APPLICATION FOR ACCELERATED PRETRIAL REHABILITATION

JD-CR-9 Rev. 10-24 C.G.S. § 54-56e; P.B. § 39-33; P.A. 24-20 § 25 For information on ADA accommodations, contact the Centralized ADA Office at 860-706-5310 or go to: www.jud.ct.gov/ADA/



This form is available in other language(s).

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 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 Connect
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GA/JD number	Address of Court				Docket number
Name of defendant Address of defendant (Number, street, apartment number, town, and a				code)	
Alias/Maiden name of defendant		Telephone number of defendant		CMIS case number	
Offense(s) charg	ged		E	-mail ad	dress 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) or (2) 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) (3) 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, 14-227m, 14-227n, 15-132a, 15-133, 15-140n, 53-21 (a) (2), 53a-56b, 53a-60 (a) (6), 53a-60d, 53a-70, 53a-70a, 53a-70b, 53a-71 (except as allowed in #2 below), 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, 21a-279 or 21a-279a if:
 - (i) I am eligible for the pretrial drug education and community service program under General Statutes § 54-56i, or the pretrial drug intervention and community service program under General Statutes § 54-56q or
 - (ii) I have already had the pretrial drug education program, the pretrial drug education and community service program or the pretrial drug intervention 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 learner's permit; or
 - (H) a violation of General Statutes §§ 53a-122 or 53a-123 (a) (3) 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, 14-227n (a) (1) or (2), 15-132a, 15-133, or 15-140n.
- 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 send the victim(s) of these offense(s) notice of this Application on the *Notice of Application for Accelerated Pretrial Rehabilitation*, form JD-CR-10, by Registered or Certified Mail, so that the victim(s) will have an opportunity to tell the Court if they agree with this application.

6.	If this application is granted, I will pay the Court a participation fee of \$100, or, if I am ordered to take pa	rt 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 the	nat I am unable to pay either the
	0400 () 0405 () 0 () 1 () 0	

\$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	the armed forces.	_	-		s, (if "Yes" specify):				
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 deemed eligible for CT State Veterans benefits under General									
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 sa Accelerated Pretrial Rehabil			tion included on this	i form, and I requ	uest that I be allowed into				
I have read the above information and understand it.	Signed (Defendant) ▶		Date signed	Consented to by (Pa	arent or Guardian)				
Signed (Duly authorized person)		Print name	1		Date signed				
never has never used this pro violation that had a potential p or that they are a veteran as o	enalty of 1 year of impriso	onment or less, and	d at least 10 years ha	ve gone by since					
Signed (Assistant Clerk/Duly authorized	d person)	Print name			Date signed				
First Order of the Cou	urt								
The Application is denie	ed.								
	nder General Statutes § 54	1-56e was taken <i>(</i> \$	Select one):						
In open court.									
	Outside of court by a person designated by the clerk and duly authorized to administer oaths.								
The Application is continued 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	s the court file sealed as to	the public.							
Court hearing date and time	Notice date Sig	ned (Judge or Assistan	t Clerk)		Date signed				

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