

OFFICE OF THE
DISTRICT ATTORNEY OF LUZERNE COUNTY

STEFANIE J. SALAVANTIS
District Attorney

Samuel M. Sanguedolce
First Assistant



LUZERNE COUNTY COURTHOUSE
200 North River Street
Wilkes-Barre, PA 18711
TEL: 570.825.1674 / 570.825.1675
FAX: 570.825.1572
TDD: 570.825.1860

COMMONWEALTH OF PENNSYLVANIA

v.

IN THE COURT OF COMMON PLEAS
OF LUZERNE COUNTY
CRIMINAL DIVISION

No. _____ of 20 _____

**APPLICATION FOR ADMISSION
INTO THE ACCELERATED REHABILITATIVE DISPOSITION PROGRAM**

I. PERSONAL INFORMATION:		
Last Name _____	First Name _____	Middle Name _____
Place of Birth _____	DOB (MM/DD/YYYY) _____/_____/_____	Height _____' _____"
Social Security Number _____ - _____ - _____	Primary Contact Telephone Number (_____) _____ - _____	Weight (lbs.) _____
All aliases, maiden and/or previous names _____	Give description & location of any scars, marks, tattoos _____	
CURRENT ADDRESS:		OTHER PREVIOUS ADDRESSES FOR THE PAST 3 YEARS: <input type="checkbox"/> None
Street _____		
City, State Zip _____		
EMPLOYER INFORMATION:		<input type="checkbox"/> None
Name _____	Address (House No. Street, City, State Zip) _____	
II. ATTORNEY INFORMATION: <input type="checkbox"/> Already Retained <input type="checkbox"/> Not Retained <input type="checkbox"/> Proceeding w/o Atty		
Name _____	Address _____	Phone (_____) _____ - _____
III. ADMISSION: <input type="checkbox"/> I DO ADMIT <input type="checkbox"/> I DO NOT ADMIT to the allegations.		
*To be considered for the ARD program, you must admit to the allegations. This admission will not be used against you.		
IV. D.U.I. Cases Only - Court Reporting Network (CRN) Evaluation: <input type="checkbox"/> Completed <input type="checkbox"/> Not Completed		
*Note: You will not be accepted into the ARD program until your CRN evaluation has been completed.		
V. DRIVER INFORMATION: At the time of the offense(s), my driver's license was: <input type="checkbox"/> Valid <input type="checkbox"/> Not Valid		
DL No.: _____	State: _____	Issued: _____ / _____ / _____ Exp.: _____ / _____ / _____
*Driver's License Information must be attached for all offenses.		

¹ Any falsification of information will result in additional criminal charges (Unsworn Falsification PA Crimes Code §4904).

IV. PRIOR CRIMINAL RECORD or ARD:

1. Have you **ever** been arrested, charged or convicted of a felony or a misdemeanor or placed on ARD or a similar program (even if expunged) in this or any other state? [] YES / [] NO

2. If so, indicate the following for the offense(s) (guilty, acquitted, dismissed, withdrawn, ARD, etc.):

<u>Offense Date:</u>	<u>Title of Offense(s):</u>	<u>Jurisdiction (City):</u>	<u>Outcome (see above):</u>

*Additional sheets may be attached if necessary. **The District Attorney investigates **all** prior records.

V. CURRENT OFFENSE INFORMATION - List the following for all current charges:

<u>Offense Date:</u>	<u>Description(s):</u>	<u>Jurisdiction (City):</u>	<u>Status(prelim/county court):</u>

Do you have any other pending charges including from **any other jurisdictions**: [] YES / [] NO

If so, list the charge(s) and jurisdiction(s): _____

VII. INCIDENT AND INSURANCE INFORMATION:

- Was a vehicle involved in this offense? (if NO, skip this section; if YES, proceed) [] YES / [] NO
- Were passengers under 14 years of age in the vehicle at the time of the offense: [] YES / [] NO
- Was anyone injured in relation to the accident regardless of fault? [] YES / [] NO
- Did an accident occur in relation to this offense in any way? [] YES / [] NO

a. If so, the accident involved (check all): [] Another vehicle / [] Another Person / [] Property / [] N/A
b. List the following as to you:

Insurance Carrier/Co. on <u>date of incident</u>	Policy No. _____	Effective _____/_____/_____
Local Insurance Agent _____	(_____) _____ Tel. No.	Expiration _____/_____/_____

***Insurance information must be provided for all DUI and driving-related offenses.**

VERIFICATION

I, THE UNDERSIGNED APPLICANT, HEREBY AGREE AND UNDERSTAND THAT: 1) I AM WAIVING MY RIGHT TO A SPEEDY TRIAL (Pa.R.Crim.P. 600) FOR ALL DELAY DURING APPLICATION, PROCESSING OR COMPLETION OF ARD; 2) I HAVE AN ONGOING DUTY TO NOTIFY THE DISTRICT ATTORNEY'S OFFICE OF ANY CIRCUMSTANCE CAUSING ANY OF THE ABOVE ANSWERS TO BE INCORRECT INCLUDING, BUT NOT LIMITED TO, ANOTHER ARREST OR SUMMONS IN ANY JURISDICTION FOR ANY CRIMINAL CHARGES FROM THE TIME OF THE SUBMISSION OF THIS APPLICATION TO COMPLETION OF THE ARD PROGRAM; 3) I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE; and 4) FALSE STATEMENTS HEREIN ARE PUNISHABLE BY THE PROVISIONS OF §4904 OF THE PA CRIMES CODE REGARDING UNSWORN FALSIFICATION TO AUTHORITIES.

Understood and Agreed:

Signature of Defendant

Date

¹ Any falsification of information **will** result in additional criminal charges (Unsworn Falsification PA Crimes Code §4904).