

COMMONWEALTH OF PENNSYLVANIA

v.

: IN THE COURT OF COMMON PLEAS
: OF PERRY COUNTY, PENNSYLVANIA :
: CRIMINAL DIVISION
:
: NO.: _____ OF 20 _____
: OTN: _____

APPLICATION FOR ACCELERATED REHABILITATIVE DISPOSITION

Application is hereby made for disposition of this case under the Accelerated Rehabilitative Disposition Program. To assist the District Attorney's Office in evaluating the suitability of this case for the ARD Program, the following information is provided:

INSTRUCTIONS: Answer all questions that apply. If a question does not apply, answer it with the initials "N.A"

1. Full Name of the defendant: _____
2. Maiden Name of defendant; or other names previously used: _____
3. Date of Birth: _____ Social Security Number: _____
4. Driver License Number: _____ State Issued: _____
5. Present Address: _____
City: _____ State: _____ Zip Code: _____
Phone (Home) () _____ (Work) () _____
6. Previous Addresses and length of time at each (go back 10 years): _____

7. Present Employment:
Name of your employer _____
Position/Job Title _____
Employer address _____
Number of Years Employe by this Employer _____

8. 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: _____

9. Education-Schools and Highest Year attained:

10. 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? _____

11 Criminal Record.

A. Have you ever been found guilty or pleaded guilty or no contest to any criminal violation of any kind in any court other than summary offenses, whether in Pennsylvania or anywhere else? If so, explain giving date, place, charge(s), and disposition: _____

B. Do you have any other pending criminal charge(s) or have you ever been placed on ARD or a similar program in any other jurisdiction? If so, explain giving date, place, charges and disposition: _____

C. If charged with Driving Under the Influence: Have you ever been adjudicated a delinquent or entered into a consent agreement as a juvenile after being charged with Driving Under the Influence of Alcohol? If so, explain, giving details:

11. Explanation of your present case, including all details (use reverse side if needed): _____

12. Personal Statement:

13. Expungement and Subsequent Offenses (DUI and Retail Theft Cases Only):

A. 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

B. 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

C. 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 and related file materials with police departments and prosecutor offices if you are charged with new crimes in the future?

_____ Yes _____ No

14. By applying for ARD and by signing this application I acknowledge, certify, and understand each of the following rights and responsibilities:

A. I have been advised and I understand that I have a constitutional right to a speedy trial; that pursuant to Pa.R. Crim. P. 600, the Commonwealth must bring my case to trial within 365 days from the date of the filing of the Criminal Complaint charging me. If my case is not brought to trial within 365 days from the filing of the Criminal Complaint, I understand I can ask the Court to dismiss all charges against me. Furthermore, I understand that in the event I am incarcerated on these charges, the Commonwealth must bring my case to trial within 180 days from the date of the filing of the Criminal Complaint, if the Commonwealth fails to do so, I can ask the Court for nominal bail.

B. I hereby waive (give up) all of my constitutional rights to a speedy trial as set forth from the date I sign this Application until I either complete the ARD Program or am revoked from it, should I violate the conditions the Court imposes on me. In the event my Application for ARD is denied, I waive (give up) all of my constitutional rights to a speedy trial as set forth from the date I sign this Application until the last scheduled day of the term of Criminal Court next following the date of my rejection. I have been advised and I understand that by signing this waiver I am waiving (giving up) any and all rights I may have to be tried within 180th (if in jail) or 365th day following the filing of the Criminal Complaint against me. I am signing the waiver because I understand it is to my benefit to do so and to allow the District Attorney as much time

as he needs to evaluate my suitability for the ARD Program. I have not been made any promises, nor have I been forced or coerced to sign this waiver.

- C. I understand I have the right to be represented by an attorney on my charge(s) and also in connection with my ARD Application. If I cannot afford counsel, the Court will provide me free counsel through the Perry County Public Defender's Office.
- D. **It is my responsibility to notify the District Attorney's Office, in writing, of my arrest and/or conviction for any offense occurring after this Application is made and before it is rejected or I am accepted into the Program by the Court. Failure to comply with this requirement is grounds for rejection of the Application and/or may be treated as a false statement subjecting me to prosecution and/or for removal from the Program.**
- E. If charged with Driving Under the Influence: I understand that it is my responsibility to arrange for a CRN evaluation. I understand that I cannot be placed in the ARD Program unless such evaluation is completed. I further understand that I am to contact the Perry County Adult Probation Office at (717)582-5125 between 8:00 a.m. and 4:00 p.m. to arrange an appointment.
- F. I acknowledge that I have completed (or will complete prior to my ARD hearing) all processing (e.g. Fingerprinting, etc.) required by me. I understand that failure to do so may delay my acceptance into the program.
- G. The information I have provided above is true and correct. I understand if I have provided false information on this Application, that reason alone is sufficient to refuse this Application. In addition, I understand that by providing false information I can be prosecuted for offenses including, but not limiting to, perjury, false swearing and/or unsworn falsification to authorities.

DATE: _____ DEFENDANT: _____

DATE: _____ ATTY. FOR DEFENDANT: _____
Please Print

DATE: _____ WITNESS*: _____

*When defendant has no attorney