

**PRETRIAL DRUG INTERVENTION AND  
COMMUNITY SERVICE PROGRAM  
REQUEST FOR REINSTATEMENT**

JD-CR-196 New 4-22  
Spec. Sess. P.A. 21-1 § 166

*This form is available  
in other language(s).*

STATE OF CONNECTICUT  
**SUPERIOR COURT  
JUDICIAL BRANCH**  
www.jud.ct.gov



**Instructions to defendant:**

1. File the original of this application with the Clerk of Court.
2. Send a copy to the prosecuting attorney.

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

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

Judicial District GA 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	E-mail address of defendant	Telephone number of defendant	CMIS case number
Offense(s) charged			

**Request for Reinstatement**

I was placed in the Drug Intervention and Community Service Program before. I did not successfully complete that program, and the court terminated (ended) my participation in the program.

I ask the court to reinstate me (put me back into) the Pretrial Drug Intervention and Community Service Program.

This is the  First  Second time that I am asking the court to reinstate me into this program.

If the court grants my request, I understand that I must pay a non-refundable program fee of \$250 if the court orders me to take part in the drug education component, or the cost of substance use treatment if the court orders me to take part in the substance use treatment component, unless the court waives this fee or cost.

- I plan to pay the costs and fees; or
- I am or I am eligible to be represented by a Public Defender, so the court must waive the fee; or
- I cannot afford the program costs and fees, and ask the court to waive the costs and fees.  
(You must file an Affidavit of Indigency - Fee Waiver, Criminal, form JD-AP-48, if you select this option.)

Signed (Defendant)	Print name	Date signed
--------------------	------------	-------------

**Order of the Court** (Select all that apply)

The application for reinstatement is:

- Denied**, and the court file is ordered to be unsealed, a plea of not guilty entered, and the case is to be placed on the trial list immediately, if not already done so.
- Granted**, subject to confirmation of the defendant's eligibility for reinstatement. The court orders the court filed sealed as to the public, refers the defendant to CSSD for confirmation of eligibility, and orders CSSD to refer the defendant to the Department of Mental Health and Addiction Services, the Connecticut Department of Veterans Affairs, the United States Department of Veterans Affairs, or a state-licensed substance use treatment provider for the appropriate program component.

The non-refundable reinstatement fee of \$250, if CSSD directs the defendant to attend the drug education component of the program, or the costs of substance use treatment, if CSSD directs the defendant to attend the substance use treatment component:

- Shall be paid**, in full, by the defendant. If the defendant has filed an Affidavit of Indigency - Fee Waiver, Criminal form, the court **denies** the application for waiver of fees.
- Are waived** because the court finds that the defendant is indigent and unable to pay or because the defendant is or is eligible to be represented by a Public Defender. *This fee waiver does not apply to any fees or costs for any program component CSSD allows the defendant to participate in in another state.*

Case continued to (Date and time)	Signed (Judge, Assistant Clerk)	Date signed
-----------------------------------	---------------------------------	-------------