

**EXAMINATION FOR ALCOHOL  
OR DRUG DEPENDENCE -  
MOTION AND ORDER**

JD-CR-91 Rev. 5-15  
C.G.S. § 17a-693, 17a-694, 17a-695, 17a-696, 17a-699

**STATE OF CONNECTICUT  
SUPERIOR COURT**



**Instructions**

**To Defendant** - Fill out this form and give it and 2 copies of it to the Clerk of Court and give another copy to the Prosecuting attorney(s).

**To Clerk** - If motion is granted, immediately distribute copies of this form and the defendant's Consent for Release of Information as follows:

- (1) Send to CSSD - copy of this form and copy of consent.
- (2) Send to DMHAS treatment facility - copy of this form and original signed consent.
- (3) Keep the original of this form and copy of consent 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](http://www.jud.ct.gov/ADA).

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

|                 |               |
|-----------------|---------------|
| Next court date | Docket number |
|-----------------|---------------|

**Motion (To Be Completed by the Defendant or State's Attorney)**

|   |               |  |      |                           |
|---|---------------|--|------|---------------------------|
| Judicial District or Geographic area  |               | Address of court   |      |                           |
| Name of defendant   |               | Sex  | Race | Address of defendant      |
| Defendant's telephone   | Date of birth | Name and address of defendant's attorney                               |      |                           |
| Crime(s) charged/convicted of (Include date offense committed)  |               |  |      |                           |
| <input type="checkbox"/> Released <input type="checkbox"/> Incarcerated   |               | If incarcerated, location being held at (name and address of facility) |      |                           |
| <p>I, the <input type="checkbox"/> State's Attorney    <input type="checkbox"/> Defendant ask for an order of the court that the defendant be examined pursuant to section 17a-694 of the General Statutes to determine if the defendant is dependent on drugs or alcohol.</p> <p>I make the following statements:</p>  |               |  |      |                           |
| <p><input type="checkbox"/> <b>Defendant charged but has not had a trial yet</b></p> <p>1. The defendant <input type="checkbox"/> Is not charged with<br/> <input type="checkbox"/> <i>Seeks waiver of ineligibility because of being charged with</i><br/>           a violation of sections 14-227a or 53a-60d of the Connecticut General Statutes, or with a class A, B, or C felony.</p> <p>2. The defendant <input type="checkbox"/> Was not twice previously ordered treated<br/> <input type="checkbox"/> <i>Seeks waiver of ineligibility because the defendant was twice previously ordered treated</i><br/>           under sections 17a-696, 17-155y (i), or 19a-386 of the Connecticut General Statutes, or under section 21a-284 of the Connecticut General Statutes, revised to 1989, or any combination of these sections.</p> |               |  |      |                           |
| I have read the above information.<br>I understand it, and I agree with it.   |               | Signed (Defendant)   |      |                           |
| Consented to by (Parent or Guardian)  |               | Signed (Attorney for Defendant)  |      | Signed (State's Attorney) |

**Order**

|  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> The foregoing motion is denied.<br><input type="checkbox"/> Having found that the interests of justice will be served, the foregoing motion is granted, subject to the defendant executing the attached Consent for Release of Information. |  |                                   |
| By the court (Print or type name of Judge)   |  | Signed (Judge or Assistant Clerk) |
|  |  | Date signed                       |

**Appointment Of Examiner(s)**

|   |  |                          |             |
|---|--|--------------------------|-------------|
| <p>TO: The Clinical Examiner</p> <p>You are ordered to examine the above-named defendant, prepare a signed written report of your findings, and deliver it to the court, the Court Support Services Division, the state's attorney and the defendant's attorney within thirty days of the Date of Order shown below. You will not be required to be present to testify on the report unless you receive a separate notice from the court, the state's attorney or the defendant's attorney requesting your presence to testify.</p> <p>In your report, you shall indicate whether the defendant was an alcohol-dependent or drug-dependent person at the time of the crime(s). If you determine that the defendant was dependent on alcohol or drugs, you are further ordered to determine (1) the history and pattern of the dependency, and (2) whether the defendant presently needs and is likely to benefit from treatment for the dependency. If you determine that the defendant presently needs and is likely to benefit from treatment, you shall recommend treatment, including provisions for the appropriate placement and the type and length of treatment, which may include provisions for outpatient treatment, and state the date that space will be available in an appropriate treatment program, provided such date shall not be more than forty-five days from the date of the examination report.</p> |  |                          |             |
| Date of Order   | By the court (Print or type name of Judge) | Signed (Assistant Clerk) | Date signed |

**Notice To Defendant** - *Nothing that you say during this examination, if the judge orders it, may be used to show that you are guilty in your criminal case.*