



The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact your probation officer or an ADA contact person listed at www.jud.ct.gov/ADA.

Name of offender

Alleged Violation(s)

You were convicted in _____ of _____ and sentenced on _____ to _____ years of probation. It is alleged that you violated the sending and/or the receiving state's standard and/or special conditions. _____ has requested that the State of Connecticut Interstate Compact Unit have a Probable Cause hearing to determine the facts and circumstances of the alleged violations of your _____ conditions of probation. You have the right to consult with an attorney.

The alleged violation as follows:

Violation of Connecticut's Standard Conditions of Probation

1.

I admit deny the alleged violation

2.

I admit deny the alleged violation

3.

I admit deny the alleged violation

Violation of Connecticut Probation Officer Ordered Special Conditions

1.

I admit deny the alleged violation

2.

I admit deny the alleged violation

3.

I admit deny the alleged violation

Violation of Sending State's Standard Conditions of Probation

1.

I admit deny the alleged violation

2.

I admit deny the alleged violation

3.

I admit deny the alleged violation

Violation of Sending State's Special Conditions

1.

I admit deny the alleged violation

2.

I admit deny the alleged violation

3.

I admit deny the alleged violation

Waiver Of Hearing

I understand that my giving up my right to a Probable Cause hearing only means I want my case to be decided by the Court of the original jurisdiction in _____.

I waive my right to a Probable Cause hearing.

Offender signature	Print name	Date signed
Probation officer signature	Print name	Date signed

Deny Violations

I **do not** admit to any of the violations stated above and do not waive (*give up*) any of my rights, including the right to a Probable Cause hearing and appeal.

Offender's signature	Print Offender's name	Date signed
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, you are ordered to come to _____

at _____ for a Revocation hearing. You can be returned to the sending state if it is decided that the sending state has the authority to retake you.

Probable Cause hearing information

Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Location
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Failure To Appear

If you do not come to the hearing at the time, date and location shown above, the hearing may be held without you and you may be subject to being incarcerated.

Probation Officer	Town	PO number
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Certification

I Certify that a copy of this notice was served by the undersigned and given to the named Offender on the date, time and at the location indicated below.

Date	Time	Location
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Affidavit

State of Connecticut Town of

Offender's name	CMIS number	ICOTS Offender number	Violation date(s)
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The undersigned personally appearing before me, and having been duly sworn, testifies that the above named offender, did within this town and state on the date mentioned herein, violate conditions of probation in the following particulars:

Description of Violation(s)

Probation Officer signature	Print name	Date signed
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Sworn to and Subscribed before me this _____ day of _____ in the year _____.

Notary signature	Notary Public of	My Commission
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