

**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

VS.

NO.20 \_\_\_\_\_ CR \_\_\_\_\_

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.  
 PATIENT CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_ authorize  
 (NAME OF PATIENT)

\_\_\_\_\_ Blair County Drug and Alcohol Program, Inc.  
 (NAME OR GENERAL DESIGNATION OF PROGRAM MAKING DISCLOSURE)

to disclose to: DUI Program Application – check all that apply:  
 (NAME OF PERSON OR ORGANIZATION TO WHICH DISCLOSURE IS TO BE MADE)

- Blair County Probation and Parole       Blair County District Attorney Office  
 Blair County Judges                       Blair County Public Defender's Office  
 Other: \_\_\_\_\_                               Blair County Specialty Court Coordinator

the following information: (NATURE OF THE INFORMATION, AS LIMITED AS POSSIBLE) Please check the appropriate box(s)

<input type="checkbox"/>	ASAM Summary	<input type="checkbox"/>	Psychosocial/Diagnostic Summary
<input type="checkbox"/>	Progress on Objectives	<input type="checkbox"/>	Liability Information and Funding
<input type="checkbox"/>	Medical Information	<input type="checkbox"/>	Preliminary Diagnosis
<input checked="" type="checkbox"/>	Attendance in Services	<input checked="" type="checkbox"/>	Summary of Progress in services
<input type="checkbox"/>	Frequency of relapse and prognosis	<input type="checkbox"/>	Emergency Contact
<input type="checkbox"/>	Legal System (Type of program/summary of progress, Type/Frequency of relapse and prognosis)	<input type="checkbox"/>	Other: specify

The purpose of the disclosure (as specific as possible) authorized herein is to: Check one or both:

<input type="checkbox"/>	Coordination of Care	<input checked="" type="checkbox"/>	Other: This section must be completed with specific reason if checked: <u>DUI Program Requirements</u>
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I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

365 days post close of care coordination  
 (SPECIFICATION OF THE DATE, EVENT, OR CONDITION UPON WHICH THIS CONSENT EXPIRES)

\_\_\_\_\_  
 (Date) (Print Name) (Signature of Participant)

\_\_\_\_\_  
 (Date) (Print Name) (Signature of Parent, Guardian or Authorized Rep. when required)

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

I have been offered and  accepted  refused a copy of this form.

Blair County Drug and Alcohol Program, Inc.  
 PATIENT CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_ authorize  
 (NAME OF PATIENT)

\_\_\_\_\_ Blair County Drug and Alcohol Program, Inc.  
 (NAME OR GENERAL DESIGNATION OF PROGRAM MAKING DISCLOSURE)

to disclose to: DUI Program – check all that apply:  
 (NAME OF PERSON OR ORGANIZATION TO WHICH DISCLOSURE IS TO BE MADE)

- Court Reporting Network                       Pennsylvania Department of Transportation  
 Other: \_\_\_\_\_

the following information: (NATURE OF THE INFORMATION, AS LIMITED AS POSSIBLE) Please check the appropriate box(s)

<input type="checkbox"/>	ASAM Summary	<input type="checkbox"/>	Psychosocial/Diagnostic Summary
<input type="checkbox"/>	Progress on Objectives	<input type="checkbox"/>	Liability Information and Funding
<input type="checkbox"/>	Medical Information	<input type="checkbox"/>	Preliminary Diagnosis
<input checked="" type="checkbox"/>	Attendance in Services	<input checked="" type="checkbox"/>	Summary of Progress in services
<input type="checkbox"/>	Frequency of relapse and prognosis	<input type="checkbox"/>	Emergency Contact
<input type="checkbox"/>	Legal System (Type of program/summary of progress, Type/Frequency of relapse and prognosis)	<input type="checkbox"/>	Other: specify

The purpose of the disclosure (as specific as possible) authorized herein is to: Check one or both:

<input type="checkbox"/>	Coordination of Care	<input checked="" type="checkbox"/>	Other: This section must be completed with specific reason if checked:  <u>DUI Program Requirement</u>
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365 post close of care coordination  
 (SPECIFICATION OF THE DATE, EVENT, OR CONDITION UPON WHICH THIS CONSENT EXPIRES)

\_\_\_\_\_  
 (Date)    (Print Name)    (Signature of Participant)

\_\_\_\_\_  
 (Date)                      (Print Name)                      (Signature of Parent, Guardian or Authorized Rep. when required)

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

I have been offered and     accepted     refused    a copy of this form.

**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-

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

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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. §



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

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

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COMMONWEALTH OF PENNSYLVANIA

v.

CASE NO.

---

DEFENDANT

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**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).

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