

**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](http://www.jud.ct.gov)



Address of Court

Docket number(s)

Name of child/youth

Name and address

To:

Review ordered on

For

Received

Hold

**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

<input type="checkbox"/> Nine month permanency plan filing date:	_____
<input type="checkbox"/> Twelve month permanency plan hearing date:	_____
<input type="checkbox"/> or motion to review permanency plan for child whose parents' rights have been terminated filing date:	_____
<input type="checkbox"/> or review of protective supervision by:	_____

CC: