

**JUDICIAL REVIEW/
TREATMENT PLAN/
ADMINISTRATIVE REVIEW**

JD-JM-101 Rev. 9-17
C.G.S. §§ 46b-129, 17a-112(o)
P.B. § 35a-14

**STATE OF CONNECTICUT
SUPERIOR COURT
JUVENILE MATTERS**
www.jud.ct.gov



Address of Court

Docket number(s)

Name of child/youth

Name and address

To:

Review ordered on

For

Received

Fold

Judicial Review Disposition

☐ Review as submitted is approved. Next Treatment Plan/Administrative Review due on *(date)*: _____

☐ Review as submitted raises further questions:

Please schedule for further review ☐ in writing. ☐ in court on or before *(date)*: _____

Name of Judge *(Print or type)*

Signed *(Judge)*

Date signed

- ☐ Nine month permanency plan filing date: _____

☐ Twelve month permanency plan hearing date: _____

☐ or motion to review permanency plan for child
whose parents' rights have been terminated
filing date: _____

☐ or review of protective supervision by: _____

CC: