

**Application for Accelerated Rehabilitative Disposition (ARD) Program
In the Court of Common Pleas of York County, Pennsylvania
Dave Sunday, District Attorney**

**TYPE OR PRINT IN PEN ONLY / DO NOT LEAVE BLANK SPACES-USE N/A IF APPROPRIATE
IF DUI OFFENSE MUST HAVE CRN COMPLETED**

Date Preliminary Hearing held or waived: _____ OTN # : _____

Arrestment Date: _____ (ARD application must be filed within 30 days after this date or it will NOT be accepted.)

Name: _____

Address: _____
CITY STATE ZIP

Cell Ph. #:(____) _____ Home Ph.#: (____) _____ Work Ph.# (____) _____

Email Address: _____ Place of Birth: _____

D.O.B. _____ Driver's License # and State: _____

Social Security #: _____ Maiden Name: _____

Work schedule/ days and hours _____

Employer's name, address and Ph. #: _____

Police Department/Officer: _____

District Judge: _____ Present Charges: _____

Have you ever been charged with an offense other than a summary? (Include: ALL out-of-state offense/ in-state offense/ pending case/ juvenile offense/ ARD/ Rule 586, PBJ, STET, dismissed case or nolle pros) If so, list the offense, year and the result. **Notify the DA's Office in writing within 72 hrs. of any new police involvement.**

Do you read and speak English? Yes/No Language _____

Please sign & date Rule 600 waiver below

AND NOW, COMES THE DEFENDANT FOR THE PURPOSE OF WAIVING HIS RIGHT TO A SPEEDY TRIAL UNDER RULE 600 OF THE PENNSYLVANIA RULES OF CRIMINAL PROCEDURE REPRESENTING AS FOLLOWS:

- 1.THE DEFENDANT FULLY UNDERSTANDS HIS RIGHTS UNDER RULE 600 OF THE PENNSYLVANIA RULES OF CRIMINAL PROCEDURE TO HAVE THE CASE TRIED WITHIN 365 DAYS OF THE FILING OF A COMPLAINT.
- 2.KNOWING THOSE RIGHTS, IT IS THE DEFENDANT'S WISH TO FORMALLY WAIVE THOSE RIGHTS, KNOWING THAT THE CASE MAY BE CALLED FOR TRIAL AT A DATE AFTER THE MAXIMUM NUMBER OF DAYS ALLOWED UNDER RULE 600 HAVE EXPIRED.
- 3.THE DEFENDANT WAIVES THE ABOVE RIGHTS FOR THE PURPOSE OF A.R.D. PROGRAM CONSIDERATION/RECONSIDERATION.

Defendant

Date

Entry of Appearance for Attorney: (Please Print) _____

Address: _____

Ph. # _____ ID # _____