

**PROBABLE CAUSE
DETERMINATION REQUEST**JD-CR-94 Rev. 5-20
P.B. § 37-12STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov**Instructions:**

To Officer

1. Complete the Request, and bring it to a judge within 48 hours of an arrest without a warrant of a defendant who is not released from custody.
2. Complete the introductory language in the Finding by identifying the documents submitted in support of the Request.
3. Return the original of the executed Finding to the G.A. Clerk's Office prior to the defendant's arraignment. Retain one copy for your file and give the third copy, together with the documents submitted in support of the Request, to the State's Attorney's Office.

To Judge

1. Verify the accuracy of the description and dates of the documents listed in the Finding.
2. Sign the Finding. Return all copies of the Finding and of any documents submitted in support of the Request to the officer.

Request for Probable Cause Determination**To: A Judge of the Superior Court**

<input type="checkbox"/> Geographical Area Number	At:		
Date (Month, day, year)	Time or arrest (A.M. or P.M.)	Police Department	
Name of accused (Last, first, middle initial)		Department case number	
Address (Number, street, city and state)			
Offense town		Town code	Date of birth (Month, day, year)

The undersigned officer requests that the attached affidavit(s) be reviewed for a determination of probable cause.

Date and Signature	Date (Month, day, year)	Signed (Officer)
--------------------	-------------------------	------------------

Finding

Upon review of the following document(s) identified as _____ and dated, _____

in affidavit form as submitted, the undersigned finds that:

probable cause exists to believe that a criminal offense has been committed by the accused.

there is no probable cause and accused is ordered released from custody.

Based upon the finding of probable cause, the court, at this time, seals or limits disclosure of the following:

The sealing or limits of disclosure is for a period of: _____
(not to exceed 2 weeks from the date of the probable cause determination)

Disclosure is limited to following terms and conditions: _____

The undersigned recommends review of the following document(s) _____ at the time of arraignment for sealing and/or limiting disclosure for the following reasons: _____

Date, Time and Signature	Date (Month, day, year)	At (Time, A.M. or P.M.)	Signed (Judge of the Superior Court)
--------------------------	-------------------------	-------------------------	--------------------------------------