

**TEMPORARY SURRENDER
STATEMENT**

JD-CR-181 New 8-18
C.G.S. §§ 7-135, 53a-32

STATE OF CONNECTICUT
JUDICIAL BRANCH

www.jud.ct.gov



Name of Department of Correction/municipal lockup receiving facility

Surrendering authority:		Location of surrendering authority (Town of barracks/Probation office/other agency)	
<input type="checkbox"/> Division of State Police <input type="checkbox"/> Adult Probation Services <input type="checkbox"/> Other agency as authorized by Department of Correction		Name of surrendering officer (State Trooper/Probation Officer/other officer) _____ Phone number of surrendering officer _____	
		Date of surrender _____ Time of surrender _____	

Custody of the person named below is delivered to the Department of Correction or municipal lockup at the facility named above. This person will be arraigned in Adult Court.

Name		Date of birth	Inmate number (If applicable)
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Date of arrest	UAR number	Charge(s) & Statute number(s)	<input type="checkbox"/> Arrest by warrant	<input type="checkbox"/> Bond set by court	Type of bond
Town of arrest	Case number		<input type="checkbox"/> Family violence	Amount of bond	Docket number (If assigned)

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If more arrests need to be entered, complete an additional JD-CR-181.

Arraignment to be held at (Name of court)	Court address	Date of arraignment
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Known security hazards and/or medical concerns Not applicable

Personal property (Description) Not applicable

Arrest/violation of probation report submitted: Yes (See attached) No

The Department of Correction or municipal lockup staff signing below acknowledges receipt of the person named above, along with the arrest/violation of probation reports and property, if any, identified above.

Name of Department of Correction/municipal lockup staff	Signed (Department of Correction/municipal lockup staff)	Date signed	Time signed
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Signed (Surrendering State Trooper/Probation Officer/other officer)	Date signed	Time signed
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