

Clarion County ARD / DUI Program
ARD APPLICATION CHECKLIST

The following items must be completed prior to entry, or during the ARD program. It is your responsibility to complete all of the following tasks within the prescribed time frames. If you fail to do so the ARD application may be denied.

1. Obtain a copy of the Application for Accelerated Rehabilitative Disposition (ARD) form from your attorney, or if you are unrepresented, from the District Attorney's Office. Complete the ARD application, sign and date it and submit it to the District Attorney's Office at, or prior to the Preliminary Hearing.
2. Upon preliminary approval by the District Attorney's Office the Defendant shall waive the Preliminary Hearing, either on the day your are scheduled to appear at Central Court, or in advance at the District Justice Office (by appointment).
3. Within five (5) days of the date that you waive your Preliminary Hearing, appear at the Adult Probation Office [APO] or call Clarion County APO [(814) 226-6020] to arrange appointment for Court Reporting Network (CRN) Report and Pre Sentence Investigation (PSI).

4. You must take a copy of this form and \$50.00, which is the fee for performing the Court Reporting Network check, with you to your appointment at the Adult Probation Office.

DATE AND EVENT CHECKLIST

1. Application for ARD made on _____.
Application submitted to the District Attorney's Office on _____.
2. Date of Waiver of Preliminary Hearing: _____.
Waiver made at Central Court _____ or at the office of District Justice _____.
3. Date and time of appointment for Pre Sentence Investigation (PSI) and Court Reporting Network Check (CRN) at the Adult Probation Office, 500 Main Street, Clarion PA (814) 226-6020; _____ at _____ a.m./p.m. (Don't forget to bring this form and \$50.00). AT THE TIME YOU APPEAR FOR YOUR PRE SENTENCE INVESTIGATION AND COURT REPORTING NETWORK CHECK YOU MUST BE CLEAN OF **ALL** INTOXICATING SUBSTANCES.

4. Date and time of evaluation at Clarion County Drug and Alcohol (ARC MANOR), 214 S. Seventh Avenue, Clarion PA 1-800-323-1333 or at alternative location _____;
_____ .
5. Dates and times to attend and successfully complete an approved Pennsylvania Alcohol Highway Safety School (DUI School) at the Clarion County Adult Probation Office, 500 Main Street, Clarion PA or at alternative location _____: Dates: _____ Time: _____ Pay all costs associated with Pennsylvania Alcohol Highway Safety School (DUI School) to APO PRIOR to or on the first night of your scheduled participation in the school. (\$200.00)
6. Appear at Court for entry into ARD in the Court of Common Pleas of Clarion County, Courthouse, Courtroom No. 1, Clarion, PA on _____ at 8:15 am for Sentencing. The day of Sentencing, bring the following with you:
 - a. YOU MUST BRING YOUR DRIVER'S LICENSE WITH YOU AT THE TIME OF ARD ENTRY.
 - b. You must have \$500.00 cash or money order (no checks) paid prior to or by _____ for payment in advance of

your supervision fees and court costs. Money Orders are payable to “Clarion County - Clerk of Courts”. This payment must be made a week or more in advance of your sentencing date, so that the court can prepare and complete the file for the Judge’s review prior to your sentencing date.

b. Arrange alternate transportation from the Courthouse. Your license suspension will begin as soon as you enter the program.

If you drive from the Courthouse after being admitted to the ARD/DUI Program you will be charged under 75 Pa.C.S. § 1543(b), incurring 60-90 days in jail and a fine which will range from \$500.00 to \$1,000.00. You will also be expelled from the ARD program.

7. Pay all fines and costs on a monthly basis prior to the expiration of the ARD program. If you fail to pay off your fines, supervision fees and court costs at least one month before the end of your probationary period, your ARD may be revoked. You are obligated to make a minimum monthly payment of no less than _____ to ensure that your fines, supervision fees and costs are paid in time.

**IN THE COURT OF COMMON PLEAS
OF CLARION COUNTY, PENNSYLVANIA
CRIMINAL DIVISION**

COMMONWEALTH OF PENNSYLVANIA :
 :
 : **NO. ____ CR 20__**
 vs. :
 :
 :
 :
 _____ :
 DEFENDANT. :

**APPLICATION FOR
ACCELERATED REHABILITATIVE DISPOSITION
(ARD) PROGRAM – DRIVING UNDER THE INFLUENCE**

The undersigned applicant, having been charged with Driving Under the Influence, hereby requests the District Attorney of Clarion County submit this case to the Court for Accelerated Rehabilitative Disposition (ARD), and for the express purpose of requesting that the District Attorney consider this request for ARD, I represent both to the District Attorney and the Court the following:

1. I have not been found guilty, adjudicated delinquent, accepted ARD or any other state’s pre-conviction diversionary program, in the Commonwealth of Pennsylvania, or any other state, on a charge of Driving Under the Influence of Alcohol or Controlled Substance, or any other state’s equivalent charge, within (10) ten years prior to the date of the offense with which I am now charged.

2. All charges currently pending against me in Pennsylvania, or any other jurisdiction, are listed below:

_____ None

Date of Offense	Charge	Jurisdiction	Status
a. _____			
b. _____			
c. _____			

3. Any prior grant of ARD anywhere in the Commonwealth of Pennsylvania regarding ANY charge at any time is listed below:

_____ None

Date of Offense	Charge	Jurisdiction	Status
a. _____			
b. _____			

4. Any prior entry into any other state's pre-conviction diversionary program regarding ANY charge or conviction regarding ANY charge is listed below:

_____ None

Date of Offense	Charge	Jurisdiction	Status
a. _____			
b. _____			

5. I have not been involved in an accident in connection with the events surrounding the current charge of Driving Under the Influence in which any person was killed or seriously injured as a result.

6. I affirmatively represent that no person under the age of fourteen (14) was present in or on the motor vehicle when the offense occurred.

7. In making this request for ARD, I understand that I will be required to be evaluated prior to entry into the program by the Adult Probation Office to determine the extent of my involvement with alcohol or controlled substances. This evaluation will assist the Court in determining what conditions of ARD would benefit me, or the public, should I be

accepted into the program. I expressly agree to keep any and all appointments arranged for me for such evaluation(s) and I fully understand that should I not do so, the District Attorney may reject this request for ARD.

8. I understand that I will be required to be evaluated by the Clarion County Drug and Alcohol Office prior to ARD being considered by the Court. The purpose of this evaluation will be to determine any appropriate treatment that is necessary to address any existing conditions that may require intervention and treatment. I agree that I will fully participate in the evaluation and successfully complete any recommended treatment by the Clarion County Drug and Alcohol Office as a condition of ARD being granted. If I fail to follow through with any recommended treatment or pay required treatment costs, I understand that my ARD status may be revoked by the District Attorney upon petition to the Court.

9. I hereby acknowledge that the District Attorney, APO, or D&A may require me to submit to a drug screen / urinalysis, at my expense, as a condition of entry or during the ARD Program.

10. I understand that I will be required to participate in a Pennsylvania Alcohol Safety School program as directed by the Clarion

County Adult Probation Office. I understand that I must successfully complete this program prior to my entry into ARD. I also understand that I must completely pay all costs or expenses associated with the administration of this program prior to my entry into ARD.

11. I understand that I have a right under Rule 600 of the Pennsylvania Rules of Criminal Procedure to be brought to trial within a period of 365 days from the date of the Complaint charging me with the current offense. I expressly give up my right to a trial within 365 days under Rule 600.

12. I understand that I have a right to a speedy trial under the Constitutions of the United States, and the Commonwealth of Pennsylvania. I hereby expressly waive those rights.

13. If, as a part of the agreement entered into with the Commonwealth, I have agreed to plead guilty to any other offense which is a part of the same criminal incident which led to the DUI charge, in the event of revocation of my ARD status, I hereby expressly waive any and all rights to joinder of offenses for trial purposes, and any double jeopardy protection under the Pennsylvania and United States Constitutions and 18 Pa.C.S.A. Section 110.

14. I understand that under the Pennsylvania Rules of Criminal Procedure the Commonwealth is required to file an Information in my case within certain time limitations. I further understand that under Rule of Criminal Procedure 314 the Commonwealth has not filed an Information in my case. I expressly consent to the Commonwealth filing an Information at any time that my ARD status would be revoked in the future, and waive the time requirements for the filing of an Information under the Rules of Criminal Procedure.

15. I acknowledge that my driving privileges will be suspended according to 75 Pa.C.S. § 3807(d) for the following period:

BAC < 0.10%	No Suspension
BAC 0.10% to < 0.16%	30 Day Suspension
BAC 0.16% or Higher Or BAC unknown Or Accident involving Bodily Injury or Property Damage	60 Day Suspension
Defendant Under Age Twenty-One (21)	90 Day Suspension

[Suspension periods apply only to the DUI charge.]

16. I acknowledge that if at anytime I operate a vehicle prior to the restoration of my driving privileges I will be subject to the penalties under

75 Pa.C.S. Section 1543(b) which are at least a MANDATORY JAIL TERM OF SIXTY (60) TO NINETY (90) DAYS AND A MANDATORY FINE OF \$500.00 TO \$1,000.00. I hereby acknowledge that it is my responsibility to complete and file all necessary forms and paperwork and pay all applicable restoration fees prior to my driving privileges being restored.

17. I hereby acknowledge that the District Attorney may withdraw my application from consideration based on my failure to do any of the prescribed duties within a timely manner. I hereby acknowledge that all duties described in this Application must be completed within six (6) months of the Preliminary Hearing date. I also acknowledge that the District Attorney may withdraw my Application from consideration based upon any report of lack of cooperation or lack of amenability to treatment, from the Clarion County Adult Probation Office or Drug & Alcohol Office, that may be submitted to the District Attorney.

18. I hereby acknowledge that if I am charged with any additional crimes, including summary offenses, prior to the Court granting my application for ARD, I have an affirmative duty to report those additional charges to the District Attorneys Office. I also acknowledge that if I fail to

do so, my ARD will be revoked. Additional charges may be reported to the District Attorney at (814) 226-4423.

19. I hereby acknowledge that one week prior to the day that I am granted entry into the ARD program I must deposit with the Court a down payment toward my fines, costs and restitution in the amount of \$500.00. (Payable in cash or Money Order only.) I acknowledge that if I am unable to make this deposit my entry into ARD will be delayed or denied by the Court.

I verify that the statements made in this Application are true and correct. I understand that false statements herein are subject to the penalties of 18 Pa.C.S. Section 4904 relating to Unsworn Falsifications to Authorities and that the punishment for said offense is a fine of not more than \$5,000.00, or imprisonment for not more than two (2) years or both.

I hereby certify that my true and correct address is as follows:

Defendant:

_____ Date of Birth: _____
Social Security #: _____

Date Executed: _____

District Attorney’s Office PRELIMINARY ACTION:

APPROVED

DISAPPROVED

Mark T. Aaron,
Clarion County District Attorney
Drew J. Welsh,
Assistant District Attorney
Cassandra M. Munsee,
Assistant District Attorney

DATE: _____