

IN THE COURT OF COMMON PLEAS OF THE 44TH JUDICIAL DISTRICT
WYOMING COUNTY - CRIMINAL BRANCH

COMMONWEALTH OF PENNSYLVANIA :
 :
 Vs :
 :
 :
 :
 : No:
 :
 _____ :
 Defendant :

APPLICATION FOR ACCELERATED REHABILITATIVE DISPOSITION

NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

EMPLOYMENT: _____

HOURLY WAGE/SALARY: _____

CRIME CHARGED: _____

If DUI, what was the B.A.C.? _____

Was there an accident? Yes_____ No_____

Was there a passenger under the age of 14 in the vehicle? Yes_____ No_____

ATTORNEY: _____ PHONE: _____

ADDRESS: _____

PRIOR CRIMINAL AND JUVENILE HISTORY

❖ Do you have any prior criminal or juvenile history? Yes_____ No_____

Crime

State

Year

Sentence

❖ Have you been ever admitted to ARD, consent decree, or a similar program? Yes_____ No_____

Crime State Year

❖ Do you have any pending criminal or juvenile charges? Yes_____ No_____

Crime State Year

CONSTITUTIONAL AND PROCEDURAL WARNINGS

1. Do you understand that you have the right to remain silent and that anything you say or do can be used against you? Yes_____ No_____

2. Do you understand you have the right to a lawyer and if you cannot afford one, one can be appointed at no cost? Yes_____ No_____

3. Do you understand you have the right to speak to a lawyer before completing and submitting this application? Yes_____ No_____

4. I agree that by submitting this application I waive my rights to a speedy trial under the U.S. and Pennsylvania Constitutions and Rule of Criminal Procedure 600, for an additional 180 days from and after the expiration of the original Rule 600 term. _____
Initials

5. I understand the ARD program may include the following requirements: payment of costs, fees and restitution; drug testing; community service; evaluation and counseling; safe driving school; refrain from use of alcohol, mind and mood altering substances, and non-prescription drugs. _____
Initials

6. I understand if I violate and am removed from the ARD program, I will be prosecuted for these charges, where I will have to plead guilty to one or more charges or go to trial. _____
Initials

7. I understand if I fail to complete this application fully and truthfully, or withhold and information, it may be denied. _____
Initials

8. I understand agree that if any charges are removed or withdrawn by the Commonwealth, they can be added to an amended information by the Commonwealth without the need to file a motion in the event I violate the ARD program or if this case goes to trial. _____
Initials

By signing this application, I affirm I have provided true and accurate information and that any false statements or answers intended to mislead the District Attorney or Adult Probation are subject to the penalties of Unsworn Falsification to Authorities 18 Pa. C.S.A. 4904, which is punishable as a misdemeanor of the second degree, with a possible maximum fine not exceeding \$5,000.00 and imprisonment not exceeding two (2) years, or both.

Defendant _____
Date

FOR DISTRICT ATTORNEY USE ONLY

Application is: Approved _____ Disapproved _____

Restitution: _____ Payable to: _____

Treatment/Counseling: _____

Other Conditions: _____

Jeffrey Mitchell, Esquire _____
Date
Wyoming County District Attorney

Timothy J. Carroll, Esquire _____
Date
Assistant Wyoming County District Attorney