

❖ Have you been ever admitted to ARD, consent decree, or a similar program? Yes _____ No _____

Crime

State

Year

❖ Do you have any pending criminal or juvenile charges? Yes _____ No _____

Crime

State

Year

CONSTITUTIONAL AND PROCEDURAL WARNINGS

1. Do you understand that you have the right to remain silent and that anything you say or do can be used against you? Yes _____ No _____
2. Do you understand you have the right to a lawyer and if you cannot afford one, one can be appointed at no cost? Yes _____ No _____
3. Do you understand you have the right to speak to a lawyer before completing and submitting this application? Yes _____ No _____
4. I agree that by submitting this application I waive my rights to a speedy trial under the U.S. and Pennsylvania Constitutions and Rule of Criminal Procedure 600, for an additional 180 days from and after the expiration of the original Rule 600 term. _____
Initials
5. I understand the ARD program may include the following requirements: payment of costs, fees and restitution; drug testing; community service; evaluation and counseling; safe driving school; refrain from use of alcohol, mind-and mood-altering substances, and non-prescription drugs. _____
Initials
6. I understand if I violate and am removed from the ARD program, I will be prosecuted for these charges, where I will have to plead guilty to one or more charges or go to trial. _____
Initials
7. I understand if I fail to complete this application fully and truthfully, or withhold and information, it may be denied. _____
Initials
8. I understand agree that if any charges are removed or withdrawn by the Commonwealth, they can be added to an amended information by the Commonwealth without the need to file a motion in the event I violate the ARD program or if this case goes to trial. _____
Initials

By signing this application, I affirm I have provided true and accurate information and that any false statements or answers intended to mislead the District Attorney or Adult Probation are subject to the penalties of Unsworn Falsification to Authorities 18 Pa. C.S.A. 4904, which is punishable as a misdemeanor of the second degree, with a possible maximum fine not exceeding \$5,000.00 and imprisonment not exceeding two (2) years, or both.

Defendant

Date

FOR DISTRICT ATTORNEY USE ONLY

Application is: Approved _____ Disapproved _____

Restitution: _____ Payable to: _____

Treatment/Counseling: _____

Other Conditions: _____

Assistant District Attorney

Date

COURT OF COMMON PLEAS OF WYOMING COUNTY
44TH JUDICIAL DISTRICT
COMMONWEALTH OF PENNSYLVANIA

COMMONWEALTH OF PENNSYLVANIA

vs.

Defendant

CR-

DEFENDANT'S WAIVER OF RIGHTS
TO ENTER ACCELERATED REHABILITATIVE DISPOSITION

I, _____, Defendant herein, have requested disposition of the above-captioned case by Accelerated Rehabilitation Disposition ("ARD") pursuant to Pennsylvania Rule of Criminal Procedure Rule 310, et seq (criminal offense) or 42 Pa.C.S. § 3807 (DUI). As a condition of the Commonwealth agreeing to resolve this case by ARD, I hereby state under oath that I understand and agree to waive my following rights:

Speedy Trial

I understand that I have a constitutional right to a speedy trial of these charges, meaning that I must be brought to trial within 365 days of when the charges were filed. By entering into the ARD program, I understand and agree to waive my right to a speedy trial as long as I am in the ARD program.

Subsequent Offenses Treatment

As a condition of being accepted into ARD for DUI or Retail Theft offense, I hereby waive my right to challenge the Commonwealth's use of this ARD as a "prior offense" for purposes of invoking increased grading and penalties if I am charged with second or subsequent DUI or Retail Theft offenses. I waive the requirement of the Commonwealth to prove beyond a reasonable doubt that I committed this current DUI or Retail Theft offense, for which I am placed on ARD, in order to use it as a "prior offense" under *Com v. Chichkin*, 232 A.3D 959 (Pa. Super, 2020). Thus, IF I am arrested and convicted of a second or subsequent DUI or Retail Theft offense, this ARD will count as a first offense DUI or Retail Theft SOLELY for the purpose of subjecting me to increased penalties for a second or subsequent DUI or Retail Theft Conviction.

I KNOW WHAT I AM DOING AND ITS VOLUNTARY. I am not mentally disabled or under the influence of any drugs or alcohol. I am not suffering from any disability which affects my own free will, and am free of duress. I am giving up my rights knowingly, voluntarily and intelligently.

I HAVE CONFERRED WITH MY ATTORNEY BEFORE SIGNING THIS WAIVER. I had the opportunity to fully discuss this ARD agreement and rights waiver with my attorney, who answered any questions I had about my rights and the rationality of entering this agreement. I am satisfied with my attorney.

I SWEAR AND AFFIRM THAT I HAVE READ THIS DOCUMENT IN ITS ENTIRETY OR HAD IT EXPLAINED TO ME, UNDERSTAND IT COMPLETELY, AND BELIEVE THIS AGREEMENT AND WAIVER IS IN MY BEST INTEREST.

Defendant's Signature _____ DATE _____

DEFENSE ATTORNEY CERTIFICATION. I certify with this Defendant that: (1) I have explained this ARD agreement and *Chichkin* waiver and the Defendant's rights to the Defendant; (2) her/she wishes to enter ARD under these terms; (3) I have discussed the facts and the law of this case with the Defendant; and (4) I believe the Defendant understand the consequences of entering ARD under these terms.

Attorney's Signature _____ DATE _____

EXHIBIT A

NOTICE OF PROBATION DEPARTMENT'S RULES, REGULATIONS, CONDITIONS OF PROBATION AND PAROLE

The following are the Probation Department's Rules, Regulations and Conditions. Please review and sign your name at the end of the document, along with your attorney. These standard rules, regulations, and conditions will be a part of your sentencing order and you will be subject to them, in addition to any other rules, regulations, and conditions ordered by the Court at the time of sentencing. You will be subject to the following rules, regulations and conditions:

1. You will be under the supervision of the Adult Probation Department and shall not leave the Commonwealth of Pennsylvania without written permission of the probation staff.
2. Your residence shall be approved by the probation staff and shall not be changed without written permission of the probation staff.
3. Maintain regular contact with the Probation Department including:
 - a. Reporting regularly as instructed and follow any instruction of your Probation officer, either written or verbal pertaining to your probation/parole/ARD.
 - b. Notifying the Probation Department within 72 hours of any arrest.
 - c. Notifying the Probation Department within 72 hours of any change of employment status including but not limited to on-the-job training and education.
4. Comply with all municipal, county, state, and federal crime laws, as well as the provision of the vehicle code (75 Pa. C.S. 101 et seq.) and the liquor code (47 P.S. 1-101 et seq.)
5. You shall:
 - a. Abstain from unlawful possession, or sale of, narcotics and dangerous drugs and abstain from the use of controlled substances within the meaning of the Controlled Substance, Drug, Device and Cosmetic Act (35 P.S. 780-101-781-144) without valid prescription and submit for random urinalysis.
 - b. Refrain from possession of any firearms or other weapons.
 - c. Refrain from any assaultive behavior.
6. You shall pay the fines, costs, restitution, \$45 monthly supervision fee and all other obligations and fees imposed on you by the sentencing court on a payment schedule determined by the Collections Officer of the Adult Probation Department. Please make all checks or money orders payable to: Clerk of Courts (use your Docket Number on all payments.)
7. You shall comply with the following conditions which have been imposed by the Court and Probation staff:
 - a. Abide by the rules of probation/parole supervision.
 - b. Complete Community Service hours if otherwise ordered by the Court.
 - c. Complete mental health evaluation and any treatment until successfully discharged if otherwise ordered by the Court.

- d. Complete drug and alcohol evaluation and any treatment until successfully discharged if otherwise ordered by the Court.
 - e. Do not enter establishments that serve/distribute alcohol.
 - f. Refrain from alcohol and non-prescribed drugs, and submit to testing.
 - g. Submit to a DNA registration packet if required by law.
8. If you violate any of the conditions of your probation/parole or are arrested for a new criminal offense while on probation/parole, the Probation Department has the authority to place a detainer against you which will prevent your release from custody pending disposition by the court.
 9. If you violate these rules, regulations and conditions, you may be incarcerated, re-sentenced, or face other requirements or sanctions.
 10. Your probation/parole is expressly conditioned upon your waiving extradition to the Commonwealth of Pennsylvania from any jurisdiction in or outside the United States, where you may be found and upon your contesting any effort by any jurisdiction to return you to the United States or the Commonwealth of Pennsylvania.
 11. I expressly consent to the search of my person, property, and residence without a warrant by agents of the 44th Judicial Probation Department. Any items in the possession of which constitutes a violation of ARD/Probation/parole/re-parole shall be subject to seizure and may be used as evidence in the ARD/Probation/parole/re-parole revocation process.

Should questions occur concerning the conditions of your probation/parole, consult with the Probation Department, as it is their responsibility to help you in the interpretation of the conditions of the probation/parole.

If you believe any of your rights have been violated as a result of your probation/parole supervision, you may submit a timely complaint in writing to the Chief Probation officer of the Probation Department.

ACKNOWLEDGMENT BY DEFENDANT

I hereby acknowledge that I have read, or have had read to me, the foregoing conditions of my probation/parole; I fully understand them and agree to follow them; and I fully understand the penalties involved should I, in any manner, violate them. I understand and agree these conditions will be a part of my sentencing order.

The conditions stated herein are applicable to Accelerated Rehabilitative Disposition (ARD) and Probation Without Verdict (PWV) cases with the exception of arrest and revocation procedures.

Signature of Defendant

Date: _____

Signature of Attorney

Date: _____