

**MASHANTUCKET PEQUOT PROBATE COURT  
 OFFICE OF THE TRIBAL COURT CLERK  
 P.O. BOX 3126, MASHANTUCKET, CT 06338-3126**



Mashantucket Pequot  
 Tribal Nation  
*Tribal Court*

**Instructions:**

1. Any adult person may use this form to petition for the appointment of a Conservator for an adult who is alleged to be incapable. A "Conservator of the Person" is appointed to supervise personal affairs, such as the need for food, clothing, shelter, health care and safety. A "Conservator of the Estate" is appointed to supervise financial affairs. These may include, but are not limited to, actions to obtain and manage assets (such as bank accounts, real estate, etc.), income and public assistance benefits. A Conservator, through this application, will only be appointed if the Court makes a finding of incapacity. A Conservatorship established through this application shall not be valid for more than 30 days.
2. The person for whom the appointment of a Conservator is being requested is referred to as the Respondent.
3. The person who is making this application is referred to as the Petitioner.
4. The petition may be filed in Mashantucket Pequot Probate Court, if the Respondent is: (a) domiciled on tribal lands; OR (b) is an enrolled member of the Mashantucket Pequot Tribe.

IN THE MATTER OF:	RESPONDENT'S SOCIAL SECURITY NUMBER	RESPONDENT'S DATE OF BIRTH
RESPONDENT'S HOME ADDRESS	RESPONDENT'S PRESENT ADDRESS, IF INSTITUTIONALIZED	
PETITIONER'S NAME	PETITIONER'S RELATIONSHIP TO RESPONDENT	

PERSONS TO WHOM NOTICE SHOULD BE GIVEN: SPOUSE (*if not Petitioner*); CLOSEST RELATIVES (*as set forth in 24 M.P.T.L. ch. 12 § 10 of the Probate Code*)

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**The Petitioner represents that:**

1. The Respondent is living at the present address written above which is located on the Mashantucket Pequot Tribal Reservation/lands designated as Indian Country held by the Mashantucket Pequot Tribe;

OR

The Respondent is an enrolled member of the Mashantucket Pequot Tribe.

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2. The Respondent is incapable of:

managing his/her affairs, expressly including the exercising of all civil or personal rights described in 24 M.P.T.L. ch. 12 § 13, by reason of

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caring for himself/herself, expressly including the exercising of all civil or personal rights described in 24 M.P.T.L. ch. 12 § 14, by reason of

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3. Irreparable injury to the mental or physical health or financial or legal affairs of the Respondent will result if a temporary Conservator is not appointed. The reasons are as follows:

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**WHEREFORE**, the Petitioner requests this Court to appoint a temporary Conservator over the Estate/Person of the Respondent. In support of this petition, I submit a Certificate, signed by two physicians, regarding the Respondent's incapacity in accordance with Section 12b of the Probate Code.

**Dated:** \_\_\_\_\_

**By:** \_\_\_\_\_

Name of Proposed Temporary Conservator	Address
Phone Number	Relationship to Respondent

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**ORDER**

Having considered the application for TEMPORARY CONSERVATOR filed by the applicant named herein, the Court finds:

- 1. That irreparable injury to the mental or physical health or financial or legal affairs of the Respondent WILL result if a temporary Conservator is not appointed forthwith.
- 2. That irreparable injury to the mental or physical health or financial or legal affairs of the Respondent WILL NOT result if a temporary Conservator is not appointed forthwith.

WHEREFORE, the COURT enters the following order:

- 1. It is in the best interest of the Respondent to appoint the above-named individual as temporary Conservator over the Respondent.
- 2. It is not in the best interest of the Respondent to appoint a temporary Conservator.
- 3. It is in the best interest of the Respondent to hold a hearing on this application for temporary Conservator.

SIGNED ( <i>Judge</i> )	DATE	HEARING DATE
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**ORDER FOR HEARING AND NOTICE**

The foregoing application having been presented to the Court, it is hereby ordered a hearing be held thereon at the court location shown below, and that the applicant give notice to the Respondent and all other appropriate parties of this application and order and of the date and time set for the hearing.

Mashantucket Pequot Probate Court 101 Pequot Trail, Mashantucket, CT	DATE OF HEARING:	TIME OF HEARING: _____ A.M. / _____ P.M.
DATED AT MASHANTUCKET, CT  THIS _____ DAY OF _____, _____	BY ORDER OF THE COURT:  _____ Judge	

**NOTICE TO RESPONDENT**

**You have a right to be present at the hearing and to be represented by an attorney at your own expense. If you are unable to request or obtain counsel, the Court will appoint an attorney to represent you in this matter. If you are unable to pay for an attorney, the Court will pay the reasonable compensation for an attorney to represent you.**

**If you wish to attend the hearing but are unable to due to a physical incapacity, you may request that the Court hold the hearing at a location that will allow your attendance.**

**EFFECT OF HEARING**

**If the Court finds by clear and convincing evidence that you are unable to manage your affairs, the Court will appoint a Conservator over your Estate, who will have certain duties as set forth in Section 13 of the Probate Code. If the Court finds by clear and convincing evidence that you are unable to care for yourself, the Court will appoint a Conservator over you Person, who will have certain duties as set forth in Section 14 of the Probate Code.**

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**TO ANY MASHANTUCKET PEQUOT TRIBAL POLICE OFFICER:**

By authority of the Mashantucket Pequot Tribe you are hereby commanded to serve a true and certified copy of the foregoing application and order upon the Respondent according to law not less than seven (7) days before the hearing date shown above.

**RETURN OF SERVICE**

MASHANTUCKET PEQUOT TRIBE

, SS.	NAME OF RESPONDENT	DATE
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Then and there by virtue of the foregoing, I left with and in the hands of the above-named Respondent a true and certified copy of the original petition and order.

The within and foregoing is in the original petition and order with my doings thereon endorsed.

Attest \_\_\_\_\_  
*(Name and Title)*

**FAILURE OF SERVICE**

MASHANTUCKET PEQUOT TRIBE

, SS.	NAME OF RESPONDENT	DATE
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I, hereby certify that the following accurately recounts my unsuccessful efforts to serve the petition and order on the above-named Respondent:

The within and foregoing is in the original petition and order with my doings thereon endorsed which I am returning to the Mashantucket Pequot Tribal Court in order that the applicant may cause notice of the hearing to be served.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attest \_\_\_\_\_  
*(Name and Title)*