

COMMONWEALTH OF PENNSYLVANIA

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

v.

NO.: \_\_\_\_\_ OF 20 \_\_\_\_\_

OTN: \_\_\_\_\_

**APPLICATION FOR DISPOSITION UNDER PROGRAM OF ACCELERATED  
REHABILITATIVE DISPOSITION/PROBATION WITHOUT VERDICT**

Application is hereby made for disposition of this case under the Accelerated Rehabilitative Disposition/Probation Without Verdict Program. To assist the District Attorney's Office in evaluating the suitability of this case for the ARD/PWOV Program, the following information is provided:

INSTRUCTIONS: Answer all questions that apply. If a question does not apply, answer it with the initials "N.A"

1. Full Name of the defendant: \_\_\_\_\_

2. Maiden Name of defendant; or other names previously used: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

4. Driver License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

5. Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (Home) ( ) \_\_\_\_\_ (Work) ( ) \_\_\_\_\_

6. Previous Addresses and length of time at each (go back 10 years): \_\_\_\_\_

\_\_\_\_\_

7. Present Employment: \_\_\_\_\_

\_\_\_\_\_

8. Education-Schools and Highest Year attained: \_\_\_\_\_

\_\_\_\_\_

9A. Have you ever been found guilty or pleaded guilty or no contest to any criminal violation of any kind in any court other than summary offenses, whether in Pennsylvania or anywhere else? If so, explain giving date, place, charge(s), and disposition:

\_\_\_\_\_

9B. Do you have any other pending criminal charge(s) or have you ever been placed on ARD or PWOV? If so, explain giving date, place, charges and disposition: \_\_\_\_\_

\_\_\_\_\_

9C. If charged with Driving Under the Influence: Have you ever been adjudicated a delinquent or entered into a co-agreement as a juvenile after being charged with Driving Under the Influence of Alcohol? If so, explain giving details:

\_\_\_\_\_

\_\_\_\_\_

10. **Explanation** of your present case, including all details (use reverse side if needed): \_\_\_\_\_

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11. By applying for ARD/PWOV and by signing this application I acknowledge, certify, and understand each of the following rights and responsibilities:

A. I have been advised and I understand that I have a constitutional right to a speedy trial; that pursuant to Pa.R. Crim. P. 1100, the Commonwealth must bring my case to trial within 365 days from the date of the filing of the Criminal Complaint charging me. If my case is not brought to trial within 365 days from the filing of the Criminal Complaint, I understand I can ask the Court to dismiss all charges against me. Furthermore, I understand that in the event I am incarcerated on these charges, the Commonwealth must bring my case to trial within 180 days from the date of the filing of the Criminal Complaint, if the Commonwealth fails to do so, I can ask the Court for nominal bail.

I hereby waive (give up) all of my constitutional rights to a speedy trial as set forth from the date I sign this Application until I either complete the ARD Program or am revoked from it, should I violate the conditions the Court imposes on me. In the event my Application for ARD is denied, I waive (give up) all of my constitutional rights to a speedy trial as set forth from the date I sign this Application until the last scheduled day of the term of Criminal Court next following the date of my rejection. I have been advised and I understand that by signing this waiver I am waiving (giving up) any and all rights I may have to be tried within 180<sup>th</sup> (if in jail) or 365<sup>th</sup> day following the filing of the Criminal Complaint against me. I am signing the waiver because I understand it is to my benefit to do so and to allow the District Attorney as much time as he needs to evaluate my suitability for the ARD Program. I have not been made any promises, nor have I been forced or coerced to sign this waiver.

B. I understand I have the right to be represented by an attorney on my charge(s) and also in connection with my ARD/PWOV Application. If I cannot afford counsel, the Court will provide me free counsel through the Erie County Public Defender's Office.

**C. It is my responsibility to notify the District Attorney's Office, in writing, of my arrest and/or conviction for any offense occurring after this Application is made and before it is rejected or I am accepted into the Program by the Court. Failure to comply with this requirement is grounds for refusal of the Application and/or may be treated as a false statement subjecting me to prosecution and/or for removal from the Program.**

D. If charged with Driving Under the Influence: I understand that it is my responsibility to arrange for a CRN evaluation. I understand that I cannot be placed in the ARD Program unless such evaluation is completed. I further understand that I am to contact Impaired Driver Services, 1631 Sassafras Street, Erie, Pa 16502 at (814)454-3326 between 8:00 a.m. and 4:30 p.m. to arrange an appointment.

E. I acknowledge that I have completed (or will complete prior to my ARD hearing) all processing (e.g. Fingerprinting, etc.) required by me. I understand that failure to do so may delay my acceptance into the program.

F. The information I have provided above is true and correct. I understand if I have provided false information on this Application, that reason alone is sufficient to refuse this Application. In addition, I understand that by providing false information I can be prosecuted for offenses including, but not limiting to, perjury, false swearing and/or unsworn falsification to authorities.

DATE: \_\_\_\_\_ DEFENDANT: \_\_\_\_\_

DATE: \_\_\_\_\_ ATTY. FOR DEFENDANT: \_\_\_\_\_

DATE: \_\_\_\_\_ WITNESS\*: \_\_\_\_\_

**Please Print**

\*When defendant has no attorney