

**PETITION FOR WRIT OF HABEAS CORPUS – DISCIPLINARY ACTION**

JD-CV-177 Rev. 4-23  
C.G.S. §§ 17a-524, 52-466, 54-166

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



**FILING NOTICE**

If you are held on something other than a criminal conviction, such as an adjudication of not guilty by reason of insanity or a juvenile delinquency commitment, this petition must be filed in the Judicial District where you are held.

Failing to file in the appropriate jurisdiction may result in delay or dismissal.

File the original and one copy with the Clerk.

Any false statement in this petition could result in a conviction for false statement.

For information on ADA accommodations, contact the Centralized ADA Office at 860-706-5310 or go to: [www.jud.ct.gov/ADA/](http://www.jud.ct.gov/ADA/)

Name \_\_\_\_\_

**V. COMMISSIONER OF CORRECTION**

Inmate number	Other number	A number
Facility name	Address of facility	

**Section 1: Details of Conviction(s) or Adjudications(s) and Sentence(s) Challenged**

NOTE: Failing to fill out the information below **completely** could result in this petition being rejected and returned.

Date(s) of arrest	Geographical Area or Judicial District Location
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Convicted or Adjudicated by: <input type="checkbox"/> Guilty Plea <input type="checkbox"/> Jury Trial <input type="checkbox"/> Court Trial	Date(s) of sentencing
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Total time in custody before sentencing (Days)	Sentencing Judge
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Sentence(s) imposed (Specify individual counts)	Docket number	Docket number	Docket number
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Count	Charge	Sentence and Probation / Special Parole Time <i>Include suspended time, prison sentence and/or parole/probation for EACH charge</i>	Note if Consecutive
			To Count
			To Count
			To Count
			To Count
			To Count
			To Count
			To Count
			To Count
			To Count
			To Count
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			To Count
			To Count
			To Count
			To Count
			To Count
			To Count
			To Count
			To Count
			To Count
			To Count
TOTAL Effective Sentence:			Current maximum discharge date from all sentences

Lawyer was:  Public Defender     Assigned Counsel     Privately Retained     I was self-represented

Name(s) of Lawyers \_\_\_\_\_

## Section 2: Claims

This petition claims I was denied "due process" in the following disciplinary proceeding(s):

Disciplinary Ticket Number	Date of incident	Date of Disciplinary Hearing
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How you claim your "due process" rights were violated:

Sanction(s) imposed as a result of the disciplinary hearing:

Have you sought or obtained any administrative relief from the sanctions above. If so, specify:

Disciplinary Ticket Number	Date of incident	Date of Disciplinary Hearing
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How you claim your "due process" rights were violated:

Sanction(s) imposed as a result of the disciplinary hearing:

Have you sought or obtained any administrative relief from the sanctions above. If so, specify:

Disciplinary Ticket Number	Date of incident	Date of Disciplinary Hearing
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How you claim your "due process" rights were violated:

Sanction(s) imposed as a result of the disciplinary hearing:

Have you sought or obtained any administrative relief from the sanctions above. If so, specify:

**Section 3: Previous action**

Have any of the claims raised in this petition been previously raised ANYWHERE?  Yes  No

If "Yes," list the court, docket number, and outcome for EACH action.

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**Section 4: Relief Requested**

I am asking the Court to: *(State specifically the relief you are requesting)*

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**OATH AND AFFIRMATION**

I, \_\_\_\_\_ solemnly and sincerely affirm and declare that the statements contained herein are true to the best of my knowledge and belief, upon the pains and penalties of perjury or false statement.

\_\_\_\_\_  
Signature of Petitioner

State of Connecticut, County of \_\_\_\_\_, being duly sworn, states that the above information is true to the best of their knowledge.

\_\_\_\_\_  
Date Notarized

\_\_\_\_\_  
Notary Public / Commissioner of the Court /  
Person authorized under General Statutes § 1-24

\_\_\_\_\_  
Date my commission expires

**NOTES**

1. This petition must be signed and notarized on this page and on the following page, or this petition will be rejected and returned to you by the clerk.
2. You must file an original and one copy with the Clerk.

**APPLICATION FOR WAIVER OF COSTS AND FEES**

I, \_\_\_\_\_ the petitioner herein, am without funds and am unable to pay court fees and costs. I have \_\_\_\_\_ in my prison account and total assets valued at approximately \_\_\_\_\_. I ask the court to waive fees and costs having to do with this petition. I also understand that any false statement in this petition could result in a conviction for false statement (General Statutes § 53a-157).

\_\_\_\_\_  
Signature of Petitioner

State of Connecticut, County of \_\_\_\_\_, being duly sworn, states that the above information is true to the best of their knowledge.

\_\_\_\_\_  
Date Notarized

\_\_\_\_\_  
Notary Public / Commissioner of the Court /  
Person authorized under General Statutes § 1-24

\_\_\_\_\_  
Date my commission expires

**ORDER**

**Waiver of Costs and Fees**

GRANTED

DENIED

<b>By the Court</b>	Signed ( <i>Judge/Clerk</i> )	On Date
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