



WAIVER OF PRELIMINARY HEARING

STATE OF CONNECTICUT
BOARD OF PARDONS & PAROLES

BOPP 2084

REV

10/28/2019

1. Type or print legibly.
2. Mail or deliver a copy to the DOC PCS Parole Officer of record and any other parties of record, and complete the certification below.
3. Mail to: Revocations Unit, State of Connecticut Board of Pardons and Paroles, 55 West Main Street, Suite 520, Waterbury, Connecticut, 06702, or email to BOPP.Revocations@ct.gov or fax to 203-805-6652

Offender Name	DOC Number
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I affirm that _____ (“client”) has agreed to waive his or her right to a preliminary hearing and concedes that there is probable cause to believe that he or she committed an act in violation of the conditions of parole or special parole. I further affirm that:

1. I have advised my client that he or she is charged with violating the conditions of parole or special parole;
2. I have advised my client of his or her constitutional rights, including, but not limited to, his or her right to a preliminary hearing; and
3. on _____ (date), my client knowingly, intelligently, and voluntarily agreed to waive his or her right to a preliminary hearing, concede probable cause, and the opportunity for release pending disposition of charges.

(Attorney Signature)

(Date Signed)

NAME OF FIRM OR INDIVIDUAL ATTORNEY	JURIS NUMBER
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Additional Comments (Reason for Waiver):

CERTIFICATION:

I hereby certify that a copy of this document was mailed or delivered on (date) _____ to all parties of record:

Name and address of each party that a copy was mailed or delivered to:

SIGNED	PRINT NAME OF PERSON SIGNING	DATE SIGNED
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*If necessary, attach an additional sheet or sheets with the name(s) of each party served and the address which service was made.