

**DISTRICT ATTORNEY'S OFFICE
COUNTY OF PERRY**

COMMONWEALTH OF PENNSYLVANIA

V.

DOCKET NO. _____

APPLICATION FOR ACCEPTANCE INTO THE ARD PROGRAM

1. CONTACT & CASE INFORMATION

NAME: _____ Date of Birth: _____

ADDRESS: _____

PHONE #: _____

EMAIL: _____

ATTORNEY: _____ Phone #: _____

CRIMINAL CHARGES: _____

ARRESTING OFFICER: _____

Do you read, write and understand the English language? Yes No

If no, what is your preferred language? _____

Do you require the services of an interpreter? Yes No

2. PRIOR RECORD INFORMATION

Have you ever been convicted of a crime in Pennsylvania, in any other state, in any federal court, in a court martial or in any foreign jurisdiction, regardless of whether the conviction was expunged, "sealed" or otherwise stricken from the court records? Do not include traffic or Vehicle Code offenses that are not misdemeanors or felonies.

Yes No

If yes, list the charges you were convicted of, approximate date of conviction and the sentence you received.

Have you ever been charged with a crime in Pennsylvania, any other state, any federal court, a court martial or in any foreign jurisdiction and received ARD, probation without verdict, conviction or adjudication or any other type of diversionary program or treatment program where you were monitored by the court or a probation department for a period of time, or were required to complete treatment or attend classes, and did not receive a criminal conviction upon completion of the program or treatment/classes?

Yes No

If yes, list the criminal charges you received and approximate date of ARD or other non-conviction disposition of the charges.

3. DOMESTIC INFORMATION

What is your marital status? _____

List how many children you have and their ages. _____

List all persons living with you and their relationship to you. _____

Did you ever obtain a driver's license from a state other than Pennsylvania?

_____ Yes _____ No

If yes, list the state(s) including driver's license number, if known. _____

4. EDUCATION

What is the highest level of education you completed? _____

Do you hold any degrees and/or professional licenses? _____ Yes _____ No

If yes, please list your degrees and/or professional licenses and the year it was obtained.

5. EMPLOYMENT

Are you employed? _____ Yes _____ No

If yes, list the following:

Name of your employer _____

Position/Job Title _____

Employer Address _____

Number of Years Employed by this Employer _____

List any additional information you would like us to know about your occupation/work history:

6. MILITARY SERVICE

Are you a veteran? Yes No

If yes, please list the following:

Branch of Service: _____

Length of Time Served: _____

Highest Rank Obtained: _____

Type of Discharge: _____

7. EXPUNGEMENT & SUBSEQUENT OFFENSES
(DUI & RETAIL THEFT CASES ONLY)

Do you agree that if you are applying for entry into the ARD program for a DUI (75 Pa.C.S. § 3802) offense, that this ARD will count as a “prior offense” under 75 Pa.C.S. § 3806, and that you will have enhanced criminal penalties for any DUI offenses that occur within 10 years of your acceptance into the ARD program?

Yes No

Do you agree that if you are applying for entry into the ARD program for a Retail Theft (18 Pa.C.S. § 3929) offense, that this ARD will count as a prior offense under 18 Pa.C.S. § 3929(b.1) and that you will face higher maximum sentences and possibly higher criminal penalties for any future Retail Thefts?

Yes No

Do you agree that this ARD application will not be subject to any future expungement orders directing that the records of this court case be expunged if you successfully complete the ARD program, and that the District Attorney’s Office may share this application with police departments and prosecutor offices if you are charged with new crimes in the future?

Yes No

9. RULE 600 WAIVER

I understand that in accordance with Rule 600 of the Pennsylvania Rules of Criminal Procedure, I am generally entitled to have my trial begin within 365 days from the date of filing of the Criminal Complaint. I am aware that under Rule 600 the charges may be dismissed if my trial does not commence on or before the 365th day. I understand that any time my case is delayed at my request is excluded from the calculation of the 365th day. I also understand that by requesting ARD I am asking that my case be removed from the normal scheduling of criminal cases in the Court of Common Pleas of the 41st Judicial District.

I understand that any time I spend in either the ARD or the Pre-ARD program (if applicable) will not count toward the 365 days in which the District Attorney's Office is required to bring my case to trial. I hereby waive my speedy trial rights under Rule 600 for any time I spend in the ARD and/or Pre-ARD program.

Signature of Defendant

Date

Signature of Attorney

Date

10. VERIFICATION

I hereby affirm that the statements provided in this Application for Acceptance Into the ARD Program are truthful, honest and correct to the best of my knowledge, information and belief. I understand that dishonest, incomplete or misleading answers will make me ineligible for ARD and may lead to subsequent criminal prosecution. I understand that intentionally false or misleading answers are a crime punishable by law pursuant to 18 Pa.C.S. § 4904 (Unsworn Falsifications to Authorities).

Signature of Defendant

Date