**UNDER 21 MOTOR VEHICLE/UNDERAGE DRINKING PROGRAM APPLICATION**
JD-CR-173 New 10-16
P.A. 16-182

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

**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*.

**Instructions To Person Filling Out This Application**
*1. Fill out the Application and sign it.*
*2. File the original with the Clerk of the Court, and keep a copy for your records.*
*3. Send a copy to the prosecuting attorney (the State's Attorney for your case).*

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

| GA/JD number | Address of court | Docket number |
|---|---|---|
| | | |

| Name of defendant | Address of defendant *(Number, street, apartment number, town, and zip code)* | | |
|---|---|---|---|
| Alias/Maiden name of defendant | Telephone number of defendant | Operator's license number | Issuing state |

Offense(s) charged

I am charged with the offense(s) listed above, and I ask that I be allowed into the Under 21 Motor Vehicle/Underage Drinking Program. I agree with the following statements:

1. I am under twenty-one years of age.
2. I am charged with one or more of the following: a motor vehicle violation, or a violation of section 30-88a, 30-89a, or 30-89(a) or (b) of the Connecticut General Statutes.
3. I am not charged with a motor vehicle violation that caused serious injury or death.
4. I am not charged with a violation of section 14-227a or 14-227g of the Connecticut General Statutes.
5. If I am charged with a motor vehicle violation that is classified as a felony, there is good cause for allowing me into this program.
6. I have not used this program before.
7. **I will attend one (1) forum (meeting) within nine months of the court allowing me into this program** to hear from victims who have been affected by underage drinking, drunk driving, distracted driving, or other motor vehicle violations.

I give my permission to the Court Support Services Division (CSSD) to get information about whether I was allowed into this program before so that CSSD can tell the court whether I am eligible for this program.

**By signing this form, I am saying that I understand all of the information above, and I request that I be allowed into the Under 21 Motor Vehicle/Underage Drinking Program under Public Act 16-182.**

| I have read this entire application, and I understand it. | Signed *(Defendant)* ▶ | Date Signed | Signed *(Parent or Guardian if under 18)* |
|---|---|---|---|

## First Order of the Court

☐ The application is **denied**.

☐ The Application is **continued** to the date listed below and the defendant is referred to the Court Support Services Division for a determination of eligibility.

| **Case Continued To** *(Date and time)* | Signed *(Judge, Magistrate, Assistant Clerk)* | Date Signed |
|---|---|---|
| | | |

Print Form  Reset Form