

A.R.D. PARTICIPATION AGREEMENT (non-D.U.I.)

COMMONWEALTH OF PENNSYLVANIA

:

v.

:

CASE NO. _____

:

I understand the following to be special conditions for my participation in the Accelerated Rehabilitative Disposition (A.R.D.) Program, and agree to comply with these conditions:

1. **Probation** for a period of six (6) months (if *all* conditions are met today) or twelve (12) months.

2. **Payment of all court costs, fines, fees, and restitution:**

Restitution (if applicable) \$ _____ to _____ (payable to Clerk of Courts)

All costs, fines, fees, and restitution paid:

- a. \$1000.00 to be paid today if represented by privately retained counsel.
 - i. Balance of costs to be paid in full prior to _____.
- b. \$300 to be paid today if unrepresented or represented by appointed counsel or the Public Defender.
 - i. Balance of costs to be paid in full prior to _____.
- c. Upon a finding of indigency by the Court, defendant is to pay _____ with the balance of the costs to be assumed by the county.

3. **Attendance and successful completion of the following and proof of which must be provided to the District Attorney's Office:**

- a. _____ Drug and Alcohol Assessment and Recommended Treatment.
- b. _____ Mental Health Evaluation and Recommended Treatment;
- c. _____ Anger Management program;
- d. _____ Other: _____;
- e. 10 hours of Community Service. (Proof of Completion Must be Made to Bucks County Adult Probation).

4. **I understand that I must notify the District Attorney's Office and the Clerk of Courts of any change of address and/ or telephone number.**

Defendant's Address

Defendant's Phone Number

5. **I understand that for the term of this agreement that I cannot have any contact with** _____

6. **Other Conditions:** _____

I understand that I have a constitutional right to a speedy trial. I also understand that under the Pennsylvania Rules of Criminal Procedure, the Commonwealth must prosecute me within 365 days from the date on which the complaint was brought against me. I hereby waive my right to a speedy trial under the Constitution and the Pennsylvania Rules for the purpose of being evaluated for and participating in the Accelerated Rehabilitative Disposition (A.R.D.) Program. I understand that the District Attorney's Office will not extend this agreement for any circumstance, and should I violate any terms of this agreement, my case will be re-listed for trial.

I also understand that the case against me will be prosecuted if I violate any of the terms of this A.R.D. agreement. **I understand that a new arrest or conviction will violate the terms of this A.R.D. agreement.** To facilitate the speedy disposition of this case should I violate any of the terms of this A.R.D. agreement, I consent to proceed upon these charges should they be listed for trial as a result of my violation of this A.R.D. agreement.

I understand that upon the successful completion of the terms of this A.R.D. agreement, the Court will dismiss and expunge the charges under Rules 319 and 320 of the Pennsylvania Rules of Criminal Procedure. I understand that if I do not comply with all of the specific terms of this A.R.D. agreement, the Bucks County District Attorney's Office will object to the dismissal and expungement of the charges.

I understand that if I do not pay all of the A.R.D. costs as specified by this agreement, my driver's license may be suspended pursuant to 75 Pa. C.S. § 1533 and my case may be submitted to a collection agency which may result in additional fees. I further understand that if my case is referred to a collection agency, my credit history and other information pertaining to the collections may not be expunged.

I understand that all required community service hours must be verified by the Bucks County Adult Probation and Parole Department. I understand that it is my responsibility to submit a completion letter to the Bucks County Adult Probation Department from the agency where I performed the community service stating that the required community service hours were performed as well as the contact information for the agency's community service program director.

I hereby certify that there are no pending prosecutions against me in this or any other state or jurisdiction. I certify that I have never been convicted of any misdemeanor or felony charge in this or any other state or jurisdiction. I also certify that I have never been placed in any equivalent pre-trial diversion program in any jurisdiction.

I understand that if my A.R.D. is violated, I am expected to appear on the next given trial date prepared to either enter a guilty plea, or take my case to trial, and further understand that if I want counsel to represent me on that date, it is my responsibility to retain an attorney.

By signing this document, I certify that the above statements are true and correct. This certification is made subject to penalty under Section 4904(b) of the Pennsylvania Crimes Code regarding false statements.

Defendant

Date

District Attorney's Office, ARD Unit 215-348-6660, fax 215-348-6299

Bucks County Clerk of Courts 215-348-6389

Bucks County Adult Probation Department 215-348-6634

Bucks County Public Defender's Office 215-348-6473