

**OFFICE OF THE DISTRICT ATTORNEY**

**WARREN COUNTY COURT HOUSE**

**WARREN, PENNSYLVANIA 16365**

Telephone: 814-728-3460

Telefax: 814-728-3483

**ROSS W. MCKEIRNAN**

District Attorney

**ELIZABETH K. FERONTI**

First Assistant District Attorney

**BARRY KLENOWSKI**

Assistant District Attorney

**TO THOSE APPLYING FOR THE  
ACCELERATED REHABILITATIVE DISPOSITION PROGRAM FOR  
DRIVING UNDER THE INFLUENCE**

The Accelerated Rehabilitative Disposition Program is available for a person arrested for the first time offense of Driving Under the Influence and who has not been involved in an accident causing bodily injury to persons other than him-/herself.

Like any other Court proceeding, a person can represent him- or herself. The District Attorney's Office, however, recommends highly that anyone involved in any Court process hire an attorney.

The District Attorney's Office by law cannot, and by policy will not, give any advice to any person seeking admission to the Accelerated Rehabilitative Disposition Program.

**It is absolutely necessary** that the attached application be properly executed and submitted to the District Attorney prior to formal arraignment before the Court of Common Pleas.

**IT IS A CRIME TO GIVE FALSE INFORMATION ON THIS  
APPLICATION.**

Do not, under any circumstances, telephone or stop by the District Attorney's Office for help in filling out the Application. We cannot and will not help you do it. If you find it necessary to communicate with the District Attorney's Office, please write a letter, and we will, when appropriate, reply.

Sincerely,



Ross W. McKeirnan  
District Attorney

**THIS FORM MUST BE SIGNED IN FOUR (4) PLACES IN FRONT OF A  
NOTARY PUBLIC. DO NOT SIGN THE FORM UNTIL THE NOTARY  
PUBLIC TELLS YOU TO DO SO.**

**OFFICE OF THE DISTRICT ATTORNEY**

**WARREN COUNTY COURT HOUSE**

**WARREN, PENNSYLVANIA 16365**

Telephone: 814-728-3460

Telefax: 814-728-3483

**ROSS W. MCKEIRNAN**

District Attorney

**ELIZABETH K. FERONTI**

First Assistant District Attorney

**BARRY KLENOWSKI**

Assistant District Attorney

**ACCELERATED REHABILITATIVE DISPOSITION PROGRAM  
FOR DRIVING UNDER THE INFLUENCE  
POLICY STATEMENT**

The Accelerated Rehabilitative Disposition Program is a program in which the District Attorney sets out the requirements for participation in the program.

The following is a list of items that will *disqualify* a candidate from entering the program:

1. A prior DUI conviction or prior ARD for DUI within ten years preceding the arrest date, or a conviction of a crime graded at or above a misdemeanor of the second degree in this jurisdiction or a conviction of a substantially similar crime in another jurisdiction within the five years preceding the candidate's arrest.
2. An accident occurred in connection with the events surrounding the current offense and an individual other than the defendant was killed or suffered serious bodily injury as a result of the accident.
3. There was a passenger in the candidate's vehicle under 14 years of age.
4. If one or more of the following violations occurred, even if a citation for such conduct was not issued or was subsequently withdrawn:
  - a. Racing on highways (75 Pa.C.S.A. §3367)
  - b. Driving while operating privilege is suspended or revoked (75 Pa.C.S.A. §1543)
  - c. Fleeing or attempting to elude a police officer (75 Pa.C.S.A. §3733)
  - d. Accidents involving damage to attended vehicle or property (75 Pa.C.S.A. §3743)
  - e. Accidents involving damage to unattended vehicle or property (75 Pa.C.S.A. §3745)
  - f. Driver required to be licensed (75 Pa.C.S.A. §1501)
  - g. Resisting arrest or other law enforcement (18 Pa.C.S.A. §5104)
5. Failure to submit properly executed ARD application to District Attorney prior to formal arraignment before the Court of Common Pleas.

Policy effective January 1, 2006

AFFIDAVIT

My name is \_\_\_\_\_.  
I am \_\_\_\_\_ years old. I can read and write the English language, and  
in school I completed \_\_\_\_\_.

I understand that under Pennsylvania law, the penalty which can be given to a person convicted of Driving Under the Influence increases for each separate conviction. That is to say I understand that the penalty can be increased for each Driving Under the Influence conviction that a person has.

I am applying for the Accelerated Rehabilitative Disposition Program. I understand that if I am accepted into this Program and I successfully complete it, that this will not be shown as a conviction on my Police Record.

I realize, however, THAT MY ACCEPTANCE INTO THE ACCELERATED REHABILITATIVE DISPOSITION PROGRAM WILL BE COUNTED AS A CONVICTION FOR SENTENCING PURPOSES IF I AM EVER CONVICTED OF DRIVING UNDER THE INFLUENCE AGAIN. In order to obtain the benefits of this Accelerated Rehabilitative Disposition Program, I am willing to waive my right to a jury trial at this time, and I am willing to have my acceptance into this Program be treated as a conviction and a harsher sentence imposed if I am ever convicted of Driving Under the Influence again.

\_\_\_\_\_  
Defendant

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires\_\_\_\_\_

**IN THE COURT OF COMMON PLEAS OF PENNSYLVANIA**  
**37<sup>TH</sup> JUDICIAL DISTRICT**  
**WARREN COUNTY BRANCH**  
**CRIMINAL DIVISION**

COMMONWEALTH OF PENNSYLVANIA :  
vs. :  
\_\_\_\_\_ : No. \_\_\_\_\_ of \_\_\_\_\_

**WAIVER OF RIGHT TO PROMPT TRIAL WITHIN 365 DAYS UNDER RULE**  
**600 OF THE RULES OF CRIMINAL PROCEDURE**

To the Warren County District Attorney:

I have not been found guilty of or accepted Accelerated Rehabilitative Disposition for a charge brought under this section.

I have not committed any act, in my opinion, in connection with the above offense that constitutes a violation of any of the specific offenses enumerated within 75 Pa.C.S.A. §1542 dealing with the revocation of a habitual offender's license.

No accident occurred in connection with the events surrounding the above offense in which any person was killed or suffered bodily injury, other than the defendant.

I request the continuance of all proceedings and hereby waive Rule 600 in my case pending a determination of my eligibility for the ARD Program plus ninety (90) days, and if I am accepted into the Program, for the length of time I am in the Program, plus ninety (90) days thereafter.

Therefore, I request you to petition the court to place me in the Warren County Accelerated Rehabilitative Disposition Program.

I have read the above statements, and the facts contained therein are true and correct to the best of my knowledge, information and belief.

I verify that the statements made in this application are true and correct. I UNDERSTAND THAT FALSE STATEMENTS MADE HEREIN ARE SUBJECT TO THE PENALTIES OF 18 Pa.C.S. §4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_





6. Have you ever been arrested for driving under the influence of alcohol and/or a controlled substance, or any other similar offense? Yes \_\_\_ No \_\_\_  
If so, state the following:  
Date of your arrest (month and year) \_\_\_\_\_  
Jurisdiction (city and state) \_\_\_\_\_  
Sentence (or other disposition) \_\_\_\_\_
7. Have you ever been charged with any traffic offense? Yes \_\_\_ No \_\_\_  
If so, state the following:  
Date of your charge (month and year) \_\_\_\_\_  
Jurisdiction (city and state) \_\_\_\_\_  
Sentence (or other disposition) \_\_\_\_\_
8. Have you ever been arrested for Homicide by Motor Vehicle or any similar offense? Yes \_\_\_ No \_\_\_  
If so, state the following:  
Date of your charge (month and year) \_\_\_\_\_  
Jurisdiction (city and state) \_\_\_\_\_  
Sentence (or other disposition) \_\_\_\_\_
9. Have you ever been arrested for *any* criminal offense? Yes \_\_\_ No \_\_\_  
If so, state the following:  
Date of your arrest (month and year) \_\_\_\_\_  
Jurisdiction (city and state) \_\_\_\_\_  
Sentence (or other disposition) \_\_\_\_\_
10. Are you presently on parole or probation? \_\_\_\_\_
11. Are you presently enrolled in any treatment program for alcohol or drug addiction dependency? Yes \_\_\_ No \_\_\_
12. Have you ever been admitted into a pre-trial diversion program such as the ARD program? Yes \_\_\_ No \_\_\_  
If so, please explain \_\_\_\_\_

**OATH**

**I HEREBY DO SWEAR TO (OR AFFIRM) THE TRUTH OF EACH AND EVERY ANSWER TO THE ABOVE QUESTIONS, AND I FULLY REALIZE THAT AN INTENTIONAL FALSIFICATION AS TO ANY ANSWER OR PART THEREOF IS A CRIME PUNISHABLE BY LAW.**

\_\_\_\_\_  
Defendant

Acknowledgement:

Sworn to and subscribed before me this  
\_\_\_\_ day of \_\_\_\_\_, 200 \_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_