

ADULT PROBATION, PAROLE AND
DUI SERVICES
OF
MONTGOMERY COUNTY

PARTNERING FOR A BETTER TOMORROW



MICHAEL P. GORDON
CHIEF
TODD BERGMAN
DEPUTY CHIEF
KATHLEEN SUBBIO
DEPUTY CHIEF
STEPHANIE LANDES
DEPUTY CHIEF
ROBIN ELLIOTT
OFFICE MANAGER

408 Cherry Street
PO Box 311
Norristown, PA 19404

ARD PROGRAM
DIRECTIONS TO FILL OUTARD PAPERWORK

The following directions are for individuals who have been approved for ARD by the District Attorney's Office. In order to expedite the registration process after appearing before the assigned Judge, it is required that you complete the appropriate packet and bring the documents with **you** on the date of your Court Hearing. **Please print neatly.**

Individuals applying for ARD for a **non DUI offense** or **DUI offense** will need to complete the following:

- ARD Interview Card
- Two (2) copies of letter regarding financial obligations
- Two (2) copies of Rules and Regulations Governing ARD Probation

You must fill out the entire **ARD Interview Card**.

You must sign and date both copies of the **Financial Letter**. Sign only at "Signature of Probationer," and "Date." This letter explains your financial obligations. Even if you pay in full the date of your ARD hearing, you are still obligated to pay for WEB (MonitorConnect), Safe Driving School, etc.; therefore this form must be signed. One copy will go to you to keep for your records and the other will go to Adult Probation.

You must read and initial the bottom of the first page of the **Rules and Regulations Governing ARD Probation**. Initial on the small blank line after "Client." On the second page, both copies are to be signed only at "Signature of Probationer," and "Date." One copy will go to you to keep for your records and the other will go to Adult Probation.

A.R.D. INTERVIEW CARD

LAST NAME: _____ FIRST _____ M.I.:

ADDRESS: _____

CITY: _____ ZIP CODE _____

HOME PHONE # _____ CELL PHONE # _____

DOB: _____ SOCIAL SECURITY NO: _____

RACE: _____

SEX: Male Female
(circle one)

U.S. CITIZEN: Yes No
(circle one)

if no, Place of origin: _____

EMPLOYMENT: _____

WORK PHONE # _____

EMAIL: _____

ADULT PROBATION, PAROLE, AND
DUI SERVICES
OF
MONTGOMERY COUNTY



MICHAEL P. GORDON
CHIEF
TODD BERGMAN
DEPUTY CHIEF
KATHLEEN SUBBIO
DEPUTY CHIEF
STEPHANIE LANDES
DEPUTY CHIEF
ROBIN ELLIOTT
OFFICE MANAGER

PARTNERING FOR A BETTER TOMORROW

408 Cherry Street
PO Box 311
Norristown, PA 19404
Office 610-992-7777 Fax: 610-992-7778

FINANCIAL OBLIGATIONS

This notice is for all ARD defendants, **that have not paid their County fines, cost and restitution in full**, to explain the County's collection process.

You should receive an introductory letter from the Clerk of Courts next week which will explain your payment schedule. All your County fines, cost, and restitution must be paid three(3) months before the expiration of your ARD probation. If it is not paid in full by that time, you will receive a phone call from our department to notify you that your balance owed to the County must be paid immediately. If not paid immediately, a violation of ARD probation process for your case will be started. Your name will be submitted to the District Attorney and request that your ARD probation be revoked and that you be listed for trial.

Please also be advised that if your payment schedule falls into arrears, that your account will be turned over to a collection agency. There will be a **25% surcharge** added to your arrears for their services. If your account goes to the collection agency, it will also affect your credit rating.

Should you fail to comply with your fines, costs, and restitution condition or any other conditions of your ARD, you can and may be listed for trial. If this happens, you will lose the opportunity to have the charges against you dismissed from your police record. Also, **In accordance to Title 75Pa.C.S.A, if all fines, costs and/or restitution are not paid in full at the conclusion of the ARD your driver's license will be suspended until the balance is paid!**

Adult Probation Witness

Signature of Probationer

Date

ADULT PROBATION, PAROLE, AND
DUI SERVICES
OF
MONTGOMERY COUNTY



MICHAEL P. GORDON
CHIEF
TODD BERGMAN
DEPUTY CHIEF
KATHLEEN SUBBIO
DEPUTY CHIEF
STEPHANIE LANDES
DEPUTY CHIEF
ROBIN ELLIOTT
OFFICE MANAGER

PARTNERING FOR A BETTER TOMORROW

408 Cherry Street
PO Box 311
Norristown, PA 19404
Office 610-992-7777 Fax: 610-992-7778

FINANCIAL OBLIGATIONS

This notice is for all ARD defendants, **that have not paid their County fines, cost and restitution in full**, to explain the County's collection process.

You should receive an introductory letter from the Clerk of Courts next week which will explain your payment schedule. All your County fines, cost, and restitution must be paid three(3) months before the expiration of your ARD probation. If it is not paid in full by that time, you will receive a phone call from our department to notify you that your balance owed to the County must be paid immediately. If not paid immediately, a violation of ARD probation process for your case will be started. Your name will be submitted to the District Attorney and request that your ARD probation be revoked and that you be listed for trial.

Please also be advised that if your payment schedule falls into arrears, that your account will be turned over to a collection agency. There will be a **25% surcharge** added to your arrears for their services. If your account goes to the collection agency, it will also affect your credit rating.

Should you fail to comply with your fines, costs, and restitution condition or any other conditions of your ARD, you can and may be listed for trial. If this happens, you will lose the opportunity to have the charges against you dismissed from your police record. Also, **In accordance to Title 75Pa.C.S.A, if all fines, costs and/or restitution are not paid in full at the conclusion of the ARD your driver's license will be suspended until the balance is paid!**

Adult Probation Witness

Signature of Probationer

Date



RULES AND CONDITIONS GOVERNING A.R.D. PROBATION

MONTGOMERY COUNTY ADULT PROBATION AND PAROLE DEPARTMENT
408 CHERRY STREET, PO BOX 311, NORRISTOWN, PA 19404

1. I will report monthly via the **Internet** with (MonitorConnect) as instructed, unless directed otherwise. This monthly online report is my major reporting requirement, therefore, no excuses will be accepted for my failure to login online each month.
2. I must comply with all local, state, and federal criminal laws. I will notify my officer immediately if I am arrested by or if I am cooperating with any law enforcement agency.
I will abide by the rules and conditions imposed by the Montgomery County Adult Probation and Parole Department. Furthermore, I will conduct myself in a manner that I will not create a danger to the community or myself.
3. Prior to changing my residence, I must have the permission of the A.R.D. Caseload Monitor.
4. I will make every effort to obtain and maintain employment. If I change my employment, I will have another position arranged.
5. Any travel out of country must be approved and a travel permit obtained from the A.R.D. Caseload Monitor prior to my departure.
6. I will pay all fines, costs, and restitution in monthly installments as directed by the Court. Payments are to be sent to the **Clerk of Courts, Courthouse, P.O. Box 311, Norristown, PA 19404.**
I am advised that all amounts over \$1,000 will cause a lien and filing fees to be placed against me. Further, that my failure to pay my fine, costs and restitution as directed by the Court may result in my account balance being submitted to a collection agency. An additional 25% collection charge will be added to my account balance.
7. I will cooperate in any medical, psychological, and/or psychiatric examination, test, treatment and/or counseling as directed by the Court. If I enroll in treatment or counseling, I will immediately notify the A.R.D. Caseload Monitor.
8. I will abstain from the unlawful possession, use or sale of narcotics or other dangerous drugs. I will submit urine samples upon request of the A.R.D. Caseload Monitor.
9. I will not own, use or possess any type of lethal weapon or explosives.
10. I understand the Adult Probation and Parole Department has the authority to search my person, place of residence or vehicle without a warrant, if he or she has reasonable suspicion.
11. Other special conditions: _____

Initials: Client
A.P.O. _____

A.R.D. PROBATION: PROCEDURES ON CHARGE OF VIOLATION OF CONDITIONS:

If I violate the rules and conditions of the A.R.D. Program or am arrested on new criminal charges, the Montgomery County Adult Probation and Parole Department will return my case to the District Attorneys Office coupled with the recommendation that my case be relisted for trial.

ACKNOWLEDGMENT OF PROBATIONER

I hereby acknowledge that I have read, or have had read to me, the foregoing conditions of my probation and that I fully understand them and agree to follow them. I fully understand the penalties involved should I, in any manner, violate them.

Furthermore, if I believe my rights have been violated or are about to be violated by an employee of the Montgomery County Adult Probation and Parole Department, I may file a written complaint to their supervisor, who will investigate the complaint and respond in writing to the complainant. If I feel the need for further appeal, I am to proceed in a similar fashion according to the chain of command in the department.

Adult Probation Witness

Signature of Probationer

Date



RULES AND CONDITIONS GOVERNING A.R.D. PROBATION

**MONTGOMERY COUNTY ADULT PROBATION AND PAROLE DEPARTMENT
408 CHERRY STREET, PO BOX 311, NORRISTOWN, PA 19404**

1. I will report monthly via the **Internet** with (MonitorConnect) as instructed, unless directed otherwise. This monthly online report is my major reporting requirement, therefore, no excuses will be accepted for my failure to login online each month.
2. I must comply with all local, state, and federal criminal laws. I will notify my officer immediately if I am arrested by or if I am cooperating with any law enforcement agency.
I will abide by the rules and conditions imposed by the Montgomery County Adult Probation and Parole Department. Furthermore, I will conduct myself in a manner that I will not create a danger to the community or myself.
3. Prior to changing my residence, I must have the permission of the A.R.D. Caseload Monitor.
4. I will make every effort to obtain and maintain employment. If I change my employment, I will have another position arranged.
5. Any travel out of country must be approved and a travel permit obtained from the A.R.D. Caseload Monitor prior to my departure.
6. I will pay all fines, costs, and restitution in monthly installments as directed by the Court. Payments are to be sent to the **Clerk of Courts, Courthouse, P.O. Box 311, Norristown, PA 19404.**
I am advised that all amounts over \$1,000 will cause a lien and filing fees to be placed against me. Further, that my failure to pay my fine, costs and restitution as directed by the Court may result in my account balance being submitted to a collection agency. An additional 25% collection charge will be added to my account balance.
7. I will cooperate in any medical, psychological, and/or psychiatric examination, test, treatment and/or counseling as directed by the Court. If I enroll in treatment or counseling, I will immediately notify the A.R.D. Caseload Monitor.
8. I will abstain from the unlawful possession, use or sale of narcotics or other dangerous drugs. I will submit urine samples upon request of the A.R.D. Caseload Monitor.
9. I will not own, use or possess any type of lethal weapon or explosives.
10. I understand the Adult Probation and Parole Department has the authority to search my person, place of residence or vehicle without a warrant, if he or she has reasonable suspicion.
11. Other special conditions: _____

Initials: Client
A.P.O. _____

A.R.D. PROBATION: PROCEDURES ON CHARGE OF VIOLATION OF CONDITIONS:

If I violate the rules and conditions of the A.R.D. Program or am arrested on new criminal charges, the Montgomery County Adult Probation and Parole Department will return my case to the District Attorneys Office coupled with the recommendation that my case be relisted for trial.

ACKNOWLEDGMENT OF PROBATIONER

I hereby acknowledge that I have read, or have had read to me, the foregoing conditions of my probation and that I fully understand them and agree to follow them. I fully understand the penalties involved should I, in any manner, violate them.

Furthermore, if I believe my rights have been violated or are about to be violated by an employee of the Montgomery County Adult Probation and Parole Department, I may file a written complaint to their supervisor, who will investigate the complaint and respond in writing to the complainant. If I feel the need for further appeal, I am to proceed in a similar fashion according to the chain of command in the department.

Adult Probation Witness

Signature of Probationer

Date