

COMMONWEALTH VS. _____ NO: _____

PLEASE COMPLETE THE FOLLOWING:

ATTORNEY FOR THE DEFENDANT: (IF APPLICABLE) _____

ATTORNEY'S ADDRESS & PHONE: _____

APPLICATION FOR: ___ARD (ACCELERATED REHABILITATIVE DISPOSITION)

___RAP (RAPID ADJUDICATION PROGRAM)

NAME: _____ MAIDEN: _____

ADDRESS: _____

TELEPHONE: _____ SOCIAL SECURITY: _____

DATE & PLACE OF BIRTH: _____ AGE: _____

HISTORY OF ((PRESENT)) CRIMINAL PROCEEDING

PRESENT CHARGE(S) INCLUDING SUMMARY OFFENSES (CITATIONS)

DATE OF OFFENSE: _____

PROSECUTING OFFICER & DEPARTMENT _____

PRELIMINARY HEARING DATE: _____ DISTRICT JUSTICE: _____

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

MARITAL STATUS: MARRIED _____ DIVORCED _____ SINGLE _____

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

SPOUSES'S ADDRESS (IF DIFFERENT THEN YOURS) _____

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

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

NUMBER OF CHILDREN: _____

NAMES

AGES

LIVING WITH YOU?

NAME

ADDRESS

DECEASED

FATHER: _____

MOTHER: _____

BROTHERS & SISTERS:

WORK HISTORY FOR THE LAST TEN YEARS

(START WITH CURRENT EMPLOYER)

EMPLOYERS NAME

ADDRESS

YEARS THERE

RESIDENCE HISTORY FOR LAST TEN YEARS

START WITH CURRENT ADDRESS:

EDUCATION

SCHOOL AND LOCATION

HIGHEST LEVEL COMPLETED

ELEMENTARY: _____

JUNIOR HIGH OR MIDDLE SCHOOL: _____

HIGH SCHOOL: _____

TRADE SCHOOL, COLLEGE, ETC. _____

WHO HELPED YOU PREPARE THIS APPLICATION: _____

PRIOR ARREST RECORD

LOCATION		DISPOSITION	
COUNTY & STATE	DATE	CHARGES	CONVICTION? DISMISSAL?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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 defendants application is being considered by the District Attorney. Both the first and the second part must be completed by the defendant and the defendant's attorney.

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