

COM. VS. _____ CR _____

DEFENSE ATTORNEY/ADDRESS & PHONE: _____

**APPLICATION FOR ACCELERATED REHABILITATIVE
DISPOSITION PROGRAM**

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

TELEPHONE: _____ DOB: _____ SS # _____

HISTORY OF PRESENT CRIMINAL PROCEEDING

PRESENT CHARGE: _____

DATE OF COMPLAINT: _____

PROSECUTING/POLICE DEPT: _____

PRELIMINARY HEARING DATE: _____

MARITAL AND FAMILY STATUS

MARITAL STATUS: MARRIED SINGLE DIVORCED WIDOWED SEPARATED

OCCUPATION: _____

EMPLOYER: _____

EDUCATION

HIGHEST LEVEL OF EDUCATION COMPLETED: _____

DRIVER'S LICENSE STATE & # _____

.....

FOR DUI APPLICANTS ONLY

Defendant is charged with a DUI-related offense and has scheduled an appointment with Lackawanna County Office of Drug and Alcohol, Criminal Justice Center, 1360 Wyoming Ave., Scranton, PA 18509. Call (570) 963-6315 for a CRN evaluation appointment.

DATE OF APPOINTMENT: _____ BLOOD TEST: YES NO

ACCIDENT YES NO VICTIMS: YES (even if unattended vehicle) NO

INJURIES/LOSS/DAMAGES YES NO INSURANCE COVERAGE: YES NO

Applicant was never convicted of a criminal offense in the Commonwealth of Pennsylvania or any other state in the United States and has not been an applicant of an ARD within the last ten years.

Applicant is *represented by counsel* and has been advised thoroughly of the Accelerated Rehabilitative Disposition Act OR Applicant *represents himself/herself* and has been advised thoroughly of the Accelerated Rehabilitative Disposition Act, in that:

a. Acceptance into & satisfactory completion of the Accelerated Rehabilitative Disposition Program offers me an opportunity to earn a dismissal of the charges filed against me;

b. Should I fail to complete the program satisfactorily, the Commonwealth may proceed on the charges as provided by law;

c. Your applicant agrees that by application into the program, he/she waives the appropriate Statute of Limitations and their right to a speedy trial under any applicable federal or state constitutional provisions, statutes, or rules of Court during the period of enrollment in the program;

d. I agree to abide by whatever conditions the presiding Judge imposes upon me;

e. The period of the program can range from six months to two years.

My application for ARD will be rejected or I will be terminated from the ARD program if there are newly-discovered facts. The applicant understands that the District Attorney will be the sole decision maker as to what constitutes newly discovered facts or facts not brought forth.

WHEREFORE, your applicant respectfully requests the District Attorney of Lackawanna County to consider him/her for acceptance into the Accelerated Rehabilitative Disposition Program.

NOTICE TO APPLICANT: SECTION 4903 of the Crimes Code provides that "A PERSON WHO MAKES A FALSE STATEMENT UNDER OATH.... IS GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE (Fine not exceeding \$5,000.00 and/or a term of imprisonment of not more than two (2) years), IF THE FALSIFICATION IS INTENDED TO MISLEAD A PUBLIC SERVANT IN PERFORMANCE OF HIS OFFICIAL FUNCTION."

DATE: _____

Applicant

DATE: _____

Defense Attorney

COMMONWEALTH OF PENNSYLVANIA

VS.

: IN THE COURT OF COMMON PLEAS

: OF LACKAWANNA COUNTY

: CRIMINAL DIVISION

RULE 600 WAIVER

I have been advised and understand that pursuant to Rule 600 of the Pennsylvania Rules of Criminal Procedure I must be brought to trial within three hundred sixty-five (365) days from the date the Criminal Complaint was filed.

I am aware that the charges filed against me may be dismissed if my trial does not commence on or before the 365th day or within any additional time that may be allowed to the Commonwealth under the provisions of Rule 600.

I have been advised and understand that by signing this "Waiver" I am waiving or giving up my right to be tried within 365 days from the date the Criminal Complaint was filed in this matter against me.

I have not been made any promises, nor have I been forced to sign this waiver. I read and write the English language. I have attended school to the level shown on the first sheet of this application.

I hereby expressly waive my rights under Rule 600 as of today until my case is disposed of by trial, plea, ARD, or settled pursuant to Rule 314.

CHECK ONE:

() I have reviewed the "waiver" with my attorney and he/she has advised me as to any rights which I am waiving at this time.

() I do not have an attorney and I do not wish to consult an attorney; however, I completely understand what rights I am waiving at this time.

Signature of Defendant

Date

Signature of Defense Attorney

Date

Signature of Commonwealth's Attorney

Date

COMMONWEALTH OF PENNSYLVANIA

: IN THE COURT OF COMMON PLEAS

VS.

: OF LACKAWANNA COUNTY - CRIMINAL

:

**PAYMENT NOTICE
FOR ADMITTANCE INTO THE
LACKAWANNA COUNTY
ACCELERATED REHABILITATIVE DISPOSITION PROGRAM**

Check one:

☐ **DUI Charges-** I understand that a fee of \$1548.50 is required for the ARD program regarding any cases where the offense date is from February 26, 2021 and on. A fee of \$1523.50 will continue to be collected for any offense dates prior to February 26, 2021. You will receive a letter explaining the payment process in detail if your case is approved for ARD.

☐ **Non-DUI Charges-** I understand that a fee of \$1523.50 is required for the ARD program. You will receive a letter explaining the payment process in detail if your case is approved for ARD.

Signature of Defendant

Date

Signature of Defense Attorney

Date

COMMONWEALTH OF PENNSYLVANIA : IN THE COURT OF COMMON PLEAS
: LACKAWANNA COUNTY, PENNSYLVANIA
v. :
: Docket No. _____ CR-_____

STIPULATION AND WAIVER

1. I have applied for admission to the Accelerated Rehabilitative Disposition (“ARD”) program. This stipulation and waiver is **NOT** part of my ARD Application/Hearing, and is a condition of the ARD program pursuant to Pennsylvania Rule of Criminal Procedure 316(A). I understand that information or statements supplied by me in my application may **NOT** be used against me in a prosecution for the current offense if my application for ARD is denied, or if my case is terminated or revoked from the ARD program. I further understand that the only criminal proceeding in which this stipulation and waiver may be used against me is for the purposes set forth in paragraph 2.

2. I hereby agree that the statements in this stipulation and waiver are not protected by Pennsylvania Rules of Criminal Procedure 311-313. The information in this stipulation and waiver may be used against me if I am charged with Driving under the Influence (“DUI”) or related offense(s) in the future. I hereby agree that the facts contained in the Criminal Complaint, Affidavit of Probable Cause, docketed to OTN # _____ - _____, Criminal Information Docket _____ CR _____, are true and correct and I acknowledge that the aforesaid facts would cause any reasonable judge or jury to find me guilty beyond a reasonable doubt of a violation of 75 Pa. C.S. §3802 (DUI). This stipulation may be used as evidence of a “prior conviction” for purposes of increasing the grading and penalty of any such future offense.

3. I understand that under the current law if I commit a subsequent DUI offense, the Commonwealth is required to prove beyond a reasonable doubt that I am guilty of the current DUI, for which I am being placed on ARD, in order to use the current offense as a “prior conviction” for purposes of enhancing the grading and sentencing of any future DUI offense(s). I further understand that by requesting to be placed into the ARD program, I am knowingly and voluntarily waiving my right to challenge, in any future proceeding, that the current DUI offense constitutes a “prior conviction” for purposes of enhancing the grading and sentencing of any subsequent DUI offense(s). I further understand and agree that the Commonwealth will not be required to prove beyond a reasonable doubt at any future proceeding that I am guilty of this current DUI offense in order for it to be considered a “prior conviction.” **THEREFORE**, if I am convicted of a future DUI offense, this ARD will be considered a “prior conviction” for sentencing purposes and I will be subject to increased mandatory sentences.

4. I hereby understand, agree, and do not object to the Lackawanna County District Attorney’s Office retaining its entire criminal history record information pertaining to this matter, including this Stipulation and Waiver, until 10 years after successful completion of the ARD program, and that it is subject to the limitations set forth in paragraph 2.

5. I admit under penalty of unsworn falsification to the facts as set forth in the attached documents referenced in Paragraph 2 (Criminal Complaint and Affidavit of Probable Cause, Criminal Information)

that would cause any reasonable judge or jury to find me guilty beyond a reasonable doubt of a violation of 75 Pa. C.S. §3802 (DUI). I make this admission voluntarily and am aware of my right to refuse.

NOTICE: THIS STIPULATION AND WAIVER IS MADE SUBJECT TO THE PENALTIES OF 18 Pa. C.S.A. §4904 OF THE PA CRIMES CODE, UNSWORN FALSIFICATION, WHICH PROVIDES THAT: "A PERSON WHO MAKES ANY WRITTEN FALSE STATEMENT WHICH HE DOES NOT BELIEVE TO BE TRUE ... IS GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE (FINE NOT EXCEEDING \$5,000.00 AND/OR A TERM OF IMPRISONMENT OF NOT MORE THAN TWO (2) YEARS), IF THE FALSIFICATION IS INTENDED TO MISLEAD A PUBLIC SERVANT IN PERFORMANCE OF HIS OFFICIAL FUNCTION."

Signature of Defendant

Date: _____

Signature of Defense Attorney

Date: _____