

COM. VS. _____ CR _____

DEFENSE ATTORNEY/ADDRESS & PHONE: _____

**APPLICATION FOR ACCELERATED REHABILITATIVE
DISPOSITION PROGRAM**

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHONE #: _____ DOB: _____ LAST 4 DIGITS OF SS# _____

DEFENDANT'S E-MAIL ADDRESS _____

HISTORY OF PRESENT CRIMINAL PROCEEDING

PRESENT CHARGE: _____

DATE OF COMPLAINT: _____

PROSECUTING/POLICE DEPT: _____

PRELIMINARY HEARING DATE: _____

MARITAL AND FAMILY STATUS

MARITAL STATUS: MARRIED SINGLE DIVORCED WIDOWED SEPARATED

OCCUPATION: _____ EMPLOYER: _____

EDUCATION

HIGHEST LEVEL OF EDUCATION COMPLETED: _____

DRIVER'S LICENSE STATE & # _____

FOR DUI APPLICANTS ONLY

Defendant is charged with a DUI-related offense and has scheduled an appointment with Drug and Alcohol Treatment Services, 441 Wyoming Ave., Scranton, PA 18503. Call (570) 344-3877 or (570) 344-3878 for a CRN evaluation:

DATE OF APPOINTMENT: _____ BLOOD TEST: YES NO

Applicant was never convicted of a criminal offense in the Commonwealth of Pennsylvania or any other state in the United States and has not been an applicant of an ARD within the last ten years.

Applicant is represented by counsel and has been advised thoroughly of the Accelerated Rehabilitative Disposition Act OR Applicant represents himself/herself and has been advised thoroughly of the Accelerated Rehabilitative Disposition Act, in that:

a. Acceptance into & satisfactory completion of the Accelerated Rehabilitative Disposition Program offers me an opportunity to earn a dismissal of the charges filed against me;

b. Should I fail to complete the program satisfactorily, the Commonwealth may proceed on the charges as provided by law;

c. Your applicant agrees that by application into the program, he/she waives the appropriate Statute of Limitations and their right to a speedy trial under any applicable federal or state constitutional provisions, statutes, or rules of Court during the period of enrollment in the program;

d. I agree to abide by whatever conditions the presiding Judge imposes upon me;

e. The period of the program can range from six months to two years.

My application for ARD will be rejected or I will be terminated from the ARD program if there are newly-discovered facts. The applicant understands that the District Attorney will be the sole decision maker as to what constitutes newly discovered facts or facts not brought forth.

WHEREFORE, your applicant respectfully requests the District Attorney of Lackawanna County to consider him/her for acceptance into the Accelerated Rehabilitative Disposition Program.

NOTICE TO APPLICANT: SECTION 4903 of the Crimes Code provides that "A PERSON WHO MAKES A FALSE STATEMENT UNDER OATH.... IS GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE (Fine not exceeding \$5,000.00 and/or a term of imprisonment of not more than two (2) years), IF THE FALSIFICATION IS INTENDED TO MISLEAD A PUBLIC SERVANT IN PERFORMANCE OF HIS OFFICIAL FUNCTION."

DATE: _____
Applicant

DATE: _____
Defense Attorney

COMMONWEALTH OF PENNSYLVANIA

VS.

: IN THE COURT OF COMMON PLEAS

: OF LACKAWANNA COUNTY

: CRIMINAL DIVISION

RULE 600 WAIVER

I have been advised and understand that pursuant to Rule 600 of the Pennsylvania Rules of Criminal Procedure I must be brought to trial within three hundred sixty-five (365) days from the date the Criminal Complaint was filed.

I am aware that the charges filed against me may be dismissed if my trial does not commence on or before the 365th day or within any additional time that may be allowed to the Commonwealth under the provisions of Rule 600.

I have been advised and understand that by signing this "Waiver" I am waiving or giving up my right to be tried within 365 days from the date the Criminal Complaint was filed in this matter against me.

I have not been made any promises, nor have I been forced to sign this waiver. I read and write the English language. I have attended school to the level shown on the first sheet of this application.

I hereby expressly waive my rights under Rule 600 as of today until my case is disposed of by trial, plea, ARD, or settled pursuant to Rule 314.

CHECK ONE:

() I have reviewed the "waiver" with my attorney and he/she has advised me as to any rights which I am waiving at this time.

() I do not have an attorney and I do not wish to consult an attorney; however, I completely understand what rights I am waiving at this time.

Signature of Defendant

Date

Signature of Defense Attorney

Date

Signature of Commonwealth's Attorney

Date

COMMONWEALTH OF PENNSYLVANIA

**: IN THE COURT OF COMMON
PLEAS**

VS.

**: OF LACKAWANNA COUNTY -
CRIMINAL**

:

**PAYMENT NOTICE
FOR ADMITTANCE INTO THE
LACKAWANNA COUNTY
ACCELERATED REHABILITATIVE DISPOSITION PROGRAM**

**I understand that a fee of \$1,523.50 is required for the ARD
program. You will receive a letter explaining the payment process in
detail if your case is approved for ARD.**

Signature of Defendant

Date

Signature of Defense Attorney

Date