

MOTION FOR SUSPENSION OF PROSECUTION AND ORDER OF TREATMENT - ALCOHOL

OR DRUG DEPENDENCY

JD-CR-90 Rev. 9-14
C.G.S. § 17a-696,
P.A. 14-233 § 8

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.



Instructions

To Defendant: Complete the Motion section, and file this form with the Clerk of Court, and send a copy to the state's attorney.
To Clerk: Send a copy of the final court order granting or denying the motion to the Court Support Services Division and the DMHAS treatment facility.
Notice to Clerk: Seal file on order of the court per P.A. 14-233 § 8.

Superior Court docket number

To: The Superior Court of the State of Connecticut

From (Name of defendant)	Address of defendant (Number, street, town)
Judicial District or Geographical area	Address of Court

Crime(s) charged against defendant (Name and Statute number)

I am asking the court to suspend my prosecution (put my case on hold) and order me to get treatment for alcohol or drug dependency instead of going to trial. If my application is granted, I agree with the following statements:

Motion (To Be Completed by Defendant)

1. I Am not charged with Seek waiver of my ineligibility because of being charged with a violation of Sections 14-227a or 53a-60d of the Connecticut General Statutes or with a class A, B or C felony.

2. I have not been ordered by the court to be treated for alcohol or drug dependency instead of going to trial twice before seek waiver of my ineligibility because the court has ordered me to be treated for alcohol or drug dependency instead of going to trial twice before under the provisions of sections 17a-696, 17-155y(i), or 19a-386 of the Connecticut General Statutes, or section 21a-284 of the Connecticut General Statutes, revised to 1989, or any combination of these statutes.

3. I agree, with respect to the crime(s) charged above, to the tolling of the statute of limitations during the period of any suspension granted and waive the right to a speedy trial (give the state more time to prosecute me for these crime(s) if I do not complete the ordered treatment).

4. I was an alcohol-dependent or drug-dependent person at the time of the crime(s) charged above.

5. I agree to give notice of this motion to the victim(s) of said crime(s) so that the victim(s) will have an opportunity to be heard in this matter.

6. I understand that the court can suspend my prosecution for up to two years, and during the time that my prosecution is suspended, I will be placed in the custody of the Court Support Services Division (CSSD) for the treatment of my alcohol or drug dependency. I also understand that CSSD may require me to follow any of the conditions listed in section 53a-30(a) and (b) of the Connecticut General Statutes and that I may be tested for the use of alcohol or drugs while I am in CSSD custody. I also understand that, if I do not follow any of the conditions set by the court or CSSD, the court can reinstate (bring back) the prosecution for the charges against me.

7. If this motion is granted, I agree to pay the court an administration fee of \$25, unless the court waives that fee. I understand that the court may waive the administration fee if it finds that I am indigent or unable to pay the \$25 administration fee. ("X" one of the following)

I intend to claim indigency or inability to pay.
 I intend to pay the \$25 administration fee.

I also agree to pay the cost of any treatment ordered by the court of required by CSSD unless the court finds that I am indigent.

By signing this form, I request that the prosecution for the crime(s) charged, listed above, be suspended and that I be ordered to be treated for alcohol or drug dependency.

I have read the information above and understand it. I agree to the statements above.	Signed (Defendant)	Date signed
Consented to by (Parent or Guardian if minor)	Signed (Attorney for Defendant)	

1st Order

The foregoing motion is denied. The foregoing motion is continued to the following court date, so that the defendant may notify the victim(s) of the opportunity to be heard on this matter. The court orders the file sealed as to the public. *Notice to the Victim(s) must be given on form JD-CR-89 by Registered or Certified Mail on or before the Notice Date indicated below.*

Court hearing date and time	Notice date	Signed (Judge or Assistant Clerk)	Date signed
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2nd Order (if applicable)

The foregoing motion is denied, and the file is ordered unsealed.
 Due notice to the victim(s) having been given, the court finds that the defendant was an alcohol-dependent or drug-dependent person at the time of the crime(s) charged, the defendant presently needs and is likely to benefit from treatment for the dependency, suspension of prosecution will advance the interests of justice, and the defendant has acknowledged that (s)he understands the consequences of the suspension of the prosecution. The motion is granted; the prosecution is suspended and the case is continued to the below date; and the defendant is released to the custody of CSSD for treatment for alcohol or drug dependency for the Period of Probation specified below, subject to the following conditions and payment of the administration fee and cost of treatment ordered unless waived below.

The court, having found that the defendant has an estate insufficient to provide for the defendant's support and that there is no person legally liable or able to support the defendant,

Waives the payment of the \$25 administration fee.
 Waives the payment of the cost of treatment.
 Other (Specify): _____

Case continued to (Date and Time)
Period of probation (Not to exceed two years)

Conditions of Probation:
1. The defendant shall be tested, as the probation officer deems appropriate, for use of alcohol or drugs.
 2. Other conditions specified on attached sheet.

By the court (Name of Judge)	Signed (Assistant Clerk)	Date signed
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