PRE-TRIAL SUPERVISION
PROGRESS REPORT
JD-AP-147 New 8-08

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

Date of report:	
Defendant name:	
Date of referral:	Docket number:

Court Ordered Condition(s) of Release:

1) _____

2) _____

3) _____

4) _____

☐ The defendant IS compliant with the Condition(s) of Release.

☐ The defendant IS NOT compliant with the Condition(s) of Release.

☐ Other. _____

Urinalysis results:

Date Taken	Results	Level	Comments

Comments:

Questions concerning this case can be submitted to this office at _____
(Telephone Number)

Submitted: _____ Date: _____

Print Form Reset Form