

IN THE COURT OF COMMON PLEAS OF LYCOMING COUNTY, PENNSYLVANIA

COMMONWEALTH OF PENNSYLVANIA : OTN NO. _____

:

V. : D.J. DOCKET NO. _____

:

_____ : DISTRICT JUSTICE:

ATTORNEY FOR THE DEFENDANT: _____

APPLICATION FOR ACCELERATED REHABILITATIVE DISPOSITION, PROBATION WITHOUT VERDICT, OR FELONY DIVERSION PROGRAM

DEFENDANT MUST COMPLETE ALL OF THE FOLLOWING INFORMATION TO THE BEST OF THEIR ABILITY. FALSIFICATION OR WILLFUL OMISSIONS MAY RESULTS IN DENIAL.

- NAME: _____
- ADDRESS: _____
- TELEPHONE #: _____ OPERATOR'S LICENSE #: _____
- SOCIAL SECURITY #: _____
- DATE OF BIRTH: _____ PLACE OF BIRTH: _____
- MAIDEN NAME: _____
- EMPLOYED: _____ EMPLOYMENT STATUS: _____
- EMPLOYER: _____
- EMPLOYER ADDRESS: _____
- YEARS OF EMPLOYMENT: _____ NATURE OF WORK: _____
- WORK DAYS: _____ HOURS: _____ YEARLY GROSS INCOME: _____
- YEARS AT PRESENT ADDRESS: _____ (IF LESS THAN 10 YEARS, LIST PRIOR RESIDENCES)
 - PRIOR ADDRESS: _____ YEARS: _____
 - PRIOR ADDRESS: _____ YEARS: _____
- I AM APPLYING FOR: (CHECK ALL THAT APPLY) ARD PWOV FDP
- PERSON(S) TO BE CONTACTED IF DEFENDANT CANNOT BE REACHED:
 - NAME: _____ PHONE #: _____
 - NAME: _____ PHONE #: _____

HISTORY OF PRESENT CRIMINAL PROCEEDING

• Present Charge(s): _____

• Have You Been Fingerprinted and/or Photographed By The Arresting Agency: YES: _____ NO _____



IF YOU ANSWERED NO, CONSIDERATION WILL NOT BE GIVEN TO YOUR APPLICATION UNTIL YOU HAVE BEEN FINGERPRINTED AND PHOTOGRAPHED

• Arresting Officer and Police Dept.: _____

• Date Offense Occurred: _____

• Give a brief description of how the offense occurred (*you must admit your guilt*):

PRIOR CRIMINAL HISTORY

List all criminal arrests and/or convictions in chronological order. Include juvenile offenses, motor vehicle violations, and all summary, misdemeanor, and felony charges in Pennsylvania AND any other state. Please note if a record has been dismissed or expunged, or if you have NO prior record.

I verify that the statements made in this application and any attached exhibits are true and correct. I understand that false statements on this application are subject to the penalties of 18 Pa.C.S.A. § 4904 relating to Unsworn Falsifications to Authorities.

I understand that willful and false or misleading statements may results in the denial of ARD/PWOV/FDP Probation, or the removal from the ARD/PWOV/FDP Program.

Defendant Signature

Date