

Huntingdon County District Attorney's Office
207 Washington Street
Huntingdon, PA 16652

Accelerated Rehabilitative Disposition (ARD) Application
Application Fee: \$200

COMMONWEALTH OF PENNSYLVANIA : CRIMINAL #: _____

VS. : OTN: _____

_____ :

1. Name _____ DOB: ____/____/____

Address _____

Phone Number (____) _____ - _____

2. Arrest Date: ____/____/____

Arresting Agency _____

Offense Charged With _____

If you are charged with a DUI, circle answers to the questions below:

Were you involved in an automobile accident: Y N

Was the accident: one car multiple cars property

Were there children in the car: Y N

At the time of your arrest, did you have:

A valid Driver's License: Y N

Automobile Insurance: Y N

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 If such an appeal was filed prior to filling an application for ARD, the appeal must be withdrawn within fourteen (14) days of the date you submit your ARD application.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? Y N

If Y, state the offense(s): _____

Date of Offense(s): _____

State/County of offense(s): _____

Were you given ARD for any of the above charges? Y N

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

Date

Signature

Applications can be mailed to the Huntingdon County District Attorney's Office and the Application Fee can be cash, check or money order.

IN THE HUNTINGDON COUNTY COURT OF COMMON PLEAS
CRIMINAL DIVISION

COMMONWEALTH OF PENNSYLVANIA : No. CP-31-CR-_____ -202__

v.

_____,
Defendant. :

STIPULATION AND WAIVER – DUI

1. I have applied for admission to the Accelerated Rehabilitative Disposition (“ARD”) program. This Stipulation and Waiver is not part of my ARD application/hearing, and is a condition of the ARD program pursuant to Pa.R.Crim.P. Rule 316. I understand that information or statements supplied by me in my application may **not** be used against me in a prosecution for the current offense if my application for ARD is denied, or if my case is revoked from the ARD program. I further understand that the only criminal proceeding in which this Stipulation and Waiver may be used against me is for the purposes set forth in Paragraph 2.

2. I hereby agree that the statements in this Stipulation and Waiver are not protected by Pa.R.Crim.P. Rules 311-313. The information in this Stipulation and Waiver may be used against me if I am charged with driving under the influence (“DUI”) or related offense(s) in the future. The Stipulation and Waiver may be used as evidence of a “prior conviction” for purposes of increasing the grading and penalty of any such future offense.

3. I understand that under the current law, if I commit a subsequent DUI offense, the Commonwealth is required to prove beyond a reasonable doubt that I am guilty of this DUI for which I am being placed on ARD, in order to use this offense as a "prior conviction" for purposes of enhancing the grading and sentencing of any future DUI offense(s). I further understand that by agreeing to be placed into the ARD program, I am knowingly and voluntarily waiving my right to challenge in any future proceeding that this current DUI offense constitutes a "prior conviction" for purposes of enhancing the grading and sentence of any subsequent DUI offense(s), and that by so agreeing, the Commonwealth will not be required to prove beyond a reasonable doubt at any future proceeding that I am guilty of this current DUI offense in order for it to be considered a "prior conviction." Therefore, if I am convicted of a future DUI offense within ten years, this ARD will be considered a "prior conviction" for sentencing purposes, and I will be subject to increased mandatory minimum sentences. I may also be facing higher maximum sentences as a result.

4. I understand that a component of the ARD program is accepting responsibility for my conduct. In that regard, I admit under penalty of perjury that the facts of this case are such that they would cause any reasonable judge or jury to find me guilty beyond a reasonable doubt of a violation of 75 Pa. C.S. § 3802 (DUI). I make this admission voluntarily and am aware of my right to refuse.

5. I understand and agree that the Huntingdon County District Attorney's Office and the arresting police department may retain copies of the criminal complaint, information(s), ARD application, any investigative materials including, police reports, reports of any testing, video or audio files, and witness statements, and that these materials may be shared with other prosecutors and law enforcement agencies in any future criminal proceeding or investigation, even if I successfully complete the ARD program and receive an expungement from the Court.

Defendant

Date: _____

Printed name of defendant: _____

Driver's License Number: _____ State: _____

Date of birth: _____

I, _____, Esquire, state that I have advised my client of the meaning of this document, and that it is my belief that the my client fully understands the above Stipulation and Waiver. Furthermore, I have discussed with my client any and all of the consequences of entering into this Stipulation and Waiver. I also attest to the fact that my client has signed the above document.

Signature of Attorney for Defendant

Date: _____

Conditions Rendering Defendant Ineligible for DUI ARD in Huntingdon County

1. At the time of the offense, a passenger under the age of 14 was in the vehicle.
2. As a result of the offense, a person other than the Defendant was killed or injured.
3. As a result of the offense, the Defendant caused an accident resulting in damage to a vehicle or other property of another.
4. At the time of the offense, the Defendant's license, registration, or insurance is suspended or expired. The failure of the Defendant to possess any of the above items at the time of the offense will also disqualify him or her from ARD.
5. The Defendant has not waived his or her preliminary hearing.
6. The Defendant has previously completed ARD in Huntingdon County or a different county.
7. The Defendant refused testing of breath or testing of blood.
8. The Defendant's alcohol concentration in his or her blood or breath was 0.25% or higher within two hours after he or she drove, operated, or was in actual physical control of the movement of the vehicle.
9. The Defendant drove, operated, or was in actual physical control of the movement of a vehicle when there was is in the Defendant's blood any amount of:
 - (i) a Schedule I controlled substance, as defined in the act of April 14, 1972 (P.L.233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act;
 - (ii) a Schedule II or Schedule III controlled substance, as defined in The Controlled Substance, Drug, Device and Cosmetic Act, which has not been medically prescribed for the individual; or
 - (iii) a metabolite of a substance under subparagraph (i) or (ii).

A Defendant will be eligible for ARD if the controlled substance in his or her blood was solely marijuana; however, as an additional condition of ARD, a Defendant eligible for ARD based on the presence of marijuana in his or her blood will be required to plead to any summary offenses required by the Huntingdon County District Attorney's Office.