

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

**WAIVER OF RIGHT TO SPEEDY TRIAL AND STATUTE OF LIMITATIONS
AND APPLICATION FOR ACCELERATED REHABILITATIVE DISPOSITION
UNDER PENNSYLVANIA RULES OF CRIMINAL PRODECURE 310-320**

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 (\$ _____), and the Supervision Fee of \$480.00.
3. The Defendant shall successfully complete such programs for alcohol and/or drug abuse as shall be ordered by the Columbia County Probation Department.
4. The Defendant shall report any changes of residence, employment or marital status and any arrest or any charge to the Columbia County Probation Office within three (3) days of said change.
5. The Defendant shall report to the Columbia County Probation Office as directed to do so, or to such other agency as said Probation Office may direct, at such time and in such a manner as it may prescribe.
6. If the Defendant Commits a violation of any condition of the program, the Court may terminate the program and the attorney for the Commonwealth shall proceed on the charges against him/her.

7. If the Defendant completes the program satisfactorily and complies with its conditions, he/she may make an application for an Order to Dismiss the charges against him/her.

Having been advised by the Court of the Conditions of the ARD Program, and understanding the terms of the Waiver, I hereby accept these Conditions and Terms and agree to comply with them.

Attorney

Date

Defendant

Date

ORDER OF COURT

AND NOW, this _____ day of _____, 20____, the Defendant having requested that he/she be accepted for the Accelerated Rehabilitative Disposition (ARD) Program under Rules 310-320 of the Pennsylvania Rules of Criminal Procedure, and having accepted and agreed to comply with the conditions to the program set forth above, the motion of the District Attorney that the case be accepted for the ARD Program is granted and all further criminal proceedings are postponed during the term of the program so long as the Defendant complies with the above conditions.

BY THE COURT:

J.

COMMONWEALTH OF PENNSYLVANIA : IN THE COURT OF COMMON PLEAS
 : OF THE 26TH JUDICIAL DISTRICT
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 : CRIMINAL DIVISION
 : NO: _____
 : NON-DUI
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**APPLICATION FOR ACCELERATED REHABILITATIVE DISPOSITION
UNDER PENNSYLVANIA RULES OF CRIMINAL PRODECURE 310-320**

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 pursuant to Pa. R. Crim.P. 310-320. 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 _____
_____ in violation of _____.
3. That a Preliminary Hearing was scheduled for _____, and bail was set at \$ _____.
4. The Defendant meets all qualifications for admission into the Accelerated Rehabilitative Disposition Program and does not fall within any of the recognized criteria for disqualification.
5. The Defendant shall pay Costs, Restitution, and Supervision Fees to the Columbia County Adult Probation Office.
6. There are no circumstances surrounding the occurrence whereby the public interests will be materially affected if the Application is granted.
7. 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.
8. 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.

9. 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 said 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 pray that he/she be accepted into the said 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 Pennsylvania Rules of Criminal Procedure 310-320.

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.)

EXHIBIT "A"

Defendant's
Initials

EMPLOYMENT: (Last five (5) years)

Employer:

Nature of Employment:

Years:

DEFENDANT'S VERISON OF THE FACTS:

**Defendant's
Initials**

EXHIBIT "A"
