person
- Anatomical gift

4. Must I have an advanced directive to receive medical care?

No. You do not need to make a living will or other type of advance directive to receive medical care or to be admitted to a hospital, nursing home or other health care facility. No person can be denied medical care or admission based on whether they have signed a living will or other type of advanced directive.

If someone refuses to provide you with medical care or admit you unless you sign a living will or other type of advance directive, contact the Department of Public Health in Hartford at (860) 509-7400.

5. What is a “living will”?

A “living will” is a document that may state your wishes regarding any kind of health care you may receive. Should you be in a terminal condition or permanently unconscious, the living will can also tell your physician whether you want “life support systems” to keep you alive or whether you do not want to receive such treatment, even if the result is your death. A living will goes into effect only when you are unable to make or communicate your decisions about your medical care.

6. What does “terminal condition” and “permanently unconscious” mean?

A patient has a “terminal condition” when the physician finds the patient has a condition which is (1) incurable or irreversible and (2) will result in death within a relatively short amount of time if life support systems are not provided. “Permanently unconscious” means a permanent coma or persistent vegetative state where the patient is not aware of themselves or their surroundings and is unresponsive.

7. What is a “life support system”?

A “life support system” is a form of treatment that only delays the time of your death or maintains you in a state of permanent unconsciousness. Life support systems may, among other things, include:

- Devices such as respirators or dialysis
- Cardiopulmonary resuscitation
- Food and fluids supplied by artificial means, such as feeding tubes and intravenous fluids.

It does not include:

- Normal means of eating and drinking, such as eating with assistance of another person or through a straw; or
- Medications that manage pain.

8. Will I receive medication for pain if I have a living will?

Yes. A living will does not affect the **requirement** that your physician provide you with pain medication or care designed solely to maintain your physical comfort (for example, care designed to maintain circulation or the health of your skin and muscles). This type of care **must** be provided whenever appropriate.

9. What is a “health care representative”?

A “health care representative” is a person whom you authorize in writing to make any and all health care decisions on your behalf including the decision to withhold or withdraw life support systems. A health care representative does not act unless you are unable to make or communicate your decisions about your medical care. The health care representative will make decisions on your behalf based on your wishes, as stated in the living will or otherwise known to your health care representative. In the event that your wishes are not clear or a situation arises that you did not anticipate, your health care representative would make a decision in your best interests, based upon what is known of your wishes.

10. What kind of treatment decisions can be made by a health care representative?

A health care representative can make any and all health care decisions for you, including the decision to accept or refuse treatment, services or procedure used to diagnose or treat any physical or mental condition. The health care representative cannot make decisions for certain specific treatments which by law have special requirements.

11. How will my health care representative know when to get involved in making decisions for me?

At any time after you appoint your health care representative, your health care representative can ask your attending physician to provide written notice if your physician finds that you are unable to make or communicate your decisions about your medial care. Even if your health care representative does not do so, your health care providers will usually seek out your health care representative once

they determine that you are unable to make or communicate your decisions about your medical care.

12. What is a “conservator of the person”?

A “conservator of person” is someone appointed by the Probate Court when the Court finds that a person is incapable of caring for themselves including the inability to make decisions about their medical care. A person who is conserved by a court is known as a “conserved person.”

The conservator of the person is responsible for making sure that the conserved person’s health and safety needs are taken care of and generally also has the power to give consent for the conserved person’s medical care, treatment and services.

If a conservator is later appointed for you, the conservator must follow your health care instructions, either as expressed in a living will or otherwise known to your conservator, made while you were able to make and communicate health care decisions. Further, the conservator cannot revoke your advance directives without a probate court order.

13. How are decisions made if I have both a health care representative and a conservator?

Generally, the decision of a health care representative will be followed if the conservator and health care representative disagree, unless the probate court orders otherwise. This rule may not apply when the conservator has been appointed in some particular situations.

14. What advance directives should I have?

If you want to be sure that your wishes about your medical care are known if you cannot express them yourself, you should have a living will and you should also appoint a health care representative.

If you are unable to make or communicate your preferences as to your medical care, your physician will likely look first to your living will as the source of your wishes. Your health care representative can make decisions on your behalf according to what is stated in your living will. In situations that are not addressed by your living will, your health care representative can make a decision in your best interest consistent with what is known of your wishes.

15. Who can I name as my health care representative or as my conservator?

If you wish to, you can name the same person to be your health care representative and to be your conservator (should one be necessary). The following persons **cannot** be named your health care representative:

- Your physician;
- If you are a patient at a hospital or a nursing home or if you have applied for admission, the operators, administrators, or employees of the facility; and
- An administrator or employee of a government agency responsible for paying for your medical care.

Other than these restrictions, you can name anyone you feel is appropriate to serve as your health care representative. Of course, you should speak to the person whom you intend to name and be sure that they are willing to serve and to act on your wishes.

16. Do I need a lawyer to create an advance directive?

No. You do not need a lawyer to create an advance directive. You can use the forms attached.

17. Do I need a notary to create an advance directive?

Except for the optional form, the form to create your advance directive does not require the use of a notary. An additional optional form (witnesses' affidavit) requires a notary public or a lawyer to verify the signature of the witness. This

form is discussed in more detail in the next section. If you have legal questions, you should consult a lawyer.

18. Do I have to sign my advance directives in front of witnesses?

Yes. You must sign the document in the presence of two witnesses in order for the advance directives to be valid. The witnesses then sign the form.

For the living will and the appointment of health care representative, an optional form, the Witnesses' Affidavit, is provided. Although the completion of this form is not required to make the rest of your form valid, it is strongly suggested that it be completed. It is the witnesses' sworn statement that they saw you sign the living will or appointment form, that you were of sound mind, and it was your free choice to do so. In the event there is a dispute regarding your living will or appointment of health care representative, the witnesses' affidavits support its validity and therefore the witnesses will not have to testify in person. This affidavit requires the use of an attorney or notary public. No other form requires the use of a notary or an attorney.

19. Who can witness my signature on an advanced directive?

In general, Connecticut law does not state who may or may not be a witness to your advance directive. An important exception is that the person who you appoint to be your health care representative or as your conservator cannot be a witness to your signature of the appointment form.

20. Once I complete an advance directive what should I do?

You should tell the following persons that you have completed an advance directive and give them copies of the directives you have made:

- Your physician;
- The person(s) you have named as a health care representative;
- Anyone who will make the existence of your advance directives known if you cannot do so yourself, such as family members, close friends, your clergy or lawyer.

You should bring copies with you when you are admitted to a hospital, nursing home or other health care facility. The copies will be made part of your medical record.

21. After I complete an advance directive, can I revoke it?

Yes. You can revoke your living will or appointment of a health care representative at any time. If you sign a new living will, it may revoke any prior living will that you made. Also, you may revoke the living will portion either orally or in writing.

NOTE: To revoke the appointment of a health care representative portion, however, you must do so in writing that is observed and signed by two witnesses in order for the revocation to be valid.

Remember, whenever you revoke an advanced directive, tell your physician and others who have copies of your advance directive!!

To revoke your designation of a conservator, you can do so either in writing or by making a new designation which states that earlier designations are revoked. It is advisable to put any revocation in writing. However, once a court has appointed a conservator, it cannot be revoked without a court order.

22. If I already have a living will or have appointed someone to make health care decisions, do I need a new one?

No. Connecticut's living will statutes were revised effective October 1, 2006. If your living will and other advance directives, such as health care agent or power of attorney for health care, were completed prior to this date, they are still valid, although they are slightly different than the new advance directives.

23. If I don't have an advance directive, how will my wishes be considered if I am unable to speak for myself?

If you are unable to make and communicate your decision concerning your medical care and you do not have a living will, your physician can consult with other persons to determine what your wishes are regarding the withholding or

withdrawal of life support systems. If you have discussed your wishes with your physician, he or she will, of course, know your stated wishes. Your physician may also ask your health care representative, your next of kin or close relatives and conservator, if one has been appointed, what you have told them about your wishes regarding withholding or withdrawing life support systems. If your wishes are unknown, then decisions will be made based upon what is in your best interests.

It is not recommended that you rely on the oral instructions to these individuals to make your wishes known. If there is no living will, such instructions are required to be specific and may need to be proven in a court. You are better advised to complete a living will or appoint a health care representative if you want to be sure that your wishes will be understood and known in the event you are unable to state them yourself.

24. What is a document of anatomical gift?

It is a document in which you make a gift of all or any part of your body to take effect upon death. Any adult may make an anatomical gift in writing, including through a will, a donor card or a statement imprinted or attached to a motor vehicle driver's license. An anatomical gift may be made for the purpose of transplants, therapy, research, medical or dental education, or the advancement of medical or dental science. IF you do not limit the gift's purpose to one or some of these uses. If you do not limit the gift to one of these uses, the gift can be used for any of these purposes. You may select who receives the gift- a hospital, physician, college or an organ procurement group. You may also specify that the gift be used for transplant or therapy for a particular person. If no one is named to receive the gift, any hospital may do so.

25. Can I revoke my anatomical gift?

Yes. An anatomical gift may be revoked or changed only by (1) a signed statement; (2) an oral statement in the presence of two witnesses; or (3) by informing your physician if you are in a terminal condition. An anatomical gift may not be revoked after the donor's death.

26. What if I have more questions?

If you have additional questions about advance directives, discuss them with your physician and family. A social worker, or patient representative or chaplain may be able to assist you, but they cannot provide legal advice. If you have legal questions, you should speak with a lawyer.

How to Complete the Consolidated Health Care Instructions and Advance Directives Form

Immediately after these directions, you will find a form entitled "Consolidated Health Care Instructions and Advance Directives." This is the legal document you will want to complete to put your health care plans in writing. Although the form permits you to make a living will, appoint a health care representative, designate a conservator of the person, or make an anatomical gift (organ donation), you do not need to do all of these things. If you do not want to complete any particular section, initial the line provided in that section.

Page 1:

- At the top of the page on the lines above "Printed Name" and "Address," print your full name and address.
- In Section I - Appointment of a Health Care Representative
 - Paragraph A: If you DO NOT want to appoint a health care representative, initial on the line provided;
 - Paragraph B: If you DO want to appoint a health care representative, print that person's name and address on the lines provided after "I appoint ____."

Page 2:

Paragraph C: If you also have a person you want to appoint in case your original health care representative is unable to serve, fill in the next lines provided.

- In Section II - Living Will or Health Care Instructions

Paragraph A: If you DO NOT want to provide health care instructions, initial on the line provided;

Paragraph B: If you DO want to provide health care instructions, print your full name on the line provided;

Paragraph C:

Subparagraph 1a: If you DO NOT want any life support systems, initial in the line provided;

Page 3:

Subparagraph 1b: If you DO want any of these life support systems listed or others that you might in on the lines provide, initial opposite them under the column "Provide."

Paragraph 2: If you have any other specific requests about your health care, please include them on the line provided.

- Section III. Document of Anatomical Gift

Paragraph A: If you DO NOT want to make an anatomical gift at this time, initial on the line provided:

Paragraph B: If you DO want to make an anatomical gift, initial on the line indicated;

Subparagraph 1: To designate what anatomical gifts you want to give, initial next to either (a) OR (b); and

Page 4

Subparagraph 2: To designate the purpose for the donation, initial next to (a) for general purposes OR (b) for limited purpose and indicate the specific purposes on the lines provided

- Section IV- Designation of a Conservator of the Person

Paragraph A: If you DO NOT want to designate a person to be appointed as your conservator should one need to be appointed at a subsequent time, initial on the line indicated;

Paragraph B: If you DO want to designate a person you would want appointed as conservator, enter the name and address of the person in the lines provided;

Paragraph C: If you also have a person you want appointed in case your original selection is unable to serve, fill in the next lines provided.

- Section V – Capacity to Execute the Document – Signature

You must sign, date, and print your full name in the spaces provided in the presence of TWO witnesses. The witnesses may be related to you, but they CANNOT be someone, including a relative, that you have designated as your health care representative or conservator.

Page 5:

Under “Witnesses’ Statements” you must print your full name on the first line. The witnesses must then sign on the lines provided and print their names and addresses below their signatures on the lines provided.

Page 6:

Optional Form- Witnesses’ Affidavit

This page is known as a “self-proving document.” Although completing this page is optional, it is strongly recommended that you do so. If it is properly completed, the persons who have witnessed your document will not need to testify in person should the validity of this document be challenged in court. If you choose to have it completed, the witnesses must sign in the presence of a notary public or an attorney admitted to practice in Connecticut.

State of Connecticut

Consolidated

**HEALTH CARE INSTRUCTIONS AND
ADVANCE DIRECTIVES OF**

(Printed Name)

(Address)

State of Connecticut

CONSOLIDATED
HEALTH CARE INSTRUCTIONS AND ADVANCE DIRECTIVES OF

(Printed Name)

(Address)

To any physician who is treating me, this document contains the following:

- I. Appointment of a Health Care Representative
- II. Living Will and Health Care Instructions
- III. Document of Anatomical Gift
- IV. Designation of Conservator of Person for my Future Incapacity

As my physician, you may rely on these health care instructions and the decisions made by my health care representative or conservator of my person, if I am unable to make a decision for myself.

I. Appointment of a Health Care Representative

- A. _____ By my initials here I choose NOT to appoint a health care representative. PLEASE GO to NEXT SECTION; or.
- B. I appoint _____ whose address is _____ to be my health care representative. If my attending physician determines that I am unable to understand and appreciate the nature and consequences of health care decisions and unable to reach and communicate an informed decision regarding treatment, my health care representative is authorized to make any and all decisions for me, including the decision to accept or refuse any treatment, service or procedure used to diagnose or treat my physical or mental condition and the decision to provide, withhold or withdraw life support systems, except as otherwise provided by law which excludes, for example, psychosurgery or shock therapy.

I direct my health care representative to make decisions on accordance with my wishes, as stated in this document or as otherwise known to my health care representative. In the event that my wishes are not clear or a situation arises that I did not anticipate, my health care representative may make a decision in my best interests, based upon what is known of my wishes.

C. If _____ is unwilling or unable to serve as my health care representative, I appoint _____ whose address is _____ to be my alternate health care representative.

D. I further instruct that, as required by law, my attending physician disclose to my health care representative protected health information regarding my ability to understand and appreciate the nature and consequences of health care decision and to reach and communicate an informed decision regarding treatment at the representative's request at anytime after I sign this form.

II. Living Will and Health Care Instructions

A. _____ By my initials here I choose NOT to provide Health Care Instructions. PLEASE GO to NEXT SECTION; or

B. If the time comes when I am incapacitated to the point when I can no longer actively take part in decision for my own life and am unable to direct my physician as to my own medical care, I wish this statement to stand as a statement of my wishes.

I, _____, the author of this document, request that, if my condition is deemed terminal or if I am determined to be permanently unconscious, I be allowed to die and not be kept alive through life support systems.

By terminal condition, I mean that I have an incurable or irreversible medical condition which, without the administration of life support systems, will, in the opinion of my attending physician, result in death within a relatively short amount of time. By permanently unconscious, I mean that I am in a permanent coma or persistent vegetative state which is an irreversible condition in which I am at no time aware of myself or the environment and show no behavioral response to the environment and show no behavioral response to the environment.

C. Specific Instructions

1. Listed below are my instructions regarding particular types of life support systems. This list is not all inclusive. My general statement that I not be kept alive through life support systems provided to me is limited only where I have indicated below where I have indicated that I desire a particular treatment to be provided*

- a. _____ I do not want ANY life support systems of any kind; OR

b. _____ I do not want any life support systems EXCEPT the following:

Provide

Cardiopulmonary resuscitation

1

Artificial respiration (including respirator)

Artificial means of providing nutrition and hydration

Other:

1

www.english-test.net

Listed below are my instructions regarding other specific tasks.

fic health

3. Listed below are my instructions regarding other specific areas.

HC Health

2. Listed below are my instructions regarding other specific health care requests:

D. I DO want sufficient pain medication to maintain my physical comfort. I do not intend any direct taking of my life , but only that my dying not be unreasonably prolonged.

III. Document of Anatomical Gift

A. _____ By my initials here I choose to NOT make an anatomical gift at this time; PLEASE GO TO NEXT SECTION; or

B. _____ I hereby make this anatomical gift, if medically acceptable, to take effect upon my death.

1. I give: (check one)

a. _____ Any needed organs or parts; or

b. _____, y _____, g _____, p _____
Only the following organs or parts:

2. To be donated for: (check one)

- a. Any of the purposes stated in subsection (a) of Section 19a-279f of the Connecticut General Statutes; or
- b. These limited purposes: _____

IV. Designation of a Conservator of the Person for My Future Incapacity

- A. By initials here I choose NOT to designate a person to be appointed as my conservator. PLEASE GOTO NEXT SECTION; or
- B. If a conservator of my person should need to be appointed, I designate _____ whose address is _____ to be appointed as my conservator.
- C. If _____ is unwilling pr unable to serve as my conservator of person, I designate _____ whose address is _____ to be appointed as my conservator.
- D. No bond shall be required of either of them in any jurisdiction.

V. Capacity to Execute Document- Signature

These requests, appointments and designations are made after careful reflection, while I am of sound mind. Any party receiving a duly executed copy or facsimile of this document may rely upon it unless such [arty has received actual notice of my revocation of it.

X _____ L.S. Dated: _____, 20_____
(Signature)

X _____
(Printed Name)

WITNESSES' STATEMENTS

This document was signed in our presence by the author of this document, who appeared to be 18 years of age or older, of sound mind and able to understand the nature and consequence of health care decisions at the time this document was signed. The author appeared to be under no improper influence. We have subscribed the document in the author's presence and at the author's request and in the presence of each other.

X _____
(Witness' signature)

X _____
(Witness' signature)

(Witness' Printed Name)

(Witness' Printed Name)

(Number and Street)

(Number and Street)

(City, State, and Zip Code)

(City, State, and Zip Code)

(OPTIONAL FORM)
WITNESS AFFIDAVITS

STATE OF CONNECTICUT)
)
) SS: _____
) (Town)
COUNTY OF _____)

We, the subscribing witnesses, being duly sworn, say that we witnessed the execution of these health care instructions, the appointment of a health care representative, the designation of a conservator for future incapacity and a document of anatomical gift by the author of this document; that the author subscribed, published and declared the same to be the author's request and in the presence of each other; that at the time of the execution of said document the author appeared to us to be eighteen years of age or older, of sound mind, able to understand the nature and consequence of said document, and under no improper influence, and we make this affidavit at the author's request this _____ of _____, 20____.

X _____ X _____
(Witness' signature) (Witness' signature)

_____ (Witness' Printed Name) _____ (Witness' Printed Name)

_____ (Number and Street) _____ (Number and Street)

_____ (City, State, and Zip Code) _____ (City, State, and Zip Code)

Subscribed and sworn to before me by _____
and _____, the signing witnesses to the
foregoing affidavit this _____ day of _____, 20____.

_____ Commissioner of the Superior Court or
Notary Public

_____ (Printed Name)
My Commission Expires: _____

WHEN A CONSERVATOR MAY BE NECESSARY

If an individual is unable due to a mental or physical condition to make informed decisions for themselves, it may be necessary to have a Conservator appointed by the Probate Court. A court may appoint someone to make personal and/or financial decisions for a person if a probate court judge decides that the person lacks decision-making capacity.

Key Definitions and facts:

- **Types of Conservatorship.** In Connecticut, there are two types of conservators:
 - Conservator of the Person. One or more individuals appointed by the probate court to make personal decisions for a conserved person. Personal decisions may include decisions about medical treatment, where the conserved person lives, and the authorization of the services necessary to provide for the person's care, comfort, and maintenance.
 - Conservator of the Estate. One or more individuals appointed by the probate court to make financial decisions for the conserved person. The conservator of estate may be responsible for managing the conserved person's finances for the conserved person's benefit, paying bills, and applying for assistance, if necessary.
- **Guardians of Persons with Intellectual Disability.**
 - Guardian. A person appointed by a probate court for an adult with intellectual disabilities, who does not have the ability to meet essential needs for physical health and safety, to make decisions about such needs.
 - A person with intellectual disabilities may also have a conservator of the estate to manage financial affairs.
- **Scope of the Conservator/Guardian's Authority.**
 - To determine the scope of the authority granted to the conservator and/or guardian, ask for a copy of the decree issued by the probate court. This document will provide a listing of the specific authorities that the conservator and/or guardian has over the individual. The authorities granted may be limited or full (plenary).
 - A person that has a conservator and/or guardian loses the right to make the decisions that the court has authorized the conservator/guardian to make, but only those rights.

- **Methods of Appointment.** In Connecticut, there are several different ways that a conservator can be appointed for an individual. All conservators are granted specific authority, but the way in which the conservator was appointed may affect the term of the appointment or who has the right to change or revoke the appointment.

- Involuntary Conservators.

- Any third party that believes that an individual lacks decision-making capacity may petition the probate court for the appointment of a conservator of person, estate, or both.
- Typically, the individual does not agree to the appointment or cannot articulate their need for a conservator.
- Medical evidence of incapacity is required by statute, and a probate judge may also use other evidence of impairment to determine if someone is capable of making decisions about their personal needs or financial affairs.
- Only the probate court can remove or replace an involuntarily appointed conservator.

- Voluntary conservators.

- Any adult can ask the probate court to appoint a voluntary conservator for his/herself without the court making a finding of incapacity.
- A voluntary conservator may be removed from his or her position by the conservated person upon thirty days written notice to the probate court that appointed the voluntary conservator.

- Temporary conservators

- Anyone can request the appointment of a temporary conservator or person or both when there are emergency circumstances where “immediate and irreparable harm” will occur if a conservator is not appointed.
- A temporary conservatorship is only valid for 30 days but may be extended for a maximum of 60 days.
- A temporary conservatorship automatically expires if not extended or an involuntary conservatorship application is not subsequently filed.

- Connecticut law uses the terms “conserved person” and “protected person” for the person who needs help making decisions.
- A conservator can be:
 - A family member or friend.
 - A professional (e.g., a lawyer or a trust officer).
 - A municipal or state official, corporation, limited liability company partnership or other entity.
 - Hospitals, nursing homes and residential care homes cannot be appointed as conservators.
- Conservators may charge a fee for their services. The fee must be:
 - Reasonable according to state law and court rules.
 - Approved by the probate court.
- Conservators must keep careful records of their services and time spent working on behalf of the conserved person. Conservators are required to account for their activities to the probate court.
- The court may require the conservator to post a bond to protect the conserved person’s assets.
- Connecticut law requires that a conservatorship be the **least restrictive method of helping the conserved person.**
- A conservator must notify the court if a person has regained capacity.
- A conservator has a legal duty to act as a fiduciary. This means, generally, that the conservator must act in a completely trustworthy manner. In making decisions for the conserved person, the conservator must seek to determine the conserved person’s current preferences. If the conserved person cannot express current preferences, the conservator must use substituted judgment to determine what the conserved person’s preferences would have been if the conserved person currently had capacity. Only if the conserved person’s preferences cannot be ascertained or adherence to them would cause substantial harm may the conservator make a decision based on the “best interest” of the conserved person.
- The probate courts have a responsibility to monitor the actions of the conservators and/or guardians they have appointed. Monitoring practices include:
 - Requiring an initial inventory of the conserved person’s assets.

- Filing of periodic financial reports.
- Requiring specific permission for certain actions, such as moving a conserved person to a nursing home or selling the conserved person's home.
- Filing of an annual report to the probate court regarding the conserved person's condition and continued need for a conservator.
- Probate courts can address concerns brought to the court's attention by the conservator, guardian or other parties.

Information about the responsibilities of being a Conservator and how to apply for a Conservator to be appointed can be found on the CT Probate Court website:

www.ctprobate.gov.

LEGAL RESOURCES

LEGAL SERVICES (LEGAL AID): ELDER LAW. The Older Americans Act funds Area Agencies on Aging who contract with Legal Services (Legal Aid) organizations in Connecticut to provide free legal assistance for civil matters to persons 60 and older who may not be able to afford to hire a private attorney.
Website: <http://CTLawHelp.org> (click on Age 60+ Help)

- Connecticut Legal Services, Inc. (CLS) provides legal representation to low-income persons throughout the state, except those living in the greater Hartford or New Haven areas. Administrative Office: 62 Washington St. Middletown; 860-344-0447.

CLS field offices:

Bridgeport	203-336-3851
New Britain	860-225-8678
New London	860-447-0323
Stamford	203-348-9216
Waterbury	203-756-8074
Willimantic	860-456-1761

- Greater Hartford Legal Assistance:
Serving the greater Hartford area 860-541-5000
- New Haven Legal Assistance Association:
Serving the greater New Haven area 203-946-4811

CONNECTICUT BAR ASSOCIATION

Connecticut Free Legal Answers: An online pro bono initiative of the Connecticut Bar Association (CBA) and the American Bar Association (ABA), the Connecticut Free Legal Answers is a virtual legal advice clinic for low-income Connecticut residents. Individuals request brief advice on a secure website, where volunteer attorneys log-in to review the questions and provide basic legal information and advice. All communication between the client and the attorney takes place confidentially via the secure website.

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