

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

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:
:
:

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 _____