

**ARRESTING OFFICER OPINON OF ARD**

To: Officer/Trooper       Date:

Re:

CR #:

The above captioned defendant has applied for the ARD Program. To assist our office in determining eligibility, please indicate your opinion below. There are many factors our office considers. These can be found at [www.yorkda.com](http://www.yorkda.com).

Are you:

\_\_\_\_\_\_\_ Opposed

\_\_\_\_\_\_\_ No Opinion

\_\_\_\_\_\_\_ Recommend

If you are Opposed or Recommend:

Reason:

Officer/Trooper Signature: Date: