

**PRETRIAL DRUG INTERVENTION AND
COMMUNITY SERVICE PROGRAM,
COMMUNITY SERVICE COMPLETION REPORT**

JD-AP-213 New 4-22

Spec. Sess. P.A. 21-1 §§ 166

**CONNECTICUT JUDICIAL BRANCH
COURT SUPPORT SERVICES DIVISION
PRETRIAL SERVICES**

www.jud.ct.gov



Instructions to Community Service Organization Representative:

1. Review the defendant's community service hours documented on the Pretrial Drug Intervention and Community Service Record, form JD-AP-212.
2. If the defendant has completed all community service hours as documented, complete this form.
3. Return completed form and the defendant's JD-AP-212 to the defendant.

Name of defendant	Docket number	Pretrial Services phone number	Pretrial Services fax number
-------------------	---------------	--------------------------------	------------------------------

Community Service Completion Report

Name of community service organization	Address of community service organization	
Name of organization representative	Title of organization representative	Phone of organization representative
Name of alternative organization representative	Title of alternative organization representative	Phone of alternative organization representative

I, the Community Service Organization Representative listed above, certify that the defendant listed above has completed a total of _____ hours for our organization and that the attached Pretrial Drug Intervention and Community Service, Community Service Record form is an accurate accounting of the community service hours that the defendant performed.

If you have any questions or require any additional information about the defendant's completion of these community service hours, please contact: me the alternative organization contact listed above.

Certification

I certify that the information stated on this form and the attached Pretrial Drug Intervention and Community Service Program, Community Service Record is true, accurate, and complete to the best of my knowledge and belief. **I understand that knowingly misrepresenting any of the information provided on these forms or submitting false information may constitute a violation of General Statutes § 53a-155.**

Signature	Print name	Date signed
-----------	------------	-------------

Satisfaction of Community Service Component (For CSSD use only)

The information provided above and on the attached Pretrial Drug Intervention and Community Service, Community Service Record form Satisfies Does not satisfy the number of hours listed above toward the community service component of the Pretrial Drug Intervention and Community Service Program. If deemed necessary, I have verified the validity of the information provided above.

Signature (Pretrial Services Staff/CSSD contracted provider)	Print name	Date signed
--	------------	-------------

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.