

**DUI ALTERNATIVE SENTENCING PROGRAM (ASP)**  
**FOR SECOND OFFENDERS**

A conviction for the charge of DUI as a second offense carries a **minimum period of incarceration**, dependent upon your blood alcohol concentration (BAC).

There are also mandatory minimum fines ranging from \$300.00 - \$1,500.00, a license suspension between 12-18 months, and a period of restricted driving privileges requiring an ignition interlock system.

Additionally, the law mandates the completion of a CRN evaluation, Alcohol Highway Safety Classes, a Drug and Alcohol evaluation and compliance with the recommended treatment.

THE ALTERNATIVE SENTENCING PROGRAM WAS DESIGNED TO PROVIDE THE OFFENDER WITH EXPEDITED TREATMENT AND A LESSENERED TERM OF IMPRISONMENT WITH THE CONDITION THAT THE OFFENDER IS ACTIVELY PARTICIPATING IN TREATMENT PRIOR TO ADJUDICATION.

**MANDATORY PRISON TERMS:**

**ALTERNATIVE SENTENCING:**

BAC = .08 - .099	5 DAY MINIMUM	NOT ELIGIBLE FOR ASP
BAC = .10 - .159 or MINOR (age 17-21) WITH BAC .02>	30 DAY MINIMUM 30 DAY MINIMUM	7 DAYS IN PRISON 23 DAYS ON HOUSE ARREST
BAC = .16 OR HIGHER REFUSAL DRUG RELATED	90 DAY MINIMUM	7 DAYS IN PRISON 23 DAYS WORK RELEASE 60 DAYS HOUSE ARREST

The Alternative Sentencing Program is just one of the options for a second offender. Other options may include a standard guilty plea or credit for time spent in inpatient treatment. If you have any questions, you may wish to contact an attorney to discuss the options available. If you cannot afford an attorney, please contact the Northampton County Public Defender's Office at 610-829-6384.

\*\*IF TRANSLATOR REQUIRED, CHECK HERE \_\_\_\_\_

LANGUAGE: \_\_\_\_\_

# DUI – Alternative Sentencing Program (ASP) Application

Today's date: \_\_\_\_\_

*\*PLEASE PRINT CLEARLY IN INK\**

## DEFENDANT INFORMATION

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Alias: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street/Apt. # City State Zip Code

### PRIOR ADDRESSES (past 10 years)

STREET	CITY	STATE	ZIP CODE

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Birth City/State: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_

Glasses: \_\_\_\_\_ Scars/tattoos: \_\_\_\_\_

Operator License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Previously licensed in another state: NO \_\_\_\_\_ YES \_\_\_\_\_ Where: \_\_\_\_\_

## EMPLOYMENT INFORMATION

Name of Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Name of Supervisor: \_\_\_\_\_ Working hours: \_\_\_\_\_

If unemployed, how are you supported? \_\_\_\_\_

**PLEASE SCHEDULE THE FOLLOWING APPOINTMENTS LISTED BELOW. Failure to complete any of these appointments will result in your ASP application being denied.**

To schedule the CRN evaluation, please contact the DUI Program at 610-829-6825.

\_\_\_\_\_ YES, I have scheduled my CRN evaluation Date: \_\_\_\_\_ Time: \_\_\_\_\_ PM

To schedule your drug and alcohol evaluation, please contact Lehigh Drug & Alcohol Intake at 610-923-0394.

\_\_\_\_\_ YES, I have scheduled my drug & alcohol evaluation Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Please continue on other side.....

**ARREST INFORMATION**

Date of arrest: \_\_\_\_\_ Arresting Police Department: \_\_\_\_\_

BAC: \_\_\_\_\_ OTN#: \_\_\_\_\_

Charges: \_\_\_\_\_

Was there an accident? \_\_\_\_\_ Was anyone injured? \_\_\_\_\_

Have you ever participated in ASP before? \_\_\_\_\_

If yes, when and where? \_\_\_\_\_

Please list any prior charges. (Failure to complete this portion truthfully will result in your application being denied.)

DATE	PLACE	CHARGE(S)	COURT ACTION

**MEDICAL INFORMATION**

List any special medical conditions: \_\_\_\_\_

List all prescribed medications: \_\_\_\_\_

Physician's name: \_\_\_\_\_

Are you currently in treatment? NO \_\_\_\_\_ YES \_\_\_\_\_

Name and address of treatment provider: \_\_\_\_\_

Do you have any attorney? \_\_\_\_\_ YES \_\_\_\_\_ NO

Attorney's name: \_\_\_\_\_

\_\_\_\_\_  
Signature of defendant

\_\_\_\_\_  
Date

IN THE COURT OF COMMON PLEAS OF NORTHAMPTON COUNTY, PENNSYLVANIA  
CRIMINAL DIVISION

COMMONWEALTH OF PENNSYLVANIA

v.

) NO.

) CHARGES:  
)  
)  
)

APPLICATION FOR CONTINUANCE AND WAIVER OF RULE 600 - RIGHT TO SPEEDY TRIAL

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I, the undersigned Defendant, hereby request a continuance of the above captioned case for the following reason:

I have been fully advised and understand the consequences of the execution of this waiver of my right to a speedy trial under Rule 600. I make this decision voluntarily without threats, force, or coercion.

I understand that if I am presently incarcerated as a result of the filing of a criminal complaint against me, I have the right to have my trial within 180 days from the date of filing of the criminal complaint. The failure of the Commonwealth to commence my trial within 180 days will result in my release on nominal bail upon my request.

I further understand that I have an absolute right to have my trial within 365 days from the date of filing of the criminal complaint. If my trial is not held within 365 days from the date of the filing of the criminal complaint, the charges against me must be dismissed.

I agree to have the period from today until \_\_\_\_\_, 20\_\_\_\_, excluded from the Rule 600 computation period which means that the above-referred period of time will not count against the Commonwealth in calculating the required time period for release on nominal bail as well as calculating the required time period for bringing this case to trial.

NEXT COURT DATE \_\_\_\_\_ (MUST BE VALID COURT DATE)  
AT 09:00 AM

Continuance attributed to:  Commonwealth  Defense Counsel

Waived time is:  Includable  Excludable

TRIAL DATE \_\_\_\_\_

\_\_\_\_\_  
Signature of Defendant

I hereby certify that I have fully explained this waiver to the Defendant. I am satisfied that (s)he understands the nature of the rights (s)he is waiving, and the consequences of this waiver. I further certify that the Defendant was alert and unimpaired when (s)he executed this waiver, that the Defendant signed this waiver in my presence and that the Defendant has authorized me to present this waiver to the Court on his(her) behalf in his(her) absence.

\_\_\_\_\_  
Signature of Defense Counsel

\_\_\_\_\_  
I.D. Number

Objection: Yes No REASON: \_\_\_\_\_

AND NOW, \_\_\_\_\_, 20\_\_\_\_  
the above waiver of Rule 600 is approved.

\_\_\_\_\_  
Assistant District Attorney

J.

\*In the event of an emergency or inclement weather, check www.nccpa.org to examine schedule changes established by the Northampton County Court of Common Pleas.\*