

# **NOTICE**

Your case **MAY** be a proper one for handling under the Accelerated Rehabilitative Disposition Program (A.R.D.)

As you know, you were arrested and charged with a crime. You have the right to a trial and the Commonwealth must prove you are guilty beyond a reasonable doubt. However, you might be helped more by being placed into this program which includes probation than by being convicted and sentenced to jail. If you stay out of trouble and complete any Court-ordered conditions during the period of this program, these charges will be expunged from your record. If you violate the conditions, you will be tried as if you never had been in this program.

If you desire to be considered for the A.R.D. Program, you must complete the enclosed questionnaire and bring your completed form to your scheduled Preliminary Hearing at the MDJ's Office.

The final determination of your eligibility will be made by the District Attorney's Office. Be advised that in certain cases, if the victim of the crime objects, this objection could prevent you from being approved for this program.

Be advised that applying for admission into the A.R.D. Program does not relieve you of your obligation to appear before the District Attorney's Office or the Court for all scheduled appearances. Failure to so appear will result in a bench warrant being issued for your arrest.

You may wish to contact a lawyer if you have any further questions about this program.

Very truly yours,

MICHAEL S. GREEK  
District Attorney

MSG:jmo  
Enclosure

APPROVED : \_\_\_\_\_  
DISAPPROVED: \_\_\_\_\_  
DATE: \_\_\_\_\_

OFFICE OF THE DISTRICT ATTORNEY  
CARBON COUNTY COURTHOUSE  
P.O. BOX 36  
JIM THORPE, PENNSYLVANIA 18229  
PHONE: (570) 325-2718  
FAX: (570) 325-3525

COMMONWEALTH OF PENNSYLVANIA :  
VS. : NO.  
:

**QUESTIONNAIRE TO DETERMINE ELIGIBILITY  
FOR ACCELERATED REHABILITATIVE DISPOSITION**

**TO THE DEFENDANT:**

The following questions are to be answered truthfully and fully under oath or affirmation and returned to the District Justice's Office to enable the District Attorney to determine your eligibility for consideration for Accelerated Rehabilitative Disposition.

YOU ARE ADVISED THAT ANY FALSE STATEMENT GIVEN IN ANSWER TO ANY QUESTION IS PUNISHABLE AS A MISDEMEANOR OF THE SECOND DEGREE PUNISHABLE BY A FINE NOT EXCEEDING \$5,000.00 AND IMPRISONMENT NOT EXCEEDING TWO (2) YEARS, OR BOTH.

**WRITE CLEARLY AND IN INK**

1. State your full name, Social Security Number and Driver's Operating Number.  
\_\_\_\_\_
2. What is your date of birth and current age? \_\_\_\_\_
3. Give your place of birth (city, state, country). \_\_\_\_\_  
\_\_\_\_\_
4. State any other names by which you are known or by which you have been known, including aliases. \_\_\_\_\_
5. State any nicknames by which you are known. \_\_\_\_\_

6. What is your present address and telephone number? \_\_\_\_\_  
\_\_\_\_\_

7. What is your marital status? \_\_\_\_\_

8. What is the name of your spouse? \_\_\_\_\_

9. Give the names and ages of any children. \_\_\_\_\_  
\_\_\_\_\_

10. Give the names of all persons with whom you live and your relationship with each.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Give each and every address where you resided during the last five year period.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. State your educational experience, giving the names of schools you attended and the date of attendance.

Grade School: \_\_\_\_\_

High School: \_\_\_\_\_

College: \_\_\_\_\_

Other: \_\_\_\_\_

13. Have you ever served in the Military?  
\_\_\_\_\_

If you have been in the military service of the United States, state which branch, the years of service and the type of discharge.

Branch: \_\_\_\_\_ Years: \_\_\_\_\_

Discharge: Honorable: \_\_\_\_\_ Dishonorable: \_\_\_\_\_

Other: \_\_\_\_\_ Explain: \_\_\_\_\_

14. State what occupations or jobs you have held in the last five (5) years:

<u>Employer</u>	<u>Job Description</u>	<u>Years</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. What is your present occupation or employment and how long employed?

\_\_\_\_\_

Employer: \_\_\_\_\_

Describe Duties: \_\_\_\_\_

If unemployed, source of income: \_\_\_\_\_

16. What is your present average net income? \_\_\_\_\_

17. What is your ability to pay Court costs? Estimated amount per month: \_\_\_\_\_

18. Have you been arrested for any Juvenile or Adult criminal offenses?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, state the following, using additional sheet(s) if necessary.

Date of Arrest (Month/Year): \_\_\_\_\_

Charge: \_\_\_\_\_

Jurisdiction (City & State): \_\_\_\_\_

Sentence or other Disposition: \_\_\_\_\_

19(a). Have you ever been convicted of DUI or been placed on an A.R.D. Program as a result of a DUI

Charge? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, state:

Date of Arrest: \_\_\_\_\_

Date of conviction or acceptance in the A.R.D. Program: \_\_\_\_\_

County where this occurred: \_\_\_\_\_

19(b). Have you ever been placed in an A.R.D. Program for a non-DUI offense?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, state:

Date of Arrest: \_\_\_\_\_

Charge: \_\_\_\_\_

Date of conviction or acceptance in the A.R.D. Program: \_\_\_\_\_

County where this occurred: \_\_\_\_\_

20. Are you currently on parole or probation? \_\_\_\_\_

21. Have you ever been treated for mental illness or hospitalized for mental illness:

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, state when, where and period of time.

\_\_\_\_\_

22. Do you have any serious medical conditions or other disability at the present time?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, state the nature thereof: \_\_\_\_\_

\_\_\_\_\_

23. Are you currently dependent upon or addicted to alcohol or drugs?

Yes \_\_\_\_\_ No \_\_\_\_\_

24. Are you currently enrolled in any treatment program for alcohol or drug addiction dependency?

Yes \_\_\_\_\_ No \_\_\_\_\_

THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY ANY PERSON CHARGED WITH DUI

25. Were you involved in an accident? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so:

(a) Do you have insurance? Provide the name of your insurance company.

\_\_\_\_\_

(b) Was any person, other than yourself injured? Yes \_\_\_\_\_ No \_\_\_\_\_

(c) If so, give the name and address of injured party or parties, along with a description of the injuries suffered.

\_\_\_\_\_

(d) Is there any restitution due? If any, approximately how much?

\_\_\_\_\_

26. State any other offenses you were charged with, either under the vehicle code or the crimes code, which arose from this incident.

\_\_\_\_\_

\_\_\_\_\_

27. What was your blood alcohol reading or what types of drugs were found in your system?

\_\_\_\_\_

28. Where were you drinking or consuming drugs? \_\_\_\_\_

When were you drinking or consuming drugs? \_\_\_\_\_

For how long were you drinking or consuming drugs before driving? \_\_\_\_\_

29. State the name, address and telephone number of three reputable citizens, not related to you, who are willing to support your consideration for the Accelerated Rehabilitative Disposition Program:

NAME

ADDRESS

TELEPHONE NUMBER

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

30. State briefly why you feel you should be given the benefit of placement in the Accelerated Rehabilitative Disposition Program.

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I, hereby, swear to (or affirm) the truth of the facts set forth in this application for Accelerated Rehabilitative Disposition. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Signature of Applicant

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

COMMONWEALTH OF PENNSYLVANIA

vs.

:  
:  
:  
:  
:  
:

D.J. ID # \_\_\_\_\_

O.T.N. # \_\_\_\_\_

C.P. ID # \_\_\_\_\_

\_\_\_\_\_  
Defendant

**EXPLANATION OF ACCELERATED REHABILITATION PROGRAM (A.R.D.)  
And  
WAIVER OF RIGHTS FORM**

1. I understand that I have been charged with a crime and that I have a right to go to trial on that charge. I am presumed innocent of this charge and the prosecution must prove me guilty beyond a reasonable doubt.
2. Notwithstanding my right to go to trial, I ask to be placed in the Carbon County A.R.D. Program and **I CERTIFY THAT I HAVE NOT PREVIOUSLY BEEN IN SUCH A PROGRAM IN THIS OR ANY OTHER JURISDICTION.**
3. I understand the District Attorney will consider any prior criminal conviction I may have.
4. I understand the District Attorney will consider a victim's input on my request for A.R.D.
5. I am aware that I will be in the A.R.D. program for a specific period and that the special terms and conditions of the program are as follows:
  - (a) I will pay the costs of prosecution, ARD fees, offender supervision fees and other fees imposed by the Court on the charges filed against me.
  - (b) I will attend and complete the Highway Safety Program at the Carbon-Monroe-Pike Drug and Alcohol Office and pay the costs thereof.
  - (c) I will receive an alcohol and/or drug evaluation and follow through with any recommended treatment and pay the costs thereof.
  - (d) I may have to receive a mental health evaluation and follow through with any recommended treatment and pay the costs thereof.
  - (e) I will complete any community service hours as may be ordered by the Court.
  - (f) If I caused any property damage or personal injury to anyone and do not have insurance to pay for such damage or personal injury, I will make restitution to the victim of the amount of such damage or personal injury.
  - (g) I will abide by the general rules and regulations applicable to all persons on A.R.D.



6. I understand that the charges which have been filed against me will not be further prosecuted while I am in the A.R.D. Program, but if I fail to complete the program satisfactorily, I will be removed from the program and the charges filed against me will then be prosecuted according to law as if I had never been in the A.R.D. Program.
7. I understand that if I successfully complete the A.R.D. Program the charges that have been filed against me will be dismissed and the record will be expunged. If my current charge is for an offense under the Driving Under the Influence Statute and I am convicted of a subsequent offense of Driving Under the Influence, I may be sentenced as a second or subsequent offender of Driving Under the Influence.
8. I understand that I can reject this offer of A.R.D. and demand that my case be brought to trial instead and that neither rejection of A.R.D. nor any statement I make in these A.R.D. proceedings can be used against me.
9. I understand that by participating in the A.R.D. Program I waive (give up) the following rights:
  - (a) My right to a preliminary hearing.
  - (b) My right to a formal Court arraignment.
  - (c) The right to have my case tried before a jury within three hundred and sixty-five (365) days from the date the charges were filed against me and dismissed if not tried within 365 days.
  - (d) The applicable statute of limitations within which prosecution must be commenced on the charges against me.
10. Time spent in processing the questionnaire for A.R.D. will be excluded in computing the 365 days under Rule 600.
11. I understand that if my case is removed from the A.R.D. program and sent back for trial, the District Attorney will then have one hundred and twenty (120) days within which to bring me to trial.

I have read the above and fully understand it.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
Defendant

As attorney for the above-named Defendant, I certify that I have fully discussed and reviewed the foregoing explanation and waiver of rights to the Defendant and I believe he/she understands it.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
Attorney for the Defendant

I agree that this case is suitable for inclusion in the A.R.D. Program and I move that the Defendant be placed on A.R.D.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
District Attorney/Assistant District Attorney

**RULE 600 – SPEEDY TRIAL  
WAIVER**

**Initial the applicable answers:**

1. Do you understand that Rule 600 of the Pennsylvania Rules of Criminal Procedure (Rule 600) requires that your trial begin no later than 180 and/or 365 days from the date on which the criminal complaint charging you with this/these offense(s) was filed with the District Justice of the Peace?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Do you understand that, with certain exceptions set forth later in this form, if your trial does not begin within the mandatory 180 and/or 365 days period, you may petition the Court to dismiss the charge(s) against you with prejudice and obtain a Court Order ending this prosecution against you for all time?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Do you understand that any periods of time at any stage of these proceedings in which you or your lawyer were unavailable, and the periods of any continuances in excess of 30 days requested by you or your lawyer at any stage of these proceedings are not counted as part of the time for beginning your trial – that these time periods are excluded from the calculation of the 180 and/or 365 days?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Do you understand that Rule 600 allows the Commonwealth of Pennsylvania at any time prior to the expiration of the period for commencement of trial to apply for and receive an extension of the period when, despite due diligence by the Commonwealth, your trial cannot begin within the 180 and/or 365 days or any previously extended time period?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Do you understand that by (requesting) (agreeing to) this continuance you are giving up any (not opposing) right which you might otherwise have under Rule 600 to obtain a dismissal of the charges(s) against you for failure to comply with that Rule; that you will not be able to complain that you were denied a speedy trial because of the time consumed by this continuance; and that your trial will be considered timely even is the 180 and/or 365 days or any extension thereof would otherwise have run out before the end of the last day of the next trial session, so long as your trial begins either on or before the expiration of the actual or extended date set by Rule 600, whichever date is latest?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. \_\_\_\_\_ I have reviewed this "Waiver", the Continuance Form and my Rights to a Speedy Trial with my attorney.

\_\_\_\_\_ I do not have an attorney and I do not wish to consult with one concerning this "Waiver", the Continuance Form or my Rights to a Speedy Trial.

\_\_\_\_\_  
Signature of Defendant

\_\_\_\_\_  
Date

I hereby certify that I have reviewed this Waiver, the Continuance Form and the Defendant's Rights to a Speedy Trial with the Defendant prior to our signing these forms.

\_\_\_\_\_  
Signature of Defendant's Attorney

\_\_\_\_\_  
Date

**56<sup>th</sup> JUDICIAL DISTRICT – CARBON COUNTY, PENNSYLVANIA**

**PRIOR CRIMINAL RECORD STATEMENT**

Defendant's Name: \_\_\_\_\_

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

Defense Counsel: \_\_\_\_\_ District Attorney/: \_\_\_\_\_  
Assistant District Attorney

Representations regarding prior record:

I, \_\_\_\_\_, Defendant, represent that my prior criminal record, including prior ARD's and all juvenile and adult arrests, is set forth here in full, to the best of my memory. I understand that if this listing is in error, the parties will not be bound by the agreement. **I ALSO UNDERSTAND THAT AN INTENTIONAL FALSE STATEMENT BY ME ON THIS DOCUMENT COULD RESULT IN A SEPARATE CRIMINAL PROSECUTION.**

Charge (Include All arrests)	Location (County/State)	Disposition	Approximate Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Defendant Date

\_\_\_\_\_  
Defense Counsel Date

\_\_\_\_\_  
District Attorney/  
Assistant District Attorney Date

**PROCEDURE FOR CRN EVALUATION**

1. The CRN (Criminal Reporting Network) evaluation is a computer-supported information system that provides the Courts with a detailed personality and alcohol intake profile of a person charges with Driving Under the Influence.
2. The Court **MUST** have in its possession, prior to your sentencing or acceptance into the ARD Program, the complete CRN evaluation and any further assessments which might be recommended. It is important that you keep the scheduled appointment given to you to avoid any delays in your case.

**FAILURE TO HAVE THE CRN EVALUATION OR ASSESSMENT (IF APPLICABLE) COMPLETED BEFORE YOUR COURT APPEARANCE COULD MAKE YOU INELIGIBLE FOR THE ARD PROGRAM.**

3. Please have the following information with you at the time of your evaluation:

- **TIME AND DATE OF YOUR ARREST**
- **DRIVER’S LICENSE NUMBER**
- **BLOOD ALCOHOL CONCENTRATION LEVEL (BAC)**
- **DRUGS FOUND IN SYSTEM**

4. The cost of the CRN evaluation is \$70. Payment in full is required at the time of the evaluation. Failure to appear, failure to bring the \$70 fee and/or the above requested information will result in the re-scheduling of your appointment. A \$15 no-show fee will be assessed for missed appointments.

**MASTER CARD AND VISA ARE ACCEPTED OR  
MAKE A CHECK OR MONEY ORDER PAYABLE TO:  
Carbon-Monroe-Pike Drug & Alcohol Commission, Inc.**

\_\_\_\_\_  
Date of Appointment

\_\_\_\_\_  
Time of Appointment

Carbon-Monroe-Pike Drug & Alcohol Commission, Inc.  
Carbon Office: 428 South Seventh Street  
Lehighon, Pennsylvania 18235  
Phone: (610) 377-5177

Date: \_\_\_\_\_

Defendant: \_\_\_\_\_

## CRN APPOINTMENT

Your CRN is scheduled for \_\_\_\_\_ at \_\_\_\_\_  
Carbon-Monroe-Pike Drug and Alcohol Commission  
428 South Seventh Street, Suite 1  
Lehighton, PA 18235  
(610) 377-5177

1. The CRN (Criminal Reporting Network) evaluation is a computer-supported information system that provides the Courts with a detailed personality and alcohol intake profile of a person charged with Driving Under the Influence. The evaluation appointment requires one hour.
2. The results of your CRN may require you to have a further assessment of your treatment needs. The Court may also order further assessment of your treatment needs. It must be completed by a licensed provider such as Carbon-Monroe-Pike Drug and Alcohol Commission prior to entering the ARD program or sentencing. Recommended treatments will be a condition of your ARD or sentence.
3. The Court **MUST** have in its possession, prior to your sentencing or acceptance into the ARD Program, the complete CRN evaluation and any further assessments which might be recommended. It is important that you keep the scheduled appointment given to you to avoid any delays in your case.

**FAILURE TO HAVE THE CRN EVALUATION OR ASSESSMENT  
(IF APPLICABLE) COMPLETED BEFORE YOUR COURT  
APPEARANCE COULD MAKE YOU INELIGIBLE FOR THE ARD  
PROGRAM.**

4. Please bring your criminal complaint and affidavit with you to the appointment which should contain the following information:

TIME AND DATE OF YOUR ARREST; DRIVER'S LICENSE NUMBER; BLOOD  
ALCOHOL CONCENTRATION LEVEL (BAC) OR DRUGS FOUND IN YOUR SYSTEM

5. The cost of the CRN evaluation is \$70. Payment in full is required at the time of the evaluation. Call (610) 377-5177 if you are unable to make your appointment or if you are unable to pay for the CRN. Failure to appear, failure to bring the \$70 fee and/or the above requested information will result in the re-scheduling of your appointment. A \$15 no-show fee will be assessed for missed appointments.

**MASTER CARD AND VISA ARE ACCEPTED OR  
CASH OR MONEY ORDER PAYABLE TO:  
Carbon-Monroe-Pike Drug & Alcohol Commission, Inc.**

I have read the above and fully understand that the CRN and the Comprehensive Drug and Alcohol Assessment (if recommended) must be completed prior to being placed on ARD or sentencing. I also understand the fees for the CRN and the fee for missed appointments.

Printed Name: \_\_\_\_\_

Address:

\_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Cell Phone:

\_\_\_\_\_

Home Phone:

\_\_\_\_\_