

**SUSPENSION OF PROSECUTION/
ORDER OF COMMUNITY SERVICE
APPLICATION, ORDER, REPORT**

JD-CR-81 Rev. 1-08
C.G.S. §§ 21a-279, 53a-39c

**STATE OF CONNECTICUT
SUPERIOR COURT**
www.jud.ct.gov

INSTRUCTIONS TO DEFENDANT

1. Forward first three copies to clerk of court.
2. Send last copy to the state's attorney(s).
3. A \$205 program fee is required if your application is granted unless you file an affidavit of indigency or inability to pay and the court finds you indigent.

INSTRUCTIONS TO CLERK

1. Unless denied, upon the first order of the court, forward a copy to C.S.S.D. Adult Supervision.
2. Unless denied, upon the second order of the court, forward a copy to C.S.S.D. Adult Supervision.
3. Retain original in court file.

TO: The Superior Court of the State of Connecticut

DOCKET NO. _____

FROM (Name of Defendant)	YEAR OF BIRTH	PLACE OF BIRTH	SEX
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ALIAS	ADDRESS (No, street and town)	TELEPHONE
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JUDICIAL DISTRICT OR G.A.	ADDRESS OF COURT	NAME OF ATTORNEY (Include juris no)
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CR ME(S) CHARGED AGAINST THE DEFENDANT _____

IN VIOLATION OF GENERAL STATUTE
 21a-267 21a-279

APPLICATION AND MOTION

I, the undersigned Defendant, hereby make application and say:

1. I am charged with a violation of the section of Connecticut General Statutes specified above.
2. I have not previously been convicted of a violation of Connecticut General Statutes sections 21a-267, 21a-277, 21a-278 or 21a-279.
3. I have not previously been placed in the community service labor program.
4. If prosecution is suspended and I am placed in the community service labor program, I agree to the tolling of any statute of limitations and to waive the right to a speedy trial with respect to this violation.
5. I agree, if this application is granted, to pay the court forthwith a participation fee of \$205, unless such fee is waived. I understand that the court may waive the participation fee if (1) I file with the court an affidavit of indigency or inability to pay, (2) such indigency is confirmed by the Court Support Services Division, and (3) the court enters a finding of indigency.

("X" one of the following):

I intend to claim indigency or inability to pay. An affidavit of indigency or inability to pay is attached.

I intend to pay the \$205 participation fee.

WHEREFORE, the undersigned requests that the prosecution be suspended and that participation in the community service labor program be granted in accordance with section 53a-39c of the Connecticut General Statutes.

I have read/had read to me the above and I understand it. I agree with the foregoing statements.	SIGNED (Defendant)	DATE SIGNED
CONSENTED TO BY (Parent or guardian)	SIGNED (Attorney for defendant)	DATE SIGNED

FIRST ORDER OF THE COURT

- The foregoing application is denied.
- The foregoing application is continued to the following Court Hearing Date so that the Defendant's prior criminal record and record of prior participation in the community service labor program may be verified.

COURT HEARING DATE AND TIME	SIGNED (Judge or Asst. Clerk)	DATE SIGNED
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CSLP ELIGIBILITY AND INDIGENCY CONFIRMATION REPORT

<input type="checkbox"/> DEFENDANT IS ELIGIBLE <input type="checkbox"/> DEFENDANT IS ELIGIBLE BUT HAS SIMILAR CHARGES PENDING (See attached record) <input type="checkbox"/> DEFENDANT IS INELIGIBLE for the following reasons: <input type="checkbox"/> PRIOR CSLP PARTICIPATION: <input type="checkbox"/> ONCE BEFORE <input type="checkbox"/> TWICE BEFORE <input type="checkbox"/> PRIOR CRIMINAL RECORD FOR VIOLATION OF C.G.S. 21a-267, 21a-277, 21a-278, 21a-279, (See attached criminal record) <input type="checkbox"/> OTHER (Specify): _____ <input type="checkbox"/> AFFIDAVIT OF INDIGENCY OR INABILITY TO PAY - The Defendant's affidavit of indigency or inability to pay was: <input type="checkbox"/> CONFIRMED <input type="checkbox"/> NOT CONFIRMED	<p><i>For Court Use Only</i></p> <hr/> FILE DATE _____		
ELIGIBILITY AND INDIGENCY REPORT PROVIDED BY _____	DATE OF REPORT _____	CLIENT NUMBER _____	STATE I.D. NUMBER _____

SECOND ORDER OF THE COURT

- The foregoing Application is denied.
- Having found that the Defendant was charged with a violation of Connecticut General Statutes section 21a-267, or 21a-279 and the Defendant was not previously convicted of a violation of Connecticut General Statutes 21a-267, 21a-277, 21a-278 or 21a-279, and the Defendant has not previously been placed in the community service labor program, the application is granted; the prosecution is suspended and the case is continued to the below court hearing date; and the Defendant is referred to the Court Support Services Division for placement in a program of community service labor that shall include a drug education component, for the period specified below.

Period of Participation: _____ (a minimum of 14 days for a first violation)
 and payment of the participation fee unless waived below.

The court, having found that the defendant is indigent or has an inability to pay,

- waives the payment of the \$205 participation fee.
- Other (specify): _____

COURT HEARING (Date and time) _____M.	BY THE COURT (Name of Judge)	SIGNED (Assistant Clerk)	DATE SIGNED
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FINAL PROGRESS REPORT

<p>DRUG EDUCATION PROVIDER</p> <p style="text-align: center;">DRUG EDUCATION</p> <p><input type="checkbox"/> HAS satisfactorily completed the assigned program.</p> <p><input type="checkbox"/> HAS NOT satisfactorily completed the assigned program.</p> <p>REASONS FOR NON-COMPLIANCE:</p>	<p>COMMUNITY SERVICE PROVIDER</p> <p style="text-align: center;">COMMUNITY SERVICE</p> <p><input type="checkbox"/> HAS satisfactorily completed community service.</p> <p><input type="checkbox"/> HAS NOT satisfactorily completed community service.</p> <p>REASONS FOR NON-COMPLIANCE:</p>		
SIGNED (C.S.S.D. Officer/duly authorized personnel)	DATE SIGNED	SIGNED (C.S.S.D. Officer/duly authorized personnel)	DATE SIGNED

DISPOSITION

- Program successfully completed and charges dismissed.
- Program not satisfactorily completed, a plea of not guilty entered and this case immediately placed on the trial list.
- Other disposition:

BY THE COURT (Name of Judge)	SIGNED (Judge/Assistant Clerk)	DATE SIGNED
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