

**REPORT TO STATE'S ATTORNEY
COMPLIANCE WITH CONDITIONS OF
PRETRIAL DIVERSION (FAMILY VIOLENCE)**

JD-FM-109 Rev. 1-17
C.G.S. § 46b-38c

**STATE OF CONNECTICUT
SUPERIOR COURT
COURT SUPPORT SERVICES DIVISION**

Name of defendant	Court location		
Criminal case number	CMIS case number	Arrest date	Continuance date

I. Pretrial Release Conditions

Successful completion of Family Violence Education Program (*if applicable*)

Other Counseling/Treatment (*specify*): _____

Protective Orders (*specify*): _____

Other Conditions (*specify*): _____

Supervision of CSSD: _____ Months Review (*if applicable*) after _____ Months.

II. Compliance With Conditions

1. Family Violence Education Program was successfully completed (*if applicable*) Yes No *If No, "X" reason below.*

Lack of attendance Disruptive behavior Substance abuse Other:
 Lack of participation Continued Violence New arrest

2. All other conditions imposed were complied with Yes No

If No, indicate below which conditions were not complied with.

Continued Violence and/or Arrests;
 Terms of Protective Order;
 Other Counseling/Treatment;
 Other (*specify*): _____

Remarks and recommendations (*if appropriate*)

Prepared by (<i>Print name</i>)	Signature
Title	Date