

ARD DUI CHECK LIST

Within 30 days from the date your Criminal Complaint is signed by the Judge:

1. Apply for ARD through District Attorney's Office _____
(Date of application submitted)
2. Waive your preliminary hearing at the Magisterial District Judge

(Date waived)
3. Contact Impaired Driver Program at 717-299-8181 _____
(Date called)
Appointment date & time _____

Schedule CRN/PCPC/Intake. Expect to be at this appointment for 1 ½ to 2 hours. Two evaluations will be conducted. You will then be scheduled for Alcohol Highway Safety School and given information about any counseling deemed necessary. (YOU MUST BE ON TIME FOR THE ALCOHOL HIGHWAY SAFETY SCHOOL)

Requirement Deadline date _____ (Six months from the date your criminal Complaint is signed by the Judge).

Completed CRN/PCP/Intake _____
(Date)

Completed Community Service _____
(Date)

Completed Alcohol Highway Safety School _____
(Date)

Paid \$600.00 _____ to: Bureau of Collections
(Date paid) Lancaster County Treasurer
P O Box 83480
Lancaster, PA 17608

Completed Counseling _____
(Date)

ARD Hearing _____, notice will be sent by the District Attorney's
(Date & time)