

**NOTICE OF PLACEMENT -
PRETRIAL IMPAIRED DRIVING INTERVENTION PROGRAM**

JD-AP-210 New 4-22
Spec. Sess. P.A. 21-1 § 167

CONNECTICUT JUDICIAL BRANCH
COURT SUPPORT SERVICES DIVISION
PRETRIAL SERVICES
www.jud.ct.gov



This form is available in other language(s).

Defendant Information

Name	E-mail address			
Address (Number, street, apartment number, city, state, and zip code)				
Phone number	Year of birth	Primary language	Date of arrest	Date of notice
CMIS case number	Docket Number	Defendant's next court date	Court location	

Program Information

Program component				
<input type="checkbox"/> Alcohol education (12 sessions)	<input type="checkbox"/> Substance use treatment (specify)			
Name of program component provider	Address of program component provider (Number, street, city, state and zip code)			
Service location (if different from address of program component provider)		Phone number of program component provider		

Notice of Placement

Pretrial Services has received the result of your evaluation for the Pretrial Impaired Driving Intervention Program (IDIP) and directs you to take part in the alcohol education or substance use treatment component of the program listed above to complete the IDIP.

The program component provider will contact you to start the program. **If you have not heard from the program component provider within 10 days of the date of this notice, you must contact the program component provider immediately.**

The phone number for the program component provider is listed above.

If you have asked Pretrial Services to allow you a later start date for the program, however, you must contact the program component provider listed above on the day that Pretrial Services allowed you to start the assigned component.

You have have not asked Pretrial Services for a later start date for the program.

If you have, your start date for the program is _____.

To successfully complete the assigned program component, you must:

- Cooperate with the component provider officials;
- Keep all of your appointments with the program component provider; and
- Tell the program component provider and Pretrial Services if you:
 - Change your address or phone number; or
 - Are arrested again on any drug charges.

Please also remember that, when you applied for the Pretrial Impaired Driving Intervention Program, you agreed to accept additional substance use treatment after you finish the assigned program component if the program component provider recommends it and Pretrial Services thinks it is appropriate. You may be required to do this additional substance use treatment in order to successfully complete the Pretrial Impaired Driving Intervention Program.

If you do not follow these instructions, Pretrial Services will return your case to court, and the court may:

- **Terminate (end) your participation in the program; and**
- **Put your criminal case back on the list for trial.**

If you have any questions or problems, please contact Pretrial Services at: (Phone) _____

Or (Fax) _____

ADA NOTICE

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 Pretrial Services at the telephone number listed above.

