

COMMONWEALTH OF PENNSYLVANIA

V.

: IN THE COURT OF COMMON PLEAS  
: OF BERKS COUNTY, PENNSYLVANIA  
: CRIMINAL DIVISION  
:  
: DOCKET NO.: \_\_\_\_\_  
: OTN NO.: \_\_\_\_\_

**ACCELERATED REHABILITATIVE DISPOSITION APPLICATION**  
**(ARD)**

The Defendant hereby applies for consideration for ARD and represents the following:  
*(PRINT INFORMATION)*

1. Defendant's present address and phone number: \_\_\_\_\_
2. Prior Arrest(s): circle either: yes OR no / Disposition of Prior Arrest: \_\_\_\_\_
3. Date complaint filed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
4. Date of arraignment: \_\_\_\_\_ Assigned Judge: \_\_\_\_\_
5. Criminal charges: \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved Reason: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_\_\_  
(Signature of District Attorney)

**WAIVER OF SPEEDY TRIAL RIGHTS AND STATUTE OF LIMITATIONS**

In consideration of my request to have my case considered for ARD, I, the undersigned, the defendant in the above-captioned case, hereby waive my right to a speedy trial pursuant to Rule 600 of the Pennsylvania Rules of Criminal Procedure for 90 days beginning today so that said 90 day period of time shall not count as part of the 365 day period in which my case must be brought to trial under Rule 600.

If granted ARD, I do hereby waive the statute of limitations and I hereby waive my right to a speedy trial under Rule 600 for the entire time period that I am participating in the ARD Program. **I ALSO HEREBY AGREE TO PAY ALL FINES, COSTS, AND RESTITUTION IN FULL AS A CONDITION OF PARTICIPATION IN THE ARD PROGRAM.**

\_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_\_\_  
(Signature of Defendant)

AND

I am attorney of record for the defendant in this case and I certify that I have advised the defendant of all his/her rights under Rule 600.

\_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_\_\_  
(Signature of Attorney)

\_\_\_\_\_ (Print name of Attorney) \_\_\_\_\_ (Address of Attorney)

**◆ ALL OF THE ABOVE INFORMATION MUST BE COMPLETED. YOU MUST SUBMIT 3 COPIES TO THE CLERK OF COURTS OFFICE. Please file Application to: Clerk of Courts, 633 Court Street, 4<sup>th</sup> floor – Courthouse, Reading, PA 19601**

**DISTRIBUTION: Original** – Clerk of Courts, District Attorney, Defense Counsel