

INSTRUCTIONS FOR ALL ARD APPLICANTS

1. Complete the attached application in full. Incomplete applications will be rejected.
2. Attach a copy of the criminal complaint and return it to the District Attorney's Office at 201 Market Street, Sunbury, PA 17801, for review and submission.
3. All DUI offenders must complete a C. R. N. evaluation prior to placement. Contact the DUI Coordinator at 570-495-2210 to set up or confirm this evaluation. Delay or failure to do so may result in denial of your application.
4. All applicants with a second or subsequent DUI offense, with a BAC of 0.16% or greater, or those who had a controlled substance in their system at the time of their arrest must complete a Drug and Alcohol assessment in addition to the C. R. N. evaluation. Contact Northumberland County Drug and Alcohol Department at 570-495-2154 to set up or confirm this appointment. Delay or failure to do so may result in denial of your application.
5. All DUI offenders must surrender their driver's license on the day of ARD placement. Your license will be submitted to the Pennsylvania Department of Transportation (PennDOT) and a mandatory suspension will begin on that date. You are responsible for your own legal transportation home.
6. If you have any questions about the application, consult with your attorney.

ARD PLACEMENT DAY

1. You must appear at the designated courtroom on time.
2. Your attire should be appropriate for a Court appearance (no shorts, flip flops, tank tops, sleepwear, slippers, or other extremely casual attire).
3. The ARD placement involves numerous applicants. Plan on staying at the courthouse the entire morning. Arrange your schedule and plan your ride home accordingly.

**IN THE COURT OF COMMON PLEAS OF NORTHUMBERLAND COUNTY, PA
CRIMINAL LAW DIVISION**

COMMONWEALTH OF PENNSYLVANIA : CR:
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**REQUEST FOR ACCELERATED REHABILITATIVE DISPOSITION
TO THE DISTRICT ATTORNEY OF NORTHUMBERLAND COUNTY**

The Defendant requests that you submit to a judge empowered to try cases on Information the transcript returned by the issuing authority, the Information in this proceeding, and move that the case be considered for ARD.

I, _____, am aware of my right to a trial within 365 days of the filing of the criminal complaint. I am aware that my request to participate in the ARD program will delay the processing of the charges against me. If denied participation in the ARD program, or if revoked from the program, the Commonwealth will bring me to trial not later than 365 days, or 120 days if I am incarcerated, from the date that I am removed from the program. I specifically waive the statute of limitations and my constitutional right to a speedy trial, including my prompt trial rights pursuant to Rule 600 of the Pennsylvania Rules of Criminal Procedure, from the time my application is signed, while it is pending, and during any time I am in the ARD program. If I fail to complete the program successfully, I understand that I may be prosecuted on all charges pending against me in this case.

Defendant

Date

Attorney

Date

Application accepted by District Attorney: _____
Date

DUI charge: Yes _____ No _____ BAC _____

ARD APPLICATION FOR NORTHUMBERLAND COUNTY

Personal Information

Last name: _____ First name: _____ MI: _____

Maiden name: _____ Aliases: _____

Date of birth: _____ Age: _____ SSN: _____

Height: _____ Weight: _____ Hair color: _____ Eye color: _____

Address: _____

Cell phone: _____ Home phone: _____

Marital status: _____ Citizenship: _____

Employment Information

Employer: _____ Phone number: _____

Address: _____

Supervisor: _____ Start date: _____

Educational Information

Highest grade completed: _____ School: _____

Degree / Trade certification: _____

Prior Offense Information

Previous offenses (list all prior offenses, including juvenile, summary, misdemeanor, and felony charges, including out-of-state offenses):

| <u>Date</u> | <u>Offense</u> | <u>Location</u> | <u>Result</u> |
|-------------|----------------|-----------------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Offense Information

Date of offense: _____ Victim: _____

Co-defendants: _____

Charges (list all): _____

Defendant's version of the facts underlying the criminal charges:

I certify the above information is true, correct, and complete to the best of my knowledge. I understand that willful and false or misleading information may result in denial or revocation from the ARD program and that false statements herein are subject to the penalties of 18 Pa.C.S.A. §4904, relating to unsworn falsifications to authorities.

Defendant

Date

Witness

Date

Attorney for Defendant: _____