



County of Montgomery
Office of the District Attorney

Kevin R. Steele
District Attorney

COMM. OF PA V. _____

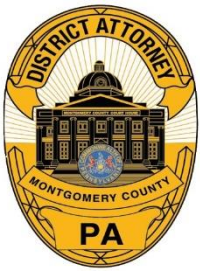
CRIMINAL
DOCKET NO. _____

Defendant's Name

RULE 600 WAIVER DUE TO A.R.D. APPLICATION

Name: (Last, First, Middle)	
Criminal Charges:	Police Department:
<p>I understand that in accordance with Rule 600 of the Pennsylvania Rules of Criminal Procedure, I am entitled to have my trial begin within 365 days from the date of the filing of the Criminal Complaint. I am aware that the charges may be dismissed if my trial does not commence on or before the 365th day. I understand that any time the case is delayed at my request is excluded from the calculation of the 365th day.</p> <p>I understand that by filing an application for acceptance into the A.R.D. Program, I am requesting that my case be removed from the normal scheduling of a criminal case in the Montgomery County Court of Common Pleas, so that it may be considered for A.R.D.</p> <p>I further understand that my A.R.D. application may delay my case being brought to trial, should my A.R.D. application be denied. I understand that time will be required to review my case and to procure necessary information and materials including, but not limited to, my criminal record, amount of any restitution I may owe, and information concerning my current criminal charges.</p> <p>I hereby waive my speedy trial rights under Rule 600 from the time I submit my A.R.D. application until either: 1) I am moved into the A.R.D. program or 2) until the first available court listing after my A.R.D. application has been denied. I specifically request that my case not be listed for any court proceeding, including any Pretrial Conference or Trial List, for a period of six (6) months from the submission of my A.R.D. application to give the A.R.D. Division time to consider my request for inclusion in the program. No promises or threats have been made to me to secure my signature on this waiver.</p>	
_____ Signature of Defendant	_____ Date
_____ Signature of Defense Attorney	_____ Date

For Office Use Only:
A.D. _____
Judge: _____
A.D.A.: _____



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A.R.D. APPLICATION

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Defendant's Name

This form must be completed and submitted to the Montgomery County District Attorney's Office to determine your eligibility for the Accelerated Rehabilitative Disposition (A.R.D.) program. Return the entire application by email to ard@montcopa.org or by regular mail to:

COUNTY OF MONTGOMERY
OFFICE OF THE DISTRICT ATTORNEY
A.R.D. UNIT
COURTHOUSE, 4TH FLOOR
P.O. BOX 311
NORRISTOWN, PA 19404-0311

1. CONTACT INFORMATION:

Name: (Last, First, Middle)	Date of Birth:
Address: (Number & Street)	Social Security Number:
(City, State & Zip Code)	Phone Number and Email Address:

Name of Your Attorney:	Attorney Office/Cell phone Number:
Attorney Address:	Attorney E-mail address:

Do you read, write, and understand the English language? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If not, which language do you speak?	Do you need an interpreter?

2. PRIOR RECORD INFORMATION:

Have you ever been arrested, charged, cited (including Vehicle Code violations) or held by any law enforcement or juvenile authorities in the United States regardless of whether the citation or charge was dropped or dismissed or you were found not guilty or whether the record has been “sealed”, expunged or otherwise stricken from the court records on any occasion other than this arrest?

YES NO

If yes, please answer the following:

Charge(s):	Sentence/Disposition:
Date of Arrest:	Police Department:

3. DOMESTIC INFORMATION:

What is your marital status?	
How many children do you have?	What ages?
List all persons living with you (other than spouse & children) and their relationship to you:	
Did you ever obtain a driver's license from a state other than Pennsylvania? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If you answered yes, please list each state and Driver's License Number (if known) below:	

4. EDUCATION:

What was the highest level of education you have completed?

5. MILITARY STATUS:

Are you a veteran? If yes, what branch?	Length of time served: Type of discharge:
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