

**JUVENILE RESIDENTIAL CENTER AUTHORIZATION  
FOR CONSENT TO TREAT INDIVIDUAL OVER 18**JD-JM-206A Rev. 1-22  
P.A. 21-104STATE OF CONNECTICUT  
JUDICIAL BRANCH  
COURT SUPPORT SERVICES DIVISION  
[www.jud.ct.gov](http://www.jud.ct.gov)

Individual's name	Date of birth
Address	Town
Admission date	Telephone number

Individual was informed of limits of confidentiality and mandated reporter requirements.

**Consent for Treatment:**

I give consent to the State of Connecticut, Judicial Branch, Court Support Services Division, and any provider under contract with them, to provide necessary routine medical, mental health, and/or dental testing and treatment to me while admitted to the following juvenile residential center:

Name of juvenile residential center

This consent to treat is effective for the duration of the current admission at the above facility. This consent also includes all transfers to and from any Court Support Services Division Juvenile Residential Center during this admission. I may revoke this consent to treat any time during my stay.

Signature of individual over 18	Print name of individual over 18
Signature of witness or center representative	Print name of witness or center representative
Title	Date

**Consent to Contact:**

I give consent to the State of Connecticut, Judicial Branch, Court Support Services Division (CSSD), and any provider under contract with CSSD, to contact the following person for my medical provider(s) contact information and insurance information:

Name and relationship to individual over 18	Telephone number
Signature of individual over 18	Date
Emergency contact for individual over 18 (Name and relationship)	Telephone number

**ADA NOTICE**

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at [www.jud.ct.gov/ADA](http://www.jud.ct.gov/ADA).