

**SENTENCE MODIFICATION
APPLICATION, MOTION AND ORDER
INTENSIVE PROBATION SUPERVISION**

JD-AP-165 Rev. 10-12
C.G.S. § 54-108e,
P.A. 12-133, Sec. 33

STATE OF CONNECTICUT
SUPERIOR COURT
COURT SUPPORT SERVICES DIVISION
www.jud.ct.gov



Instructions to Adult Probation

1. Fill out 4 copies of this form.
2. If the defendant was sentenced to a definite sentence of more than three years, have the prosecuting attorney who presented the case to the trial court indicate that they concur with the recommendation and sign and date the form.
3. File 3 copies with the Clerk.
4. Give the 4th copy to the prosecuting attorney.

Inmate number

State of Connecticut vs.

Geographical Area number

Place of sentencing (Town)

Date of sentencing

Crime(s) of which the defendant was convicted

Date of birth

Original sentence (Specify period of suspension, if any; and fine, if any. If original sentence was modified, so state and also specify new sentence.)

Name of Judge entering original sentence	Name of jail	Date jail sentence began	Amount of jail sentence served	Amount of fine paid, if any
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Motion For Modification

I, the Probation Officer signing below, affirm that this motion does not apply to any portion of a sentence imposed that is a mandatory minimum sentence for an offense which may not be suspended or reduced by the court and request that the sentence of the defendant be modified by suspending execution of the unexecuted portion of the jail sentence.

The inmate has been assessed for Risk/Need and the areas of need have been addressed in the Community Release Plan prepared for this Motion.

The Defendant is presently in the custody of the Department of Correction and a completed form, JD-AP-167, Adult Probation Notice of Application for Sentence Modification, is attached to this application as proof of notice to the Office of Victim Services and to the Department of Correction.

Was the defendant sentenced to a definite sentence of more than three years? Yes No (If yes, the State's Attorney must sign below agreeing to a review of the sentence)

I concur with oppose the review of the sentence.

Printed name of State's Attorney	Signed (State's Attorney) (Complete if defendant sentenced to more than 3 years)	On (Date)
Printed name of Probation Officer	Signed (Probation Officer)	On (Date)
Printed name of Probation Supervisor	Signed (Motion reviewed by Probation Supervisor)	On (Date)

Motion to be heard on _____

Judgment

The motion having been presented to and considered by the Court,

1. The motion for modification is denied.

2. Subject to the defendant continuing to comply with institutional rules and necessary treatment programs of the Department of Correction until his or her release from incarceration, execution of the unexecuted portion of the

jail sentence is to be suspended after _____,

jail sentence is to be suspended after time served, effective on (date) _____,

and after release the defendant is committed to the custody of the Probation Officer, for the term of _____ with the following conditions: _____

3. Other _____

Judgment on motion entered at (Town) _____ On (Date) _____ By order of the Court (Name of Judge) _____

Signed (Assistant Clerk)

Inmate number	Docket number	State of Connecticut vs.
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Release date

It is requested that the court (*Check one*)

- Suspend the current sentence after time served effective the next business day
- Suspend the current sentence after time served effective the third business day after the date of this order to facilitate discharge planning.

Intensive Probation Supervision:

The offender will be supervised at an Intensive Level for a minimum of half of the term of incarceration or six months, whichever is greater. Supervision will consist of:

- Home Confinement, exclusive of Probation and/or programming/treatment appointments and/or employment.
- Weekly supervision activities of substance testing and collateral, field, office, and treatment contacts.

Thereafter, the offender will be supervised in accordance with the Court Support Services Division's policies and procedures.