

COURT OF COMMON PLEAS OF CARBON COUNTY, PENNSYLVANIA

CRIMINAL DIVISION

COMMONWEALTH OF PENNSYLVANIA

:

V.

: **NO:**

:

ACKNOWLEDGEMENT OF GENERAL CONDITIONS OF ARD SUPERVISION

I understand that I am being considered for placement in the Accelerated Rehabilitative Disposition (ARD) Program. My placement in this program will be subject to my acceptance of certain general and specific conditions that the Court will be imposing upon me. In addition to any conditions imposed by the Court on the record at the time of my hearing, I understand that the general conditions set forth below will also become part of and be incorporated into any such ARD disposition order. I have read these conditions carefully and have reviewed them with your lawyer, if applicable. By placing my initials next to each such condition, I acknowledge that I have read and understand each such condition.

____ 1. You will report in person or in writing as directed by your Probation Officer and permit him/her to visit you at your home, place of employment or any other specified location.

____ 2. The address that you provide at the time of your ARD hearing shall constitute your approved residence for supervision purposes and cannot be changed without the prior permission and knowledge of your probation/parole officer.

____ 3. You will refrain from the violation of any Municipal, County, State and Federal criminal statutes, as well as provisions of the Vehicle Code and the Liquor Code. You must notify your Probation Officer of any arrest or summary citation within seventy-two (72) hours of occurrence.

____ 4. You will make a concerted effort to obtain and maintain steady, viable employment to support your legal dependents. If employment is lost or changed, you must notify your Probation Officer within seventy-two (72) hours and cooperate with him/her in locating other suitable employment.

____ 5. You will abstain from the unlawful possession, or sale of, narcotics and dangerous drugs or drug paraphernalia, and abstain from the use of controlled substances within the meaning of the Controlled Substance, Drug, Device and Cosmetic Act, without a valid prescription. Also, you shall submit to random or scheduled urinalysis screening as requested by your Probation Officer.

____ 6. You will make all payments on your Court costs, fines and restitution as determined by the Court, probation/parole department or the Bureau of Collections.

____ 7. You will report to any treatment agency recommended by your Probation Officer and follow all recommendations made by the facility.

____8. In accordance with Act 35 of 1991, you shall pay a monthly offender supervision fee as ordered by the Court. Said payment shall be made to the Carbon County Bureau of Collections until such time as you are legally discharged from supervision or otherwise directed by the Court or the department.

____9. You shall refrain from the consumption/possession/control of alcoholic beverages until you have been successfully discharged from a certified Alcohol Highway Safety Program and/or an alcohol treatment program. This condition shall apply to all DUI offenders or other alcohol related offenses.

Applicable

Not Applicable

____10. You shall also comply with all other special conditions imposed by the Court at the time of your ARD hearing.

Date

Signature of Defendant

STATEMENT OF DEFENDANT'S ATTORNEY

As counsel for the above-named defendant, I acknowledge that I have explained the content and meaning of this document to the defendant and that any questions that the defendant has asked of me pertaining to this document have been answered. I further acknowledge that I have explained the conditions in this document to the Defendant and I am satisfied that the Defendant understands these conditions.

Signature of Attorney

Attorney Identification #