

**Huntingdon County District Attorney's Office**  
**Accelerated Rehabilitative Disposition (ARD) Application**

COMMONWEALTH OF PENNSYLVANIA : No. CP-31-CR-\_\_\_\_ - 20 \_\_\_\_

v. : OTN No. \_\_\_\_\_

\_\_\_\_\_

1. Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_ Social Security No. \_\_\_\_-\_\_\_\_-\_\_\_\_  
Employer & Address \_\_\_\_\_  
\_\_\_\_\_ Occupation \_\_\_\_\_

2. Arrest Date \_\_\_\_/\_\_\_\_/\_\_\_\_ By which Police Department \_\_\_\_\_  
List all offenses you were charged with: \_\_\_\_\_

\_\_\_\_\_

If you were charged with a DUI, answer the questions below:

Were you involved in an automobile accident? Yes No  
Was the accident: one car multiple cars property

List all injured persons \_\_\_\_\_

Were there any children in the car? Yes No

At the time of your arrest, did you have:

A valid driver's license? Yes No

Automobile Insurance? Yes No

If you circled 'No' for either one, explain why: \_\_\_\_\_

\_\_\_\_\_

Blood Alcohol Reading: \_\_\_\_\_

*If you refused to submit to a chemical test as required under the Vehicle Code in connection with the DUI charge being considered for ARD, you must agree not to challenge or appeal the suspension of your operating privilege imposed as a result of your refusal by the Department of Transportation, Bureau of Driver licensing. If such an appeal was filed prior to filing application for ARD, the appeal must be withdrawn within fourteen (14) days of the date, you submit your ARD application. If you fail to comply with this requirement, you shall be denied admission to or removed from the ARD program. By completing this form, you agree to these requirements*

3. Have you ever been convicted of a summary, misdemeanor and/or felony?

Yes No

If Yes, state the offense(s) (use a separate sheet if necessary): \_\_\_\_\_

\_\_\_\_\_

Date of offense(s): \_\_\_\_\_

State / County of offense(s): \_\_\_\_\_

Were you given ARD for any of the above charges? Yes No

If so, state date of acceptance in ARD program: \_\_\_\_/\_\_\_\_/\_\_\_\_

State / County of disposition: \_\_\_\_\_

4. The facts set forth in this application are true and correct to the best of my knowledge, and I fully realize that an intentional falsification as to any answer or part thereof is a crime punishable by law.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature