



**OFFICE OF THE DISTRICT ATTORNEY
SUSQUEHANNA COUNTY**

MARION O'MALLEY, ESQUIRE

31 LAKE AVENUE
PO BOX 218
MONTROSE, PA 18801

TO: ALL DEFENDANTS CHARGED WITH MISDEMEANOR OFFENSES

**APPLICATION FOR A.R.D.
NOTICE TO A.R.D. APPLICANTS**

If you are charged with a criminal offense(s) and you have no or a minor prior criminal record, you **MAY** be eligible for Accelerated Rehabilitative Disposition (A.R.D.).

A.R.D. is a special probation program which gives you the opportunity to earn eventual dismissal of the charges against you without having to serve a jail sentence.

Most A.R.D. Candidates, if accepted into the program, will serve at least 12 months of probation for either DUI or Non-DUI offenses, with the possibility of early release.

In order to be considered for A.R.D., you or your attorney must complete the attached application and return it to the following address:

DISTRICT ATTORNEY'S OFFICE
SUSQUEHANNA COUNTY COURTHOUSE
PO BOX 218
MONTROSE, PA 18801

NO APPLICATIONS BY TELEPHONE WILL BE ACCEPTED OR CONSIDERED

All questions must be answered fully and truthfully, and the Waiver of Rule 600 (Speedy Trial) Rights must be signed and dated. False, misleading, or omitted answers will delay your application and jeopardize your eligibility for A.R.D. Any false answers may lead to additional charges under 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

Placement in the A.R.D. program is at the discretion of the Susquehanna County District Attorney. Final approval or rejection of your A.R.D. application will come from the District Attorney's Office.

The Susquehanna County Drug & Alcohol Commission will be contacting you to arrange for a Court Reporting Network (C.R.N.) interview. Your A.R.D. applications **CANNOT** be processed until this interview is complete and report is received by the District Attorney's Office.

No. _____

APPLICATION FOR A.R.D.

1. Your Name: _____
 2. Your Address: _____

 3. Your Date of Birth: _____
 4. Your Telephone Number: _____
 5. The Name and Address of your Attorney, if any: _____

 6. The **DATE** of your Preliminary Hearing or Waiver and the **NAME** of the Magisterial District Court Judge: _____
 7. Are you currently on probation or parole **in Pennsylvania or any other state**?
_____ Yes _____ No
 8. Have you ever been arrested for any criminal offense, **in Pennsylvania or any other state**, other than this charge?
_____ Yes _____ No
- If yes, complete the following: Date of arrest: _____
- Location of arrest: _____
- Police Department: _____
- Charges: _____
- Disposition of Charges: _____

[If additional convictions, please provide a full list of any/all convictions on a separate sheet of paper.]

9. Have you ever been convicted previously for any alcohol-related driving offenses, **in Pennsylvania or any other state**? ____Yes ___No

If yes, complete the following: Date of arrest:_____

Location of arrest:_____

Police Department:_____

Charges:_____

Disposition of Charges:_____

[If additional convictions, please provide a full list of any/all convictions on a separate sheet of paper.]

10. List any pending criminal charges currently pending against you, **in Pennsylvania or any other state**, excluding the charges for which this application is made:

Charges:_____

Location:_____

WAIVER OF RIGHTS UNDER FULE 600 (“SPEEDY TRIAL”)

I have been advised that I have the right to have my case tried within 365 days from the date of the filing of the Criminal Complaint against me under Rule 600 of the Pennsylvania Rules of Criminal Procedure. I understand that the charges against me may be dismissed if my trial does not commence within this 365 days period (180 day period if incarcerated).

I hereby agree to waive or give up this right as well as any other speedy trial rights, from the date of this application for the purpose of being evaluated and considered for inclusion in the A.R.D. Program. I understand and agree that the processing period will be excluded from computation of the 365 day Speedy Trial period, regardless of whether I am eventually accepted into the A.R.D Program. I understand that I have the right to be represented by an attorney. I also understand the nature of the charges against me, and I am signing this Waiver below as a condition that I be considered for inclusion in the A.R.D. Program. If admitted into the A.R.D. program, I understand that I am waiving any and all Speedy Trial Rights during my participation in the A.R.D. Program. If I am revoked from the A.R.D. Program, no time during my participation in the A.R.D. Program shall be included in the computation of the time period under Rule 600.

I further certify that the facts set forth in this application are true and correct. I understand that if I have provided any false information, I may be charged under 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Date: _____

APPLICANT/DEFENDANT

ATTORNEY

A.R.D. PARTICIPATION AGREEMENT

COMMONWEALTH OF PENNSYLVANIA

VS

NO. _____

I understand that I have a constitutional right to a speedy trial. I also understand that under the Pennsylvania Rules of Criminal Procedure, the Commonwealth must prosecute me within 365 days from the date on which the complaint was brought against me.

I hereby waive my right to a speedy trial under the Constitution and the Pennsylvania Rules for the purpose of being evaluated for and participating in the Accelerated Rehabilitative Disposition (A.R.D.) Program.

I also understand that the case against me will be prosecuted if I violate any of the terms of this A.R.D. Agreement. To facilitate the speedy disposition of my case should this happen, having been advised of the offenses charged against me and of my rights, I consent to proceed upon these charges should they be listed for trial as a result of my violation of this A.R.D. Agreement.

I further understand that if, within the next ten years, I am convicted of Driving Under the Influence of Alcohol or Drugs, this A.R.D. will be considered a prior conviction for sentencing purposes and will increase the mandatory sentence for such new offense.

Date: _____

APPLICANT/DEFENDANT

ATTORNEY