

**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<br><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.

