

**NOTICE OF APPLICATION FOR
PRETRIAL IMPAIRED DRIVING
INTERVENTION PROGRAM**

JD-CR-193 New 4-22
Spec. Sess. P.A. 21-1 § 167

*This form is available
in other language(s).*

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



Instructions to defendant

1. Send the original of this application to the victim by Registered or Certified Mail.
2. Send a copy to the Clerk of Court.
3. Keep a copy for your records.
4. When you receive the green card receipt of delivery, file it with the Clerk of Court and keep a copy for your records.

(Name, address, and zip code of victim)

┌

┐

└

┘

TO: The victim named above

From (Name of defendant)	Address of defendant (Number, street, and town)
Judicial district or geographical area court	Address of court
Motor vehicle or boating violation(s) charged against the defendant	
Court hearing date and time _____ .m.	State's attorney (Name and phone number)

I, the defendant listed above, have filed an application in my criminal case to take part in the Pretrial Impaired Driving Intervention Program under Public Acts, Spec. Sess., June, 2021, No. 21-1 § 167. I am charged with the motor vehicle or boating violation(s) listed above.

If the court grants my application and allows me to take part in the Pretrial Impaired Driving Intervention Program, the court will order that I be sent to the Court Support Services Division (CSSD). CSSD will direct me to take part in either an alcohol education component of the program or a substance use treatment component of the program. If I successfully complete my assigned component, I will not have to go to trial, and the court will dismiss the charges against me.

As a victim of the violation(s) listed above, you have a right to get this notice and the right to tell the court whether you think that the court should allow me to take part in the Impaired Driving Intervention Program instead of going to trial.

If you object to my application and think that I should not be allowed to take part in the Impaired Driving Intervention Program, you may come to the court hearing on my application to tell the court why you think the court should not grant my application. The hearing on my application will be held at the courthouse listed above on the Court Hearing Date and at the time listed above.

You may also want to call the State's Attorney's office at the phone number listed above before the Court Hearing Date listed above to find out if the date or time of the hearing on my application has changed.

Signed (Defendant)	Date Signed (Month, day, year)
--------------------	--------------------------------

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.

For Court Use

File Date

Superior Court Docket Number