

**APPLICATION FOR ADMISSION INTO THE INDIANA COUNTY COURTS  
SUMMARY ARD PROGRAM**

COMMONWEALTH OF PENNSYLVANIA : IN THE COURT OF COMMON PLEAS  
VS. : INDIANA COUNTY, PENNSYLVANIA  
: DISTRICT JUSTICE: \_\_\_\_\_  
\_\_\_\_\_ : DOCKET NUMBER: \_\_\_\_\_

The defendant undersigned hereby applies for participation in the Indiana County Courts SUMMARY ARD Program. Rules of Criminal Procedure: 300-302.

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 SUMMARY ARD PROGRAM WILL BE MADE AVAILABLE TO THE DEFENDANT BY THE DISTRICT COURTS. THE DOCUMENT IS TO BE COMPLETED AND FILED BY THE DEFENDANT OR COUNSEL WITH THE DISTRICT COURT. THE DISTRICT COURT WILL FORWARD THE APPLICATION TO THE DISTRICT ATTORNEY'S OFFICE FOR REVIEW. IF APPROVED THE DEFENDANT WILL BE REFERRED TO THE PROBATION DEPARTMENT FOR INTAKE, PLACEMENT OF PROGRAMS AND SUPERVISION. IF DENIED THE APPLICATION WILL BE RETURNED TO THE DISTRICT JUSTICE FOR DISPOSITION.

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 SUMMARY 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: \_\_\_\_\_
- 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 SUMMARY 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.**

\_\_\_\_\_  
DEFENDANT