



**OFFICE OF THE DISTRICT ATTORNEY**  
**County of Lackawanna**  
**SCRANTON, PENNSYLVANIA**

**ANDREW J. JARBOLA, III**  
**DISTRICT ATTORNEY**  
(570) 963-6717  
FAX (570) 941-8948

**ACCELERATED REHABILITATION DISPOSITION PROGRAM (ARD)**

The Lackawanna County District Attorney's Office will be implementing several changes to the ARD program. The following changes are designed to maximize the efficiency of the court system while reducing costs and increasing compliance with all terms of the ARD program.

The ability to participate in the Lackawanna County ARD program is at the sole discretion of District Attorney Andy Jarbola or his designee. Every case is reviewed individually with multiple factors being considered. The ARD program is designed for first-time offenders and those who have a significant period of productive community involvement. DUI offenses involving serious bodily injury or significant property damage as well as those crimes involving violence or the distribution of controlled substances may prevent admittance into the ARD program.

A waiver of the preliminary hearing must be made at the first appearance in Central Court. The request of a hearing requiring an officer to appear will result in the denial of entrance into the ARD program. Continuances may be granted if waiver of the appearance of the affiant is given by the defendant.

Payment of the full ARD fee will now be required within 30 days of notice of approval to enter the ARD program. No case will be scheduled for admission into the ARD program unless the full fee is paid. Failure to pay the fee in advance of entrance into the program will result in the case being added to a trial list.

If an applicant is claiming indigent status, a separate application will be required with full disclosure of all assets and liabilities as well as employment history. Failure to fully disclose may expose the applicant to further criminal charges. The District Attorney's Office will review the financial information and if appropriate a six month payment plan may be offered.

All defendants will be given a three-month review date at time of admission into the ARD program. This will be a required appearance for the defendant as well as counsel. Waiver of this hearing will be granted to those defendants who are in full compliance with all requirements of the ARD program.

All participants will be required to complete a period of community service assigned or approved through the Lackawanna County Community Justice Outreach Program.

The following forms must be completed in full at the preliminary hearing:

- a. Two (2) page application for ARD.
- b. Rule 600 Waiver
- c. Payment Notice

Indigent applicants must complete the Asset, Liability and employment form in their entireties.

All inquiries about the ARD program should be directed to Deputy District Attorney Robert Klein. (570) 963-6717 [kleinr@lackawannacounty.org](mailto:kleinr@lackawannacounty.org)

COM. VS. \_\_\_\_\_ CR \_\_\_\_\_

DEFENSE ATTORNEY/ADDRESS & PHONE: \_\_\_\_\_

**APPLICATION FOR ACCELERATED REHABILITATIVE  
DISPOSITION PROGRAM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DOB: \_\_\_\_\_ SS # \_\_\_\_\_

**HISTORY OF PRESENT CRIMINAL PROCEEDING**

PRESENT CHARGE: \_\_\_\_\_

DATE OF COMPLAINT: \_\_\_\_\_

PROSECUTING/POLICE DEPT: \_\_\_\_\_

PRELIMINARY HEARING DATE: \_\_\_\_\_

**MARITAL AND FAMILY STATUS**

MARITAL STATUS: MARRIED SINGLE DIVORCED WIDOWED SEPARATED

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

**EDUCATION**

HIGHEST LEVEL OF EDUCATION COMPLETED: \_\_\_\_\_

**FOR DUI APPLICANTS ONLY**

**Defendant is charged with a DUI-related offense and has scheduled an appointment with Drug and Alcohol Treatment Services, 441 Wyoming Ave., Scranton, PA 18503. Call (570) 344-3877 or (570) 344-3878 for a CRN evaluation:**

DATE OF APPOINTMENT: \_\_\_\_\_ BLOOD TEST: YES  
NO

ACCIDENT YES NO VICTIMS: YES (even if unattended vehicle) NO

INJURIES/LOSS/DAMAGES YES NO INSURANCE COVERAGE: YES NO

**Applicant was never convicted of a criminal offense in the Commonwealth of Pennsylvania or any other state in the United States and has not been an applicant of an ARD within the last ten years.**

**Applicant is *represented by counsel* and has been advised thoroughly of the Accelerated Rehabilitative Disposition Act OR Applicant *represents himself/herself* and has been advised thoroughly of the Accelerated Rehabilitative Disposition Act, in that:**

**a. Acceptance into & satisfactory completion of the Accelerated Rehabilitative Disposition Program offers me an opportunity to earn a dismissal of the charges filed against me;**

**b. Should I fail to complete the program satisfactorily, the Commonwealth may proceed on the charges as provided by law;**

**c. Your applicant agrees that by application into the program, he/she waives the appropriate Statute of Limitations and their right to a speedy trial under any applicable federal or state constitutional provisions, statutes, or rules of Court during the period of enrollment in the program;**

**d. I agree to abide by whatever conditions the presiding Judge imposes upon me;**

**e. The period of the program can range from six months to two years.**

**My application for ARD will be rejected or I will be terminated from the ARD program if there are newly-discovered facts. The applicant understands that the District Attorney will be the sole decision maker as to what constitutes newly discovered facts or facts not brought forth.**

**WHEREFORE, your applicant respectfully requests the District Attorney of Lackawanna County to consider him/her for acceptance into the Accelerated Rehabilitative Disposition Program.**

**NOTICE TO APPLICANT: SECTION 4903 of the Crimes Code provides that "A PERSON WHO MAKES A FALSE STATEMENT UNDER OATH.... IS GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE (Fine not exceeding \$5,000.00 and/or a term of imprisonment of not more than two (2) years), IF THE FALSIFICATION IS INTENDED TO MISLEAD A PUBLIC SERVANT IN PERFORMANCE OF HIS OFFICIAL FUNCTION."**

**DATE: \_\_\_\_\_**

\_\_\_\_\_  
**Applicant**

**DATE: \_\_\_\_\_**

\_\_\_\_\_  
**Defense Attorney**

**COMMONWEALTH OF PENNSYLVANIA** : **IN THE COURT OF COMMON PLEAS**  
**VS.** : **OF LACKAWANNA COUNTY**  
: **CRIMINAL DIVISION**

**RULE 600 WAIVER**

**I have been advised and understand that pursuant to Rule 600 of the Pennsylvania Rules of Criminal Procedure I must be brought to trial within three hundred sixty-five (365) days from the date the Criminal Complaint was filed.**

**I am aware that the charges filed against me may be dismissed if my trial does not commence on or before the 365<sup>th</sup> day or within any additional time that may be allowed to the Commonwealth under the provisions of Rule 600.**

**I have been advised and understand that by signing this “Waiver” I am waiving or giving up my right to be tried within 365 days from the date the Criminal Complaint was filed in this matter against me.**

**I have not been made any promises, nor have I been forced to sign this waiver. I read and write the English language. I have attended school to the level shown on the first sheet of this application.**

**I hereby expressly waive my rights under Rule 600 as of today until my case is disposed of by trial, plea, ARD, or settled pursuant to Rule 314.**

**CHECK ONE:**

**( ) I have reviewed the “waiver” with my attorney and he/she has advised me as to any rights which I am waiving at this time.**

**( ) I do not have an attorney and I do not wish to consult an attorney; however, I completely understand what rights I am waiving at this time.**

\_\_\_\_\_  
**Signature of Defendant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Defense Attorney**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Commonwealth’s Attorney**

\_\_\_\_\_  
**Date**

**COMMONWEALTH OF PENNSYLVANIA**

**: IN THE COURT OF  
: COMMON PLEAS**

**VS.**

**: OF LACKAWANNA COUNTY-  
: CRIMINAL DIVISION**

---

**PAYMENT NOTICE  
FOR ADMITTANCE INTO THE  
LACKAWANNA COUNTY  
ACCELERATED REHABILITATIVE DISPOSITION PROGRAM**

**I understand that a fee of \$1523.50 is required for the ARD program. I must pay this fee in full within 30 days of my application for the program being approved by the District Attorney. Failure to pay the required fee will result in a denial of my entry into the ARD program and my case will be scheduled for trial.**

\_\_\_\_\_  
**Signature of Defendant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Defense Attorney**

\_\_\_\_\_  
**Date**

**INDIGENT APPLICANT NOTICE  
LACKAWANNA COUNTY  
ACCELERATED REHABILITATIVE DISPOSITION PROGRAM**

---

**Indigent applicants that cannot pay the full ARD fee prior to admittance INTO the program may apply for a structured payment plan. To qualify I agree to a full financial review of all assets, liabilities, and sources of income. I agree to sign a release for a full credit background check and provide FULL disclosure of all accounts held individually or jointly or any other documentation requested by the Court, the District Attorney's Office, or THE Adult Probation Department. Failure to FULLY disclose any assets, liabilities, or sources of income from whatever source may result in additional charges including, but not limited to, perjury, false swearing, and/or unsworn falsification to authorities. If after a good-faith review of my ability and willingness to pay, I agree to abide by the determination to cancel certain services, sell assets, obtain loans, or obtain additional employment.**

**PAYMENT OPTION**

**If accepted into the ARD program, I understand that a fee of \$1523.50 is required. If after a good-faith review of my ability and willingness to pay it is determined that I qualify for a structured payment plan, I agree to pay \$760.00 to the Criminal Clerk of Judicial Records before an application will be finalized and scheduled for court. Failure to pay the required fee within 30 days of acceptance into the ARD program may result in my case being scheduled for trial.**

**The balance must be paid in monthly installments of \$125.00 starting 30 days after entrance into the ARD program. The final payment of \$138.50 will be due within 180 days of admittance into the ARD program.**

**Failure to make the required payments may result in being terminated from the ARD program or additional community service being ordered.**

\_\_\_\_\_  
**Signature of Defendant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Defense Attorney**

\_\_\_\_\_  
**Date**

\*\*\*\*\*

**If after a good-faith review of my ability and willingness to pay the Court determines I lack the present ability to pay, the ARD fee may be deferred and I agree to whatever other sanctions of labor or public service that the Court may substitute to serve as a deterrent and fulfill the rehabilitative purpose of the ARD program.**

\_\_\_\_\_  
**Signature of Defendant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Defense Attorney**

\_\_\_\_\_  
**Date**

**FOR APPLICANTS CLAIMING INDIGENCE**

**LIABILITIES/EXPENSES**

**NAME:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SS#** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP  
CODE:** \_\_\_\_\_

**DO YOU OWN YOUR RESIDENCE: (CHECK ONE)**    **YES:** \_\_\_\_\_    **NO:** \_\_\_\_\_

**YEARS AT RESIDENCE:** \_\_\_\_\_ **MONTHLY RENT/MORTGAGE:** \_\_\_\_\_

**CABLE/SATELLITE FEE:** \_\_\_\_\_ **UTILITIES:** \_\_\_\_\_ **RENTAL FEES:** \_\_\_\_\_

**CELL PHONE NUMBER:** \_\_\_\_\_ **CARRIER:** \_\_\_\_\_ **MONTHLY FEE:** \_\_\_\_\_

**DRIVER'S LICENSE NUMBER:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**CAR MAKE:** \_\_\_\_\_ **MODEL:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

**MONTHLY CAR PAYMENT:** \_\_\_\_\_ **LIEN HOLDER:** \_\_\_\_\_

**CREDIT CARDS: (list all credit sources you have including balance and available credit; attach additional sheet if necessary)**

**Creditor Name:** \_\_\_\_\_ **Balance:** \_\_\_\_\_ **Credit Limit:** \_\_\_\_\_

**Creditor Name:** \_\_\_\_\_ **Balance:** \_\_\_\_\_ **Credit Limit:** \_\_\_\_\_

**Creditor Name:** \_\_\_\_\_ **Balance:** \_\_\_\_\_ **Credit Limit:** \_\_\_\_\_

**Creditor Name:** \_\_\_\_\_ **Balance:** \_\_\_\_\_ **Credit Limit:** \_\_\_\_\_

**OTHER EXPENSES OR PAYMENTS: (list all other payments you make for whatever reason; include balance and monthly payment amounts)**

**NAME:** \_\_\_\_\_ **PAYMENT AMOUNT:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PAYMENT AMOUNT:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PAYMENT AMOUNT:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PAYMENT AMOUNT:** \_\_\_\_\_

**ASSETS**

**BANK AND OTHER ACCOUNT BALANCE INFORMATION: (CHECK ALL THAT APPLY)**

\_\_\_\_\_ **Checking Balance:** \_\_\_\_\_

\_\_\_\_\_ **Savings Balance:** \_\_\_\_\_

\_\_\_\_\_ **Money Market Balance:** \_\_\_\_\_

\_\_\_\_\_ **Certificates of Deposit Value:** \_\_\_\_\_

\_\_\_\_\_ **Bond Value:** \_\_\_\_\_

\_\_\_\_\_ **Stock Value:** \_\_\_\_\_

\_\_\_\_\_ **Other Accounts:** \_\_\_\_\_

**Real Estate Holdings: (list all real estate that you own individually or jointly)**

**Type:** \_\_\_\_\_ **Value:** \_\_\_\_\_ **Mortgage Amount:** \_\_\_\_\_

**Type:** \_\_\_\_\_ **Value:** \_\_\_\_\_ **Mortgage Amount:** \_\_\_\_\_

**Type:** \_\_\_\_\_ **Value:** \_\_\_\_\_ **Mortgage Amount:** \_\_\_\_\_

**Type:** \_\_\_\_\_ **Value:** \_\_\_\_\_ **Mortgage Amount:** \_\_\_\_\_

**Recreational or Other Vehicles: (list all other vehicles of whatever type you own individually or jointly)**

**Type:** \_\_\_\_\_ **Value:** \_\_\_\_\_ **Loan Amount:** \_\_\_\_\_

**Type:** \_\_\_\_\_ **Value:** \_\_\_\_\_ **Loan Amount:** \_\_\_\_\_

**Type:** \_\_\_\_\_ **Value:** \_\_\_\_\_ **Loan Amount:** \_\_\_\_\_

**Type:** \_\_\_\_\_ **Value:** \_\_\_\_\_ **Loan Amount:** \_\_\_\_\_

**List any other assets including coins, stamps, jewelry, guns, or other items of value that may be converted to cash.**

---

---

---



## EMPLOYMENT HISTORY

**EMPLOYER:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_

**YEARS AT PRESENT EMPLOYER:** \_\_\_\_\_

**GROSS MONTHLY INCOME:** \_\_\_\_\_ **NET MONTHLY INCOME:** \_\_\_\_\_

**PREVIOUS EMPLOYER IF LESS THAN FIVE YEARS:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **YEARS EMPLOYED:** \_\_\_\_\_

**GROSS MONTHLY INCOME:** \_\_\_\_\_ **NET MONTHLY INCOME:** \_\_\_\_\_

**OTHER SOURCES OF INCOME: (list all other sources of income)**

**Amount:** \_\_\_\_\_ **Source:** \_\_\_\_\_

**Amount:** \_\_\_\_\_ **Source:** \_\_\_\_\_

**Amount:** \_\_\_\_\_ **Source:** \_\_\_\_\_

**If unemployed, list last five places where you applied for employment:**

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Failure to FULLY disclose any assets, liabilities, or sources of income from whatever source may result in additional charges including, but not limited to, perjury, false swearing, and/or unsworn falsification to authorities. Failure to provide information or incomplete information as requested will result in the denial of my application for indigent status.**

\_\_\_\_\_  
**Signature of Defendant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Defense Attorney**

\_\_\_\_\_  
**Date**