

NON-DUI ARD

ACCELERATED REHABILITATIVE DISPOSITION (ARD)

ARD is for first time offenders only. It is a probationary program that, when completed, will result in the charges being dismissed against the offender.

There are two kinds of ARD. One program is for Driving Under the influence cases, which are referred to the DUI Program, Criminal Administration Building, 105 S. Union Street, Easton, PA, 18042. The other ARD Program is for a first offense of non-violent crimes. These cases are referred to the District Attorney's Office at the address listed below. You can still do DUI-ARD if you had regular ARD and vice-versa.

There are program supervising as well as court costs associated with ARD. If the application is approved for ARD, you will be notified when to pay these costs and to appear for a brief hearing for admittance into the ARD Program.

To apply for NON-DUI ARD, you must complete this application, as well as complete a waiver of Rule 600 form for a period of six (6) months.

1. Be sure to answer every question and DO NOT LEAVE ANY BLANKS.
2. The application will be reviewed by the District Attorney and, if acceptable, will be sent to the Adult Probation Office for final review.
3. You will receive a notice to appear for an interview with the Probation Officer assigned to your case. If you fail to appear for these appointments, your ARD application will be denied.
4. If the application is disapproved by either office, you will receive notice, and the case will be placed on the next trial list.
5. Since these procedures may take considerable time, you may receive notice from the District Attorney's Office that you must appear in court to waive Rule 600, extending the time during which your case may be brought to trial if you fail to file such a form with your application.
6. If the application is approved, you will be notified when to appear for the ARD Hearing.

BE SURE TO NOTIFY THE DISTRICT ATTORNEY'S OFFICE OF ANY CHANGE
IN YOUR ADDRESS!!!

When you submit your application, remove the first two information pages and keep them for further reference.
Remember these important phone numbers:

NORTHAMPTON COUNTY GOVERNMENT CENTER 610-829-6500
DISTRICT ATTORNEY'S OFFICE 610-829-6630
ADULT PROBATION OFFICE 610-829-6800
DUI PROGRAM 610-829-6810

NON-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): _____

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: ____/____/____ Place of Birth: _____ 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. Are you a citizen of the United States? ____ Yes ____ No

15. Are you a resident of Northampton County? ____ Yes ____ No
 If yes, for how long have you been a Northampton County resident? _____

Please turn over and continue on other side.....

16. Military Record:

Branch: _____ Active Dates: _____

Rank Upon Discharge: _____

Type of Discharge: _____

17. 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

18. Full summary of Offense: Be sure to answer this section completely.

Date of arrest: _____

Arresting Police Department: _____

19. Damages paid by: _____

20. Attorney (if applicable): _____

Date: _____ Defendant's Signature: _____

I, _____ being duly sworn according to law do depose and say that the facts set forth in the foregoing paragraphs are true and correct to the best of my knowledge, information and belief and any false statements contained herein are punishable pursuant to 18 Pa.C.S.A. 4904(b); unsworn falsification to authorities.

Defendant's Signature: _____

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

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: _____

J.

Assistant District Attorney