

COMMONWEALTH OF PENNSYLVANIA : IN THE COURT OF COMMON PLEAS
vs : FAYETTE COUNTY, PENNSYLVANIA
: CRIMINAL ACTION
: NO. _____ OF 20____

APPLICATION FOR ACCELERATED REHABILITATIVE DISPOSITION

Applicant's Name: _____

Phone Number: _____

Current Address: _____

Date of Birth: _____ **Sex:** _____ **Social Security Number:** _____

Race: _____ **Operator's License Number:** _____

Applicant also know 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 and address of employer, dates of employment): _____

Do you have a prior ARD or criminal record or pending charges in the Commonwealth of Pennsylvania ?
Yes _____ or No _____

Do you have a prior ARD (or similar program) or criminal record or pending charges in any other state?
Yes _____ or 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 condition of the ARD Program if admitted.

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

Applicant's Signature and Date