

COMMONWEALTH VS. \_\_\_\_\_ ACTION NO. \_\_\_\_\_

OTN NO: \_\_\_\_\_

PLEASE PROVIDE ALL OF THE FOLLOWING INFORMATION:

APPLICATION FOR: \_\_\_ARD (ACCELERATED REHABILITATIVE DISPOSITION)

\_\_\_RAP (RAPID ADJUDICATION PROGRAM)

NAME: \_\_\_\_\_ MAIDEN: \_\_\_\_\_  
(INCLUDE FIRST, MIDDLE, AND LAST NAMES)

PREVIOUS NAMES USED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_

TELEPHONE: Home # : \_\_\_\_\_ Cell # : \_\_\_\_\_

Email Address: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_  
(City & State)

Are you Currently Represented by an Attorney? Yes / No

Private Attorney or Appointed by the Court (Public Defender / Conflict Counsel) ? \_\_\_\_\_

ATTORNEY FOR THE DEFENDANT: (IF APPLICABLE) \_\_\_\_\_

ATTORNEY'S ADDRESS : \_\_\_\_\_

ATTORNEY'S PHONE # : \_\_\_\_\_

ATTORNEY'S E-MAIL ADDRESS: \_\_\_\_\_

PRELIMINARY HEARING DATE: \_\_\_\_\_ DISTRICT JUSTICE: \_\_\_\_\_

<b><i>This box is for District Attorney Office Use Only:</i></b>		
	DATE RECEIVED	DATE FILED
WAIVER OF ARRAIGNMENT:	_____	_____
RULE 600 WAIVER:	_____	_____
CRN EVALUATION: Scheduled for: _____	Completed? Yes / No	
Was a D&A Assessment Recommended by the CRN Evaluation: Yes / No		
D & A Assessment Completed? Yes / No	Date of Assessment: _____	
Treatment Recommended? Yes / No D & A Counseling Completed? _____		

**HISTORY OF ((PRESENT)) CRIMINAL PROCEEDING**  
**PRESENT CHARGE (S) INCLUDING SUMMARY OFFENSES (CITATIONS)**

---

---

---

---

DATE OF OFFENSE: \_\_\_\_\_

PROSECUTING OFFICER & DEPARTMENT \_\_\_\_\_

.....

**PLEASE PROVIDE ALL OF THE FOLLOWING INFORMATION:**

**NAME & ADDRESS OF VICTIM(S):**

---

---

---

**If victim(s) were involved in this matter, describe the injury and the total amount of loss or damages:**

---

---

---

**What steps have been taken to reimburse the victim(s):** \_\_\_\_\_

\_\_\_\_\_

**MARITAL AND FAMILY HISTORY**

**MARITAL STATUS:** Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_

Divorced \_\_\_\_\_ Widow \_\_\_\_\_

**CURRENT SPOUSE'S NAME (WIFE/HUSBAND):** \_\_\_\_\_

**SPOUSES'S ADDRESS (IF DIFFERENT THEN YOUR'S)** \_\_\_\_\_

\_\_\_\_\_

**PRIOR MARRIAGES:** YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, HOW MANY?: \_\_\_\_\_

**PRIOR SPOUSES'S NAME (WIFE/HUSBAND):** \_\_\_\_\_

**NUMBER OF CHILDREN:** \_\_\_\_\_

**NAMES**

**AGES**

**Do they Live with you?**

---

---

---

---

---

**NAME**

**ADDRESS**

**DECEASED?**

**FATHER:** \_\_\_\_\_  
**MOTHER:** \_\_\_\_\_

**BROTHERS &/or SISTERS?: (name, age, and addresses)**

---

---

---

---

---

**RESIDENCE HISTORY FOR LAST TEN YEARS**

**CURRENT ADDRESS:**

---

**Previous Addresses:**

---

---

---

---

---

---

---

---

**EDUCATION**

**SCHOOL NAME AND LOCATION**

**ELEMENTARY:** \_\_\_\_\_

**JUNIOR HIGH OR MIDDLE SCHOOL:** \_\_\_\_\_

**HIGH SCHOOL:** \_\_\_\_\_

Did you Graduated or Obtain your GED? \_\_\_\_\_

**TRADE SCHOOL, COLLEGE, ETC.** \_\_\_\_\_

Completed or currently attending? \_\_\_\_\_

Was a Degree, Certificate, etc. Obtained? \_\_\_\_\_ If yes, what is it? \_\_\_\_\_

**WORK HISTORY FOR THE LAST TEN YEARS**

(START WITH CURRENT EMPLOYER)

**EMPLOYERS NAME      ADDRESS      # of YEARS THERE      POSITION?**

**Current Employer: (what shift/hours do you work?)**

---

---

**Previous Employers:      ADDRESS      # of YEARS THERE      POSITION?**

---

---

---

---

---

---

---

---

**PRIOR ARREST RECORD**

**List all Prior and/or Pending Juvenile & Adult charges.**

**Be sure to list any that occurred outside of Lebanon County and/or Pennsylvania as well.**

LOCATION		DISPOSITION	
COUNTY & STATE	DATE	CHARGES	CONVICTION? DISMISSAL?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**HAVE YOU EVER BEEN PLACED IN A DIVERSIONARY PROGRAM AS A RESULT OF CRIMINAL CHARGES? \_\_\_\_\_**

**PRE-PLACEMENT REQUIREMENTS**

**((D.U.I. CHARGES ONLY))**

**BEFORE** a D.U.I. Applicant for the A.R.D. program may be placed on it, he or she must be evaluated as required by PA. C.S.A. 1548 (A).

**THE APPLICANT MUST** contact Mr. J.D. STREIFF at one of the following numbers to make the necessary appointment for this evaluation:

PHONE: (717) 273-3764  
CELL: (717) 507-1386

