

COMMONWEALTH OF PENNSYLVANIA : IN THE COURT OF COMMON PLEAS

VS : FAYETTE COUNTY, PENNSYLVANIA  
: CRIMINAL ACTION  
: NO. \_\_\_\_\_ OF 20 \_\_\_\_\_  
and all fractions thereof

APPLICATION FOR ACCELERATED REHABILITATIVE DISPOSITION

APPLICANT'S NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ OPERATOR LICENSE NO. \_\_\_\_\_

APPLICANT ALSO KNOWN AS: \_\_\_\_\_

Applicant's address for the past twenty (20) years: (list or attach on a separate form. Include dates, (month/year) for residency) \_\_\_\_\_

Applicant's employment history for the past twenty (20) years: (name of employer, address of employer, dates of employment) \_\_\_\_\_

Do you have a prior ARD or criminal record or a pending charge in the Commonwealth of Pennsylvania?

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

Do you have a prior ARD (or similar program) or criminal record or a pending charge in any other state?

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

I, hereby agree to waive my right to trial within the applicable time period of Rule 600 from the date of this application until action is taken on my Motion.

I hereby agree to comply with all terms and conditions of the ARD Program, if admitted.

**I VERIFY THAT THE STATEMENTS MADE IN THIS APPLICATION AND THE ATTACHED MOTION ARE TRUE AND CORRECT. I UNDERSTAND THAT FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF 18 PA. C.S. 4904, RELATING TO UNSWORN TO FALSIFICATION TO AUTHORITIES.**

\_\_\_\_\_  
Applicant's Signature (date)

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MOTION OF ACCELERATED REHABILITATIVE DISPOSITION

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ comes the District Attorney  
Of Fayette County, Pennsylvania, pursuant to a request of the defendant, above names, through  
Attorney \_\_\_\_\_, and makes this Motion for  
Accelerated Rehabilitative Disposition Program, alleging as follows:

1. The applicant is \_\_\_\_\_, the defendant above-named, who is presently employed by \_\_\_\_\_, and resides at \_\_\_\_\_.
2. The applicant is charged at number \_\_\_\_\_ of 20 \_\_\_\_\_, with \_\_\_\_\_ and the following fractions thereof with \_\_\_\_\_
3. The events which give rise to the charge(s) against the applicant were alleged to have occurred on \_\_\_\_\_ at \_\_\_\_\_
4. The complaint which first charged the defendant with the alleged crime(s) was made by \_\_\_\_\_

5. The applicant is \_\_\_\_\_ years of age and has not prior criminal record or pending charges in the Commonwealth of Pennsylvania, or in any other state.

6. The applicant hereby states that he has never been placed in Accelerated Rehabilitative Disposition Program in this or any other County or state.

7. The applicant hereby waives the Statute of Limitations as well as his right to a speedy trial, on the above charge(s), in order that this Motion for Accelerated Rehabilitative Disposition may be initiated. The said Waivers have been signed, attached thereto and marked as Exhibit "A".

8. The applicant agrees to abide by whatever conditions the Judge in this program imposes upon him, including the Interlock Device Program for DUI offenders.

WHEREFORE, the applicant by his Attorney, respectfully prays that this Motion for Accelerated Rehabilitative Disposition be heard and granted.

Respectfully submitted,

\_\_\_\_\_  
DISTRICT ATTORNEY

CONSENTING:

\_\_\_\_\_  
Defendant

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, I hereby join in the Above Motion of Accelerated Rehabilitative Disposition Program.

\_\_\_\_\_  
ATTORNEY FOR APPLICANT OR APPLICANT

COMMONWEALTH OF PENNSYLVANIA :

: SS

:

AFFIDAVIT

Before me, the undersigned authority, personally appeared \_\_\_\_\_  
Defendant in the above case, who, being duly sworn according to law deposes and says that the  
facts set forth in the foregoing Petition are true and correct to the best of his knowledge,  
information and belief.

\_\_\_\_\_  
Defendant

Sworn and subscribed to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

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WAIVER

I, \_\_\_\_\_

Having been fully informed of the charge(s) pending against me and having been fully advised by my counsel of my constitutional right to a speedy trial in accordance with Rule 600, and having further been advised of the advantages of requesting relief under the Accelerated Rehabilitative Disposition Program, and after having read the Information against me and foregoing Petition, do hereby acknowledge that I understand and request disposition of my charge(s) under the Accelerated Rehabilitative Disposition Program, and do hereby waive the statute of Limitations and the right to a speedy trial and so direct my Attorney to submit the motion for Accelerated Rehabilitative Disposition to the Court for disposition, and further waive my right to trial under Rule 600, of the Pennsylvania Rules of Criminal Procedure, including the period of time spent in processing and considering the undersigned inclusion into the Accelerated Rehabilitative Disposition Program by the Attorney for the Commonwealth

\_\_\_\_\_  
Defendant

Sworn and subscribed to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

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**MOTION FOR CONTINUANCE**

AND NOW, \_\_\_\_\_, 20 \_\_\_ comes the defendant,  
\_\_\_\_\_, by his Attorney \_\_\_\_\_  
and moves this Court to continue the above styled case for such period of time necessary to  
permit the defendant to be considered for entry into the Accelerated Rehabilitative Disposition  
Program.

\_\_\_\_\_  
ATTORNEY FOR APPLICANT OR APPLICANT

**CONSENT AND RULE 600 WAIVER**

AND NOW, \_\_\_\_\_, 20 \_\_\_\_\_, comes the defendant,  
\_\_\_\_\_, and joins, in the above Motion for  
Continuance.

I hereby declare that I have been advised and I understand that I have a right to a speedy trial and that under Rule 600 of the Pennsylvania Rules of Criminal Procedure, my trial in the above case(s), in Fayette County Criminal Court, must begin on or before \_\_\_\_\_, 20 \_\_\_\_\_. I am aware that these charge(s) may be dismissed if my trial does not commence within any time allowed by the Commonwealth of Pennsylvania under the provisions of Rule 600.

I have been advised and I understand that by signing this waiver, I am waiving or giving up my right to a speedy trial under Rule 600, and I am agreeing that I can be tried after a voluntary withdrawal or refusal of the Accelerated Rehabilitative Disposition where granted, which trial after revocation of the ARD Program there granted, which trial shall commence within the time remaining under Rule 600.

I have not been made any promises, nor have I been forced to sign this waiver. I read and write the English language and I have attended school to grade \_\_\_\_\_. I am presently not under the influence of any alcohol or drug.

**Check One:**

\_\_\_\_\_ **I have reviewed this Waiver with my Attorney**

\_\_\_\_\_ **I do not have an Attorney and I do not wish to consult an Attorney.**

\_\_\_\_\_  
**Signature of defendant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Attorney**

\_\_\_\_\_  
**Date**

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ORDER

AND NOW, to-wit, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

Upon consideration of the Waiver of rights under Rule 600 of the Pennsylvania Rules of Criminal Procedure executed by the defendant, Motion and Joinder, it is hereby Ordered that the defendant's Motion to Continue is Granted.

Further, a hearing shall be held on the \_\_\_\_\_ day of \_\_\_\_\_  
20 \_\_\_\_\_ at \_\_\_\_\_ o'clock, \_\_\_\_\_.M. in Court Room Number \_\_\_\_\_, so that the merits of the within contained application may be determined.

BY THE COURT:

\_\_\_\_\_ J.

ATTEST:

\_\_\_\_\_  
Clerk of Courts

AMERICANS WITH DISABILITIES ACT OF 1990

The Court of Common Pleas of Fayette County is required by law to comply with the Americans with Disabilities Act of 1990. For information about accessible facilities and reasonable accommodations available to disabled individuals, please contact the Court Administrator's Office at 724-430-1230 at least 72 hours prior to your required appearance.