



OFFICE OF THE DISTRICT ATTORNEY LUZERNE COUNTY

SAMUEL M. SANGUEDOLCE
DISTRICT ATTORNEY

ANTHONY G. ROSS
FIRST ASSISTANT DISTRICT ATTORNEY

CHESTER F. DUDICK JR.
CHIEF DEPUTY DISTRICT ATTORNEY

DANIEL E. ZOLA
DEPUTY DISTRICT ATTORNEY

THOMAS J. HOGANS
DEPUTY DISTRICT ATTORNEY

****ALL APPLICATIONS ARE DUE AT LEAST 14 DAYS PRIOR TO DISPOSITIONAL HEARING****

****Insurance information from time of incident MUST be provided for all DUI and driving related offenses**

COMMONWEALTH OF PENNSYLVANIA : IN THE COURT OF COMMON PLEAS
v. : 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. 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. [TO SCHEDULE A CRN EVALUATION, CONTACT (570) 408-8595.]		

IV. DRIVER INFORMATION: At the time of the offense(s), my driver's license was: [] Valid [] Not Valid

DL No.: _____ State: _____ Issued: ____/____/____ Exp.: ____/____/____
 *Driver's License Information **must** be included for **all offenses**.

V. PRIOR CRIMINAL RECORD

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 If so, indicate the following for the offense(s) (guilty, acquitted, dismissed, withdrawn, ARD, etc.):

Offense Date:	Title of Offense(s):	Jurisdiction (City):	Outcome (see above):

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

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

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

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:

1. Was a vehicle involved in this offense? (if NO, skip this section; if YES, proceed) [] YES / [] NO
2. Were passengers under 14 years of age in the vehicle at the time of the offense? [] YES / [] NO
3. Was anyone injured in relation to the accident regardless of fault? [] YES / [] NO
4. 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 date of incident	Policy No.	Effective
_____	(____) _____ - _____	____/____/____
Local Insurance Agent	Tel. No.	Expiration

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 of Application