STATE OF CONNECTICUT
JUDICIAL BRANCH

NOTICE TO VICTIM - MOTION FOR SUSPENSION OF PROSECUTION, ORDER OF TREATMENT FOR ALCOHOL OR DRUG DEPENDENCY

JD-CR-89 Rev. 10-97 C.G.S. 17a-696

INSTRUCTIONS TO DEFENDANT

1. *Send the original to the victim by Registered or Certified Mail.*
2. *Forward a copy to the Clerk of Court.*
3. *Retain a copy for your records.*

TO: NAME, ADDRESS AND ZIP CODE OF VICTIM

Fold

	DOCKET NO.
FROM *(Name of Defendant)*	ADDRESS OF DEFENDANT *(Number, Street and Town)*
NAME OF JUDICIAL DISTRICT OR G.A. COURT	ADDRESS OF COURT
CHARGE(S) CHARGED AGAINST THE DEFENDANT	
COURT HEARING DATE AND TIME	STATE'S ATTORNEY *(Name and telephone number)*

NOTICE TO VICTIM

Please be advised that the above-named defendant has filed a motion for suspension of prosecution and an order of treatment for alcohol or drug dependency pursuant to section 17a-696 of the Connecticut General Statutes. The defendant is charged with the crime(s) stated above.

If the court grants the defendant's motion for suspension of prosecution and orders treatment for alcohol or drug dependency, prosecution shall be suspended for a period fixed by the court but no to exceed two years. During the period of suspension, the defendant shall be placed in the custody of the office of adult probation for treatment for alcohol or drug dependency and the court or the office of adult probation may require the defendant to comply with various conditions. If the period of suspension fixed by the court is satisfactorily completed, the above charges may be dismissed by the court.

As a "victim" of the above crime(s), you are entitled to this notice and the opportunity to be heard concerning whether the motion for suspension of prosecution and an order of treatment for alcohol or drug dependency should be granted to the defendant.

If you have any objections, you may appear at the above-named court on the court hearing date at the time shown above to be heard why the motion should not be granted to the defendant or you may submit your objection(s) in writing to the clerk's office at the above court address prior to the court hearing date and time. If you object in writing, please include a copy of this notice and explain the reasons for your objection(s).

You may call the office of the State's Attorney at the telephone number given above prior to the court hearing date and time to learn if there is any change in the date or time of said hearing.

SIGNED *(Defendant)*	DATE SIGNED

FOR COURT USE ONLY

FILE DATE

PRINT RESET