

Entry of Appearance and Waiver of Arraignment Form and ARD Rule 600 Waiver Form Must Accompany This Application for Acceptance Into ARD Program

OFFICE OF THE DISTRICT ATTORNEY
DELAWARE COUNTY COURTHOUSE
201 WEST FRONT STREET
MEDIA, PA 19063
(610) 891-4161
FAX 610-892-0677

ACCELERATED REHABILITATIVE DISPOSITION PROGRAM
Effective June, 2025

Explanation of the Program:

The primary purpose of the Accelerated Rehabilitative Disposition (ARD) Program is to rehabilitate the offender, and secondarily, 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, typically first-time offenders who lend themselves to treatment and rehabilitation and who are unlikely to commit another crime. The District Attorney of Delaware County, upon application of a defendant through his or her counsel, may request the Court of Common Pleas of Delaware County to accept a case for placement into the ARD Program.

A defendant may be considered for participation in the ARD Program if they have no history of prior delinquency or criminal activity or has led a law-abiding life for a substantial period of time before the commission of the present crime. Prior to the District Attorney's recommendation for admission into the ARD program, the police officer involved with the case will have an 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's Office may also determine that there are other circumstances concerning the case or the defendant which disqualify the defendant from participation in the ARD 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.**

Acceptance into and satisfactory completion of the ARD Program offers the defendant an opportunity to earn a dismissal and potentially an expungement of the offense from their criminal history. Expungement must be initiated by the defendant after the defendant's successful completion of the ARD Program and does not automatically occur merely upon a defendant's placement into and successful completion of the Program. Failure to satisfactorily complete the Program will result in removal from the Program and prosecution of the pending charges.

REQUIREMENTS FOR ALL ARP CANDIDATES

YOU MUST HAVE AN ATTORNEY

No application for admission to the ARD Program will be considered unless you are represented by an attorney. This is required in order 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. ****PLEASE DO NOT CALL THE DISTRICT ATTORNEY'S OFFICE -WE CANNOT DISCUSS YOUR CASE WITH YOU OR ANSWER ANY QUESTIONS****

YOU MUST WAIVE ARRAIGNMENT

In order to be considered for admission into the ARD Program, you and your attorney must complete the Entry of Appearance and Waiver of Arraignment Form, except for the Common Pleas Transcript Number. The Magisterial District Judge docket number and Common Pleas arraignment date are stated on the Subpoena for Arraignment form which you received from the District Court. **THE ENTRY OF APPEARANCE AND WAIVER OF ARRAIGNMENT FORM, ARD RULE 600 WAIVER FORM AND THIS FORM MAY BE PROVIDED TO YOU BY THE MAGISTERIAL DISTRICT JUDGE.**

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 been fingerprinted, you must be fingerprinted by the arresting agency, or by members of the Criminal Investigative Division of the District Attorney's Office. **You must take a copy of the Criminal Complaint with you in order to be fingerprinted.**

COSTS FOR ALL ARD CANDIDATES

You must be prepared to pay the costs of the Program on the day of your official entry into the ARD Program unless there has been an agreement to the contrary with the District Attorney's Office prior to the ARD placement date. In addition, state law mandates your payment of a monthly probation supervisory fee. This charge must be paid over the period of your supervision, however, it may be paid in full on the day of your ARD placement. **The total costs of the program are APPROXIMATELY \$1600.00 for Non-DUI cases and APPROXIMATELY \$1800.00 for DUI cases.** By Order of Court, payment must be by cash, money order, MasterCard, Visa or MAC. All fees and costs of the ARD Program must be paid before Probation is terminated, unless any portion thereof is waived by the District Attorney or the Court.

CONDITIONS OF THE PROGRAM

Upon receiving your ARD application, the District Attorney's Office will review it and make a determination regarding ARD eligibility. If the application is denied, the reason (s) will be provided, and the case will be sent to a trial team where it will proceed on that track.

If the application for ARD is accepted, the conditions for ARD will be set forth in a letter to you as well as to defense counsel. These conditions will include a term of probation, the number of hours of community service required, the amount of restitution, if

applicable, and any special conditions, courses or evaluations required.

Contact information for ARD obligations:

- Undergo CRN Evaluation [schedule by calling (610) 892-3226]
- Complete the required community service hours
- Complete Alcohol Safe Driving Classes ONLINE: www.highwaysafetycentral.com
- Undergo Drug and Alcohol Evaluation

Once the defendant is formally placed on ARD, the official ~~probationary~~ period will _____ commence. Probation may be up to two years, but in most cases will be between six and twelve months. The defendant will be expected to comply with all conditions recommended by Probation, and make regular payments towards the fees and costs of the ARD program, as well as any remaining restitution, if s/he has not made full payment already. The time within which to complete community service obligations will be extended until social distancing guidelines are eased and completion become realistic.

**If the case is already assigned to a trial team, please submit the ARD application at least one week in advance of the next court date if the only witnesses for the Commonwealth are experts or in law enforcement, and at least two weeks if there is a civilian victim involved.

REQUIREMENTS FOR ALL ARP APPLICANTS:

-WAIVE FORMAL ARRAIGNMENT

14 DAYS BEFORE THE SCHEDULED ARRAIGNMENT YOU MUST SUBMIT:

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

**TO: DELAWARE COUNTY COURT ADMINISTRATOR
COURT HOUSE, MEDIA, PA 19063 (610) 891-4493**

**-ACCEPT A DELAYED PRE-TRIAL CONFERENCE DATE THAT WILL BE
APPROXIMATELY SIX (6) MONTHS AFTER THE FORMAL ARRAIGNMENT DATE
-WAIVE RULE 600 AND SPEEDY TRIAL RIGHTS FROM THE DATE OF FORMAL
ARRAIGNMENT THROUGH THE PRE-TRIAL CONFERENCE DATE**

PARTICULAR GUIDELINES FOR DUI APPLICANTS:

MINIMUM DISPOSITIONS INCLUDE BUT ARE NOT LIMITED TO:

TIER I: BAC 0.08%–0.99%: 12 months probation, 16 hours Community Service,
no license suspension

TIER II: BAC 0.10%–0.159%: 12 months probation, 24 hours Community Service,
30-day license suspension

TIER III: BAC 0.16% or higher, drugs, accident with bodily injury or refusal: 12
months probation, 32 hours Community Service, 60-day license suspension

MINOR (UNDER 21 YEARS OF AGE AT THE TIME OF THE OFFENSE): 12 months
probation, 24 hours Community Service, 90 days license suspension

*Additional Community Service hours may be required depending on particular facts of each case.

In DUI cases, a defendant is INELIGIBLE for ARD if any of the following conditions apply:

1. Crash where someone other than the defendant sustained serious bodily injury
2. Defendant left the scene of a crash with an occupied vehicle
3. Child(ren) under 14 years of age in defendant's vehicle
4. Defendant is uninsured and has prior history of license suspensions for non-insurance
5. Defendant's actions seriously endangered another person
6. A civilian victim is not in agreement with ARD

In Non-DUI cases, the following circumstances will cause the defendant to be INELIGIBLE for ARD:

- ARD or criminal conviction within the past 10 years;
- Any case in which death or serious bodily injury has occurred;
- Any case in which a child or vulnerable adult was the victim, or that involved ethnic intimidation;
- Sexual offenses, kidnapping, human trafficking and hazing;
- Drug manufacturing, sale, or possession with intent to distribute;
- Any case in which a firearm was used or possessed;
- Robbery, arson, residential burglary;
- Theft in cases where the value of the property exceeds \$10,000;
- Obstructing governmental operations, witness intimidation, threats to public safety; and
- Animal cruelty

This list is intended to convey the general policy guidelines of the District Attorney's Office and to prevent the filing of ARD applications that are clearly outside of those. Every ARD application is reviewed on its own merits, and approval or denial for placement in the ARD program is solely within the discretion of the District Attorney.

IF THE SERVICES OF AN INTERPRETER ARE NEEDED FOR THE ARD HEARING, IT IS THE RESPONSIBILITY OF THE APPLICANT AND/OR HIS/HER ATTORNEY TO ARRANGE FOR THOSE SERVICES.

THIS FORM MUST BE COMPLETED LEGIBLY; DO NOT LEAVE ANY QUESTIONS BLANK

When completed, this application, the Waiver of Arraignment/Entry of Appearance Form and ARP Rule 600 Waiver Form must be submitted at least fourteen (14) days prior to the scheduled formal arraignment to:

**Office of Court Administrator
Delaware County Court House
201 West Front Street
Media, PA 19063
(610) 891-4493**

APPLICATION FOR ACCEPTANCE INTO THE ARD PROGRAM

COMMONWEALTH OF PENNSYLVANIA

DISTRICT CT. DKT. NO.

MAGISTERIAL DIST. CT. NO.

VS.

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, could result in your ARD application being denied or could result in your removal from the ARD Program. Fill out every section—if a particular section does not apply, write "N/A." False, incomplete or misleading information will be treated as false statements pursuant to 18 Pa. C. S. Section 4904 and could subject you to further prosecution. This application must be completed by all candidates, reviewed by their attorney, and verified.

PART I: BACKGROUND INFORMATION

1. Full Name

(First)

(Middle)

(Last)

(Suffix)

Maiden Name/Alias(es)

2. Date of Birth Age

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

4. Gender: Male ☐ Female ☐ Other/Non-Binary ☐

5. Social Security Number:

6. Operator's License Number: State

Check One: Valid ☐ Suspended/Expired ☐ None ☐

Prior Operator's License(s) State(s) Number(s)

7. Phone: Home Work Other

8. Home Address:

9. Occupation and Employer:

10. Work Address:

11. Average Net Weekly Salary:

12. Marital Status and Spouse's Name if Applicable:

13. Name(s) and Age(s) of Child(ren):

14. Who lives in your household with you?

15. What is the highest level of education you have achieved?

LESS THAN HIGH SCHOOL

☐

HIGH SCHOOL/ GED

☐

SOME COLLEGE

☐

COLLEGE GRADUATE

☐

POST-GRAD DEGREE

☐

16. Do you have any special skills or training? (for example, landscaping, hair cutting, automotive repair, plumbing, carpentry, etc.)

17. Are you, or have you been, subject to a Protection From Abuse Order?

Yes ☐ No ☐

If YES, please note the county and state where the Order was entered, the date of entry and the Docket Number.

18. If this case involves property damage or monetary loss, what is the name of your insurance company and policy number?

Effective Dates of policy

If a claim has been filed, what is the status of this claim?

19. The criminal charges that have been filed against you and for which you are seeking admission into the ARD Program are:

PART II. CRIMINAL HISTORY OF ARP APPLICANT

READ AND ANSWER THE FOLLOWING QUESTION CAREFULLY!!

Many ARD applications are denied because the following question is not answered fully or truthfully. If you have any doubts as to whether information should be included in your answer to the following question, INCLUDE IT. Prior contact with the criminal justice system may not necessarily result in the denial of your ARD application. HOWEVER, providing false, misleading or incomplete information on your ARD application will result in your ARD application being denied or in your removal from the ARD program AND could result in you being charged and prosecuted for additional crimes, including but not limited to: Perjury, False Swearing and/or Unsworn Falsification to Authorities. See, 18 Pa. C. S. Sections 4902, 4903 and 4904.

It is also understood and agreed to by you that any release or other authorization necessary to verify information in your application for ARD will be executed by you and/or your attorney.

Have you ever been arrested, served with a summons OR citation, pled guilty or nolo contendere, accepted ARD or any other diversionary program, including for any juvenile or summary offense(s)? If YES, when and where did this occur, what were the charges and how were they resolved? If a more serious charge was reduced to a lesser charge, you MUST explain the circumstances. ALSO, include any charge(s) dropped, dismissed or expunged as a result of successful completion of a prior ARD or other diversionary program. Please use additional pages if needed.

PART III. VERIFICATION OF APPLICATION

COMMONWEALTH OF PENNSYLVANIA :

COUNTY OF DELAWARE :

VERIFICATION

I _____, an applicant for the ARD Program, hereby verify that the information contained in the foregoing is true and correct to the best of my knowledge, information and belief. This verification is made subject to the penalties of 18 Pa. C. S. Section 4904 relating to Unsworn Falsification to Authorities.

DATE _____

SIGNATURE OF DEFENDANT

As attorney for the above-named defendant, I have advised him/her of his/her rights with respect to the charges against him/her. I have also advised the defendant of the contents and meanings 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 and that the defendant understands that the statements he/she has made are subject to 18 Pa. C. S. Section 4904.

DATE _____

SIGNATURE OF DEFENDANT'S COUNSEL

PRINTED NAME OF DEFENDANT'S COUNSEL

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EMAIL