

Entry of Appearance and Waiver of Arraignment Form and ARD Rule 600 Waiver Form
Must Accompany Application for Acceptance into ARD Program and Must Be Sent To:
The Office of Court Administrator, Delaware County Court House,
Media, Pennsylvania 19063 (610) 891-4550



OFFICE OF THE DISTRICT ATTORNEY
DELAWARE COUNTY COURT HOUSE
MEDIA, PENNSYLVANIA 19063

(610) 891-4161
FAX (610) 892-0677

G. MICHAEL GREEN
DISTRICT ATTORNEY

EILEEN COURTNEY,
Assistant District Attorney
CHIEF, ACCELERATED REHABILITATIVE
DISPOSITION UNIT

ACCELERATED REHABILITATIVE DISPOSITION (ARD) PROGRAM

Explanation of the Program:

The primary purpose of the Accelerated Rehabilitative Disposition (ARD) Program is to promptly dispose of charges and to eliminate the need for costly and time-consuming trials and other court proceedings. This Program is available to certain carefully screened defendants. It is designed for first offenders, who are amenable to treatment and rehabilitation, and who are unlikely to commit another crime. A defendant must apply for the Program. If eligible, the District Attorney of Delaware County may request the Court of Common Pleas of Delaware County to accept a case for placement into the Program. **There is no right to participate in the ARD Program. Eligibility is determined on a case-by-case basis and is solely within the discretion of the District Attorney.**

A defendant may be considered for participation in the ARD Program if the defendant has no history of prior criminal activity, or has led a law-abiding life for a substantial period before the commission of the present crime. The police officer and any victim involved in the case will have the opportunity to offer comments on whether the defendant should be considered for the Program. The victim of the crime will also have the opportunity to submit a written victim-impact statement detailing the physical, psychological and economic effects of the crime on the victim and the victim's family. The District Attorney will consider the input from the police and the victim in making an eligibility determination. Other circumstances concerning the case or the defendant may disqualify the defendant from participation in the ARD Program.

Acceptance into and satisfactory completion of the ARD Program offers the defendant an opportunity to earn a dismissal of the pending charges. The defendant must initiate the expungement procedure after the successful completion of the ARD Program. It does not automatically occur upon a defendant's entrance into the Program. Failure to satisfactorily complete the Program, or a new arrest, will result in removal from the Program and prosecution of the pending charges.

REQUIREMENTS FOR ALL ARD CANDIDATES

YOU MUST HAVE AN ATTORNEY

No application for admission to the ARD Program will be considered unless the defendant is represented by an attorney. This is required to assure that your rights are protected. If you are without adequate financial resources to retain an attorney, you should immediately contact the Office of the Public Defender of Delaware County at (610) 891-4100.

YOU MUST WAIVE ARRAIGNMENT

To be considered for admission to the ARD Program, you and your attorney must complete the Entry of Appearance and Waiver of Arraignment Form. The Common Pleas Transcript Number will be completed by a Clerk. The District Justice Docket Number and Common Pleas Arraignment Date are stated on the Subpoena for Arraignment Form that you received from the District Justice. **(The Entry of Appearance and Waiver of Arraignment Form and ARD Rule 600 Waiver Form will be provided to you by the District Justice.)**

YOU MUST BE FINGERPRINTED

The name of the fingerprinting agency and the date you were fingerprinted must be stated on the Entry of Appearance and Waiver of Arraignment Form. If you have not yet been fingerprinted, you must be fingerprinted by the arresting agency. You must bring a copy of the Criminal Complaint with you to the fingerprinting agency.

CONDITIONS OF THE PROGRAM

The length of participation in the Program may not exceed two years. Failure to comply with any Program requirement, or a new arrest, shall result in immediate removal from the Program and the case shall proceed to trial. An important part of the ARD Program is the requirement that a defendant perform community service. The District Attorney will determine the required amount of community service hours. Additional conditions such as restitution may be imposed before acceptance into the Program. You must pay all restitution.

COSTS FOR ALL ARD CANDIDATES

Unless there is an agreement with the District Attorney regarding another payment plan or arrangement, you must be prepared to pay the costs of the Program on the day of your ARD hearing.

The costs of the Program are substantial. The amount of the costs in your case will be sent to you with your ARD hearing notice or may be obtained by calling Court Financial Services at (610) 891-4616. By Order of Court, payment must be by cash, money order, MasterCard, VISA, or MAC.

State law mandates the payment of an additional monthly probationary supervisory fee. This charge must be paid over the period of your supervision. It may be paid in full on the day of your ARD hearing.

I. REQUIREMENTS FOR ALL ARD APPLICANTS

1. WAIVE FORMAL ARRAIGNMENT

14 DAYS BEFORE SCHEDULED ARRAIGNMENT YOU MUST SUBMIT THE FOLLOWING TO THE OFFICE OF COURT ADMINISTRATOR, DELAWARE COUNTY COURT HOUSE, MEDIA, PENNSYLVANIA 19063 (610) 891-4550:

- (1) Attorney's Entry of Appearance and Waiver of Arraignment Form
- (2) ARD Rule 600 Waiver Form
- (3) ARD Application

2. ACCEPT A DELAYED PRE-TRIAL CONFERENCE DATE

(Approximately 6 months after the formal arraignment)

3. WAIVE RULE 600 SPEEDY TRIAL RIGHTS

(From date of formal arraignment through pre-trial conference date)

II. DUI APPLICANTS

THE MINIMUM DISPOSITIONS FOR DUI APPLICANTS INCLUDE, BUT ARE NOT LIMITED TO:

1. Tier I: BAC 0.08% - 0.099%: 12 months probation, 16 hours community service, no license suspension
2. Tier II: BAC 0.10% - 0.159%, minors or accident: 12 months probation, 32 hours community service, 30-day license suspension
3. Tier III: BAC 0.16% or above, drugs or refusals: 12 months probation, 64 hours community service, 60-day license suspension

The following reductions in community service may be available for DUIs committed on or after 02/01/04:

- Tier I: Possible reduction from 16 hours community service to 8 hours community service
Tier II: Possible reduction from 32 hours community service to 16 hours community service
Tier III: Possible reduction from 64 hours community service to 32 hours community service

To qualify for these possible reductions, ALL of the following conditions must be completed within 60 days after the waiver of the preliminary hearing:

1. Waive Preliminary Hearing;
2. Have CRN Evaluation (schedule by calling James Hanlon (610) 891-4571);
3. Complete safe driving classes (schedule by calling (610) 237-8630); and
4. Schedule a Drug and Alcohol Evaluation, if required (schedule by calling James Hanlon (610) 891-4571).

**** THIS FORM MUST BE TYPED OR YOU WILL NOT BE CONSIDERED FOR ARD ****

This page and ALL of the following pages, must be completed and forwarded with the Waiver of Arraignment/Entry of Appearance Form and ARD Rule 600 Waiver Form at least 14 days before your scheduled formal arraignment to:

**Office of Court Administrator
Delaware County Court House
Media, Pennsylvania 19063
(610) 891-4550**

APPLICATION FOR ACCEPTANCE INTO THE ARD PROGRAM

Commonwealth of Pennsylvania

vs.

District Court Docket No.: _____

Magisterial District Docket No.: _____

Date of Arrest: _____

Date of Application: _____

Check One of the Following: DUI _____

NON DUI _____

Read each question carefully before answering. Failure to fully and accurately complete this application form will delay the processing of your ARD application and will result in the denial of your ARD application or your removal from the ARD Program. False or misleading information will be treated as a false statement subjecting you to further prosecution. This application must be completed by all candidates.

PART I. BACKGROUND INFORMATION

1. Full Name _____
(first) (middle) (last)

Maiden Name/Aliases _____

2. Date of Birth _____ Age _____

3. Place of Birth _____
(city) (county) (state)

4. Sex Male _____ Female _____

5. Race _____

6. Social Security Number _____

7. Operator's License Number _____ State _____
Check One Valid _____ Suspended _____ None _____

8. Phone (Home) () _____ (Work) () _____ (Other) () _____

**** THIS FORM MUST BE TYPED OR YOU WILL NOT BE CONSIDERED FOR ARD ****

9. Home Address _____

10. Occupation and Employer _____

11. Work Address _____
12. Average Net Weekly Salary _____
13. Marital Status _____
14. Name of Spouse _____
15. Name(s) and Age(s) of Children _____

16. If you were driving when you were arrested, what is the name of your Insurance Company? _____
Insurance Policy Number? _____
Expiration Date? _____
17. What are the current charges filed against you for which you are seeking an ARD disposition? _____

**** THIS FORM MUST BE TYPED OR YOU WILL NOT BE CONSIDERED FOR ARD ****

PART III. VERIFICATION OF ARD APPLICATION

(Verification must be notarized for ARD consideration)

I hereby swear (or affirm) that I have read the above Application for Admission to the ARD Program in its entirety and I understand its full meaning.

I hereby swear (or affirm) that each and every answer to the above questions is true.

I hereby swear (or affirm) that I fully understand that if any of the information provided above is false or misleading, my Application for Admission to the ARD Program will be denied and my case will be prosecuted as provided by law.

I hereby swear (or affirm) that I fully understand that providing false or misleading information may also result in my being charged and prosecuted for additional crimes, including but not limited to, Perjury, False Swearing and/or Unsworn Falsification to Authorities.

DATE

SIGNATURE OF DEFENDANT

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____, 20____

As attorney for the above defendant, I have advised the defendant of (his/her) rights with respect to the charges against (him/her). I have also advised the defendant of the contents and meaning of this Application for Admission into the ARD Program. I verify that it is my belief that the defendant understands the contents and meaning of this Application for Admission into the ARD Program and the requirements of the ARD Program.

DATE

SIGNATURE OF DEFENDANT'S COUNSEL

PRINT COUNSEL'S NAME