

ARD/DUI

ARD/DUI is a probationary program for first time DUI offenders only. Upon successful completion of the probation period, the criminal charges of DUI are expunged from your criminal history. However, the charges will remain on your driving record for the purpose of determining any future penalties.

ARD/DUI is only applicable in cases where there have been no serious injuries and where the offender does not have a poor driving record, which categorizes him/her as a habitual offender by Pennsylvania statutes. In addition, you are not eligible for ARD if there were passengers in the vehicle under the age of 14 at the time of the incident.

To apply for ARD/DUI you must complete the enclosed ARD application.

1. Be sure to answer every question completely and truthfully. **Do not leave any question blank or the application will be rejected, providing false information on this application will result in further criminal charges being brought against you.**
2. You are to schedule a CRN appointment by calling the **Northampton County DUI Program at 610-829-6825**

3. Please mail application to:

**Northampton County DUI Program
Criminal Administration Building
105 South Union Street
Easton, PA 18042**

Entrance into the ARD Program requires you to complete a series of steps, which include the following (not necessarily in this order):

1. Submission of application
2. Scheduling and attendance at CRN evaluation
3. Preliminary hearing with the District Judge. This hearing is scheduled by the District Judge's office and the date will be mailed to you.
4. ARD Screening appointment: Upon review of your ARD application, you will be sent an appointment letter to meet with the DUI Program. At this appointment, all details of ARD will be reviewed with you.
5. Formal Arraignment: The date for this court appearance will be given to you at your preliminary hearing before the District Judge.
6. ARD Hearing: You will be notified by mail as to this date once the previous steps have been completed.

*** Should your application for ARD be denied, you will be required to appear for your previously scheduled trial date.***

Be sure to notify the DUI Program of any change of address

When you submit this application, please remove this page and keep for your future reference. The phone number for the DUI Program is 610-829-6810.

**IF TRANSLATOR REQUIRED, CHECK HERE ___ LANGUAGE: _____

DUI - ARD APPLICATION

Be sure to answer every question completely and truthfully. Do not leave any questions blank or the application will be rejected, providing false information on this application will result in further criminal charges being brought against you.

OTN#: _____
CHARGE(S): _____

CRN APPT: ___/___/___ @ ___ AM/PM

PLEASE PRINT IN INK

TODAY'S DATE: ___/___/___

1. Defendant's Name: _____
2. Alias: _____ Maiden Name: _____
3. Address: _____
Street City State Zip code
- County of Residence: _____
4. Home Phone #: () _____ Cell Phone #: () _____

PRIOR ADDRESSES IN PAST SEVEN (7) YEARS:

STREET	CITY	STATE	ZIP CODE

5. Date of Birth: ___/___/___ Birth City: _____ Race: _____
 Age: _____ Sex: _____ Height: _____ Weight: _____ Hair Color: _____
 Eye Color: _____ Glasses: _____ Scars/Tattoos: _____

6. Education (Please include names of high school and colleges with dates attended): _____

7. Operator License #: _____ State: _____
 Expiration Date: ___/___/___
 From what other states have you had any prior driver's license(s) and when: _____

8. Social Security #: _____
9. Marital Status: _____
10. Dependents: _____

11. Family Synopsis: (Name, address, phone # of parents or closest relative): _____

12. Presently employed by: (Name, address, phone #, job title, job length & working hours): _____

13. If unemployed, how are you supported? _____

14. List any and all prior record, including all traffic offenses (If you fail to complete this part truthfully, your application will be denied and you may face other criminal charges):

DATE	PLACE	CHARGE(S)	COURT ACTION

Please continue on other side

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

COMMONWEALTH OF PENNSYLVANIA

NO.

v.

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

AND NOW, _____, 20____,
the above waiver of Rule 600 is approved.

Objection: Yes No REASON: _____

Assistant District Attorney

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.