

**-APPLICATION FOR ADMISSION INTO THE INDIANA COUNTY COURTS  
REGULAR ARD PROGRAM**

COMMONWEALTH OF PENNSYLVANIA : IN THE COURT OF COMMON PLEAS  
: INDIANA COUNTY, PENNSYLVANIA  
VS. :  
\_\_\_\_\_: No: \_\_\_\_\_  
DEFENDANT :

The (defendant) undersigned hereby applies for participation in the Indiana County Courts Regular ARD Program. Rules of Criminal Procedure: 310-320.

The (defendant) undersigned also understands his/her rights under Pa. Rules of Criminal Procedure 600, prompt trial, and signs the attached forms of agreement as prescribed by the Court (Waiver of Rights to a Speedy Trial, Waiver of Statute of Limitations, Waiver of Formal Court Arraignment, Stipulation and Waiver - DUI).

Defendant: \_\_\_\_\_ Date filed: \_\_\_\_\_

**ALL CHARGES MUST BE REPORTED BELOW OR APPLICATION WILL BE DENIED!**

1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

THIS APPLICATION FOR ADMISSION INTO THE REGULAR ARD PROGRAM MUST BE COMPLETED AND FILED WITH THE **COURT ADMINISTRATOR'S OFFICE**.

FILED BY: \_\_\_\_\_ DATE FILED: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_

DISTRICT ATTORNEY: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE TYPE OR PRINT LEGIBLY:

The following questions are to be answered truthfully and completely. This application will be used to determine your eligibility for consideration into the Indiana County Courts "Regular" ARD Program.

Defendant's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security No. \_\_\_\_\_

State and Driver's Operating No.: \_\_\_\_\_

Employer: \_\_\_\_\_

Legal Residence: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternative Contact Person (name and number): \_\_\_\_\_

Have you ever served in the Armed Forces? Yes ( ) No ( )

Legal Counsel, if represented: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

#### CRIMINAL OFFENSE HISTORY:

- Have you ever been arrested, convicted, or placed on a pretrial (ARD) diversion type program, besides the current offense? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, date of arrest (month and year): \_\_\_\_\_

Charges: \_\_\_\_\_

Jurisdiction (city and state): \_\_\_\_\_

Sentence or Juvenile Disposition: \_\_\_\_\_

- Have you had ANY contact with law enforcement, courts, probation, parole or other agency in the criminal justice system in the past ten years other than what is described above? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please attach page with explanation.

- Are you currently on probation, parole, or any other pretrial diversion programs?

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

If yes, county and state of jurisdiction: \_\_\_\_\_

I hereby swear to (or affirm) the truth of each and every answer to the Application for Admission in the Indiana County Courts "REGULAR" ARD Program. I REALIZE THAT AN INTENTIONAL FALSIFICATION AS TO ANY ANSWER OR PART THEREOF, IS A CRIME THAT IS PUNISHABLE AS A MISDEMEANOR OF THE SECOND DEGREE, WHICH IS A FINE NOT EXCEEDING \$5,000.00 AND IMPRISONMENT NOT EXCEEDING TWO (2) YEARS OR BOTH.

**A FALSE STATEMENT WILL RESULT IN THE DISAPPROVAL OF APPLICATION AND/OR BE A BASIS OF REVOCATION FROM THE PROGRAM.**

\_\_\_\_\_  
DEFENDANT

VS.

O.T.N. \_\_\_\_\_

\_\_\_\_\_  
DEFENDANT**EXPLANATION OF ACCELERATED REHABILITATION PROGRAM (ARD) AND WAIVER OF RIGHTS FORM**

1. I understand that I have been charged with a crime and that I have a right to go to trial on that charge. I am presumed innocent of this charge and that the prosecution must prove my guilt beyond a reasonable doubt.
2. Notwithstanding my right to go to trial, I ask to be placed in the Indiana County ARD Program and I CERTIFY THAT I HAVE NOT PREVIOUSLY BEEN IN SUCH A PROGRAM IN THIS OR ANY OTHER JURISDICTION WITHIN THE LAST TEN (10) YEARS.
3. I understand the District Attorney will consider any prior criminal conviction that I may have.
  - (a) I understand that the District Attorney will consider a victim's input regarding my request for ARD.
4. I understand that the maximum period that a defendant can be placed on ARD is two (2) years and that most cases have a one (1) year period of ARD and that the special terms and conditions of the program are as follows:
  - (a) I will pay the costs of the Accelerated Rehabilitation Program.
  - (b) I may have to receive an alcohol and/or drug evaluation or a mental health evaluation and follow through with any recommended treatment and pay the costs thereof.
  - (c) I will complete any community service hours as may be ordered by the Court.
  - (d) If I caused any property damage or personal injury to anyone and do not have insurance to pay for such damage or personal injury, I will be required to make restitution to the victim in the amount of such damage or personal injury.
  - (e) I will abide by the general rules and regulations applicable to the Accelerated Rehabilitation Program.
5. I understand that the charges which have been filed against me will not be further prosecuted while I am in the ARD Program, but that if I fail to complete the program satisfactorily, I will be removed from the program and the charges filed against me will then be prosecuted according to law as if I had never been in the ARD Program.
6. I understand that if I successfully complete the ARD Program, the charges which have been filed against me will be dismissed and the arrest record expunged.
7. I understand that I can reject this offer of ARD and demand that my case be brought to trial instead and that neither rejection of ARD nor any statement I make in these ARD proceedings can be used against me at trial.
8. I understand that by participating in the ARD Program I waive (give up) the following rights:
  - (a) My right to a preliminary hearing;
  - (b) My right to a formal court arraignment;
  - (c) The right to have my case tried before a jury within three hundred and sixty-five (365) days from the date the complaint was filed against me and may be dismissed if not tried within 365 days; and
  - (d) The applicable statute of limitations within which prosecution must be commenced on the charges against me.
9. Time spent in processing the application for ARD will be excluded in computing the 365 days under Rule 600.
10. I understand that if my case is removed from the ARD Program and sent back for trial, the District Attorney will then have three hundred and sixty five (365) days within which to bring me to trial under Rule 600A2C.

**I HAVE READ THE ABOVE AND FULLY UNDERSTAND IT.**

SIGNED: \_\_\_\_\_

Defendant

SIGNED: \_\_\_\_\_

Defense Attorney

DATE: \_\_\_\_\_

COMMONWEALTH OF PENNSYLVANIA

: IN THE COURT OF COMMON PLEAS  
: INDIANA COUNTY, PENNSYLVANIA  
:  
:  
:  
:  
:  
: No. \_\_\_\_\_

VS.

\_\_\_\_\_  
DEFENDANT

**WAIVER OF ARRAIGNMENT AND APPEARANCE OF COUNSEL**

**Part I**

**(ACKNOWLEDGMENT OF DEFENDANT)**

I, \_\_\_\_\_ hereby acknowledge the following:  
(Defendant's Name)

1. I understand the nature of the charges against me;
2. I understand that I have the right to be represented by an attorney;
3. I understand that I have the right to file motions, which includes the right to file the following:
  - (i) a Request for a Bill of Particulars, which may be filed within seven (7) days following the date arraignment is scheduled;
  - (ii) a Motion for Pretrial Discovery and Inspection, which may be filed within fourteen (14) days following the date arraignment is scheduled; and/or
  - (iii) an Omnibus Pretrial Motion, which may be filed within thirty (30) days following the date arraignment is scheduled.
4. I waive my right to appear for arraignment.

**I hereby enter a plea of NOT GUILTY to any and all charges against me.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant's Signature

**Part II**

**(ACKNOWLEDGMENT OF COUNSEL AND ENTRY OF APPEARANCE)**

I, \_\_\_\_\_, Attorney at Law, hereby acknowledge the following:

1. The defendant understands the nature of the charges;
2. The defendant understands the rights and requirements of Rule 571 of the Pennsylvania Rules of Criminal Procedure;
3. The defendant waives his/her right to appear for arraignment.

**I hereby enter my appearance for the defendant.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Supreme Court ID #

\_\_\_\_\_  
Address/Phone Number

COMMONWEALTH OF PENNSYLVANIA : IN THE COURT OF COMMON PLEAS  
: INDIANA COUNTY, PENNSYLVANIA  
VS. :  
: Docket No: \_\_\_\_\_  
\_\_\_\_\_  
DEFENDANT

**STIPULATION AND WAIVER (DUI)**

1. Driving Under the Influence (75 Pa.C.S. § 3802) offenses charged against Defendant:

_____	_____
_____	_____
_____	_____

2. I am applying for admission to the Accelerated Rehabilitative Disposition ("ARD") program in Indiana County. 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 3.
3. 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"), Homicide by Vehicle, Homicide by Vehicle while Driving Under the Influence, Aggravated Assault by Vehicle, Aggravated Assault by Vehicle while Driving Under the Influence, any offense under Title 75 Pa. C.S.A., otherwise known as the "Vehicle Code", or related offense(s), including but not limited to any offense in which a prior conviction or finding beyond a reasonable doubt that I am guilty of this DUI results in increased punishment in the future offense. The stipulation may be used as evidence of a "prior conviction" for purposes of increasing the grading and penalty of any such future offense.

4. I understand that under the current law, if I commit a subsequent DUI offense, offense under the Vehicle Code or related 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 purposes of enhancing the grading and sentencing of any future subsequent DUI offense, offense under the Vehicle Code or related offense. 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 as a "prior conviction" for purposes of enhancing the grading and sentencing of any subsequent DUI offense, offense under the Vehicle Code or related offense, and that by so agreeing, the Commonwealth will not be required further 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 subsequent DUI offense, offense under the Vehicle Code or related offense, this ARD will be considered a "prior conviction" for sentencing purposes and I will be subject to increased mandatory sentences.
5. I admit under penalty of perjury to the facts set forth in the attached documents, including but not limited to the criminal complaint and laboratory report, would cause any reasonable judge or jury to find me guilty beyond a reasonable doubt of a violation(s) of 75 Pa. C.S. §3802 (DUI) as charged and indicated above in Section 1. I make this admission voluntarily and am aware of my right to refuse.
6. I hereby understand and agree that I will not be entitled to expungement of any investigative materials including but not limited to police reports, reports of any testing, and witness statements.

\_\_\_\_\_  
Defendant

Date: \_\_\_\_\_

\_\_\_\_\_  
Defense Attorney

Date: \_\_\_\_\_

# THE OPEN DOOR

A BEHAVIORAL HEALTH ORGANIZATION

*Steps Toward Hope, Courage and Recovery*

PHONE: 724-465-2605 • FAX: 724-465-2610

CRISIS INTERVENTION SERVICES: 877-333-2470

EMAIL: INFO@THEOPENDOOR.ORG • WWW.THEOPENDOOR.ORG

## CONSENT TO RELEASE INFORMATION

I, \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

consent to and authorize **The Open Door of Indiana, PA** to release information as indicated below to

**Name:** Indiana County District Attorney's Office

**Address:** 825 Philadelphia Street, Third Floor, Indiana, PA 15701

**Phone:** 724-465-3835 **Fax:** \_\_\_\_\_

### The information to be disclosed is:

☒ Whether the client is or is not in treatment

☒ The nature of the project

☒ Client progress/diagnosis

☒ Whether or not the client has relapsed

☒ Prognosis

☐ Other (specify) \_\_\_\_\_

### The information is needed for the following purpose(s) (Please choose only one.):

☐ Referral for treatment services

☒ To monitor the provision of ongoing treatment

☐ To obtain insurance, employment, or government benefits

☐ Other (specify) \_\_\_\_\_

This information has been disclosed to you from records protected by the Federal confidentiality rules (42CFR, Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42CFR, Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or other drug abuse patient. HIPAA regulations do not supersede Federal confidentiality rules 42CFR, Part 2.

I may revoke this consent to release information at any time by notifying my therapist or agency staff, **verbally or in writing**, except to the extent that action has been taken in reliance of it. When applicable, criminal justice system clients who have agreed to enter treatment in lieu of prosecution or punishment may not revoke their consent that allows the court, probation, parole or other criminal justice agency from monitoring their progress. **This release begins at date signed below and will expire in 1 YEAR unless I specify a date, event, or condition upon which it will expire as indicated below.**

Date/Event/Condition of Expiration: \_\_\_\_\_

A copy of this document was: Accepted or Refused

Client Signature \_\_\_\_\_ Date \_\_\_\_\_ Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ (client name) have **revoked** this release on \_\_\_\_\_ (Date) 6/17 rev



665 PHILADELPHIA STREET, 2ND FLOOR, SUITE 202, • INDIANA, PA 15701

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I, \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_,

consent to and authorize

**Name:** Indiana County District Attorney's Office

**Address:** 825 Philadelphia Street, Third Floor, Indiana, PA 15701

**Phone:** 724-465-3835

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

to release information as indicated below to **The Open Door of Indiana, PA**

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A copy of this document was: Accepted or Refused

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_ have **revoked** this release on \_\_\_\_\_.  
(client name) (Date) 6/17 rev



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