

**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	

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