

Commonwealth of Pennsylvania

Magisterial District 23-_____

vs.

Docket No.: _____

APPLICATION FOR ACCELERATED REHABILITATIVE DISPOSITION (ARD)
FOR A SUMMARY CASE

Defendant is applying for ARD for a summary case and represents the following:

(Please print the requested information.)

1. Defendant's present address and telephone number: _____
2. Defendant's date of birth: _____
3. Prior Arrest(s): *(Circle one)* YES / NO _____
4. Date citation filed: _____
5. Law Enforcement Officer: _____
6. Offense: _____

COPY OF CITATION MUST BE FILED WITH APPLICATION

I am requesting that my summary case be considered for ARD. I understand that if the District Attorney denies my application for ARD, my summary case will then proceed in accordance with Chapter 4 of the Pennsylvania Rules of Criminal Procedure.

Signature of Defendant

Date

This application for ARD has been _____ approved _____ denied.

Reason: _____

Signature of District Attorney

Date