

**IN THE COURT OF COMMON PLEAS  
OF ARMSTRONG COUNTY, PENNSYLVANIA**

**COMMONWEALTH OF PENNSYLVANIA**

**VS**

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:  
:  
:  
:  
:

: **CP-03-CR-0000** \_\_\_\_ - 20 \_\_\_\_

**APPLICATION FOR ELIGIBILITY TO ENTER THE  
ACCELERATED REHABILITATIVE DISPOSITION (ARD) PROGRAM**

TO THE DEFENDANT:

The following question are to be answered truthfully and fully and returned to the Office of the District Attorney of Armstrong County to enable the District Attorney to determine you eligibility for consideration for Accelated Rehabilitative Disposition.

YOU ARE ADVISED THAT ANY FALSE STATEMENT GIVEN IN ANSWER TO ANY QUESTION MADE WITH INTENT TO MISLEAD THE DISTRICT ATTORNEY'S OFFICE IS PUNISHABLE AS A MISDEMEANOR OF THE SECOND DEGREE PUNISHABLE BY A FINE OF UP TO \$5,000.00 AND IMPRISONMENT OF UP TO TWO YEARS OR BOTH.

WRITE CLEARLY AND IN INK.

1. Name: \_\_\_\_\_

2. Attorney's Name (if applicable) \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_

4. Address: \_\_\_\_\_

5. Social Security Number: \_\_\_\_\_

6. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

7. Present or Last Employer: \_\_\_\_\_

8. Length of Present or Last Employment: \_\_\_\_\_

9. **HAVE YOU EVER BEEN ARRESTED FOR ANY CRIMINAL OFFENSE?  
(Other than this present offense)**

Yes: \_\_\_\_\_ No: \_\_\_\_\_

10. If the answer to Question 9 is Yes, what offense(s) were you arrested for,  
and where did the arrest take place? \_\_\_\_\_  
\_\_\_\_\_

11. Are you presently on parole or probation? \_\_\_\_\_

12. Are there any criminal charges pending against you in any other County  
or State: Yes: \_\_\_\_\_ No: \_\_\_\_\_

13. Are you presently dependant upon or addicted to alcohol or drugs?  
\_\_\_\_\_

14. Are you presently enrolled in any treatment program for alcohol or drug  
dependency? \_\_\_\_\_

I verify that the statements of fact made in the foregoing Application for Eligibility for Admission to the Accelerated Rehabilitative Disposition Program are true and correct upon personal knowledge. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S.A. § 4904 relating to unsworn falsification to authorities.

Date: \_\_\_\_\_

X \_\_\_\_\_  
(Name of Defendant)

I, \_\_\_\_\_, waive the Statute of Limitations applicable to my criminal charges as well as my "speedy trial" rights under the federal and state constitutions and Pennsylvania Rule of Criminal Procedure Number 600.

I acknowledge that if I fail to complete the program satisfactorily, I may be tried as provided by law. If I satisfactorily complete the program, the District Attorney will dismiss the charges pending against me.

The terms and conditions of the Accelerated Rehabilitative Disposition Program have been explained to me. I am capable of fulfilling these requirements and I agree to comply with them.

Date: \_\_\_\_\_ X \_\_\_\_\_  
(Name of Defendant)

\_\_\_\_\_  
Attorney for Defendant