

**ADULT PROBATION - NOTICE OF
APPLICATION FOR SENTENCE
MODIFICATION**

JD-AP-167 Rev. 10-11
P.A. 11-51, sec. 21

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



Instructions

1. Include a copy of this form with the Application for Sentence Modification, JD-AP-165.
2. Send a copy of this notice to the Office of Victim Services and to the Department of Correction, Victim Services Unit.
3. Keep a copy of this notice for your records.

To: Office of Victim Services, 225 Spring St., Wethersfield, CT 06109

To: Department of Correction - Victim Services Unit, 24 Wolcott Hill Rd. Wethersfield, CT 06109

From (Name and telephone number of Probation Officer)	Judicial District/Geographical Area court location where application filed	Docket number
Regarding: (Name of Inmate)	Department of Correction inmate number	Inmate's year of birth

Notice

The Court Support Services Division, Adult Probation, is applying for a sentence modification for the inmate named above for early release from imprisonment under intensive probation supervision. The inmate has been sentenced to a term of imprisonment of two years or less, has been confined under the sentence for at least 90 days, and has complied with institutional rules and necessary treatment programs of the Department of Correction.

If a registered victim has any questions or concerns about this modification, please refer them to the probation officer named above.

A copy of this Notice has been sent by way of certified mail to the:

Office of Victim Services, 225 Spring St., Wethersfield, CT 06109
Department of Correction, Victim Services Unit, 24 Wolcott Hill Rd. Wethersfield, CT 06109

Signed (Probation Officer)	On (Date)
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For OVS Use Only

OVS Compliance Requirement

- ☐ Certified letter mailed to registrant/victim at last known address.
- ☐ No registrant/victim on file.

Signed (OVS Staff)	On (Date)
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For DOC Use Only

DOC Compliance Requirement

- ☐ Certified letter mailed to registrant/victim at last known address.
- ☐ No registrant/victim on file.

Signed (DOC Staff)	On (Date)
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