

**NOTICE OF PLACEMENT -
PRETRIAL DRUG INTERVENTION
AND COMMUNITY SERVICE
PROGRAM**

JD-AP-211 New 4-22
C.G.S. § 54-56i

*This form is available
in other language(s).*

CONNECTICUT JUDICIAL BRANCH
COURT SUPPORT SERVICES DIVISION
PRETRIAL SERVICES

www.jud.ct.gov



For information on ADA accommodations,
contact Pretrial Services or go to: www.jud.ct.gov/ADA.

Defendant Information

Name	E-mail address
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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

Drug education (12 sessions) 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

Community Service (if applicable):

5 days (40 hours) 15 days (120 hours) 30 days (240 hours)

Name of community service provider Phone number of community service provider

Address of community service provider (Number, street, city, state and zip code)

Notice of Placement

Pretrial Services has received the result of your evaluation for the Drug Intervention and Community Service Program (DICSP) and directs you to take part in the drug education or substance use treatment component of the program listed above. You must also complete the community service hours listed above to complete the DICSP. If a community service provider is listed above, you must complete your community service hours with that community service provider. Otherwise, you must complete your community service hours with an approved community service organization.

The program component provider and, if applicable, the community service 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. If a community service provider is listed above and you have not heard from the community service provider within 10 days of the date of this notice, you must also contact the community service provider immediately.** The phone number for the program component provider and, if applicable, the community service 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 and, if applicable, the community service provider listed above on the day that Pretrial Services allowed you to start the assigned component(s).

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 and, if applicable, the community service provider officials;
- Keep all of your appointments with the program component provider and, if applicable, the community service provider; and
- Tell Pretrial Services, the program component provider, and, if applicable, the community service provider 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 Drug Intervention and Community Service 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 Drug Intervention and Community Service 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) _____

