NOTICE OF DEFENDANT'S
APPLICATION TO VACATE CONVICTION

JD-CR-187 New 10-21
C.G.S. § 54-95c; P.A. 21-103 § 7

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov

Instructions to defendant

1. Send the original of this application to the victim by Registered or Certified Mail.
2. Send a copy of this Application and the mailing receipt or the return receipt (green card) to the Clerk of Court.
3. Keep a copy of this Application and the mailing receipt or the return receipt (green card) for your records.

(Name, address, and zip code of victim)

TO: The victim named above

From *(Name of defendant)*	Address of defendant *(Number, street, and town)*
Judicial district or geographical area court	Address of court
Convictions defendant wants to vacate	
Court Hearing Date and time ___.m.	State's Attorney *(Name and telephone number)*

The defendant listed above has filed an application to vacate (cancel) their conviction for the crime(s) listed above.

The defendant will have to prove that their participation in the crime(s) was a result of having been a victim of human trafficking or slavery in order for the court to vacate (cancel) the conviction(s). If the court vacates the defendant's conviction(s), the conviction(s) will no longer stand, and the case for the charge(s) that the conviction(s) were based on will be dismissed.

As a victim of the crime(s) listed above, you have the right to get this notice and the right to tell the court what you think about the defendant's application to vacate the conviction(s). If you want to speak to the court or offer any comments or opinions about the defendant's application, you can come to the court on the Court Hearing Date at the time listed above. Or, you can send your comments to the court in writing. If you send your comments in writing, please include a copy of this notice.

You can call the office of the State's Attorney at the phone number listed above any time before the Court Hearing Date listed above to find out if the date or time of the defendant's hearing on this application has changed.

Signed *(Defendant)*	Date Signed *(Month, day, year)*

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.*

For Court Use

File Date

Superior Court Docket Number

Print Form Reset Form