

**EARLY RELEASE TO INTENSIVE  
PROBATION SUPERVISION**JD-AP-168 Rev. 3-12  
P.A. 11-51 Sec. 21**STATE OF CONNECTICUT  
JUDICIAL BRANCH  
COURT SUPPORT SERVICES DIVISION  
ADULT PROBATION  
[www.jud.ct.gov](http://www.jud.ct.gov)**

Inmate name

Inmate number

You are being considered for an early release program. If you are selected for this program, Adult Probation will ask the court to suspend the remainder of your sentence of incarceration and release you to intensive probation supervision. If the court grants your early release, you will be released from custody, usually in less than one week after the court's decision.

**How the Program Works:**

Probation will meet with you to discuss the program. If Probation determines that you meet the minimum requirements for the program, they will meet with you again to decide what programs, or treatment, or both will help you to succeed on probation. You would have to follow the Standard Conditions of Probation (attached). And, for at least six months, or for half of the time you would have been incarcerated, whichever is longer, you may be ordered to do the following:

- (1) Report to the Probation Office once a week, or as often as your probation officer tells you.
- (2) Be tested for substance abuse once a week, or as often as your probation officer tells you.
- (3) Allow your probation officer to visit your home, or where you work, or both.
- (4) Be confined to your home. You may be allowed to leave your home for work and probation meetings and for meetings for programs or treatment or both that your probation officer decides is appropriate.
- (5) Be monitored electronically.
- (6) Follow any other conditions ordered by the Court.
- (7) Follow any other conditions ordered by your probation officer.

If you do not take part in the programs or treatment or both that your probation officer refers you to, or you do not follow the conditions of your probation supervision, the court may issue a warrant for your arrest and require that you serve up to the length of your suspended sentence.

**I want to be considered for this program and agree to follow any conditions of my probation supervision.** Yes       No

|                          |                               |             |
|--------------------------|-------------------------------|-------------|
| Inmate name and number   | Signature (Inmate)            | Date signed |
| Probation Officer's name | Signature (Probation Officer) | Date signed |

**Instructions to DOC Staff: Review the instructions below with the inmate and give the inmate a copy.**

**You have been granted early release to probation supervision. You must report to the Probation Office on the first day the Probation Office is open after your release.**

|                               |                                    |      |
|-------------------------------|------------------------------------|------|
| Inmate name and number        | Signature (Inmate)                 | Date |
| Correctional counselor's name | Signature (Correctional counselor) | Date |