

**PRETRIAL DRUG INTERVENTION AND  
COMMUNITY SERVICE PROGRAM APPLICATION**

JD-CR-194 New 4-22  
C.G.S. § 54-56i; P.A. 21-79 § 43; Spec. Sess. P.A. 21-1 § 166

*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.

**Notice to Clerk:** Seal the file on order of the court per Spec. Sess. P.A. 21-1 § 166 (b)(1).

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**

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	CMIS case number
Offense(s) charged			

**Application**

I have been charged with violating drug paraphernalia laws or drug possession laws under General Statutes §§ 21a-257, 21a-267, 21a-279, or 21a-279a, and apply for the Pretrial Drug Intervention and Community Service 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 drug education component or the substance use treatment component of at least 15 sessions, and the community service component of 5, 15, or 30, days, depending on whether this is my 1st, 2nd, or 3rd time applying for this program;
3. To pay a program fee of \$400, if the Court Support Services Division (CSSD) directs me to attend the drug 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 §§ 21a-257, 21a-267, 21a-279, or 21a-279a; and
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.

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**

Have you taken part in any of the following programs before: the Pretrial Drug Education Program or the Pretrial Drug Education and Community Service Program under General Statutes § 54-56i, the Community Service Labor Program under General Statutes § 53a-39c, or the Pretrial Drug Intervention and Community Service Program under Spec. Sess. P.A. 21-1 § 166?  Yes  No

If yes, how many times have you been allowed into any of these programs?  1  2  3 or more.

**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 Drug Intervention and Community Service Program.**

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

As this is the first or second time that the defendant's application has been granted, orders CSSD to refer the defendant to the Department of Mental Health and Addiction Services (DMHAS), the Connecticut Department of Veterans Affairs, or the United States Department of Veterans Affairs, as appropriate, for evaluation and determination of the appropriate drug education or substance use treatment component.

As this is the third time that the defendant's application has been granted, the court having found good cause, orders CSSD to refer the defendant to a state-licensed substance use treatment provider, the Connecticut Department of Veterans Affairs, or the United States Department of Veterans Affairs, as appropriate, for evaluation and determination of the appropriate substance use treatment component.

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

CSSD shall direct the defendant to attend the appropriate community service component of the program for: 5 days for 1st time participation; 15 days for 2nd time participation; or 30 days for 3rd time participation.

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 § 166(d)(4), 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 drug 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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