IN THE COURT OF COMMON PLEAS OF THE 44^{TH} JUDICIAL DISTRICT WYOMING COUNTY - CRIMINAL BRANCH

| COMMONWEALTH OF PENNSYLVANIA | ; |
|--|---|
| V_{S} | ; ; |
| | : : No: |
| Defendant | : |
| APPLICATION FOR ACCELERA | TED REHABILITATIVE DISPOSITION |
| NAME: | |
| ADDRESS: | |
| | |
| | |
| | |
| | |
| | |
| | |
| | THE ALL MANUAL CONTROL OF |
| | |
| If DUI, what was the B.A.C.? | |
| Was there an accident? Yes N | 0 |
| Was there a passenger under the age o | f 14 in the vehicle? YesNo |
| ATTORNEY: | PHONE: |
| ADDRESS: | |
| PRIOR CRIMINAL AND JUVENILE HISTO | |
| • Do you have any prior criminal or juveni Crime | le history? Yes No State Year Sentence |

| * | \mathbf{H} | lave you been ever admitted to ARD, consent decree, or a similar program? | | | | | |
|-----------|--------------|---|---|-------------------|----------------|--|--|
| | | · | | Yes | No | | |
| | | Crime | State | <u>Year</u> | | | |
| * | D | o you have any pending criminal or j <u>Crime</u> | uvenile charges? Yes State | No <u>Year</u> | | | |
| <u>CC</u> | NS | TITUTIONAL AND PROCEDURA | L WARNINGS | | | | |
| | 1. | Do you understand that you have the right against you? Yes No | to remain silent and that anything | you say or do c | an be used | | |
| | 2. | Do you understand you have the right to a cost? Yes No | lawyer and if you cannot afford on | ie, one can be a | ppointed at no | | |
| | 3. | 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 under the U.S. and Pennsylvania Constitute 600, for an additional 180 days from and a Rule 600 term. | ions and Rule of Criminal Procedu | re | | | |
| | 5. | I understand the ARD program may include payment of costs, fees and restitution; drug evaluation and counseling; safe driving schemind-and mood-altering substances, and necessity of the control of the | testing; community service; nool; refrain from use of alcohol, | | Initials | | |
| | 6. | I understand if I violate and am removed fi prosecuted for these charges, where I will I charges or go to trial. | | ; | Initials | | |
| | 7. | I understand if I fail to complete this applied withhold and information, it may be denied | | | | | |
| | 8. | I understand agree that if any charges are r Commonwealth, they can be added to an a without the need to file a motion in the ev goes to trial. | mended information by the Comm | | Inutais | | |
| | | | | | | | |

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 DISTRIC | CT' ATTORNEY USE ONLY |
| Application is: Approved | | Disapproved |
| Restitution: | | Payable to: |
| Treatment/Counseling: | | |
| - | | n na - "" (|
| Other Con | ditions: | |
| | | |
| | | |
| | | |
| Assistant District Attorney | | Date |

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

| COMMONWEALTH OF PENNSYLVANIA | : | | | | | |
|--|---------------------------------|---|--|--|--|--|
| vs. | : | | | | | |
| Defendant | : | CR- | | | | |
| DEFENDANT'S TO ENTER ACCELERATED | WAIVER OF REHABILITA | RIGHTS ATIVE DISPOSITION | | | | |
| I, , Defendant herein, Accelerated Rehabilitation Disposition ("ARD") pursuant (criminal offense) or 42 Pa.C.S. § 3807 (DUI). As a con-ARD, I hereby state under oath that I understand and ag | to Pennsylva dition of the C | Commonwealth agreeing to resolve this case by | | | | |
| Speedy Trial | | | | | | |
| I understand that I have a constitutional right to brought to trial within 365 days of when the charges wer agree to waive my right to a speedy trial as long as I am | e filed. By en | ntering into the ARD program, I understand and | | | | |
| 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 <i>Com v. Chichkin</i> , 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 VOLUN any drugs or alcohol. I am not suffering from any disabi am giving up my rights knowingly, voluntarily and intellig | lity which affe | not mentally disabled or under the influence of ects my own free will, and am free of duress. | | | | |
| 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 TEXPLAINED TO ME, UNDERSTAND IT COMPLETELY BEST INTEREST. | | | | | | |
| Defendant's Signature | DATE | <u> </u> | | | | |
| DEFENSE ATTORNEY CERTIFICATION. I certify with and <i>Chichkin</i> waiver and the Defendant's rights to the D (3) I have discussed the facts and the law of this case w the consequences of entering ARD under these terms. | efendant; (2) | her/she wishes to enter ARD under these terms | | | | |
| Attorney's Signature | DATE | : | | | | |