

LANCASTER COUNTY DISTRICT ATTORNEY'S OFFICE
ARD DRIVING UNDER THE INFLUENCE APPLICATION

Cont. Form Yes__No__ Def. Counsel_____

COMMONWEALTH OF PENNSYLVANIA :

VS : OTN NO: _____

_____ :

ARD Application - D.U.I.

1. Name _____ D.O.B. ____/____/____

Address _____
(Street) (City, State, Zip)

Phone Number (____) _____ Social Security No. ____/____/____

Email Address _____

Employer & Address _____

_____ Occupation _____

2. On what date were you arrested? _____

By which Police Department? _____

List all offenses you were charged with: _____

Were you involved in an automobile accident? _____ Was the accident a one car, multiple cars or property? _____

List all injured persons: _____

What was your blood alcohol reading? _____

3. At the time of your arrest did you have:

(a) Do you have valid driver license? Yes _____ No _____

Your Driver's License Number _____ State _____

Prior Operator License Number _____ State _____

Automobile Insurance information section (b) & (c) must be completed in order to be considered for the ARD Program

(b) Did you have automobile insurance at the time of the offense?

Yes _____ No _____

(c) Your Insurance Company Name and Policy # _____ Exp.Date _____

If you answered a No to either of the preceding questions, explain why: _____

4. Are you a citizen of the United States? Yes or No If not attach copy of passport and visa.

5. Were there any children under the age of 14 years in the car? Yes _____ No _____

6. Do you have any current/pending criminal charges? Yes _____ No _____

If so, state:

a) Charge and date of the offense:

b) Magisterial District Justice Location or charging Police Department:

7. Have you ever been convicted of DUI or been placed in an ARD program as a result of a previous DUI charge? Yes _____ No _____ If yes, number of times _____

If so, state:

(a) Date of conviction(s) or acceptance into ARD program

(b) State and County of disposition(s) _____

8. Have you ever been convicted of a misdemeanor and/or a felony charge?

Yes _____ No _____

If so, state:

a) List offense(s) _____

b) Date of offense(s) _____

c) State and County of offense(s) _____

9. If you refused to submit to a chemical test as required under the Vehicle Code in connection with the DUI charge being considered for ARD, you must agree not to challenge or appeal any suspension of your operating privilege imposed as a result of your refusal by the Department of Transportation, Bureau of Driver Licensing. If such an appeal was filed prior to filing an application for ARD, the appeal must be withdrawn within fourteen (14) days of the date you submit your ARD application. If you fail to comply with this requirement, you shall be denied admission or removed from the ARD program.
10. The facts set forth in this application are true and correct to the best of my knowledge, and I fully realize that an intentional falsification as to any answer or part thereof is a crime punishable by law.

Date

Signature