

COMMONWEALTH VS. _____ ACTION NO. _____

OTN NO: _____

PLEASE PROVIDE ALL OF THE FOLLOWING INFORMATION:

APPLICATION FOR: ___ARD (ACCELERATED REHABILITATIVE DISPOSITION)

___RAP (RAPID ADJUDICATION PROGRAM)

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)

DATE OF OFFENSE: _____

PROSECUTING OFFICER & DEPARTMENT _____



PLEASE PROVIDE ALL OF THE FOLLOWING INFORMATION:

NAME & ADDRESS OF VICTIM(S):

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

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

MARITAL AND FAMILY HISTORY

NAME

ADDRESS

DECEASED?

FATHER: _____

MOTHER: _____

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

MARITAL STATUS: Single _____ Engaged _____ Married _____ Separated _____
Divorced _____ Widow _____

CURRENT SPOUSE'S NAME (WIFE/HUSBAND): _____

SPOUSES'S ADDRESS (IF DIFFERENT THEN YOUR'S) _____

PRIOR MARRIAGES: YES _____ NO _____ IF YES, HOW MANY?: _____

PRIOR SPOUSES'S NAME (WIFE/HUSBAND): _____

NUMBER OF CHILDREN: _____

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

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)

EMPLOYERS NAME ADDRESS # of YEARS THERE POSITION?

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

Previous Employers: ADDRESS # of YEARS THERE POSITION?

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 for the A.R.D. program may be placed on it, he or she must be evaluated as required by PA. C.S.A. 1548 (A).

THE APPLICANT MUST contact Mr. J.D. STREIFF at one of the following numbers to make the necessary appointment for this evaluation:

PHONE: (717) 273-3764
CELL: (717) 507-1386

* 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?

WAIVER INSTRUCTIONS – A.R.D. & R.A.P. APPLICANTS

Attached to this application is a form for the defendant to sign waiving his/her speedy trial rights during the time period in which the District Attorney is considering the defendant’s application. The defendant and the defendant’s attorney must complete and sign the form.

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 of \$450 if Accepted to the ARD Program. The Defendant is hereby informed that this is a PROCESSING 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 County 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 is not get placed into the ARD Program or does not Successfully Complete the ARD Program.

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: _____