

**IN THE COURT OF COMMON PLEAS OF GREENE COUNTY, PENNSYLVANIA
CRIMINAL DIVISION**

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|-------------------------------|---|-------------------------|
| COMMONWEALTH OF PENNSYLVANIA, |) | |
| Vs. |) | No. _____, CRIMINAL, 20 |
| |) | |
| _____ |) | |
| Defendant. |) | |

PRELIMINARY ORDER

AND NOW, this _____ day of _____, 2019, the within Motion for Accelerated Rehabilitative Disposition Program having been presented to the Court, and its contents duly noted, a hearing thereon shall be held in Courtroom No. 2, on the _____ day of _____, 2019 at 9:00 AM.

ATTEST:

BY THE COURT:

Clerk of Courts

Judge

**IN THE COURT OF COMMON PLEAS OF GREENE COUNTY, PENNSYLVANIA
CRIMINAL DIVISION**

COMMONWEALTH OF PENNSYLVANIA,)

Vs.)

No. _____, CRIMINAL, 20)

)
)
)

Defendant.

ACCELERATED REHABILITATIVE DISPOSITION MOTION

The application is hereby made by _____, the above named defendant, for consideration by the Court for accelerated rehabilitative disposition of the charge of _____ now pending, with a full understanding on the part of the defendant, that:

1. Acceptance into and satisfactory completion of the Accelerated Rehabilitative Disposition Program offers the opportunity to earn a dismissal of the misdemeanor or felony charges now pending; and
2. Should there be a failure to complete the program satisfactorily an indictment may be returned indicted or, if already indicted, the case may be brought to trial.
3. It is further understood that if accepted into the program my signature below waives the applicable statute of limitations and my right to a speedy trial under the State and Federal Constitutional provisions, as well as any statutes or rules of court providing the same.
4. By this application for ARD consideration I specifically waive my rights under Rule 600 of the Pennsylvania Rules of Criminal Procedure to a Prompt Trial.
5. Defendant shall agree to serve community service as arranged by the probation office.
6. **If the charge is Driving Under the Influence the Defendant shall have CRN evaluation completed by the CARE Center prior to this application.**

Date: _____

Defendant

Approved by _____
Defendant's Attorney

Date: _____

Approved by _____
District Attorney

Date: _____

