

TRANSFER OF SUPERVISION

JD-AP-114 Rev. 1-08

STATE OF CONNECTICUT
COURT SUPPORT SERVICES - ADULT PROBATION
SUPERIOR COURT
www.jud.ct.gov

Reviewed by (CPO/LPO initials)

**To:**

Name Of Office

Date

State number

Client number

Please assume supervision of the below-named person.

Probation dates

From**To**

Name

Telephone number

Address

Enclosures

- | | |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Presentence investigation report | <input type="checkbox"/> Conditions of probation |
| <input type="checkbox"/> Alternative incarceration program | <input type="checkbox"/> <i>Conditions not signed, please obtain</i> |
| <input type="checkbox"/> Face sheet, offense summary and criminal record | <input type="checkbox"/> Order of probation |
| <input type="checkbox"/> Correction information, RT 45N50 | <input type="checkbox"/> <i>Order not available - will forward when received</i> |
| | <input type="checkbox"/> Apolis profile |
| | <input type="checkbox"/> NCIC wanted persons check |
| | <input type="checkbox"/> Restitution account/notice forms/letters |
| | <input type="checkbox"/> Casenotes |

Comments

From (Name of Officer)

Office

Telephone

Accepted/Rejected

Date

☐ Accepted☐ Rejected (If rejected, explain reason below)

Signed (Officer)

Date signed

Signed (Supervisor) Required if rejected

Date signed