

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

<b>COMMONWEALTH OF PENNSYLVANIA</b>	:	
<b>vs.</b>	:	: <b>NO</b> ____ <b>CR 20</b> __
_____ ,	:	
<b>DEFENDANT.</b>	:	

**APPLICATION FOR**  
**ACCELERATED REHABILITATIVE DISPOSITION**  
**NON-DUI**

The undersigned applicant 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. The charges currently pending against me in Clarion County are:

Date of Offense	Charge	Grade
a.	_____	
b.	_____	

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

\_\_\_\_\_ None

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

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
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a. \_\_\_\_\_

b. \_\_\_\_\_

5. 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.

6. 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.

7. 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 current 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.

8. 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.

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:

\_\_\_\_\_  
Signature

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:** \_\_\_\_\_