

IN THE COURT OF COMMON PLEAS OF CENTRE COUNTY, PENNSYLVANIA

COMMONWEALTH OF PENNSYLVANIA : OTN # \_\_\_\_\_

v : CP-14-CR- \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
(name of applicant)

**APPLICATION FOR ACCELERATED REHABILITATIVE DISPOSITION**  
**To the District Attorney of Centre County**

I, \_\_\_\_\_, defendant in the above- captioned case, request that the District Attorney of Centre County submit said case to a judge of the Court of Common Pleas of Centre County and move that it be considered for Accelerated Rehabilitative Disposition pursuant to Pennsylvania Rules of Criminal Procedure 310-320.

In order to be and remain eligible for the program and to take advantage of the expedited nature of the program, I understand that I shall: (1) apply for the program no later than the regularly scheduled preliminary hearing; (2) waive the preliminary hearing; (3) waive the right to speedy trial explained further below; and (4) waive the filing of a Criminal Information. I also agree to abide by the terms and conditions of bail, and refrain from the unlawful use and/or possession of controlled substances and agree to remain arrest free prior to my entry into the program and during my participation in the program. I understand that a failure to abide by any of these conditions will result in my ineligibility for the program and/or my revocation from the program.

I understand that under Rule 600 of the Pennsylvania Rules of Criminal Procedure I have a right to have my case tried within 365 days from the date of the filing of the Criminal Complaint. I hereby agree to waive this right from the date of this application until I complete the ARD program. If this application is rejected, I agree to waive my 365 day trial right from the date of this application until the completion of the term of court next following the date of my notice of rejection. I also understand that I have a right to be represented by an attorney.

In furtherance of this application I am submitting the information contained in the attached questionnaire with the intent that it be used by the District Attorney of Centre County to determine my eligibility for Accelerated Rehabilitative Disposition.

\_\_\_\_\_  
Signature of Defendant

\_\_\_\_\_  
Date

**To be completed by the District Attorney**

Approved  Denied

Received on: \_\_\_\_\_  
Restitution Due  YES  NO  
Municipal Fee  YES  NO

District Attorney Signature \_\_\_\_\_

Date \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING APPLICATION**

This application must be completed by the person named as the Defendant in the above-captioned case. Failure to complete all required ARD forms accurately will delay the processing of your ARD application, and will result in your ARD application being denied. If you are uncertain of any of the answers provided, please explain. False or misleading answers will result in the denial of your Application for Accelerated Rehabilitative Disposition as well as constitute a false statement subjecting you to further prosecution.

All questions must be answered fully and truthfully. **If this application contains false or misleading information, you will be prosecuted** and subject to the penalties of 18 Pa.C.S.A. § 4904, entitled Unsworn Falsification to Authorities.

Upon completion, this application should be forwarded to the District Attorney of Centre County, 106 East High Street, Room 302, Bellefonte, Pennsylvania, 16823.

**PERSONAL DATA**

Name	_____
Current Address	_____ _____
Permanent Address	_____ _____
Home Telephone Number	____ - ____ - ____
Work Telephone Number	____ - ____ - ____
Cell Phone Number	____ - ____ - ____
Email Address	_____
Social Security Number	____ - ____ - ____
Date of Birth	____ - ____ - ____
Place of Birth	_____

**PREVIOUS ADDRESSES**

List all addresses, other than those set forth above, where you have resided for the past ten (10) years:

Address	_____
Years of Residence	_____ To _____

Address	_____
Years of Residence	_____ To _____

Address \_\_\_\_\_

Years of Residence \_\_\_\_\_ To \_\_\_\_\_

Offense(s) for which Application for Accelerated Rehabilitative Disposition is made:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Offenses charged:

\_\_\_\_\_

Date of Offense(s) \_\_\_\_\_

Prosecuting Officer \_\_\_\_\_

**If an Application for Accelerated Rehabilitative Disposition is made for an offense of  
Driving Under the Influence, please answer the following:**

Did you submit to a blood, breath or urine test to determine your blood alcohol content? \_\_\_\_\_

If so, what was the result? \_\_\_\_\_

Were you involved in an automobile accident? \_\_\_\_\_

If so, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you were involved in an automobile accident, did any person other than yourself sustain any  
physical injury or property damage? \_\_\_\_\_

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAST CRIMINAL RECORD**

**WARNING - READ AND ANSWER QUESTION CAREFULLY**

Many ARD Applications are denied because the following QUESTION is not answered accurately. If you have any doubts as to whether something should be included in your answer to the following QUESTION, include it. Prior contact with the criminal justice system may not necessarily result in your ARD Application being denied. However, providing false, misleading, or incomplete information on your ARD Application will result in your ARD Application being denied, or your removal from the ARD Program, and will also result in your being charged and prosecuted for additional crimes, including but not limited to Unsworn Falsification to Authorities.

List **all** felony, misdemeanor and summary offenses for which you have ever been CHARGED:

- (1) in any state in the United States including Pennsylvania; or
- (2) involving federal laws and;
- (3) regardless of the final disposition of the case, including ARD and juvenile adjudications.

Include all charges, whether instituted by summons, arrest or citation. If a more serious charge was reduced to lesser charge this must be explained. Also include charges that were dropped, dismissed, or expunged.

1. Offense(s) \_\_\_\_\_

Place where offense filed: Court \_\_\_\_\_ State \_\_\_\_\_

Date of disposition \_\_\_\_\_

Disposition of offense(s): \_\_\_\_\_

2. Offense(s) \_\_\_\_\_

Place where offense filed: Court \_\_\_\_\_ State \_\_\_\_\_

Date of disposition \_\_\_\_\_

Disposition of offense(s): \_\_\_\_\_

3. List additional prior offenses below. Use extra sheets if necessary.

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**NOTICE TO DEFENDANT**

The statements herein are made subject to the penalties of 18 Pa.C.S.A. § 4904, Unsworn Falsification to Authorities, which provides, in part, that a person who makes any written false statement is guilty of a Misdemeanor of the Second Degree (fine not exceeding \$5,000 and/or a term of imprisonment of not more than two years), if the falsification is intended to mislead a public servant in performing his/her official function.

**AFFIDAVIT**

I, the undersigned, being duly sworn according to the law, depose and say that the facts stated in this application are true and correct to the best of my knowledge, information and belief. I certify that I am the named Defendant in this action and that I have personally filled out this application and I have personally signed the application below. I further acknowledge that the statements are presented to the District Attorney with the intent that they be used by her or her designee in the performance of her official duties or functions. I understand that my statements are made subject to the penalties of 18 Pa.C.S.A. § 4904, Unsworn Falsification to Authorities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant's Signature

**CERTIFICATION BY COUNSEL**

As the attorney for the above defendant, I verify that the defendant personally completed and signed this application. I have advised the defendant of his/her rights with respect to the charges against him/her. I have also advised the defendant of the contents and meaning of the explanation of the ARD Program and waiver of rights. I verify that it is my belief that the defendant understands the rights which he/she is waiving by applying for fast track ARD. I also verify that it is my belief that the defendant understands the contents and meaning of this application for admission into the ARD Program and the requirements of the ARD Program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Defendant's Counsel