

**MOTION FOR SUSPENSION OF PROSECUTION AND  
ORDER OF TREATMENT - ALCOHOL OR DRUG DEPENDENCY**

JD-CR-90 Rev. 10-21  
C.G.S. § 17a-696, P.A. 21-102 § 17

**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 General Statutes § 17a-696 (b).

STATE OF CONNECTICUT  
SUPERIOR COURT

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For information on ADA accommodations, contact a court clerk or go to: [www.jud.ct.gov/ADA](http://www.jud.ct.gov/ADA).

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

GA/JD number	Address of Court	Docket number
Name of defendant		Address of defendant (Number, street, apartment number, town, and zip code)
Alias/Maiden name of defendant		Telephone number of defendant
Offense(s) charged		CMIS case number
		E-mail address of defendant

**Motion**

I have been charged with a crime or crimes, and I was alcohol-dependent or drug-dependent at the time of the crime(s). I ask 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 motion is granted, I understand that:

1. I am not eligible for this program if I am charged with a violation of General Statutes §§ 14-227a, 14-227g, 14-227m, 14-227n, 53a-56b, or 53a-60d or a Class A, B, or C felony, unless the court waives my ineligibility (lets me into the program anyway). (Select one.)

I am not charged with any of the crimes listed above.  
 I am charged with one or more of the crimes listed above, but ask the court to waive my ineligibility.

*(If you are charged with a violation of General Statutes §§ 14-227a, 14-227g, 14-227m, 53a-56b or 53a-60d, and you were operating a commercial motor vehicle or held a commercial driver's license or commercial driver's instruction permit at the time of the offense, the court cannot waive your ineligibility, and you cannot take part in this program.)*

2. I am not eligible for this program if the court has ordered me to be treated for alcohol or drug dependency under General Statutes §§ 17-155y (i), 17a-696, 19a-386, or 21a-284 (revised to 1989) twice before. (Select one.)

The court has not ordered me to be treated under the sections listed above before.  
 The court has ordered me to be treated under the sections listed above before.

If so, how many times? (Select one.)  1 time  2 times

3. The statute of limitations for my crime(s) will be tolled (put on hold) while I take part in treatment, and I am waiving (giving up) my right to a speedy trial. This will give the State more time to prosecute me for my crime(s) if I do not successfully complete the treatment.

4. I must give notice of this motion to any victim(s) of the crime(s) I have been charged with on the *Notice to Victim – Motion for Suspension of Prosecution*, form JD-CR-89, and that the court will give the victim(s) a chance to be heard before it will grant my application.

5. The court can suspend my prosecution for up to 2 years and place me in the custody of the Court Support Services Division (CSSD) for alcohol or drug treatment. During this time, CSSD may require me to follow any of the conditions of probation in General Statutes § 53a-30(a) or (b) and may test me for alcohol or drug use without any notice. If I do not follow any of the conditions that the court or CSSD sets, the court may reinstate (bring back) my case for prosecution.

I understand that, if this motion is granted, I must pay a \$25 administration fee and the costs of treatment unless the court waives this fee. (Select one.)

I plan to pay the \$25 administration fee and costs of treatment;  
 I plan to file an *Affidavit of Indigency - Fee Waiver, Criminal*, form JD-AP-48, asking the court to waive the fee and costs; or  
 I am or I am eligible to be represented by a Public Defender, so the court must waive the fee and costs.

**By signing this form, I ask the court to suspend my prosecution and order me to be treated for alcohol or drug dependency.**

I have read the information above, and I understand it.	Signed (Defendant)	Date signed	Consented by (Parent or Guardian, if minor)
Signed (Duly authorized person)	Print name	Date signed	

## First Order of the Court

The defendant's motion is **denied**.

The defendant's motion is **continued** to the following court date, the court orders the file to be sealed as to the public, and orders the defendant to send notice of this motion to the victim(s) on the *Notice to Victim – Motion for Suspension of Prosecution*, form JD-CR-89.

The court finds that the interests of justice will be served by having the defendant examined to determine if the defendant is alcohol- or drug-dependent and eligible for treatment under General Statutes § 17a-696, and orders such examination of the defendant.

Case continued to: <i>(Date and time)</i>	Notice Date	Signed <i>(Judge or Assistant Clerk)</i>	Date signed
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## Second Order of the Court

*(If the motion is denied and the file unsealed, consider ordering the defendant's telephone number redacted.)*

The defendant's motion is **denied**.

The court finds that the defendant was an alcohol- or drug-dependent person at the time of the crime(s) charged, the defendant presently needs and is likely to benefit from treatment for this dependency, suspension of the prosecution will advance the interests of justice, the defendant has acknowledged understanding the consequences of the suspension of prosecution, and any victims have received notice and an opportunity to be heard. Therefore, the defendant's motion is **granted**, the prosecution is suspended and the case continued to the date below, and the defendant is released to the custody of CSSD for treatment for alcohol or drug dependency for the Period of Probation listed below, subject to the Conditions of Probation listed below.

### Program Fees and Costs

The court orders the defendant **to pay** the \$25 administration fee and costs of treatment. If the defendant has filed an *Affidavit of Indigency - Fee Waiver, Criminal*, form JD-AP-48, the fee waiver is **denied**.

The court **waives** the \$25 administration fee and costs of treatment because the defendant is or is eligible to be represented by a Public Defender, or the court finds that the defendant is indigent.

Other: *(Specify)* \_\_\_\_\_

### Defendant's Probation

Period of Probation shall be: *(Not more than 2 years)* \_\_\_\_\_

Conditions of Probation shall be:

The defendant shall be tested, as the Probation Officer deems appropriate, for use of alcohol or drugs.

Other: *(See below and any attached sheet)*

Case continued to: <i>(Date and time)</i>	Signed <i>(Judge or Assistant Clerk)</i>	Date signed
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