

**NON-JUDICIAL SUPERVISION
AGREEMENT**

JD-JM-208 New 3-12

STATE OF CONNECTICUT
JUDICIAL BRANCH
COURT SUPPORT SERVICES DIVISION
JUVENILE PROBATION SERVICES
www.jud.ct.gov

Address of Court		Docket number
Name of child	Date of birth	Period of Supervision:
Probation officer		From: _____ To: _____

I, _____ have been informed of my right to a court
(Name child)
hearing to dispose of the charge or charges which I have admitted. I waive this right to a court hearing and agree to be supervised by the Juvenile Probation Department for up to 6 months. The following conditions of supervision have been explained to me and I agree to follow them:

Signed (Child)	Date
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I, _____, the parent/guardian of
(Name parent/guardian)
_____ agree to allow him/her to submit to Non-Judicial
(Name child)
Supervision. I understand that I may request a hearing to dispose of the matters before the court and I now waive that privilege. I also agree to cooperate fully with the staff of the Probation Department in their efforts to assist the child.

Parent or Guardian's name	Parent or Guardian's signature	Date
Attorney's name	Attorney's signature	Date

ADA NOTICE

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA.