

**PRETRIAL IMPAIRED DRIVING  
INTERVENTION PROGRAM APPLICATION**JD-CR-189 New 4-22  
Spec. Sess. P.A. 21-1 §§ 85,167***This form is available  
in other language(s).*****STATE OF CONNECTICUT  
SUPERIOR COURT  
JUDICIAL BRANCH**  
[www.jud.ct.gov](http://www.jud.ct.gov)**Instructions to defendant:**

1. File the original of this application with the Clerk of Court.
2. Send a copy to the prosecuting attorney.
3. You must pay a \$100 application fee and a nonrefundable \$150 evaluation fee when you file this application unless you file an Affidavit of Indigency - Fee Waiver, Criminal, form JD-AP-48, or you are or are eligible to be represented by a Public Defender.

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

**Notice to Clerk:** Seal the file on order of the court per Spec. Sess. 21-1 § 167(b)(1).

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

Judicial District GA 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	E-mail address of defendant	Telephone number of defendant	Operator's license number	Issuing state
Offense(s) charged				

**Application**

I am charged with a violation of General Statutes § 14-227a, 14-227g, 14-227m, 14-227n, 15-133(d), or 15-140n, and I am applying for the Pretrial Impaired Driving Intervention Program.

If my application is granted I agree to the following:

1. To the tolling (delaying) of any statute of limitations and to waive my right to speedy trial to give the state more time to prosecute me for the alleged crime(s) if I do not successfully complete the program.
2. To take part in the 12-session alcohol education component or the substance use treatment component of at least 15 sessions.
3. To pay a program fee of \$400, if the Court Support Services Division (CSSD) directs me to attend the alcohol education component, or a program fee of \$100 plus the cost of services, if CSSD directs me to attend the substance use treatment component, unless the court waives the fees and costs.
4. To begin the components of the program that CSSD directs me to attend within 90 days after CSSD tells me to, unless I ask for, and CSSD allows me a later start date.
5. To successfully complete all of the components of the program the court orders me to attend.
6. To not take part in any conduct that would constitute a violation of General Statutes §§ 14-227a, 14-227g, 14-227m, 14-227n, 15-33(d), or 15-140n.
7. That CSSD may require me to take part in additional substance use treatment after I complete the original program components in order to successfully complete the program if a program provider recommends it and CSSD agrees that it is appropriate.
8. To send notice using the Judicial Branch form JD-CR-193, *Notice of Application for Pretrial Impaired Driving Intervention Program*, by registered or certified mail, to any victim who sustained a serious physical injury as a result of my alleged violation.

For the program costs and fees:

I plan to pay the costs and fees; or

I am or I am eligible to be represented by a Public Defender, so the court must waive the fee; or

I cannot afford the program costs and fees, and ask the court to waive the costs and fees.  
(You must file an Affidavit of Indigency - Fee Waiver, Criminal, form JD-AP-48, if you select this option.)

## Prior Participation and Eligibility

1. Have you been placed in either the Pretrial Alcohol Education Program under General Statutes § 54-56g, or the Pretrial Impaired Driving Intervention Program under Spec. Sess. PA. 21-1 § 167 before?  No  Yes, on (date) \_\_\_\_\_ (*If this date is within 10 years of this application, you are not eligible for this program.*)
2. Have you been convicted of a violation of General Statutes § 14-227a, 14-227g, 14-227m, 14-227n, 15-132a, 15-133(d), 15-140l, 15-140n, 53a-56b, or 53a-60d or an offense in another state that has the substantially the same elements as those statutes before?  No  Yes (*If "Yes", you are not eligible for this program.*)
3. Are you currently charged with a violation of General Statutes § 14-227a, 14-227g, 14-227m or 14-227n?  
 No  Yes, *If "Yes":*
  - a. Did you hold a commercial driver's license or commercial driver's instruction permit at the time of the violation?  No  Yes, (*If "Yes", you are not eligible for this program.*)
  - b. Were you operating a commercial motor vehicle, as defined in General Statutes § 14-1, at the time of the violation?  No  Yes, (*If "Yes", you are not eligible for this program.*)
4. Did your alleged violation cause the serious physical injury of another person?  
 No  Yes, (*If "Yes", you are not eligible for this program unless the court finds good cause to let you into the program.*)

## Military Status

Have you ever served in the U.S. Armed Forces, including the Connecticut National Guard?  No  Yes, (*if "Yes" specify*):

I am an active member of the Armed Forces.

I received an honorable or general under honorable conditions discharge or release from active service in the Armed Forces.

I was discharged from active service in the Armed Forces less than honorably: (*Specify*)  
 I received an other than honorable discharge, but have been deemed eligible for CT State Veterans benefits under General Statutes § 27-103 by a Federal VA healthcare provider or the Department of Veterans Affairs Eligibility Qualifying Review Board.

I received an other than honorable discharge and have not been deemed eligible for CT State Veterans benefits by a Federal VA healthcare provider or the Department of Veterans Affairs Eligibility Qualifying Review Board.

I received a dishonorable or bad conduct discharge.

**By signing this form, I give CSSD permission to get information about whether I have taken part in any of the programs listed above before, and ask the Court to grant my application for and place me in the Pretrial Impaired Driving Intervention Program.**

<i>I have read the above information and understand it.</i>	Signed (Defendant) ►	Date signed	Consented to by (Parent or Guardian)
Signed (Duly authorized person)	Print name		Date signed

## Order of the Court (*Select all that apply*)

The application is **denied**.

The application is **granted** for a period of 1 year, subject to confirmation of the defendant's eligibility for the program. The court orders the court file sealed as to the public, refers the defendant to CSSD for confirmation of eligibility, and orders CSSD to refer the defendant to the Department of Mental Health and Addiction Services (DMHAS) for evaluation and determination of the appropriate alcohol education or substance use treatment component.

Upon receipt of the evaluation and determination, CSSD shall direct the defendant to attend the alcohol education or substance use treatment component determined appropriate by the evaluation, and shall refer the defendant to DMHAS or a state-licensed substance use treatment provider with facilities that are in compliance with all state standards for the purpose of receiving the applicable alcohol education or substance use treatment component services.

CSSD may allow the defendant to participate in any program component in another state if the defendant's employment, residence, or education makes it unreasonable to participate in the component in this state, the out-of-state component provider meets the criteria in Spec. Sess. P.A. 21-1 § 167(e)(3), and the defendant pays the costs or fees of such out-of-state program component.

The non-refundable program fee of \$400, if CSSD directs the defendant to attend the alcohol education component of the program, or non-refundable program fee of \$100, plus the costs for substance use treatment, if CSSD directs the defendant to attend the substance use treatment component: (Select one)

**Shall be paid**, in full, by the defendant. If the defendant has filed an *Affidavit of Indigency - Fee Waiver, Criminal* form, the court **denies** the application for waiver of fees.

**Are waived** because the court finds that the defendant is indigent and unable to pay or because the defendant is or is eligible to be represented by a Public Defender. *This fee waiver does not apply to any fees or costs for any program component CSSD allows the defendant to participate in in another state.*

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