

TRANSFER OF SUPERVISION

JD-AP-114 Rev. 1-08

Reviewed by (CPO/LPO initials)

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

**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 _____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected (<i>If rejected, explain reason below</i>)
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Signed (Officer) _____

Date signed _____

Signed (Supervisor) Required if rejected _____

Date signed _____