SUSPENSION OF SENTENCE/ ORDER OF COMMUNITY SERVICE APPLICATION AND ORDER

JD-CR-80 Rev. 12-16
C.G.S. § 53a-39c

Instructions to Defendant
1. *Forward first three copies to clerk of court.*
2. *Send last copy to the state's attorney.*

Instructions to Clerk
1. *Unless denied, upon the first order of the court, forward a copy to Office of Adult Probation.*
2. *Unless denied, upon the second order of the court, forward a copy to Office of Adult Probation.*
3. *Retain original in court file.*

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.*

To: The Superior Court of the State of Connecticut

From *(Name of defendant)*	Address of defendant

Judicial district or Geographical area	Address of court	Docket number

Application

I, the Defendant signing below:
1. Have pled guilty without trial to a first violation of section ☐ 21a-267 or ☐ 21a-279 of the Connecticut General Statutes.
2. Have never been convicted of a violation of section 21a-277 or 21a-278 of the Connecticut General Statutes.
3. Have never been placed in the community service labor program.
4. Agree, if this application is granted, to pay the court 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. ☐ I intend to pay the $205 participation fee.

THEREFORE, I ask that any sentence of imprisonment be suspended and that the court order participation in the community service labor program as a condition of probation or conditional discharge.

I have read the statements above and understand them.	Signed *(Defendant)*	Date signed
Consented to by *(Parent or Guardian)*	Signed *(Attorney for Defendant)*	Date signed

1st Order

☐ The Application is **DENIED**.

☐ The Application is continued to the following Court Hearing Date so that the Defendant's prior criminal record, record of prior participation in the community service labor program, and indigency, if applicable, may be verified.

Court hearing date and time	Signed *(Judge or Assistant Clerk)*	Date signed

Report

☐ Defendant is **ELIGIBLE** ☐ Defendant is **INELIGIBLE** for the following reasons:
- ☐ Prior CSLP participation
- ☐ Prior conviction of section 21a-267 or 21a-279
- ☐ Prior conviction of section 21a-277 or 21a-278

☐ Affidavit of indigency or inability to pay — The Defendant's affidavit of indigency or inability to pay was:
☐ Confirmed ☐ Not Confirmed

2nd Order *(if applicable)*

☐ The Application is **DENIED**.

☐ Having found that the defendant was charged with a first violation of section 21a-267 or 21a-279 of the Connecticut General Statutes and pled guilty without a trial to said violation, a term of imprisonment is part of the stated plea agreement, the Defendant has not previously been convicted of a violation sections 21a-277 or 21a-278 of the Connecticut General Statutes, and the Defendant has not been placed in the community service labor program before, the application is **GRANTED**; the sentence is suspended subject to an order of:

☐ PROBATION for a period of _____

☐ CONDITIONAL DISCHARGE for a period of _____

a special condition of which is that the Defendant participate in a community service labor program for the period OF **30 DAYS**.

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)*: _____

For Court Use Only

By the court *(Name of judge)*	Signed *(Assistant clerk)*	Date signed
Signed *(CSSD Officer/Duly authorized person)*	Print name	Date signed

CMIS case number

Print Form Reset Form