

**ACCELERATED REHABILITATIVE DISPOSITION (ARD) PROGRAM
NOTICE TO DEFENDANT**

PROCEDURES FOR ACCEPTANCE INTO THE ARD PROGRAM

1. Complete the ARD application and answer all questions.
2. **MAKE SURE YOU PUT YOUR CURRENT ADDRESS ON THE FIRST PAGE OF THE ARD APPLICATION.** This is the address that the Clearfield County Probation Department will use to contact you in order to process your ARD application.
3. On the date of your Preliminary Hearing for your case, you will receive a notice which schedules you to appear at a later date for mandatory Formal Arraignment at the Clearfield County Courthouse.
4. After the date set for your Formal Arraignment, you will receive a letter in the mail from the Clearfield County Probation Department which will outline the next steps that you will need to take in the ARD application process. This letter will be mailed to the address that you put on the first page of the ARD application.
5. **Failure to complete the steps outlined in the letter that is mailed to you by the Clearfield County Probation Department may result in your being denied acceptance into the ARD Program.**

Please contact Probation Officer Murone at the Clearfield County Adult Probation Department- 814-765-2641 Ext. 2081 should you have any questions or concerns.

Detach this page and take it with you after you have completed the ARD Application.

2. The interests of justice shall be served by admitting the Defendant into the ARD program.
3. Notice of Intent to present this Motion to the Court has been provided to the Defendant, the Defendant's attorney if any, and victim or victims, if any.
4. The Defendant consents to entry into the ARD program as evidenced by the foregoing ARD Colloquy.
5. The Defendant agrees to enter a plea of guilty for all summary offenses and pay all fines and costs associated with summary offenses.
6. Additional Terms:

DISTRICT ATTORNEY APPROVAL

- [] This ARD Application is APPROVED. File this ARD Application with the Clerk of Courts and present to the Court for acceptance.
- [] This ARD Application is NOT APPROVED. Do not file this ARD Application with the Clerk of Courts. Place this case on the trial list.
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WHEREFORE, the Commonwealth respectfully requests that this Honorable Court accept the above captioned Defendant for inclusion into the Clearfield County ARD program.

Respectfully submitted,

Ryan P. Sayers
District Attorney

**SECTION I
ARD COLLOQUY
DEFENDANTS CERTIFICATION OF SUITABILITY FOR INCLUSION INTO THE ARD PROGRAM**

INFORMATION:

1. Before this Motion for ARD is filed with the Clerk of Courts and submitted to the Court for approval, the District Attorney must determine if you are a suitable candidate for inclusion into the ARD program.
2. Each case is considered individually by the District Attorney.
3. To make this determination, the District Attorney relies on certain information regarding prior criminal conduct.
4. The following questions will be used by the District Attorney to aid in a determination of suitability for inclusion into the ARD program.
5. Failure to accurately and truthfully complete these questions may be cause for the District Attorney to reject your application for ARD.

INSTRUCTIONS:

1. Read each question/statement carefully.
2. Answer each question/statement by circling the appropriate response.
3. If you have any questions, STOP, and ask your attorney or an attorney for the Commonwealth.

1.	Yes / No	Have you ever been convicted of a misdemeanor offense? If your answer is Yes, please describe the type of offense(s), the date of the offense(s) and the disposition of the case(s):
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2.	Yes / No	Have you ever been convicted of a felony offense? If your answer is Yes, please describe the type of offense(s), the date of the offense(s) and the disposition of the case(s):
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3.	Yes / No	Have you ever been convicted of DUI? If your answer is Yes, please describe the type of offense(s), the date of the offense(s) and the disposition of the case(s):
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4.	Yes / No	Have you ever received ARD (or a consent decree) for any offense? If your answer is Yes, please describe the type of offense(s), the date of the offense(s) and the disposition of the case(s):
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5.	Yes / No	Have you ever been convicted of Indirect Criminal Contempt? If your answer is Yes, please describe the type of offense(s), the date of the offense(s) and the disposition of the case(s):
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6.	Yes / No	Other than this case, are you currently charged with any offense in any jurisdiction? If your answer is Yes, please describe the type of offense(s), the date of the offense(s) and the disposition of the case(s):
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CONTINUE TO SECTION II

SECTION II
ARD COLLOQUY
FOR PLACEMENT IN THE CLEARFIELD COUNTY ARD PROGRAM

INFORMATION:

1. Prior to acceptance into the ARD program, the Court must determine that you meet the requirements for acceptance.
2. Prior to acceptance into the ARD program, the Court must determine that you understand the proceedings and requirements of the program.
3. Prior to acceptance into the ARD program, the Court must determine that you agree to the terms and conditions of the program.
4. Prior to acceptance into the ARD program, the Court must determine that you are voluntarily and intelligently agreeing to enter into the program.
5. To aid the Court in making these determinations, you must complete the following Colloquy containing Sections I, II, and III.

INSTRUCTIONS:

1. Read each question/statement carefully.
2. Answer each question/statement by circling the appropriate response.
3. If you have any questions, STOP, and ask your attorney or an attorney for the Commonwealth.

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1. Yes / No Do you agree that by signing the Defendant's Certification you are requesting that the Commonwealth recommend to the Court that your case be accepted into the ARD program?
 2. Yes / No Do you agree that by signing the Defendants Certification you are requesting that the Commonwealth file this Motion for ARD with the Clerk of Courts?
 3. Yes / No Do you agree that filing of this Motion for ARD with the Clerk of Courts constitutes a TENDER OF THE PLEA and COMMENCEMENT OF TRIAL pursuant to Rule 600 of the Pennsylvania Rules of Criminal Procedure?
 4. Yes / No Do you agree that the Commonwealth may withdraw this Motion for ARD at any time before the Court formally accepts your case for inclusion into the ARD program?
 5. Yes / No Do you agree to waive any Statute of Limitation and the right to a speedy trial under either the Federal or State Constitution, as well as the provisions of Rule 600 of the Pennsylvania Rules of Criminal Procedure from this date for that period of time spent processing and considering your application for inclusion into the ARD program, up to and including the date that the Commonwealth, appears in open court on the record and either: 1) recommends that your case be admitted into the ARD program; or 2) withdraws this Motion for ARD?
 6. Yes / No Do you agree that if this Motion for ARD is filed with the Clerk of Courts and the District Attorney determines that you are not a proper candidate for inclusion into the ARD program, that the Commonwealth shall have 365 days from the date the Commonwealth appears in open court on the record and withdraws this Motion for ARD, unless you are incarcerated for the charges, in which case the Commonwealth shall have 120 days from the date the Commonwealth appears in open court on the record and withdraws this Motion for ARD?
 7. Yes / No Do you agree to waive any Statute of Limitation and the right to a speedy trial under either the Federal or State Constitution, as well as the provisions of Rule 600 of the Pennsylvania Rules of Criminal Procedure from this date for that period of time spent processing and considering your application for inclusion into the ARD program, up to and including the date that the Court either accepts or rejects your case for ARD?
 8. Yes / No Do you agree that if this ARD application is rejected by the Court or you are otherwise removed from the ARD program by Order of the Court that the Commonwealth shall have 365 days from the date of the Court Order rejecting or removing you from the ARD program to bring your case trial, unless you are incarcerated for the charges, in which case the Commonwealth shall have 120 days from the date the Court Order is signed rejecting or removing you from the ARD program to bring your case to trial?

9. Yes / No Do you agree that you have received Notice of the District Attorney's intention to present your case to the Court for acceptance into the ARD program?
10. Yes / No Do you understand that if the ARD program is satisfactorily completed, you may have a dismissal of the charge(s)?
11. Yes / No Do you agree that if the ARD program is not satisfactorily completed, the offenses charged may be prosecuted the same as if you were never admitted into the ARD program?
12. Yes / No If you are removed from the ARD program, do you agree to waive any claim of double jeopardy or similar claim, that may arise out of you having plead guilty and been sentenced for any summary offense(s) arising out of the original charges?
13. Yes / No Do you understand that if you fail to meet any of the requirements for the ARD program, or are charged with a new offense, or violate any other condition imposed by Court you may be removed from the ARD program and your case shall proceed pursuant to the Rules of Criminal Procedure?
14. Yes / No Do you understand that you must remain subject to Court supervision for a period of time to be determined by the Court?
15. Yes / No Do you understand that you must make full restitution to any person that incurred financial loss as a result of your actions that caused this offense(s), and you must pay for the cost of prosecution and any other fees authorized by law?
16. Yes / No Do you agree that if you are charged with a new offense after the Commonwealth has filed this Motion for ARD, that the Commonwealth has the right to appear in open Court on the record and withdraw this Motion for ARD?
17. Yes / No Do you agree that if any of the information that you provided in this document is determined to be incorrect after the Commonwealth has filed this Motion for ARD, that the Commonwealth has the right to appear in open Court on the record and withdraw this Motion for ARD?

CONTINUE TO SECTION III

SECTION III

ARD COLLOQUY WHERE DEFENDANT CHARGED WITH OFFENSE UNDER SECTION 3802 (DUI) OF THE VEHICLE CODE

INSTRUCTIONS:

1. If you ARE NOT charged with an offense under section 3802 (DUI) of the Vehicle Code, check below and continue with Section IV.

I AM NOT CHARGED WITH A VIOLATION OF SECTION 3802 (DUI) OF THE VEHICLE CODE AND SHALL CONTINUE WITH SECTION IV

2. If you are charged with an offense under section 3802 of the Vehicle Code (DUI) and are applying for ARD you must complete this Section.

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1. Yes / No Do you certify that you have not been found guilty of or accepted ARD for a charge brought under § 3802 of the Pennsylvania Vehicle Code (DUI), or similar offense of another state within the past ten years?
 2. Yes / No Do you certify that no accident occurred in connection with the events surrounding the current offense and that no person suffered death or serious bodily as a result of the accident?
 3. Yes / No Do you certify that at the time of this offense (DUI), your driving license was not under suspension?
 4. Yes / No Do you certify that there were no passengers under the age of 14 in the vehicle being operated by you at the time of the offense?
 5. Yes / No If accepted by the Court into the program, do you understand that you must attend and successfully complete an alcohol highway safety school?
 6. Yes / No Prior to acceptance into the ARD program, do you understand that you must first receive an evaluation (Court Reporting Network Interview, or CRN) to determine the extent of your involvement with drugs or alcohol and to assist the Court in determining what conditions of ARD would benefit you and the public?
 7. Yes / No Do you understand that if your evaluation indicates there is a need for counseling or treatment, you shall be required to undergo a full assessment for alcohol and drug addiction?
 8. Yes / No Do you understand that if you are assessed to be in need of treatment, you must participate and cooperate with a licensed alcohol or drug addiction treatment program? Any required treatment shall be at your cost. The level and duration of treatment shall be in accordance with the recommendations of the full assessment.
 9. Yes / No Do you understand that you must remain subject to Court supervision for a minimum period of six months?
 10. Yes / No Do you understand that you must make full restitution to any person that incurred financial loss as a result of your actions that caused this offense(s)?
 11. Yes / No Do you understand that you will be required to pay for the Cost of prosecution and any other fee authorized by law?
 12. Yes / No Do you understand that you receive no license suspension if your BAC was less than 0.10%?
 13. Yes / No Do you understand that you shall receive a 30 day license suspension if your BAC was 0.10% but less than 0.16%?
 14. Yes / No Do you understand that you shall receive a 60 day license suspension if your BAC was 0.16% or higher, or your BAC is unknown?
 15. Yes / No Do you understand that if your license is suspended and you are convicted of driving without a license, you may receive an additional license suspension, fine and incarceration pursuant to the Vehicle Code 75 Pa.C.S.A. § 1543 (b)?

16. Yes / No Do you understand that under the current law, if you commit a subsequent DUI offense, the Commonwealth is required to prove beyond a reasonable doubt that you are guilty of this current DUI offense for which you are 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 DUI offense(s)?
17. Yes / No Do you understand that by agreeing to be placed into the ARD program, you are knowingly and voluntarily waiving your 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)?
18. Yes / No Do you understand that by agreeing to be placed into the ARD program, you agree that the Commonwealth will not be required to prove beyond a reasonable doubt at any future proceeding that you are guilty of this current DUI offense in order for it to be considered a "prior conviction"?
19. Yes / No Do you understand that by agreeing to be placed into the ARD program, you agree that if you are convicted of a future DUI offense, this ARD will be considered a "prior conviction" for sentencing purposes and you will be subject to increased mandatory sentences?

CONTINUE TO SECTION IV

**SECTION IV
ARD COLLOQUY
CERTIFICATION and VERIFICATION**

INSTRUCTIONS:

1. Read each question/statement carefully.
2. Answer each question/statement by circling the appropriate response.
3. If you have any questions, STOP, and ask your attorney or an attorney for the Commonwealth.

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1. Yes / No Have you read this entire document?
 2. Yes / No Do you understand the provisions contained in this document?
 3. Yes / No Do you consent to the Commonwealth presenting your case to the Court for acceptance into the ARD program?
 4. Yes / No Are the answers you provided herein true and correct?
 5. Yes / No Do you understand that submission of your case for inclusion into the ARD program is subject to the approval of the District Attorney of Clearfield County?
 6. Yes / No Do you understand that if approved by the District Attorney, this Motion for ARD and Sections I through IV shall be filed of record and submitted to the Court for approval?
 7. Yes / No Do you understand that if not approved by the District Attorney, this Motion for ARD and Sections I through IV shall not be filed of record or submitted to the Court for approval?
 8. Yes / No Do you understand that if not approved by the District Attorney, your case shall be placed on the trial list and you retain the absolute right to proceed to trial?
 9. Yes / No Do you understand that if not approved by the District Attorney, you shall receive written notice of the disapproval within 10 days from the date of the Motion for ARD?
 10. Yes / No Do you understand that by signing below you request that this Motion for ARD and Sections I - IV be submitted to the District Attorney for approval and submission to the Court?

DEFENDANT CERTIFICATION

I have read the above Motion for ARD and Sections I - IV.

I understand the terms of the ARD program as set forth in Section I - IV above.

I have executed the above Motion for ARD and Sections I - IV and voluntarily and intelligently Consent to entry into the ARD program.

I agree that filing of this Motion for ARD and Sections I - IV with the Clerk of Courts constitutes a TENDER OF THE PLEA and COMMENCEMENT OF TRIAL pursuant to Rule 600 of the Pennsylvania Rules of Criminal Procedure and if the Commonwealth withdraws this Motion for ARD or the Court rejects this Motion for ARD then the Commonwealth shall have 365 days from the date the Commonwealth withdraws this Motion for ARD or the Court Order rejecting this Motion for ARD to bring my case to trial, unless I am incarcerated for the charges, in which case the Commonwealth shall have 120 days to bring my case to trial.

I verify that the statements made in this Motion for ARD and Sections I - IV are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Defendant

Defendant's Attorney

Date

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Please contact Probation Officer Murone at the Clearfield County Adult Probation Department- 814-765-2641 Ext. 2081 should you have any questions or concerns.

I have received a copy of the Accelerated Rehabilitative Disposition (ARD) Notice to Defendant which was attached to the front of the ARD application packet. This Notice is identical to the Notice as set forth above.

Defendant

Date