

IN THE COURT OF COMMON PLEAS OF CLINTON COUNTY, PENNSYLVANIA
CRIMINAL

COMMONWEALTH OF PENNSYLVANIA) No. _____ - _____
))
 Vs.))
))
_____))
 Defendant

APPLICATION FOR ACCELERATED REHABILITATIVE DISPOSITION

Name: _____
Address: _____
Telephone Number: _____
Social Security Number: _____
Date and Place of Birth: _____
Attorney for Defendant (if any): _____

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HISTORY OF PRESENT CRIMINAL PROCEEDINGS

Present Charge(s): _____

Date Complaint was Issued: _____
Prosecutor (Officer): _____
Prosecutor (Officer) Address: _____
Name(s) and Address(es) of Victim(s): _____

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MARITAL HISTORY

Marital Status: _____

Current Spouse's Name: _____

Prior Marriage(s): _____ YES _____ NO

Prior Spouse (s)' Name(s): _____

Child(ren)'s Name(s) and Age(s) (indicate if they reside outside the home): _____

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LAST TWO EMPLOYERS

Current Employer: _____

Address: _____

Nature of Work: _____

Supervisor: _____

Number of Years: _____

Employer: _____

Address: _____

Nature of Work: _____

Supervisor: _____

Number of Years: _____

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STATE YOUR VERSION OF THE FACTS INVOLVED
IN THE PRESENT CRIMINAL CHARGE(S):

If the victim(s) involved in this matter sustained any injury or financial damage, describe the nature of the injury and the total amount of the loss or damage:

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PRIOR CRIMINAL HISTORY*

*Applies to misdemeanor and felony type offenses only, including juvenile offenses (IF NONE, so indicate) (ARD, dismissed, guilty plea, pending, other). **The applicant must also list any misdemeanor or felonies that are pending at the time of the completion of this application and is also a continuing obligation to notify the District Attorney's office if the applicant is arrested for a misdemeanor or felony prior to being officially placed in the ARD Program by the Court of Common Pleas. Failure to report will result in applicant's revocation from the Program.**

<u>YEAR</u>	<u>CHARGE</u>	<u>LOCATION</u>	<u>DISPOSITION</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

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I AGREE THAT THE INFORMATION PROVIDED ABOVE WILL BE USED AS A BASIS FOR MY ENTRY INTO THE ACCELERATED REHABILITATIVE DISPOSITION PROGRAM, AND CONSTITUTES A CONDITION OF MY PROGRAM AND ALSO THAT THIS INFORMATION CAN BE USED AGAINST ME. I FURTHER AGREE THAT IF I HAVE MISREPRESENTED ANY MATERIAL FACT IN THIS APPLICATION, THIS MISREPRESENTATION WILL CONSTITUTE A VIOLATION OF THE CONDITIONS OF MY PROGRAM AND WILL FURTHER SUBJECT ME TO REVOCATION OF THE PROGRAM UPON MOTION OF THE DISTRICT ATTORNEY. THIS REVOCATION WILL BE IN ADDITION TO ANY OTHER POSSIBLE PENALTIES FOR GIVING FALSE INFORMATION, SUCH AS PROSECUTION UNDER SECTION 4903 OF THE PENNSYLVANIA CRIMES CODE.

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NOTICE TO APPLICANT:

SECTION 4903 OF THE CRIMES CODE PROVIDES THAT "A PERSON WHO MAKES A FALSE STATEMENT UNDER OATH...IS GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE (fine not exceeding \$5,000 and/or a term of imprisonment of not more than two (2) years), IF THE FALSIFICATION IS INTENDED TO MISLEAD A PUBLIC SERVANT IN PERFORMING HIS OFFICIAL FUNCTION."

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AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA :

: ss.

COUNTY OF CLINTON :

THE UNDERSIGNED, BEING DULY SWORN ACCORDING TO LAW, DEPOSES AND SAYS THAT THE FACTS STATED IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, AND THAT THE STATEMENTS ARE PRESENTED FOR CONSIDERATION TO THE DISTRICT ATTORNEY OF CLINTON COUNTY WITH THE INTENT THAT IT IS TO BE USED BY HIM IN THE PERFORMANCE OF HIS OFFICIAL DUTIES AND FUNCTIONS.

Defendant

Sworn to and subscribed before me this

_____ day of _____, _____.

Notary Public

My Commission Expires: _____

Received: _____