



PLEASE TYPE OR PRINT LEGIBLY:

The following questions are to be answered truthfully and completely under oath or affirmation. This application will be used to determine your eligibility for consideration into the Indiana County Courts ARD Program.

Defendant's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Education Completed: \_\_\_\_\_

State and Driver's Operating No.: \_\_\_\_\_

Legal Residence: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Legal Counsel, if represented: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**CRIMINAL OFFENSE HISTORY:**

1. Have you ever been arrested, convicted or placed on a pretrial (ARD) diversion type program, besides the current offense? If yes, date of arrest (month and year): \_\_\_\_\_
2. Charges: \_\_\_\_\_
3. Jurisdiction (city and state): \_\_\_\_\_
4. Sentence or juvenile disposition: \_\_\_\_\_
5. Are you currently on probation, parole or any other pretrial diversion programs? Yes \_\_\_\_\_  
No \_\_\_\_\_. If yes, county and state of jurisdiction: \_\_\_\_\_

I hereby swear to (or affirm) the truth of each and every answer to the Application for Admission in the Indiana County Courts ARD Program. I REALIZE THAT AN INTENTIONAL FALSIFICATION AS TO ANY ANSWER OR PART THEREOF, IS A CRIME THAT IS PUNISHABLE AS A MISDEMEANOR OF THE SECOND DEGREE, WHICH IS A FINE NOT EXCEEDING \$5,000.00 AND IMPRISONMENT NOT EXCEEDING TWO (2) YEARS OR BOTH.

**A FALSE STATEMENT WILL RESULT IN THE DISAPPROVAL OF APPLICATION.**

\_\_\_\_\_  
DEFENDANT

Subscribed and Sworn to (or affirmed) before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
District Justice or Notary Public

VS

\_\_\_\_\_  
DEFENDANT

**EXPLANATION OF ACCELERATED REHABILITATION PROGRAM (ARD) AND WAIVER OF RIGHTS FORM**

1. I understand that I have been charged with a crime and that I have a right to go to trial on that charge. I am presumed innocent of this charge and the prosecution must prove my guilt beyond a reasonable doubt.
2. Notwithstanding my right to go to trial, I ask to be placed in the Indiana County ARD Program and I CERTIFY THAT I HAVE NOT PREVIOUSLY BEEN IN SUCH A PROGRAM IN THIS OR ANY OTHER JURISDICTION.
3. I understand the District Attorney will consider any prior criminal conviction that I may have.
  - (a) I understand the District Attorney will consider a victim's input on my request for ARD.
4. I understand that the maximum period that a defendant can be placed on ARD is two (2) years and that most cases have a one (1) year period of ARD and the special terms and conditions of the program are as follows:
  - (a) I will pay the costs of the Accelerated Rehabilitation Program.
  - (b) I may have to receive an alcohol and/or drug evaluation or a mental health evaluation and follow through with any recommended treatment and pay the costs thereof.
  - (c) I will complete any community service hours as may be ordered by the Court.
  - (d) If I caused any property damage or personal injury to anyone and do not have insurance to pay for such damage or personal injury, I will make restitution to the victim of the amount of such damage or personal injury.
  - (e) I will abide by the general rules and regulations applicable to the Accelerated Rehabilitation Program.
5. I understand that the charges which have been filed against me will not be further prosecuted while I am in the ARD Program, but if I fail to complete the program satisfactorily, I will be removed from the program and the charges filed against me will then be prosecuted according to law as if I had never been in the ARD Program.
6. I understand that if I successfully complete the ARD Program, the charges which have been filed against me will be dismissed and the arrest record expunged.
7. I understand that I can reject this offer of ARD and demand that my case be brought to trial instead and that neither rejection of ARD nor any statement I make in these ARD proceedings can be used against me at trial.
8. I understand that by participating in the ARD Program I waive (give up) the following rights:
  - (a) My right to a preliminary hearing.
  - (b) My right to a formal Court arraignment
  - (c) The right to have my case tried before a jury within three hundred and sixty-five (365) days from the date the complaint was filed against me and dismissed if not tried within 365 days.
  - (d) The applicable statute of limitations within which prosecution must be commenced on the charges against me.
9. Time spent in processing the application for ARD will be excluded in computing the 365 days under Rule 600.
10. I understand that if my case is removed from the ARD Program and sent back for trial, the District Attorney will then have one hundred and twenty (120) days within which to bring me to trial under Rule 600.

**I HAVE READ THE ABOVE AND FULLY UNDERSTAND IT.**

SIGNED: \_\_\_\_\_  
Defendant

SIGNED: \_\_\_\_\_  
Defense Attorney

DATE: \_\_\_\_\_

COMMONWEALTH OF PENNSYLVANIA : IN THE COURT OF COMMON PLEAS  
: INDIANA COUNTY, PENNSYLVANIA

VS

:  
:  
:  
:  
:  
: No: \_\_\_\_\_

DEFENDANT

**WAIVER OF ARRAIGNMENT AND APPEARANCE OF COUNSEL**

**Part I**

(ACKNOWLEDGMENT OF DEFENDANT)

I, \_\_\_\_\_, hereby acknowledge the following:  
(Defendant's Name)

1. I understand the nature of the charges against me;
2. I understand that I have the right to be represented by an attorney;
3. I understand that I have the right to file motions, which includes the right to file the following:  
(i) a Request for a Bill of Particulars, which may be filed within seven (7) days following the date arraignment is scheduled; (ii) a Motion for Pretrial Discovery and Inspection, which may be filed within fourteen (14) days following the date arraignment is scheduled; (iii) an Omnibus Pretrial Motion, which may be filed within thirty (30) days following the date arraignment is scheduled.
4. I waive my right to appear for arraignment.

**I hereby enter a plea of NOT GUILTY to any and all charges against me.**

\_\_\_\_\_  
Date

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

**Part II**

(ACKNOWLEDGMENT OF COUNSEL AND ENTRY OF APPEARANCE)

I \_\_\_\_\_, Attorney at Law, hereby acknowledge the following:

1. The defendant understands the nature of the charges;
2. The defendant understands the rights and requirements of Rule 571 of the Pennsylvania Rules of Criminal Procedure;
3. The defendant waives his right to appear for arraignment.

**I hereby enter my appearance for the defendant.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Supreme Court ID #

\_\_\_\_\_  
Address/Phone Number