

**APPLICATION FOR ADMISSION INTO THE INDIANA COUNTY COURTS
REGULAR ARD PROGRAM**

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

VS :

_____ : No:

The (defendant) undersigned hereby applies for participation in the Indiana County Courts Regular ARD Program. Rules of Criminal Procedure: 300-320.

The (defendant) undersigned also understands their rights under Pa. Rules of Criminal Procedure 600 and will sign the attached (Waiver of Rights to a Speedy Trial, Waiver of Statute of Limitations and Waiver of Formal Court Arraignment) forms of agreement as prescribed by the Court.

Defendant: _____ Date filed: _____

ALL CHARGES MUST BE REPORTED BELOW OR APPLICATION WILL BE DENIED!

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

THIS APPLICATION FOR ADMISSION INTO THE REGULAR ARD PROGRAM MUST BE COMPLETED AND FILED WITH THE COURT ADMINISTRATOR'S OFFICE. THE APPLICATION WILL BE RECORDED AND SENT TO THE DISTRICT ATTORNEY'S OFFICE. THE COURT ADMINISTRATOR WILL LIST THE CASE AS ARD PENDING. THOSE CASES THAT ARE APPROVED BY THE DISTRICT ATTORNEY FOR REGULAR ARD WILL BE GIVEN TO THE INDIANA COUNTY PROBATION DEPARTMENT FOR NOTICE OF APPROVAL, HEARING AND SUPERVISION. IF THE DEFENDANT IS DENIED PARTICIPATION IN THE REGULAR ARD PROGRAM, THE COURT ADMINISTRATOR WILL BE ADVISED BY THE DISTRICT ATTORNEY, AND THE CASE WILL PROCEED AS REQUIRED BY LAW.

FILED BY: _____ DATE FILED: _____

APPROVED: _____ DISAPPROVED: _____

DISTRICT ATTORNEY: _____ DATE: _____

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 _____

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 _____, 2003.

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 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: _____

VS. :
: No:

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 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