

DIRECTIONS TO COMPLETE CRN AND FULL ASSESSMENT

For all DUI cases, it is necessary to complete a **CRN** (Court Reporting Network). A **Full Assessment** is necessary *if* the BAC is .16% or greater or if the CRN indicates an Assessment is necessary. Thus, a CRN should be done immediately (within 20 days) and, *if indicated*, a Full Assessment immediately thereafter. Any delays can cause problems with your case.

1. A CRN must be completed prior to acceptance into the ARD program.

Therefore, call immediately!

CRN's can be completed by:

Columbia County Adult Probation Office for a \$75.00 fee (cash or money order payable to Columbia County Treasurer the day of the evaluation). The phone number is (570) 389-5650.

2. If indicated by the CRN or if the BAC is .16% or greater, a Full Drug and Alcohol Assessment must be conducted by a licensed D&A professional. This must be completed prior to acceptance into the ARD program.

Call immediately after the CRN!

D&A Assessments can be completed by:

CMSU for a \$120.00 fee. The phone number is (570) 275-5422.

Please Note: CRN's and Assessments should be forwarded to the Columbia County Adult Probation Office as well as the Columbia County District Attorney's Office, located at the Columbia County Courthouse, 35 West Main Street, Bloomsburg, Pa 17815. The phone number for the Columbia County Probation Office is (570) 389-5650 and the fax number is (570) 389-6320. Also, if you do not reside in Columbia County, we suggest you call your local Probation/Parole Office and inquire as to available locations to complete the above.

COMMONWEALTH OF PENNSYLVANIA : IN THE COURT OF COMMON PLEAS
: OF THE 26TH JUDICIAL DISTRICT
vs. : COLUMBIA COUNTY BRANCH
: CRIMINAL DIVISION
: NO: _____
: CHARGE: DUI
: BAC: _____

**WAIVER OF RIGHT TO SPEEDY TRIAL AND STATUTE OF LIMITATIONS
AND APPLICATION FOR ACCELERATED REHABILITATIVE DISPOSITION
UNDER SECTION 75 PA. C.S.A §1552**

In open Court, I hereby acknowledge that:

WAIVER

1. If I am accepted into and satisfactorily complete the Accelerated Rehabilitative Disposition (ARD) Program, this offers me an opportunity to earn a dismissal of the charges pending against me.
2. I further understand that if I fail to complete the program satisfactorily, I may be prosecuted by law.
3. I further understand that if I am accepted into this program, I waive the statute of limitations and my right to a speedy trial under the Federal and State Constitution, Statutes, or Rules of Court during the period of enrollment in the program.

CONDITIONS

1. The Defendant shall remain under the ARD program subject to supervision of the Columbia County Probation Department for a period of _____ months from this date, during which time he/she shall obey the law and be of good behavior.
2. The Defendant shall pay the costs in this case within a period of thirty (30) days, and pay restitution in the amount of (\$ _____), Supervision Fee of \$480.00, Emergency Medical Services Fee of \$25.00 and Catastrophic Loss Benefit Fund of \$50.00.
3. The Defendant shall be evaluated utilizing the standards and procedures of the Court Reporting Network (CRN) to determine the extent of his/her involvement with alcohol and/or controlled substances and the recommendations resulting from such evaluation shall be incorporated as conditions for the Defendant's successful completion of this program. The Defendant shall pay the costs of this evaluation.
4. If the Defendant's blood alcohol content (BAC) was a 0.16% or higher, or if recommended as a result of the CRN evaluation, the Defendant shall undergo a full assessment for alcohol and drug addiction pursuant to 75 Pa. C.S.A §§ 3814 (3) and (4) and the recommendations resulting from such assessment shall be incorporated as conditions for the Defendant's successful completion of this program. The Defendant shall pay the cost of this assessment.

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: COLUMBIA COUNTY BRANCH
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: NO: _____
: CHARGE: DUI
: BAC: _____

**APPLICATION FOR ACCELERATED REHABILITATIVE DISPOSITION
UNDER 75 PA. C.S.A. §1552**

The above-named Defendant, by his/her attorney, and the District Attorney of Columbia County, respectfully applies for acceptance into the Accelerated Rehabilitative Disposition Program established under 75 Pa. C.S.A §1552. In connection herewith, the said Defendant respectfully represents as follows:

1. The Defendant is an adult individual residing at _____
_____.
2. That on or about _____, the Defendant was charged with Driving under the Influence of Alcohol or a Controlled Substance in violation of 75 Pa. C.S.A. §3802.
3. That a Preliminary Hearing was scheduled for _____, and bail was set at \$_____.
4. The Defendant meets all of the qualifications for admission into the Accelerated Rehabilitative Disposition Program and does not fall within any of the criteria for disqualification as set forth in 75 Pa. C.S.A §3807(a).
5. The Defendant shall undergo evaluation using the Court Reporting Network to determine the extent of his/her involvement with alcohol and/or controlled substances and to assist the Court in determining appropriate conditions for Accelerated Rehabilitative Disposition as set forth in 75 Pa. C.S.A. §3816 and, if applicable, the Defendant shall undergo a full assessment for alcohol and drug addiction pursuant to 75 Pa. C.S.A. §3814(3) and (4).
6. The Defendant shall pay Costs, Restitution, Supervision Fees to the Columbia County Adult Probation Office, Emergency Medical Service Fee, and shall participate in and complete the Driving Under the Influence Counter-Measure Program and pay the costs for said program.
7. There are no circumstances surrounding the occurrence whereby the public interests will be materially affected if the Application is granted.
8. That attached to this Application and marked "Exhibit A" is a summary of information pertinent to the Defendant and to this case which is truthfully completed.

9. The Defendant hereby acknowledges that the approval of this Application by the District Attorney is subject to revocation pending completion of a pre-disposition report by the Columbia County Probation Office and verification of the information set forth in this Application. The Defendant acknowledges that the District Attorney may revoke his/her approval of this Application in the event it is determined that the Defendant would not be a proper candidate for admission into the Accelerated Rehabilitative Disposition Program.
10. The Defendant hereby waives the Application of Rule 600 with respect to a speedy trial during the pendency of this Application and, further, during his/her participation if accepted in the Accelerated Rehabilitative Disposition Program. All time during the pendency of this Application and during the Defendant's said participation shall be excluded in determining the period for commencement of trial under Rule 600.

WHEREFORE, the Defendant respectfully prays that he/she be accepted into the Accelerated Rehabilitative Disposition Program.

Respectfully submitted,

Defendant

Attorney for Defendant

VERIFICATION

I verify that the statements made in this Application and Exhibit are true and correct. I further understand that false statements made herein are made subject to the penalties of 18 Pa. C.S.A. 4904 relating to unsworn falsification to authorities.

Defendant

MOTION OF DISTRICT ATTORNEY

AND NOW, this _____ day of _____, 20____, comes the District Attorney of Columbia County and moves the Court to have this case disposed of in accordance with 75 Pa. C.S.A. §1552.

Thomas E. Leipold, Esquire
Columbia County District Attorney

BACKGROUND OF APPLICANT

NAME:

ADDRESS:

TELEPHONE NUMBER:

SOCIAL SECURITY NUMBER:

DATE OF BIRTH:

MARITAL STATUS:

DEPENDENTS AND AGES:

FATHER'S NAME:

MOTHER'S NAME:

PARENTS' ADDRESS:

SISTERS:

BROTHERS:

EDUCATIONAL HISTORY:

Defendant's
Initials

EXHIBIT "A"

PAST CRIMINAL RECORD: (Include all prior arrests and dispositions, all prior traffic violations (excluding parking tickets) regardless of where the offense occurred.)

RESTITUTION: (Include amount and to whom and whether paid.)

**Defendant's
Initials**

EXHIBIT "A"

EMPLOYMENT: (Last five (5) years)

Employer:

Nature of Employment:

Years:

DEFENDANT'S VERISON OF THE FACTS:

**Defendant's
Initials**

EXHIBIT "A"
