

**UNDER 21 MOTOR VEHICLE/UNDERAGE DRINKING PROGRAM APPLICATION**

JD-CR-173 Rev. 10-17  
C.G.S. § 54-56p;  
P.A. 17-48 § 17, P.A. 17-79 § 15, P.A. 17-99 § 39

STATE OF CONNECTICUT  
**JUDICIAL BRANCH**  
COURT SUPPORT SERVICES DIVISION  
[www.jud.ct.gov](http://www.jud.ct.gov)



**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).

**Instructions To Person Filling Out This Application**

1. Fill out the Application and sign it.
2. File the original with the Clerk of the Court, and keep a copy for your records.
3. Send a copy to the prosecuting attorney (the State's Attorney for your case).

**TO: The Superior Court of the State of Connecticut**

GA/JD number	Address of court	Docket number	
Name of defendant		Address of defendant (Number, street, apartment number, town, and zip code)	
Alias/Maiden name of defendant	Telephone number of defendant	Operator's license number	Issuing state
Offense(s) charged			

I am charged with the offense(s) listed above, and I ask that I be allowed into the Under 21 Motor Vehicle/Underage Drinking Program. I agree with the following statements:

1. I was under twenty-one (21) years of age at the time of the offense(s) listed above.
2. I am charged with one or more of the following: a motor vehicle violation, or a violation of section 30-88a, 30-89a, or 30-89(a) or (b) of the Connecticut General Statutes.
3. If I am charged with a motor vehicle violation, I did not hold a commercial driver's license or a commercial driver's instruction permit, and I was not operating a commercial motor vehicle at the time of the violation.
4. I am not charged with a motor vehicle violation that caused serious injury or death.
5. I am not charged with a violation of section 14-227a, 14-227g, or 14-296aa of the Connecticut General Statutes.
6. If I am charged with a motor vehicle violation that is classified as a felony, there is good cause for allowing me into this program.
7. I have not used this program before.
8. **I will attend one (1) forum (meeting) within nine months of the court allowing me into this program** to hear from victims who have been affected by underage drinking, drunk driving, distracted driving, or other motor vehicle violations.

I give my permission to the Court Support Services Division (CSSD) to get information about whether I was allowed into this program before so that CSSD can tell the court whether I am eligible for this program.

**By signing this form, I am saying that I understand all of the information above, and I request that I be allowed into the Under 21 Motor Vehicle/Underage Drinking Program under section 54-56p of the Connecticut General Statutes.**

I have read this entire application, and I understand it. ▶	Signed (Defendant)	Date Signed	Signed (Parent or Guardian if under 18)
---	--------------------	-------------	---

**First Order of the Court**

- The application is **denied**.
- The Application is **continued** to the date listed below and the defendant is referred to CSSD for a determination of eligibility.

Case Continued To (Date and time)	Signed (Judge, Magistrate, Assistant Clerk)	Date Signed
-----------------------------------	---	-------------