

IN THE COURT OF COMMON PLEAS OF ARMSTRONG COUNTY, PENNSYLVANIA

COMMONWEALTH OF PENNSYLVANIA :
 :
 vs. : No. CP-03-CR-_____ -20_____
 :
 :
 _____ :
 Defendant :

**APPLICATION FOR ELIGIBILITY TO ENTER THE
ACCELERATED REHABILITATIVE DISPOSITION
(ARD) PROGRAM**

TO THE DEFENDANT:

The following questions are to be answered truthfully and fully and returned to the office of the District Attorney of Armstrong County to enable the District Attorney to determine your eligibility for consideration for Accelerated Rehabilitative Disposition.

YOU ARE ADVISED THAT ANY FALSE STATEMENT GIVEN IN ANSWER TO ANY QUESTION MADE WITH INTENT TO MISLEAD THE DISTRICT ATTORNEY'S OFFICE IS PUNISHABLE AS A MISDEMEANOR OF THE SECOND DEGREE, PUNISHABLE BY A FINE OF UP TO \$5,000.00 AND IMPRISONMENT OF UP TO TWO YEARS OR BOTH.

WRITE CLEARLY AND IN INK.

1. Name: _____
2. Attorney's Name (if applicable): _____
3. Date of Birth: _____
4. Address: _____

5. Social Security Number: _____
6. Home Phone: _____ Work Phone: _____
7. Present or Last Employer: _____

8. Length of Present or Last Employment:_____

9. HAVE YOU EVER BEEN ARRESTED FOR ANY CRIMINAL OFFENSE?

Yes: _____ No: _____

10. If answer to Question 9 is Yes, what offense(s) were you arrested for and where did the arrest take place?

11. Are you presently on parole or probation? _____

12. Are there any criminal charges pending against you in any other County or State?

Yes: _____ No: _____

13. Are you presently dependant upon or addicted to alcohol or drugs?

Yes: _____ No: _____

14. Are you presently enrolled in any treatment program for alcohol or drug dependency?

Yes: _____ No: _____

I verify that the statements of fact made in the foregoing Application for Eligibility for Admission to the Accelerated Rehabilitative Disposition Program are true and correct upon personal knowledge. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S.A. S4904 relating to unsworn falsification to authorities.

Date: _____

(Name of Defendant)

I, _____, waive the Statute of Limitations applicable to my criminal charges as well as my "speedy trial" rights under the federal and state constitutions and Pennsylvania Rule of Criminal Procedure Number 600.

I acknowledge that if I fail to complete the program satisfactorily, I may be tried as provided by law. If I satisfactorily complete the program, the District Attorney will dismiss the charges pending against me.

The terms and conditions of the Accelerated Rehabilitative Disposition Program have been explained to me. I am capable of fulfilling these requirements and I agree to comply with them.

Date: _____

(Name of Defendant)

Attorney for Defendant