

MOTION FOR SUSPENSION OF PROSECUTION AND ORDER OF TREATMENT - ALCOHOL OR DRUG DEPENDENCY

JD-CR-90EL Rev. 10-97
17a-696

INSTRUCTIONS

TO DEFENDANT: Forward original to Clerk of Court and send a copy to the state's attorney.

TO CLERK: Send a copy of the final court order granting or denying the motion to the Office of Adult Probation and the DMHAS treatment facility

SUPERIOR COURT DOCKET NO.

TO: The Superior Court of the State of Connecticut

FROM (Name of Defendant)	ADDRESS OF DEFENDANT (Number, Street, Town)
JUDICIAL DISTRICT OR G.A.	ADDRESS OF COURT
CRIME(S) CHARGED AGAINST DEFENDANT (Name and Statute No.)	

MOTION (To Be Completed by Defendant)

I, the undersigned Defendant, hereby make the following statements:

1. I AM NOT CHARGED WITH SEEK WAIVER OF MY INELIGIBILITY BECAUSE OF BEING CHARGED WITH a violation of Section 14-227a or Section 53a-60d of the General Statutes or with a class A, B or C felony.

2. I WAS NOT PREVIOUSLY ORDERED TREATED SEEK WAIVER OF MY INELIGIBILITY BECAUSE I WAS PREVIOUSLY ORDERED TREATED under the provisions of subsection (i) of Section 17-155y, Section 19a-386 or Section 21a-284 of the General Statutes, revised to 1989 or section 17a-696.

3. I agree, with respect to the Crime(s) Charged above, to the tolling of the statute of limitations during the period of any suspension granted and waive the right to a speedy trial.

4. I was an alcohol-dependent or drug-dependent person at the time of the Crime(s) Charged above.

5. I agree to give notice of this motion to the victim(s) of said crime(s) so that the victim(s) will have an opportunity to be heard in this matter.

6. I agree that (a) prosecution may be suspended for a period not exceeding two years, (b) during said period I shall be placed in the custody of the Office of Adult Probation for treatment of alcohol or drug dependency, and (c) the court or the Office of Adult Probation may require me to (1) comply with the conditions specified in subsections (a) and (b) of Section 53a-30 of the General Statutes and (2) be tested for use of alcohol or drugs during the period of suspension.

7. I agree, if this motion is granted, to pay to the court forthwith an administration fee of \$25, unless such fee is waived. I understand that the court may waive the administration fee if it finds that I am indigent or unable to pay the \$25 administration fee. ("X" one of the following)

I intend to claim indigency or inability to pay.
 I intend to pay the \$25 administration fee.

WHEREFORE, the undersigned moves that the prosecution of the above Crime(s) Charged be suspended and that I be ordered treated for alcohol or drug dependency.

I have read the above and understand it. I agree to the foregoing statements.	SIGNED (Defendant)	DATE SIGNED
CONSENTED TO BY (Parent or guardian if minor)	SIGNED (Attorney for Defendant)	

1st ORDER

The foregoing motion is denied.
 The foregoing motion is continued to the following Court Date, so that the defendant may notify the victim(s) of the opportunity to be heard on this matter. *Notice to the Victim(s) must be given on form JD-CR-89 by Registered or Certified Mail on or before the Notice Date indicated below.*

COURT HEARING DATE AND TIME	NOTICE DATE	SIGNED (Judge or Assistant Clerk)	DATE SIGNED
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2nd ORDER (if applicable)

The foregoing motion is denied.
Due notice to the victim(s) having been given, the court finds that the defendant was an alcohol-dependent or drug-dependent person at the time of the crime(s) charged, the defendant presently needs and is likely to benefit from treatment for the dependency, suspension of prosecution will advance the interests of justice, the motion is granted; the prosecution is suspended and the case is continued to the below date; and the defendant is released to the custody of the Office of Adult Probation for treatment for alcohol or drug dependency for the Period of Probation specified below, subject to the following conditions and payment of the administration fee and cost of treatment ordered unless waived below.

The court, having found that the defendant has an estate insufficient to provide for the defendant's support and that there is no person legally liable or able to support the defendant,

Waives the payment of the \$25 administration fee.
 Waives the payment of the cost of treatment.
 Other (Specify):

CASE CONTINUED TO (Date and Time)
PERIOD OF PROBATION (Not to exceed two years)

CONDITIONS OF PROBATION:
1. The defendant shall be tested, as the probation officer deems appropriate, for use of alcohol or drugs.
 2. **OTHER CONDITIONS SPECIFIED ON ATTACHED SHEET.**

BY THE COURT (Name of Judge)	SIGNED (Assistant Clerk)	DATE SIGNED
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