# APPLICATION FOR ACCELERATED PRETRIAL REHABILITATION

JD-CR-9 Rev. 10-21

C.G.S. § 54-56e; P.B. § 39-33; P.A. 21-79 § 1; P.A. 21-102 § 12

This form is available in other language(s).

# STATE OF CONNECTICUT SUPERIOR COURT www.jud.ct.gov

For information on ADA accommodations, contact a court clerk or go to: www.jud.ct.gov/ADA.

#### Instructions to Person Filing the Application

- 1. Fill out the Application and Military Status sections of the form and sign it.
- 2. Give the original form to the Clerk of Court, and keep a copy for your records.
- 3. Send a copy to the prosecuting attorney (the State's Attorney for your case).
- 4. Pay a \$35.00 application fee unless you also file an Affidavit of Indigency Fee Waiver, Criminal (form JD-AP-48) with this application or you are eligible to be represented by a Public Defender.

#### Instructions to Clerk

- 1. Seal file on order of the Court per General Statutes § 54-56e.
- 2. Send a copy of the application to CSSD.

### TO: The Superior Court of the State of Connecticut

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GA/JD number	Address of Court		Docket number		
Name of defendant		Address of defendant (Number, street, apartment number, town, and zip code)			
		, , , , , , , , , , , , , , , , , , ,			
Alias/Maiden na	me of defendant	Telephone number of defendant	CMIS case number		
		,			
Offense(s) charge	jed	E-mail address of defendant			
( )	•				

## **Application**

I am charged with the offense(s) listed above, and I am applying for Accelerated Pretrial Rehabilitation. I agree with the following statements:

- 1. The offense(s) that I am charged with could result in a sentence of imprisonment. The offense(s) do not include:
  - (A) a class A felony;
  - (B) a class B felony, except a violation of General Statutes §§ 53a-122 (a) (1), (2), or (3) that does not involve the use, attempted use, or threatened use of physical force against another person, or a violation of General Statutes § 53a-122 (a) (4) that does not involve the use, attempted use, or threatened use of physical force against another person and does not involve a violation by a person who is a public official or a state or municipal employee as those terms are defined in General Statutes § 1-110;
  - (C) a violation of General Statutes §§ 9-359, 9-359a, 14-227a, 53-21 (a) (2), 53a-56b, 53a-60 (a) (6), 53a-60d, 53a-70a, 53a-70b, 53a-71 (except as provided in General Statutes §§ 54-56e (c) (5)), 53a-72a, 53a-72b, 53a-90a, 53a-196e, or 53a-196f;
  - (D) a crime or motor vehicle violation that caused the death of another person;
  - (E) a family violence crime as defined in General Statutes § 46b-38a if:
    - (i) I am eligible for the pretrial family violence education program under General Statutes § 46b-36c, or
    - (ii) I have already had the pretrial family violence education program;
  - (F) a violation of General Statutes §§ 21a-267 or 21a-279 if:
    - (i) I am eligible for the pretrial drug education and community service program under General Statutes § 54-56i, or
    - (ii) I have already had the pretrial drug education program or the pretrial drug education and community service program;
  - (G) a motor vehicle violation, while, at the time of the violation:
    - (i) I was operating a commercial vehicle as defined in General Statutes § 14-1, or
    - (ii) I held a commercial driver's license or commercial driver's instruction permit; or
  - (H) a violation of General Statutes §§ 53a-122 or 53a-123 (a) (4) while I was a provider or vendor taking part in the state's Medicaid program.
- 2. If the offense(s) that I am charged with are a class C felony or are a violation of General Statutes § 53a-71 (a) (1), where I was less than four years older than the other person, there is good cause for granting this application.
- 3. I have never been convicted of a crime or of a violation of General Statutes §§ 14-196, 14-215 (c), 14-222a, 14-224 (a), 14-224 (b) (1), 14-227a, 14-227m, or 14-227n (a) (1) or (2).
- 4. I give the state more time to prosecute me (the tolling of any statute of limitations and the waiver of the right to a speedy trial) for the offense(s) listed above, if I do not successfully complete this program.
- 5. I will give the victim(s) of these offense(s) notice of this Application so that the victim(s) will have an opportunity to tell the Court what they think about this application.
- 6. If this application is granted, I agree that any physical evidence being held by the police may, at the discretion of the Court, be returned to the rightful owner before the end of the case. I also agree that, if the case must eventually be tried, secondary evidence, such as photographs of the physical evidence, may be admitted into evidence instead of the physical evidence.
- 7. If this application is granted, I will pay the Court a participation fee of \$100, or, if I am ordered to take part in a Hate Crimes Diversion Program, a participation fee of \$425, except that, if I cannot pay or I am indigent, I will file with the Court an affidavit saying that I cannot pay or that I am indigent, and the Court may decide that I do not have to pay the program fee if it finds that I am unable to pay either the \$100 fee or the \$425 fee or that I am indigent. (Select one of the following)

	For Court Use Only
I plan to claim that I cannot pay or that I am indigent.	File date
I plan to pay the \$100 program fee or the \$425 program fee, if ordered to.	
I am or I am eligible to be represented by a public defender, so the court must waive the costs and fees.	

Military Status											
Have you ever served in the U.S. Armed Forces, including the Connecticut National Guard? No Yes, (if "Yes" specify):  I am an active member of the armed forces.											
I received an honorable or general under honorable conditions discharge or release from active service in the armed forces.											
I was discharged from active service in the armed forces less than honorably: (Specify)											
I received an other than honorable discharge, but have been <u>deemed eligible</u> for CT State Veterans benefits under General Statutes \$ 37,103 by a Foderal VA healthcare provider or the Department of Veterans Affairs Eligibility Qualifying Poviny Board											
Statutes § 27-103 by a Federal VA healthcare provider or the Department of Veterans Affairs Eligibility Qualifying Review Board.  I received an other than honorable discharge and have <u>not</u> been deemed eligible for CT State Veterans benefits by a Federal VA											
healthcare provider or the Department of Veterans Affairs Eligibility Qualifying Review Board.											
☐ I received a dishonorable or bad conduct discharge.											
By signing this form, I am saying that I understand all of the information included on this form, and I request that I be allowed into Accelerated Pretrial Rehabilitation under General Statutes § 54-56e.											
I have read the above	Signed (Defendant)		Date signed Consented to b		Consented to by (	y (Parent or Guardian)					
information and understand it.	<b>&gt;</b>										
Signed (Duly authorized person)			Print name			Date s	igned				
Oath  The defendant stated under penalties of perjury before me, duly designated by the clerk and authorized to administer oaths, that he or she never has never used this program before, that he or she used this program only once before for a misdemeanor or a motor vehicle violation that had a potential penalty of 1 year of imprisonment or less, and at least 10 years have gone by since that charge was dismissed, or that they are a veteran as defined in General Statutes § 27-103, and has only used this program once before.											
Signed (Assistant Clerk/Duly authorized	1 person)	Pri	Print name			Date signed					
First Order of the Cou	ırt										
The Application is denie	d.										
_		§ 54-56e	was taken (Se	elect one):							
☐ The defendant's oath under General Statutes § 54-56e was taken <i>(Select one)</i> : ☐ In open court.											
Outside of court by a person designated by the clerk and duly authorized to administer oaths.											
The Application is <b>continued</b> to the Court Hearing Date listed below, and the defendant is referred to the Court Support Services Division for a determination of eligibility and a confirmation of inability to pay or indigency if the defendant has filed an affidavit claiming an inability to pay or indigency. The defendant must also send notice to any victim(s) of his or her offense(s) telling them of the opportunity to tell the Court whether they think the Court should grant the application. This notice must be sent on form JD-CR-10 by Registered or Certified Mail on or before the Notice Date listed below.											
The Court further orders	the court file sealed a	s to the p	public.								
Court hearing date and time	Notice date	Signed (Ju	udge or Assistant (	Clerk)			Date signed				

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