

UNDER 21 MOTOR VEHICLE/UNDERAGE DRINKING PROGRAM APPLICATION

JD-CR-173 Rev. 10-17

C.G.S. § 54-56p;

P.A. 17-48 § 17, P.A. 17-79 § 15, P.A. 17-99 § 39

STATE OF CONNECTICUT
JUDICIAL BRANCH
COURT SUPPORT SERVICES DIVISION
www.jud.ct.gov



Instructions To Person Filling Out This Application

1. Fill out the Application and sign it.
2. File the original with the Clerk of the Court, and keep a copy for your records.
3. Send a copy to the prosecuting attorney (the State's Attorney for your case).

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

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	Operator's license number	Issuing state
Offense(s) charged				

I am charged with the offense(s) listed above, and I ask that I be allowed into the Under 21 Motor Vehicle/Underage Drinking Program. I agree with the following statements:

1. I was under twenty-one (21) years of age at the time of the offense(s) listed above.
2. I am charged with one or more of the following: a motor vehicle violation, or a violation of section 30-88a, 30-89a, or 30-89(a) or (b) of the Connecticut General Statutes.
3. If I am charged with a motor vehicle violation, I did not hold a commercial driver's license or a commercial driver's instruction permit, and I was not operating a commercial motor vehicle at the time of the violation.
4. I am not charged with a motor vehicle violation that caused serious injury or death.
5. I am not charged with a violation of section 14-227a, 14-227g, or 14-296aa of the Connecticut General Statutes.
6. If I am charged with a motor vehicle violation that is classified as a felony, there is good cause for allowing me into this program.
7. I have not used this program before.
8. **I will attend one (1) forum (meeting) within nine months of the court allowing me into this program** to hear from victims who have been affected by underage drinking, drunk driving, distracted driving, or other motor vehicle violations.

I give my permission to the Court Support Services Division (CSSD) to get information about whether I was allowed into this program before so that CSSD can tell the court whether I am eligible for this program.

By signing this form, I am saying that I understand all of the information above, and I request that I be allowed into the Under 21 Motor Vehicle/Underage Drinking Program under section 54-56p of the Connecticut General Statutes.

I have read this entire application, and I understand it.	Signed (Defendant) ►	Date Signed	Signed (Parent or Guardian if under 18)
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First Order of the Court

The application is **denied**.

The Application is **continued** to the date listed below and the defendant is referred to CSSD for a determination of eligibility.

Case Continued To (Date and time)	Signed (Judge, Magistrate, Assistant Clerk)	Date Signed
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