

**NOTICE TO VICTIM - MOTION FOR SUSPENSION  
OF PROSECUTION, ORDER OF TREATMENT  
FOR ALCOHOL OR DRUG DEPENDENCY**

JD-CR-89 Rev. 1-17  
C.G.S. §§ 17a-695, 17a-696, 17a-697

STATE OF CONNECTICUT  
SUPERIOR COURT

[www.jud.ct.gov](http://www.jud.ct.gov)



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

**Instructions To Defendant**

1. Send the original to the victim by Registered or Certified Mail.
2. Send a copy to the Clerk of Court.
3. Keep a copy for your records.

Name, address, and zip code of victim

To:

**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).

Fold

Docket number

From (Name of defendant)	Address of defendant (Number, street, and town)
Name of Judicial District or Geographical Area court	Address of court
Crime(s) charged against the defendant	
Court hearing date and time	State's Attorney (Name and telephone number)

**Notice To Victim**

The defendant listed above has filed a motion for the suspension of prosecution and an order of treatment for alcohol or drug dependency in the case listed above, as allowed by section 17a-695 of the Connecticut General Statutes. The defendant has been charged with the crime(s) listed above in this case.

If the court grants the defendant's motion, the court will order that the defendant's case be suspended (put on hold) for up to two years. The court will also order the defendant to be placed in the custody of the Court Support Services Division (CSSD) for alcohol or drug treatment. While the case is on hold and the defendant is getting treatment, the court or CSSD may also require the defendant to follow additional conditions. If the defendant follows the treatment program, follows the conditions set by the court or CSSD, and does not use alcohol or illegal drugs for one year, the court may dismiss the charges against the defendant for the crime(s) listed above.

As a victim of the crime(s) listed above, you have a right to this notice and the right to tell the court if you think that the court should grant the defendant's motion to suspend the prosecution and order alcohol or drug treatment.

If you object to the defendant's motion (if you think that the court should not grant the defendant's motion), you may come to the court listed above on the Court Hearing Date at the Time listed above to tell the court why you think that it should not grant the defendant's motion. You may also send your objection(s) in writing to the clerk's office at the court address listed above. If you send your objections in writing, please include a copy of this notice and explain the reasons for your objection(s).

You may call the office of the State's Attorney at the telephone number listed above any time before the Court Hearing Date and Time listed above to find out if there is any change in the date or time of the defendant's hearing on this motion.

For Court Use Only

File date

Signed (Defendant)

Date signed