

**ADULT PROBATION OFFICER
USE OF FORCE/ARREST REPORT**

JD-AP-207 New 6-22
C.G.S. §§ 53a-18 through 53a-22, 53a-32

STATE OF CONNECTICUT JUDICIAL BRANCH
COURT SUPPORT SERVICES DIVISION
ADULT PROBATION SERVICES
www.jud.ct.gov



Instructions to Probation Officer:

1. Complete Section I every time you use or threaten to use any level of physical force or witness the use or threatened use of any level of physical force, except that you do not need to complete this form if you witness the arrest of a nonresistant probationer.
2. If your use of force was related to performing an arrest, also complete Section II.
3. Complete Section III if you witness or intervene in what you believe is excessive force carried out by another APO.
4. If you need additional space for any question, use Section IV.
5. Save completed form to your H: drive and forward the completed form to your direct supervisor. If this report is about an arrest, also forward a copy to the CPO managing the warrant unit.

Instructions to Supervisor: See Page 5

Name of person upon whom force was used		CMIS case number (if applicable)	Date of report
Name of Probation Officer making report	Office location		
Date of incident	Time of incident	Location of incident	

I. Use of Force Report

1. Purpose of using or threatening to use force: (Select all that apply and explain in detail.)

☐ Defend self/another ☐ Maintain safety/security/order ☐ Effect arrest/detain ☐ Search ☐ Other: _____

2. Incident involved handcuffing without resistance: ☐ No ☐ Yes (If "yes," skip to #6 below.)

3. Nature of threat: (Select all that apply.)

☐ Immediate (actively happening) ☐ Imminent (about to happen) ☐ Anticipated (expected to happen) ☐ Arrest/detention

4. Highest level of threat faced: (Select all that apply and explain in detail.)

- ☐ No resistance
☐ Passive resistance (Dead weight or non-compliance to APO's lawful verbal command, but offering no active resistive motion)
☐ Active resistance (Actions such as pushing, pulling, evasive arm movement, flailing, flight, muscle tension, etc., to avoid control, but no attempt to harm the APO)
☐ Assaultive (Agitated, combative state, physically assaultive actions or behavior that poses a threat of injury to APO or another, such as punching, kicking, clenching of fists, etc.)
☐ Life threatening (Agitated combative state, physically assaultive actions that may result in death, such as use of a weapon)
☐ Other: _____

5. Efforts made to avoid or minimize use of force, if any: (Explain in detail.)

6. Level/type of force used or threatened: (Select all that apply and explain techniques, tactics, and instruments in detail.)

☐ Physical force ☐ Deadly Physical force ☐ Mechanical restraints

7. Describe in specific chronological order the circumstances that led to the decision(s) to use or threaten to use force and the decision(s) regarding the degree of force used:

8. Injuries sustained, including to subject of force, APOs, and other individuals: *(Select one.)*

☐ No ☐ Yes *(If yes, explain injuries sustained and action taken in response to such injuries.)*

II. Field Arrest Report

1. List other APO(s) involved in this arrest *(if any)*:

2. Type of arrest: *(Select all that apply.)*

☐ Surrender ☐ Non-Surrender ☐ Habeas ☐ Field ☐ Extradition/Retaking

3. Location of arrest:

☐ Police Station ☐ Probation Office ☐ Court ☐ Client's Residence ☐ Client's Employer ☐ Out-of-state
☐ Other: _____

4. Field arrest made by: *(Select one.)*

☐ APO without police or Judicial Marshal assistance ☐ APO with police assistance ☐ APO with Judicial Marshal assistance

5. Arrestee transported by: *(Select one.)*

☐ Probation ☐ Police ☐ N/A

6. Contraband seized:

☐ No ☐ Yes *(If yes, specify type of contraband and describe in detail.)*

Type of contraband: ☐ Firearm ☐ Knife ☐ Drugs ☐ Other: _____

7. Any additional charges filed pursuant to this arrest?

☐ No ☐ Yes *(If yes, list charges and describe the circumstances that led to those charges.)*

III. Excessive Force Report

1. Name of APO using excessive force: _____

2. Describe in detail the incident involving what you believe was excessive force:

3. Did you have a reasonable opportunity to intervene in the excessive use of force? *(Select one and describe in detail.)*

☐ No ☐ Yes *(If yes, also describe in detail any action you took to intervene.)*

IV. Additional Information

Instructions: *Type the Section(s) and the number of the question(s) you need additional space for before writing any information that doesn't fit on the previous pages. (Example: "Section I, #6 continued: [additional information].")*

IV. Additional Information *(Continued)*

V. Supervisory Review

Instructions to Supervisor:

1. After reviewing the APO's Use of Force/Arrest Report and any applicable reports from witnesses, enter your name in the appropriate section for your supervisory level in Section V and indicate whether you have concerns about the APO's use or threatened use of force or the witness' report.
2. If you have concerns about the APO's use or threatened use of force or the witness' report, specify the concerns and remedial action conducted.
3. If you need additional space for any answer, use Section VI.
4. If you are required by JB-CSSD Policy and Procedures 4.25, Use of Force, to forward the updated report to your supervisor, forward this form and any applicable reports from witnesses to your supervisor via e-mail.
5. If you are not required to forward the updated report to your supervisor, save the updated form to SharePoint.

A. APO's direct Supervisor (if not Office Supervisor)

Name of direct Supervisor reviewing APO's report

Concerns regarding APO's use or threatened use of force? ☐ No ☐ Yes (If yes, explain below.)

Concerns regarding witness' report regarding another APO's use or threatened use of force? ☐ No ☐ Yes (If yes, explain below.)

Did the incident involve the use of force or threatened use of force beyond handcuffing without resistance?

☐ No ☐ Yes (If yes, forward report to Office Supervisor.)

1. State concerns regarding APO's use or threatened use of force (include references to witness report(s), if applicable), or state concerns regarding witness' report regarding another APO's use or threatened use of force:

2. State remedial action conducted:

B. Office Supervisor

Name of Office Supervisor reviewing APO's report

Concerns regarding APO's use or threatened use of force? ☐ No ☐ Yes (If yes, explain below.)

Concerns regarding witness' report regarding another APO's use or threatened use of force? ☐ No ☐ Yes (If yes, explain below.)

Is incident subject to administrative panel review? ☐ No ☐ Yes (If "yes," forward report to Regional Manager.)

Did incident involve a violation of policy that cannot be sufficiently addressed by remedial action?

☐ No ☐ Yes (If "yes," forward report to Regional Manager.)

1. State concerns regarding APO's use or threatened use of force (include references to witness report(s), if applicable), and any concerns regarding sufficiency of prior remedial action conducted, or state concerns regarding witness' report regarding another APO's use or threatened use of force:

2. State remedial action or further remedial action conducted or directed to be conducted:

3. For incidents involving a violation of policy that cannot be sufficiently addressed by remedial action, state reason(s) why incident cannot be sufficiently addressed by remedial action:

C. Regional Manager

Name of Regional Manager reviewing APO's report

Concerns regarding APO's use or threatened use of force? ☐ No ☐ Yes (If yes, explain below.)

Concerns regarding witness' report regarding another APO's use or threatened use of force? ☐ No ☐ Yes (If yes, explain below)

Is incident subject to administrative panel review? ☐ No ☐ Yes (If "yes," forward report to Deputy Director.)

Did incident involve a violation of policy that cannot be sufficiently addressed by remedial action?

☐ No ☐ Yes (If "yes," forward report to Deputy Director.)

1. State concerns regarding APO's use or threatened use of force (include references to witness report(s), if applicable), and any concerns regarding sufficiency of prior remedial action conducted, or state concerns regarding witness' report regarding another APO's use or threatened use of force:
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2. State remedial action or further remedial action conducted or directed to be conducted:
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3. For incidents involving a violation of policy that cannot be sufficiently addressed by remedial action, state reason(s) why incident cannot be sufficiently addressed by remedial action:
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VI. Additional Information – Supervisor

Instructions: Indicate the section(s) and the number of question(s) you need additional space for before writing any information that doesn't fit in the applicable fields. (Example: "Section V, A, #1, continued: [additional information].")

VI. Additional Information - Supervisor *(Continued)*