

ORDER FOR INVESTIGATION REPORT

JD-CR-77 Rev. 10-19

C.G.S. §§ 17a-693, 53a-28, 53a-30, 53a-39a, 54-91a, 54-108e;
P.B. § 43-3 et seq.; P.A. 19-64 § 12

STATE OF CONNECTICUT

SUPERIOR COURT

www.jud.ct.gov

**Instructions**

1. Attach Information Sheet from each file and/or VOP proceedings (JD-CR-59V).
2. Provide original to CSSD.
3. Insert a copy of this form into each file.

Docket Number(s)

Court <input type="checkbox"/> GA Number _____		At (Town) <input type="checkbox"/> Judicial District of _____	
Name of defendant		Defendant's alias (if any)	Date report ordered
		State's Attorney on file	Sentencing date
<input type="checkbox"/> Connecticut resident <input type="checkbox"/> Out-of-state resident		Defense attorney	Primary language

Plea agreement/sentence recommendation presented to the court (if known):

Order**The following investigation report is ordered:**

Standard Presentence Investigation - C.G.S. § 54-91a (c)
 Include Alternate Incarceration Program Assessment - C.G.S. § 53a-39a

Abridged Presentence Investigation - C.G.S. § 54-91a (d); P.A. 19-64 § 12
(includes defendant identifying information and information about the pending case, circumstances of the offense, victim's attitude, victim's damages, and defendant's criminal record)

Include Alternate Incarceration Program Assessment - C.G.S. § 53a-39a

Also include social history and present condition of the defendant (Check all that apply):

<input type="checkbox"/> Family background*	<input type="checkbox"/> Educational attainment or vocational training	
<input type="checkbox"/> Significant relationships or children*	<input type="checkbox"/> Employment history	<input type="checkbox"/> Results of any clinical evaluation of defendant
<input type="checkbox"/> Mental health status*	<input type="checkbox"/> Housing situation	<input type="checkbox"/> Medical status
<input type="checkbox"/> Substance abuse history*	<input type="checkbox"/> Financial situation	
<input type="checkbox"/> Other (specify) _____		

**Must be included in an abridged PSI for a felony involving family violence*

Alternate Incarceration Program Assessment Only - C.G.S. § 53a-39a
 Alternative Sentencing Plan - C.G.S. § 54-108e
 Restitution Investigation - C.G.S. § 53a-28

Special instructions to Probation Office:

By The Court (Name of Judge)

Signed (Clerk/Assistant Clerk)

Date signed

Distribution: Original - Probation Office Copy - Court File(s)