



DIVISION OF PUBLIC DEFENDER SERVICES
State of Connecticut

OFFICE OF THE PUBLIC DEFENDER
PAROLE REVOCATION UNIT
55 WEST MAIN STREET, SUITE 430
WATERBURY, CT 06702

ATTORNEY ELISA VILLA
SUPERVISORY ASSISTANT PUBLIC DEFENDER
TEL: (203) 596-4370
FAX: (203) 574-0038

REQUEST FOR REPRESENTATION

I, _____, understand that I am facing a parole violation allegation and request that the Office of Public Defender, Parole Revocation Unit provide me with legal representation in proceedings with my parole officer and the Board of Pardons and Paroles. I authorize the Parole Revocation Unit to access any and all information pertaining to me and my case in the possession of the Connecticut Board of Pardons and Paroles, to speak on my behalf, and advocate for my legal rights before the Board. I understand that this is a pilot program and that representation is provided within the available resources of the Division of Public Defender Services

I certify that I am incarcerated and (check one):

I am currently receiving public defender services in the _____ jurisdiction;

I was represented by the public defender in _____ jurisdiction on the case for which I am currently under parole supervision;

I have filled out the attached application for public defender services and certify that all information contained therein is true.

I decline representation by the Office of the Public Defender for my pending parole revocation matter.

Signature

Date