

OFFICE OF THE WARREN COUNTY DISTRICT ATTORNEY
WARREN COUNTY COURT HOUSE

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ACCELERATED REHABILITATIVE DISPOSITION APPLICATION

The Accelerated Rehabilitative Disposition Program (ARD) is available for persons arrested who are not habitual offenders and for less serious offenses.

Like any other Court proceeding, a person can represent him or herself. The District Attorney's office, however, highly recommends that anyone involved in any Court process hire an attorney.

The District Attorney's Office by law cannot, and by policy will not, give any advice to any person seeking admission to the Accelerated Rehabilitative Disposition Program.

It is absolutely necessary that every question in the attached application be answered fully and completely. If your answer to any question is "none" or "not applicable", please state that. If there are any blank spaces, the application will be rejected and your case will be listed for trial.

IT IS A CRIME TO GIVE FALSE INFORMATION ON THIS APPLICATION.

Do not, under any circumstances, telephone or stop at the District Attorney's Office for help in filling out this application. If you find it necessary to communicate with the District Attorney's Office, please write a letter, and we will, when appropriate, reply.

Sincerely,

Robert C. Greene, Esq.
Warren County District Attorney

THIS FORM MUST BE SIGNED IN SIX (6) PLACES **IN FRONT OF A NOTARY PUBLIC**. DO NOT SIGN THE FORM UNTIL THE NOTARY PUBLIC TELLS YOU TO DO SO.

POLICY REGARDING THE ACCELERATED REHABILITATION PROGRAM

Effective December 2017

General Guidelines:

- Defendants seeking admission to the ARD program must generally, with few exceptions:
 - Submit an ARD application to the District Attorney's Office prior to Formal Arraignment,
 - Waive the preliminary hearing and
 - File no pretrial motions (there are exceptions to this requirement, i.e., an obvious violation of a Constitutional Right). The ARD program is for Defendants who "messed up" and are taking responsibility for their actions; not Defendants (or their attorneys) looking for "technicalities" or "loop holes".

Discretionary factors that will generally preclude admission to the ARD program:

- Lack of cooperation with law enforcement, including refusal of chemical testing
- Excessive number of motor vehicle violations
- Failure to attend scheduled appointments with the Probation Department
- Failure to submit a requested drug/alcohol assessment
- Victim(s) are opposed to admission
- This list is not exclusive; the District Attorney's Office in its sole discretion may determine that other disqualifying factors exist on a case-by-case basis.

Non-Discretionary factors that will disqualify a candidate:

- A prior conviction of a misdemeanor in any jurisdiction within the five (5) years preceding the candidate's arrest.
- A prior conviction of a felony or admitted into a pre-trial diversion program such as the ARD program or prior DUI or similar offense in any jurisdiction, in the prior ten (10) years preceding the candidate's arrest.
- A candidate will not be admitted to the program if in connection with the events surrounding the current offense an individual other than the defendant was killed or suffered serious bodily injury.
- If any amount of restitution is due, a candidate cannot submit an application for consideration into the ARD program until a minimum of ½ the agreed upon restitution is paid.
- A candidate will not be admitted to the program for a violation of DUI (75 Pa.C.S.A. § 3802) if the defendant did not have a valid driver's license.
- A candidate will not be admitted to the program for a violation of DUI (75 Pa.C.S.A. § 3802) if the defendant did not have valid motor vehicle insurance.
- A candidate will not be admitted to the program for a violation of DUI (75 Pa.C.S.A. § 3802) if there was a passenger under 14 years of age in the motor vehicle the defendant was operating.

IN THE COURT OF COMMON PLEAS OF THE 37TH JUDICIAL DISTRICT
OF PENNSYLVANIA
WARREN COUNTY BRANCH CRIMINAL DIVISION

COMMONWEALTH OF PENNSYLVANIA

v.

CP-62-CR-_____-20_____

:
:
:
:
:
:

My name is _____. I am
_____ years old. I can read and write the English language, and in school
I completed _____.

I understand that under Pennsylvania law, the penalty which can be given to a person convicted of Driving Under the Influence increases for each separate conviction. That is to say that I understand that the penalty can be increased for each Driving Under the Influence Conviction that a person has.

I am applying for the Accelerated Rehabilitative Disposition Program. I understand that if I am accepted into this Program and I successfully complete it, that this will not be shown as a conviction on my police record.

I realize, however, THAT MY ACCEPTANCE INTO THE ACCELERATED REHABILITATIVE DISPOSITION PROGRAM WILL BE COUNTED AS A CONVICTION FOR SENTENCING PURPOSES IF I AM EVER CONVICTED OF DRIVING UNDER THE INFLUENCE AGAIN. In order to obtain the benefits of this Accelerated Rehabilitative Disposition Program, I am willing to waive my right to a jury trial at this time and I am willing to have my acceptance into this Program to be treated as a conviction and a harsher sentence imposed if I am ever convicted of Driving Under the Influence again.

Defendant – SIGN IN FRONT OF NOTARY

Sworn to and subscribed before me this
_____ Day of _____, 20__.

Notary Public
My Commission Expires _____

IN THE COURT OF COMMON PLEAS OF THE 37TH JUDICIAL DISTRICT
OF PENNSYLVANIA
WARREN COUNTY BRANCH CRIMINAL DIVISION

COMMONWEALTH OF PENNSYLVANIA :
 :
 v. : CP-62-CR-_____-20_____
 :
 :
 _____ :

**WAIVER OF RIGHT TO PROMPT TRIAL WITHIN 365 DAYS UNDER RULE 600 OF
THE RULES OF CRIMINAL PROCEDURE**

I, _____, in consideration of my request to the District Attorney's Office of Warren County to determine my eligibility for consideration for placement in the Accelerated Rehabilitative Disposition Program do hereby knowingly waive my right to a speedy trial under Rule 600 of the Pennsylvania Rules of Criminal Procedure (which requires trial within 365 days from the date of a complaint against an individual is filed), and my right to a speedy trial under the Constitution of the Commonwealth of Pennsylvania and the United States of America, and, also, I hereby waive my right to a defense under the statute of limitations in the above listed charge. The time to be excluded under this waiver shall be all of the days from the date below until the next trial term following completion of the Accelerated Rehabilitative Disposition Program or, in the alternative, the written refusal by either the Court or the District Attorney's Office of my application for participation in the ARD program, or the revocation of my placement in the ARD Program.

I do this willingly, without any coercion or promises, and with the awareness of my right to refuse this waiver. All aspects of the ARD Program and this waiver have been fully explained to me by my attorney, _____. In the event that I am unrepresented, I hereby acknowledge that I have completely read this waiver and do hereby understand the rights that I am giving up.

Defendant – SIGN IN FRONT OF NOTARY

Sworn to and subscribed before me this
_____ Day of _____, 20__.

Notary Public
My Commission Expires _____

IN THE COURT OF COMMON PLEAS OF THE 37TH JUDICIAL DISTRICT
OF PENNSYLVANIA
WARREN COUNTY BRANCH CRIMINAL DIVISION

COMMONWEALTH OF PENNSYLVANIA :
 :
 v. : CP-62-CR-_____-20_____
 :
 _____ :
 :

WAIVER OF RIGHT TO HAVE ALL CHARGES PROCESSED TOGETHER UNDER
18 Pa.C.S.A. §110

I, _____, understand that I have the right to have all of the charges brought against me in this case processed at the same time. I understand that, if I am admitted into the Accelerated Rehabilitative Disposition Program, all of the charges may not be processed at the same time.

I would rather be accepted into the Accelerated Rehabilitative Disposition Program, even if the charges are separated.

I do this willingly, without any coercion or promises, and with the awareness of my right to refuse this waiver. All aspects of the ARD Program and this waiver have been fully explained to me by my attorney, _____. In the event that I am unrepresented, I hereby acknowledge that I have completely read this waiver and do hereby understand the wrights that I am giving up.

Date:_____

Defendant – SIGN IN FRONT OF NOTARY

Sworn to and subscribed before me this
_____ Day of _____, 20__.

Notary Public
My Commission Expires _____

IN THE COURT OF COMMON PLEAS OF THE 37TH JUDICIAL DISTRICT
OF PENNSYLVANIA
WARREN COUNTY BRANCH CRIMINAL DIVISION

COMMONWEALTH OF PENNSYLVANIA :
 :
 v. : CP-62-CR-_____-20_____
 :
 :
 _____ :

**QUESTIONNAIRE TO DETERMINE ELIGIBILITY FOR ACCELERATED
REHABILITATIVE DISPOSITION**

TO THE DEFENDANT:

The following questions are to be answered truthfully and fully under the oath of affirmation and returned to the Office of the District Attorney of Warren County to enable the District Attorney to determine your eligibility for consideration for Accelerated Rehabilitative Disposition.

YOU ARE ADVISED THAT ANY FALSE STATEMENT GIVEN IN ANSWER TO ANY QUESTION MADE WITH INTENT TO MISLEAD THE DISTRICT ATTORNEY'S OFFICE IS A MISDEMEANOR OF THE SECOND DEGREE PUNISHABLE BY A FINE NOT EXCEEDING \$5,000.00 AND IMPRISONMENT NOT EXCEEDING TWO (2) YEARS OR BOTH.

WRITE CLEARLY AND IN INK.

1. Full Name: _____
2. Current Address: _____
3. Home Telephone: _____ Cell Phone: _____
4. Date of Birth: _____ Age: _____
5. Social Security Number: _____
6. Place of birth (city, state, country): _____
7. State any other names by which you are known or by which you have been known, including aliases: _____

8. State any nicknames by which you are known: _____

10. What is your marital status (please circle):

11. Married Divorced Single Widow(er)

12. What is the name of your spouse: _____

13. Give the names and ages of any children: _____

14. Give the names of all persons with whom you live and your relationship with each

_____	_____
_____	_____
_____	_____
_____	_____

15. Give each and every address where you have resided during your lifetime, and list the years you resided there.

Address	From (year)	To (year)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use separate sheet if necessary)

16. State your educational experience, giving the names of schools you attended and the dates of attendance

High School:	From (year)	To (year)
_____	_____	_____
_____	_____	_____

College:	From (year)	To (year)
_____	_____	_____
_____	_____	_____

Other:	From (year)	To (year)
_____	_____	_____
_____	_____	_____

17. What is your military status?

Veteran _____ Non-Veteran _____

If you have been in the military service of the United States, state which branch, the years of your service and the type of discharge.

Branch: _____ Years: _____

Discharge: Honorable _____ Dishonorable _____ Other _____

18. What is your present occupation or employment? _____

19. How long have you held your present employment? _____

20. What is your present average net weekly pay? _____

21. State what occupations or jobs you have held since leaving school:

Employer:	Job Description	Year(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use separate sheet if necessary)

22. Have you ever been arrested for driving under the influence of alcohol and/or a controlled substance? Yes _____ No _____

If so, state the following:

Date of your arrest (month/year): _____

Jurisdiction (city and state): _____

Sentence (or other disposition): _____

23. Have you ever been arrested for any criminal offense? Yes _____ No _____

If so, state the following:

Date of your arrest (month/year): _____

Jurisdiction (city and state): _____

Sentence (or other disposition): _____

24. Are you presently on parole or probation? Yes _____ No _____

25. Have you ever been treated for mental illness or hospitalized for mental illness?

Yes _____ No _____

If so, state the nature thereof: _____

26. Do you have any disease or other disability at the present time?

Yes _____ No _____ If so, state the nature thereof: _____

27. Are you presently addicted to alcohol or drugs?

Yes _____ No _____

28. Are you presently enrolled in any treatment program for alcohol or drug addiction dependency? Yes _____ No _____

29. Have you ever been admitted into a pre-trial diversion program such as the ARD program? Yes _____ No _____

If so, list the date, city and state and charge: _____

30. State the name, address and telephone number of three reputable citizens, not related to you, who are willing to support your consideration for Accelerated Rehabilitative Disposition.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

31. State why you feel you should be given the benefit of placement in the Accelerated Rehabilitative Disposition Program.

(Use separate sheet if necessary)

Amount of Restitution Due: \$ _____ Amount Paid: \$ _____

I DO HEREBY SWEAR (OR AFFIRM) TO THE TRUTH OF EACH AND EVERY ANSWER TO THE ABOVE QUESTIONS, AND I FULLY REALIZE THAT AN INTENTIONAL FALSIFICATION AS TO ANY ANSWER OR PART THEREOF IS A CRIME PUNISHABLE BY LAW.

Acknowledgement:
Sworn to and subscribed before me this _____ Day of _____, 20__.

Defendant – SIGN IN FRONT OF NOTARY

Notary Public
My Commission Expires _____

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Chief Administrator
amorrisson@warrencountypa.gov

NAME: _____ **OTN:** _____

1. I have applied for admission to the Accelerate Rehabilitative Disposition (ARD) program. This stipulation and waiver are not part of my ARD application/hearing, and is a condition of the ARD program pursuant to Pa.R.Crim.P. Rule 316. I understand that information or statements supplied by me in my application may not be used against me in a prosecution for the current offense if my application for ARD is denied, or if my case is revoked from the ARD program. I further understand that the only criminal proceeding in which this stipulation and waiver may be used against me is for the purposes set forth in paragraph 2.

2. I hereby agree that the statements in this stipulation and waiver are not protected by Pa.R.Crim.P. Rules 311-313. The information in this stipulation and waiver may be used against me if I am charged with Driving Under the Influence (DUI) or related offense(s) in the future. The stipulation may be used as evidence of a "prior conviction" for purposes of increasing the grading and penalty of any such future offense.

3. I understand that under the current law, if I commit a subsequent DUI offense, the Commonwealth is required to prove beyond a reasonable doubt that I am guilty of this DUI for which I am being placed on ARD, in order to use this offense as a "prior conviction" for the purposes of enhancing the grading and sentencing of any future DUI offense(s). I further understand that by agreeing to be placed into the ARD program, I am knowingly and voluntarily waiving my right to challenge in any future proceeding that this current DUI offense constitutes a "prior conviction" for purposes of enhancing the grading and sentencing of any subsequent DUI offense(s), and that by so agreeing, the Commonwealth will not be required to prove beyond a reasonable doubt at any future proceeding that I am guilty of this current DUI offense in order for it to be considered a "prior conviction". Therefore, if I am convicted of a future DUI offense, this ARD will be considered a "prior conviction" for sentencing purposes and I will be subject to increased mandatory sentences.

4. I admit under penalty of perjury to the facts set forth in the Criminal Complaint, specifically, but not limited to, the affidavit of probable cause, that would prove my guilt beyond a reasonable doubt of a violation of 75 Pa.C.S.A. § 3802 (DUI). No one has

forced, threatened, or coerced me to make this admission; I am doing this of my own free will and am aware of my right to refuse.

5. I hereby understand and agree that I will not be entitled to expungement of any investigative materials including by not limited to police reports, reports of any testing, and witness statements, or this Stipulation and Waiver.

I hereby certify that I have read this document in its entirety and I fully understand the information contained therein. This certification is made subject to penalty under § 4904 (b) of the Pennsylvania Crimes Code regarding false statements.

Defendant – SIGN IN FRONT OF NOTARY

Sworn to and subscribed before me this
_____ Day of _____, 20__.

Notary Public
My Commission Expires _____

.....

I, _____, Esquire, state that I have advised my client of the meaning of this document; that it is my belief that the defendant fully understands the above stipulation and waiver. Furthermore, I have discussed with my client any and all of the consequences of entering into this stipulation and waiver. I also attest to the fact that my client has signed the above document.

Defense Counsel

Date