

APPLICATION FOR:
 _____ **ARD – DUI** Fee due with application - \$300
 _____ **ARD – non DUI** Fee due with application - \$0
 Criminal Complaint must be attached.

COMMONWEALTH OF PENNSYLVANIA

VS.

NO.20 _____ CR _____

DEFENDANT'S WAIVER OF RULE 600, PENNSYLVANIA RULES OF CRIMINAL PROCEDURE, FOR DETERMINATION OF ELIGIBILITY FOR ACCELERATED REHABILITATIVE DISPOSITION PROGRAM (ARD)

I, _____, the above-named Defendant, have had criminal charges filed against me to the above Criminal Action Number;

I further understand that I may be eligible for the disposition of these charges through the Blair County ARD Program, and I intend to make application to the Blair Drug and Alcohol Partnerships office. The District Attorney's Office will review and consider for ARD disposition.

In making such application, I hereby waive the applicable provisions of Rule 600 of the Pennsylvania Rules of Criminal Procedure as they relate to my right of a speedy trial for the period commencing with the date of this waiver and ending with either the date of notification of rejection by the District Attorney's Office and/or acceptance or rejection of the ARD Application by the Court.

In addition, I hereby waive the Compulsory Joinder provisions of 18 Ps. C.S.A. § 110 upon acceptance into the ARD Program. I understand I waive the right to object pursuant to 18 Pa. C.S.A. § 110 to any prior disposition of summary offenses should I be revoked from the ARD Program and prosecuted for the offense(s) for which I initially received ARD.

I verify that the statements made in the foregoing application are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 PA C.S.A. SEC. 4909 relating to Unsworn Falsification to Authorities

Blair County Adult Probation & Parole requires a credit, debit, or prepaid Visa card in the amount of \$24 the day you are entering into ARD for the web based reporting portal. Failure to do so will be a violation of the program.
 Defendant Initials _____

 Defendant

 Counsel for Defendant

 Date

QUESTIONNAIRE TO DETERMINE ELIGIBILITY FOR
ACCELERATED REHABILITATIVE DISPOSITION (ARD)

INSTRUCTIONS TO DEFENDANT:

The information requested below is to be answered fully and truthfully under oath or affirmation. The application will be used for the purpose of determining your eligibility for consideration by the Court for ARD.

Total cost of the ARD Program for a Driving Under the Influence charges is \$650.

\$ 300 payable to the Blair County DUI Program is **due with this application**

\$ 350 is **due to Blair County Cost & Fines on or prior to sentencing.**

Total cost of the ARD Program for NON-DUI charges is \$475 to be paid by a payment plan established by the Blair County Cost and Fines Office. **No amount due with application.**

Return this application at the Preliminary Conference or to:

Blair Drug & Alcohol Partnerships

3001 Fairway Drive, Suite D

Altoona, PA 16602

(Fairway Centre beside Pennsylvania Department of Environmental Protection)

PLEASE PRINT IN INK OR TYPE

1.) PERSONAL DATA:

Full Name: _____ Social Security No: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip Code _____

Telephone No: _____ Cell Phone No: _____

Email Address: _____

Maiden Name/Other names known by: _____

2.) MARITAL STATUS:

Single Married Separated Divorced Widowed

Live In Relationship Other _____

Name of Spouse: _____

Name(s) and age(s) of child(ren) _____

3.) CURRENT OFFENSE:

List all charges, including summaries: _____

Date of Offense: _____ Arresting Agency: _____

Attorney: _____ Magistrate: _____

If DUI Charge:

Blood/Alcohol test result: _____ Refusal: _____

Was there an accident involved: _____ If yes, did Insurance pay? _____

If NON-DUI - Charge:

Was there loss or damage: _____ If yes, was restitution paid: _____

If restitution is owed, how much and to whom: _____

4.) PERSONAL HISTORY:

ADDRESS: List all addresses other than the one listed above that you have resided at for the past five (5) years:

Address, City, State	Years From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION: List all high schools, colleges, and other educational institutions attended:

Name of School	When Attended	Graduate
_____	_____	_____
_____	_____	_____

Are you currently attending college or post-secondary education? Yes No

If yes, where? _____

WORK HISTORY: List present employer first and all employment for past five (5) years:

From	To	Name of Employer	Job Title	Monthly Income
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other sources of household income and amount:

_____ \$ _____

MILITARY:

Branch: _____ Current Status: _____

PREVIOUS RECORD:

- 1.) Have you ever been charged with a crime? Yes No
- 2.) Have you ever been placed on ARD or a Pre-Trial diversionary program? Yes No
- 3.) If answered yes to questions (1) or (2), answer the following:

Prior Charge	Date of Arrest	Place of Arrest	Date & Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4.) Do you have any outstanding cost/fines, and if so, where: _____

HEALTH STATUS -- (Past and Present):

HAVE YOU EVER RECEIVED TREATMENT FOR:

- Mental Illness: Yes No
- Alcohol or Drug Dependency: Yes No
- Any other physical disability: Yes No

If YES to any of the above, state fully the nature of your treatment(s), your doctor(s) and the place(s) and date(s) where such treatment(s) were administered: _____

Have you ever been treated in a hospital or clinic? Yes No
If YES, please explain: _____

REFERENCES: List three (3) individuals, not related to you or anyone involved in this charge, who are willing to support your consideration for ARD:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe briefly, in your own words, your version of the charges and why you feel you should be considered for placement in the ARD Program.

BLAIR COUNTY DRUG AND ALCOHOL PROGRAM, INC CONFIDENTIALITY AUTHORIZATION TO RELEASE INFORMATION

Individual's Name: X

I hereby authorize: Blair County Drug and Alcohol Program, Inc, 3001 Fairway Drive, Suite D, Altoona, PA 16602
Name of Organization, Person, or Title

to release the following information to:

Blair County Adult Probation & Parole Office
Name of Organization, Person, or Title

At: Blair County Court House, 423 Allegheny Street, Suite 330, Hollidaysburg, PA 16648 814-693-3190
Address

The following information pertaining to MYSELF.

THE INFORMATION WHICH MAY BE RELEASED IS LIMITED STRICTLY TO THE FOLLOWING:

- | | |
|--|---|
| <input type="checkbox"/> PCPC Summary Sheet | <input checked="" type="checkbox"/> Attendance |
| <input type="checkbox"/> ASAM Summary Sheet | <input type="checkbox"/> Progress on objectives |
| <input type="checkbox"/> Psychosocial/diagnostic summary | <input type="checkbox"/> Legal System (type of program, summary of progress, Type/frequency of relapse and prognosis) |
| <input type="checkbox"/> Emergency Contact | <input type="checkbox"/> Preliminary Diagnosis |
| <input type="checkbox"/> Physical Description | |
| <input type="checkbox"/> Liability Information | |

Reason for the Disclosure: Coordination of Services

- I understand the duration of this authorization is for no longer than one year unless I specify a date, event, or condition upon which it will expire sooner.
Specify date, event, or condition ONLY if consent expires sooner than 1 year; otherwise specify NA: _____
- I understand that this authorization may be cancelled at any time by a verbal or written request unless I have been mandated into treatment as a result of a criminal proceeding. Information may have been previously released prior to the cancellation.
- I understand that I may refuse to sign this authorization; my refusal will not prevent me from receiving services; my refusal will prevent the treatment providers from sharing information that may be beneficial to my treatment.
- I have read and understand the intent of this authorization.
- I have been offered and accepted refused a copy of this form.

X
Individual's Signature

Witness to Signature

X
Date

Date

A copy of the Authorization shall be deemed valid as original. To be valid, this Authorization must be signed and dated.

PROHIBITION OF REDISCLOSURE: The information has been disclosed to you from records whose confidentiality is protected by State and Federal Law. Regulations prohibit you from making any further disclosures of this information except with the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. A general release of medical or other information is NOT sufficient for this purpose. Federal rules do not allow any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

THE FOLLOWING FORM IS NOT PART OF THE ARD APPLICATION!

THIS STIPULATION AND WAIVER FORM IS A REQUIREMENT OF PARTICIPATION IN THE ACCELERATED REHABILITATIVE DISPOSITION (ARD) PROGRAM FOR ALL TYPES OF CRIMINAL CASES IN BLAIR COUNTY.

THIS FORM CONTAINS FOUR (4) PAGES AND REQUIRES (2) SIGNATURES FROM BOTH THE DEFENDANT AND THE DEFENSE ATTORNEY WHEN APPLICABLE. IF YOU ARE SELF REPRESENTED PLEASE NOTATE THAT ON THE ATTORNEY LINES.

**BEFORE SUBMITTING THIS FORM TO THE DISTRICT ATTORNEY'S OFFICE
PLEASE MAKE SURE YOU HAVE:**

1. READ ALL THE INFORMATION CAREFULLY
2. PRINTED THE DEFENDANT'S NAME IN THE CAPTION AREA ON PAGES ONE (1) AND THREE (3)
3. PRINTED THE CASE NUMBER IN THE CAPTION AREA ON PAGES ONE (1) AND THREE (3)
4. SIGNED THE FORM ON PAGES TWO (2) AND FOUR (4)

IN THE COURT OF COMMON PLEAS OF BLAIR COUNTY, PENNSYLVANIA -
CRIMINAL DIVISION-

COMMONWEALTH OF PENNSYLVANIA	:	
	:	
v.	:	CASE NO.:
	:	
	:	
_____ ,	:	
DEFENDANT	:	

ARD STIPULATIONS AND WAIVER

STIPULATIONS:

1. I have applied for admission to the Accelerated Rehabilitative Disposition (“ARD”) program. This stipulation and waiver is not part of my ARD application/hearing, and is a condition of the ARD program pursuant to Pa.R.Crim.P. Rule 316. I understand that information or statements supplied by me in my application may **not** be used against me in a prosecution for the current offense if my application for ARD is denied, or if my case is revoked from the ARD program. I further understand that the only criminal proceeding in which this stipulation and waiver may be used against me is for the purposes set forth in paragraphs 2-4.

2. I admit, under penalty of perjury, that the facts set forth in the attached document(s) are true and correct and would cause any jury or judge to find me guilty, beyond a reasonable doubt, of the charges listed in the attached criminal complaint.

3. I hereby agree that the statements in this stipulation and waiver are not protected by Pa.R.Crim.P. Rules 311-313. The information in this stipulation and waiver may be used against me if I am charged with applicable subsequent offenses in the future, including, but not limited to, Retail Theft and Driving Under the Influence of Alcohol and/or Controlled Substance(s). The stipulation may be used as evidence of a “prior conviction” for purposes of increasing the grading and penalty of any such future offense.

4. I stipulate that for the purposes of future trials and/or sentencing proceedings, this waiver shall prove, beyond a reasonable doubt, that these offenses did indeed occur. Therefore, in the event that I am convicted of a subsequent applicable violation, this violation, for which I have been offered and have voluntarily accepted participation in the Accelerated Rehabilitative Disposition (ARD) program, will be considered a

“prior offense” or “prior conviction” and I shall be subject to enhanced grading and mandatory sentencing penalties as prescribed by Pennsylvania law including, but not limited to, 75 Pa. C.S.A. §3804 (relating to DUI penalties), 75 Pa. C.S.A. §3806 (relating to effect of prior DUI offenses), and 18 Pa.C.S.A. §

3929(b)(relating to grading Retail Theft offenses).

5. I stipulate that for the purposes of future trials and/or sentencing proceedings, to findings of facts of the averments contained within the attached criminal complaint and incident report.

6. I hereby understand and agree that I will not be entitled to expungement of any investigative materials including, but not limited to, police reports, reports of any testing or testing results, and/or witness statements. To the extent required, I acknowledge that Pa.R.Crim.P. 320 does not apply, or is waived, regarding the retention of this waiver, associated Court documents, and the aforementioned investigation materials.

I make the above stipulations voluntarily, understanding that I have the right to refuse and acknowledge that I have had the opportunity to consult with legal counsel prior to rendering this decision.

Defendant

Date

Attorney for Defendant

Date

IN THE COURT OF COMMON PLEAS OF BLAIR COUNTY, PENNSYLVANIA -
CRIMINAL DIVISION-

COMMONWEALTH OF PENNSYLVANIA	:	
	:	
v.	:	CASE NO.
	:	
	:	
_____ ,	:	
DEFENDANT	:	

WAIVER:

1. I understand that these stipulations and waivers are **NOT** part of my ARD application and that no information contained in such application may be used against me in a prosecution for the current offense if my application for ARD is denied or if my case is revoked from the ARD program.

2. I understand that these stipulations and waivers are a condition of my ARD program pursuant to Pa.R.Crim.P. Rule 316 and refusal will result in the District Attorney's Office declining to submit my case for participation in the ARD program.

3. I understand that this stipulation and waiver may **ONLY** be used against me in a future criminal proceeding for purposes of prosecution of subsequent related offenses (i.e. showing a prior offense or conviction for purposes of sentencing).

4. I understand that under the current law, if I commit an applicable subsequent offense, including, but not limited to, Retail Theft and Driving Under The Influence of Alcohol/Controlled Substances the Commonwealth is required to prove, beyond a reasonable doubt, that I am guilty of this applicable offense or offenses for which I am being placed on ARD in order to use this offense as "prior offense" or "prior conviction" for purposes of enhancing the grading and sentencing of any subsequent relevant offense(s).

5. I am knowingly and voluntarily waiving my right to challenge in any future proceeding that this offense constitutes a "prior offense" or "prior conviction" for the purposes of enhancing grading and sentencing of any subsequent applicable offense(s).

Defendant

Date

Attorney for Defendant

Date