APPLICATION FOR:

_____ **ARD – DUI** Fee due with application - $300

_____ **ARD – non DUI** Fee due with application - $0

Criminal Complaint must be attached.

COMMONWEALTH OF PENNSYLVANIA

VS. NO.20____CR_____

_____

DEFENDANT'S WAIVER OF RULE 600, PENNSYLVANIA RULES OF CRIMINAL PROCEDURE, FOR DETERMINATION OF ELIGIBILITY FOR ACCELERATED REHABILITATIVE DISPOSITION PROGRAM (ARD)

I, _____, the above-named Defendant, have had criminal charges filed against me to the above Criminal Action Number;

I further understand that I may be eligible for the disposition of these charges through the Blair County ARD Program, and I intend to make application to the Blair Drug and Alcohol Partnerships office. The District Attorney's Office will review and consider for ARD disposition.

In making such application, I hereby waive the applicable provisions of Rule 600 of the Pennsylvania Rules of Criminal Procedure as they relate to my right of a speedy trial for the period commencing with the date of this waiver and ending with either the date of notification of rejection by the District Attorney's Office and/or acceptance or rejection of the ARD Application by the Court.

In addition, I hereby waive the Compulsory Joinder provisions of 18 Ps. C.S.A. § 110 upon acceptance into the ARD Program. I understand I waive the right to object pursuant to 18 Pa. C.S.A. § 110 to any prior disposition of summary offenses should I be revoked from the ARD Program and prosecuted for the offense(s) for which I initially received ARD.

I verify that the statements made in the foregoing application are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 PA C.S.A. SEC. 4909 relating to Unsworn Falsification to Authorities

Blair County Adult Probation & Parole requires a credit, debit, or prepaid Visa card in the amount of $24 the day you are entering into ARD for the web based reporting portal.

Failure to do so will be a violation of the program.

Defendant Initials _____

_____
Defendant

_____
Counsel for Defendant

_____
Date

08/29/2014

COMMONWEALTH OF PENNSYLVANIA

VS. NO.20_____CR_____

_____

QUESTIONNAIRE TO DETERMINE ELIGIBILITY FOR
ACCELERATED REHABILITATIVE DISPOSITION (ARD)

INSTRUCTIONS TO DEFENDANT:

The information requested below is to be answered fully and truthfully under oath or affirmation. The application will be used for the purpose of determining your eligibility for consideration by the Court for ARD.

Total cost of the ARD Program for a Driving Under the Influence charges is $650.

$ 300 payable to the Blair County DUI Program is **due with this application**

$ 350 is **due to Blair County Cost & Fines on or prior to sentencing**.

Total cost of the ARD Program for NON-DUI charges is $475 to be paid by a payment plan established by the Blair County Cost and Fines Office. **No amount due with application.**

Return this application at the Preliminary Conference or to:

Blair Drug & Alcohol Partnerships
3001 Fairway Drive, Suite D
Altoona, PA 16602
(Fairway Centre between Pennsylvania Department of Environmental Protection & CareerLink)

PLEASE PRINT IN INK OR TYPE

1.) PERSONAL DATA:

Full Name: _____ Social Security No: _____

Address: _____ Date of Birth: _____

City: _____ State:_____ Zip Code_____

Telephone No: _____ Cell Phone No: _____

Email Address: _____

Maiden Name/Other names known by: _____

2.) MARITAL STATUS:

Single ____ Married _____ Separated _____ Divorced _____ Widowed _____

Live In Relationship _____ Other _____

Name of Spouse: _____

Name(s) and age(s) of child(ren) _____

3.) CURRENT OFFENSE:

List all charges, including summaries: _____

_____

Date of Offense: _____ Arresting Agency: _____

Attorney: _____ Magistrate: _____

If DUI Charge:

Blood/Alcohol test result: _____ Refusal: _____

Was there an accident involved: _____ If yes, did Insurance pay? _____

If NON-DUI - Charge: _____

Was there loss or damage: _____ If yes, was restitution paid:_____

If restitution is owed, how much and to whom: _____

_____

4.) PERSONAL HISTORY:

ADDRESS: List all addresses other than the one listed above that you have resided at for the past five (5) years:

Address, City, State	Years From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION: List all high schools, colleges, and other educational institutions attended:

Name of School	When Attended	Graduate
_____	_____	_____
_____	_____	_____

Are you currently attending college or post secondary education? ____Yes ____No

If yes, where?_____

WORK HISTORY: List present employer first and all employment for past five (5) years:

From	To	Name of Employer	Job Title	Monthly Income
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other sources of household income and amount:

_____ $_____

MILITARY:

Branch: _____ Current Status: _____

PREVIOUS RECORD:

1.) Have you ever been charged with a crime? Yes No

2.) Have you ever been placed on ARD or a Pre-Trial diversionary program? Yes No

3.) If answered yes to questions (1) or (2), answer the following:

Prior Charge	**Date of Arrest**	**Place of Arrest**	**Date & Disposition**

d. Do you have any outstanding cost/fines, and if so, where: _____

_____

HEALTH STATUS – (Past and Present):

HAVE YOU EVER RECEIVED TREATMENT FOR:

Mental Illness:	Yes	No
Alcohol or Drug Dependency:	Yes	No
Any other physical disability:	Yes	No

If YES to any of the above, state fully the nature of your treatment(s), your doctor(s) and the place(s) and date(s) where such treatment(s) were administered: _____

_____

Have you ever been treated in a hospital or clinic? Yes No

If YES, please explain: _____

_____

_____

REFERENCES: List three (3) individuals, not related to you or anyone involved in this charge, who are willing to support your consideration for ARD:

Name	Address	Phone

Describe briefly, in your own words, your version of the charges and why you feel you should be considered for placement in the ARD Program.

_____

_____

_____

_____

BLAIR COUNTY DRUG AND ALCOHOL PROGRAM, INC CONFIDENTIALITY AUTHORIZATION TO RELEASE INFORMATION

Individual's Name: ✕ _____

I hereby authorize: Blair County Drug and Alcohol Program, Inc, 3001 Fairway Drive, Suite D, Altoona, PA 16602
Name of Organization, Person, or Title

to release the following information to:

Blair County Adult Probation & Parole Office
Name of Organization, Person, or Title

At: Blair County Court House, 423 Allegheny Street, Suite 330, Hollidaysburg, PA 16648 814-693-3190
Address

The following information pertaining to MYSELF.

THE INFORMATION WHICH MAY BE RELEASED IS LIMITED STRICTLY TO THE FOLLOWING:

( ) PCPC Summary Sheet	(X) Attendance
( ) ASAM Summary Sheet	( ) Progress on objectives
( ) Psychosocial/diagnostic summary	( ) Legal System (type of program, summary of progress, Type/frequency of relapse and prognosis
( ) Emergency Contact	( ) Preliminary Diagnosis
( ) Physical Description	
( ) Liability Information	

Reason for the Disclosure: Coordination of Services

- **I understand the duration of this authorization is for no longer than one year unless I specify a date, event, or condition upon which it will expire sooner.**
  Specify date, event, or condition ONLY if consent expires sooner than 1 year; otherwise specify NA: _____
- **I understand that this authorization may be cancelled at any time by a verbal or written request unless I have been mandated into treatment as a result of a criminal proceeding. Information may have been previously released prior to the cancellation.**
- **I understand that I may refuse to sign this authorization; my refusal will not prevent me from receiving services; my refusal will prevent the treatment providers from sharing information that may be beneficial to my treatment.**
- **I have read and understand the intent of this authorization.**
- ✕ **I have been offered and ☐ accepted ☐ refused a copy of this form.**

✕ _____ _____
Individual's Signature Witness to Signature

✕ _____ _____
Date Date

A copy of the Authorization shall be deemed valid as original. ***To be valid, this Authorization must be signed and dated.***

PROHIBITION OF REDISCLOSURE: The information has been disclosed to you from records whose confidentiality is protected by State and Federal Law. Regulations prohibit you from making any further disclosures of this information except with the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. A general release of medical or other information is NOT sufficient for this purpose. Federal rules do not allow any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.