

REQUEST FOR JUDICIAL APPROVAL

JD-JM-180 Rev. 12/10

STATE OF CONNECTICUT
SUPERIOR COURT JUVENILE MATTERS
COURT SUPPORT SERVICES DIVISION
www.jud.ct.gov



Name of child	Address of child	Date of birth
Name of parent/guardian	Relationship	Docket number(s)
Person(s) making the request		

Permission is sought to:

<input type="checkbox"/> Dismiss without further action	<input type="checkbox"/> Modify Probation/Supervision Order
<input type="checkbox"/> Dismiss with Warning	<input type="checkbox"/> Extend Probation to (Date): _____
<input type="checkbox"/> Discharge from Probation/Supervision	<input type="checkbox"/> Vacate Order
<input type="checkbox"/> Withdraw Petition	<input type="checkbox"/> Order Clinical Consultation
<input type="checkbox"/> Order Evaluation-Type of Evaluation(s) _____	
<input type="checkbox"/> Release Information-Type _____	To Whom _____
<input type="checkbox"/> Request Case Review Team Meeting (CRT)	
<input type="checkbox"/> Request Furlough(s) Release to: _____	Date/Time: _____
	Return to: _____
<input type="checkbox"/> Schedule a Court Hearing	
<input type="checkbox"/> Other _____	

Reason for request:**Approved by:**

Supervisor's signature	Date
Judge-Superior Court	Date

Notification:

- State's Attorney
- Child's Attorney
- SCJM Clerk's Office

Signature (if applicable)	Date
Signature (if applicable)	Date

Comments: