

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: _____ Date/Time: _____ |
| <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: