

COMMONWEALTH VS. \_\_\_\_\_ ACTION NO. \_\_\_\_\_

OTN NO: \_\_\_\_\_

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PLEASE PROVIDE ALL OF THE FOLLOWING INFORMATION:

APPLICATION FOR: \_\_\_\_ARD (ACCELERATED REHABILITATIVE DISPOSITION)

NAME: \_\_\_\_\_ MAIDEN: \_\_\_\_\_  
(INCLUDE FIRST, MIDDLE, AND LAST NAMES)

PREVIOUS NAMES USED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_

TELEPHONE: Home # : \_\_\_\_\_ Cell # : \_\_\_\_\_

Email Address: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_  
(City & State)

Are you Currently Represented by an Attorney? Yes / No

Private Attorney or Appointed by the Court (Public Defender / Conflict Counsel) ? \_\_\_\_\_

ATTORNEY FOR THE DEFENDANT: (IF APPLICABLE) \_\_\_\_\_

ATTORNEY'S ADDRESS : \_\_\_\_\_

ATTORNEY'S PHONE # : \_\_\_\_\_

ATTORNEY'S E-MAIL ADDRESS: \_\_\_\_\_

PRELIMINARY HEARING DATE: \_\_\_\_\_ DISTRICT JUSTICE: \_\_\_\_\_

***This box is for District Attorney Office Use Only:***

DATE RECEIVED

DATE FILED

WAIVER OF ARRAIGNMENT: \_\_\_\_\_

RULE 600 WAIVER: \_\_\_\_\_

CRN EVALUATION: Scheduled for: \_\_\_\_\_ Completed? Yes / No

Was a D&A Assessment Recommended by the CRN Evaluation: Yes / No

D & A Assessment Completed? Yes / No Date of Assessment: \_\_\_\_\_

Treatment Recommended? Yes / No D & A Counseling Completed? \_\_\_\_\_

**CURRENT CRIMINAL CHARGES**

**PRESENT CHARGE (S) INCLUDING SUMMARY OFFENSES (CITATIONS)**

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DATE OF OFFENSE: \_\_\_\_\_

PROSECUTING OFFICER & DEPARTMENT \_\_\_\_\_

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PLEASE PROVIDE ALL OF THE FOLLOWING INFORMATION:

NAME & ADDRESS OF VICTIM(S):

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If victim(s) were involved in this matter, describe the injury and the total amount of loss or damages:

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What steps have been taken to reimburse the victim(s): \_\_\_\_\_

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**MARITAL AND FAMILY HISTORY**

**NAME**

**ADDRESS**

**DECEASED?**

**FATHER:** \_\_\_\_\_

**MOTHER:** \_\_\_\_\_

**BROTHERS &/or SISTERS?: (name, age, and addresses)**

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**MARITAL STATUS:** Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_  
Divorced \_\_\_\_\_ Widow \_\_\_\_\_

**CURRENT SPOUSE'S NAME (WIFE/HUSBAND):** \_\_\_\_\_

**SPOUSES'S ADDRESS (IF DIFFERENT THEN YOUR'S)** \_\_\_\_\_

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**PRIOR MARRIAGES:** YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, HOW MANY?: \_\_\_\_\_

**PRIOR SPOUSES'S NAME (WIFE/HUSBAND):** \_\_\_\_\_

**NUMBER OF CHILDREN:** \_\_\_\_\_

NAMES	AGES	Do they Live with you?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**RESIDENCE HISTORY FOR LAST TEN YEARS**  
**CURRENT ADDRESS:** \_\_\_\_\_

**Previous Addresses:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**  
**SCHOOL NAME AND LOCATION**

**ELEMENTARY:** \_\_\_\_\_

**JUNIOR HIGH OR MIDDLE SCHOOL:** \_\_\_\_\_

**HIGH SCHOOL:** \_\_\_\_\_

Did you Graduated or Obtain your GED? \_\_\_\_\_

**TRADE SCHOOL, COLLEGE, ETC.** \_\_\_\_\_

Completed or currently attending? \_\_\_\_\_

Was a Degree, Certificate, etc. Obtained? \_\_\_\_\_ If yes, what is it? \_\_\_\_\_

**WORK HISTORY FOR THE LAST TEN YEARS**

**(START WITH CURRENT EMPLOYER)**

**EMPLOYER'S NAME      ADDRESS      # of YEARS THERE      POSITION?**

**Current Employer: (what shift/hours do you work?)**

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**Previous Employers:      ADDRESS      # of YEARS THERE      POSITION?**

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**PRIOR ARREST RECORD**

**List all Prior and/or Pending Juvenile & Adult charges.**

**Be sure to list any that occurred outside of Lebanon County and/or Pennsylvania as well.**

LOCATION		DISPOSITION	
COUNTY & STATE	DATE	CHARGES	CONVICTION? DISMISSAL?

**HAVE YOU EVER BEEN PLACED IN A DIVERSIONARY PROGRAM AS A RESULT OF CRIMINAL CHARGES? \_\_\_\_\_**

**PRE-PLACEMENT REQUIREMENTS**

**((D.U.I. CHARGES ONLY))**

**BEFORE** a D.U.I. Applicant may be placed into the A.R.D. program, he or she must be evaluated as required by PA. C.S.A. 1548 (A).

**THE APPLICANT MUST:**

1. contact Jennifer Whitman at the Lebanon County District Attorney's Office to make the necessary appointment for the CRN evaluation: 717-228-4403
2. contact a Drug and Alcohol Counseling Agency, that is approved by the PA Dept. of Health, to schedule and complete a full Drug and Alcohol Evaluation.

\* Is there any Additional information that you would like to share or that you feel I should be made aware of while processing this application?

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### **ARD Application Processing Fee**

By submitting an ARD Application to the Lebanon County District Attorney's Office or their Designee, the Defendant understands and agrees to pay the full ARD Processing Fee if Accepted to the ARD Program. The Defendant is hereby informed that this is a PROCESSINIG FEE and Not a Supervision Fee and will be paid PRIOR to placement into the ARD Program by the Lebanon County Court of Common Pleas. The ARD Processing Fee shall be submitted to the Lebanon Count Adult Probation Office after the ARD Acceptance letter is prepared by the Lebanon County District Attorney's Office or their Designee. Furthermore, the Defendant is also put on Notice that once the ARD Processing Fee is Assessed to their Docket, it is NOT Refundable and will NOT be removed regardless of why the Defendant did not get placed into the ARD Program or does not Successfully Complete the ARD Program. The ARD Processing fee is \$550 for the first case and \$1,000 for a subsequent ARD case within a 10 year period.

### **RESTITUTION**

By submitting an ARD Application to the Lebanon County District Attorney's Office or their Designee, the Defendant understands and agrees to the Special Condition of Restitution. In that a specific requirement of Placement into the ARD Program is that RESTITUTION is REQUIRED to be paid by the Defendant, if a Claim for said Restitution is presented to the Lebanon County District Attorney's Office. All Restitution shall be made payable through the Lebanon County Adult Probation Office prior to being released from Supervision and at a payment rate set by the Lebanon County Adult Probation Office or their designee. Failure to agree to this specific term will result in an individual being rejected for the ARD Program and/or be will be grounds for Immediate Violation and removal from the ARD Program if already on Supervision and the individual fails to make payments as assigned.

### **AFFIDAVIT**

I VERIFY THAT THE INFORMATION SET FORTH ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE SUBJECT TO THE PENALTIES ON 18 PA C.S. § 4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORTIES.

\_\_\_\_\_  
DEFENDANT

\_\_\_\_\_  
DEFENSE ATTORNEY

WHO HELPED YOU PREPARE THIS APPLICATION: \_\_\_\_\_