

**MITTIMUS - IMMEDIATE TRANSFER  
TO TREATMENT, ALCOHOL OR  
DRUG DEPENDENCY**

JD-CR-88 Rev. 7-10  
C.G.S. §§ 17a-699, 17a-701

**STATE OF CONNECTICUT  
SUPERIOR COURT**  
[www.jud.ct.gov](http://www.jud.ct.gov)



**INSTRUCTIONS TO CLERK**  
*Prepare a separate Mittimus for each file.*

**TO : Any Proper Officer**

Docket number	Name of defendant	Date of birth	Date of disposition		
Name and address of Court			Date sentence to begin (If different)		
<b>CRIME(S) CONVICTED OF</b> (Include statute no )	First count	Second count	Third count	<b>PERIOD OF PROBATION</b>	
	Fourth count	Fifth count	Sixth count		

By a judgment of the court, the defendant was convicted of the above crime(s) and placed on probation for the period indicated above, and the court ordered the following special conditions of probation:

**Special Conditions of Probation**

The court further ordered that as a condition of probation the defendant be placed by the Court Support Services Division in an appropriate treatment program for alcohol or drug dependency and that the defendant be transferred immediately (space being available as provided in C.G.S. section 17a-699(c)) to the treatment program specified below:

Name and location of treatment program

for a period of 

Years	Months
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 or until the treatment program is completed or the defendant is discharged

pursuant to section 17a-701 of the Connecticut General Statutes.

**Order**

BY AUTHORITY OF THE STATE OF CONNECTICUT, you are commanded to deliver the defendant to the custody of the Director at the above treatment program and the Director is commanded to receive and keep the defendant for the period fixed by the judgment of the court or until legally discharged.

By Order of the Court (Name of judge)	Signed (Assistant clerk)	Date signed	Receiving program time stamp
<b>Acknowledgment Of Delivery Of Defendant</b>			
I delivered the defendant into the custody of the Director of the Treatment Program and/or the Director's agent and left this mittimus with him/her.			
Name and location of treatment program			
Title of delivering officer	Signature of delivering officer	Signature of receiving officer	

**DISTRIBUTION:** ORIGINAL - Treatment Program    COPY1 - Return to court after delivery    COPY2 - C.S.S.D. Adult Probation    COPY3 - Court file