

# APPLICATION TO DETERMINE ELIGIBILITY FOR NON-DUI ARD

Docket # \_\_\_\_\_

1. Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. Any other names, or aliases, you are using or have been known as, \_\_\_\_\_

3. Current address \_\_\_\_\_  
(Street, City, State)

4. Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

5. Your Social Security number \_\_\_\_\_

6. What is your marital status? Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_  
Widow(er) \_\_\_\_\_

7. What is the name of your spouse? \_\_\_\_\_

8. Give the names of all persons with whom you live and your relationship with each.

_____	_____
_____	_____
_____	_____
_____	_____

9. Give each and every address where you have resided during your lifetime, together with years.

Address	From (year)	To (year)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. State your military status. Veteran \_\_\_\_\_ Non-Veteran \_\_\_\_\_

If you have been in military service of the United States,

State which branch \_\_\_\_\_

Years of your service \_\_\_\_\_

Type of discharge

Honorable \_\_\_\_\_ Dishonorable \_\_\_\_\_ Other \_\_\_\_\_

(explain)

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11. State your educations background, giving the names of schools you attended, the dates of attendance and whether you graduated.

	From (year)	To (year)
Graduated:		
Grade School: _____	_____	_____
High School: _____	_____	_____
College or other: _____	_____	_____

12. What is your present occupation or employment? \_\_\_\_\_

Employer and Address: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

13. How long have you held your present employment? \_\_\_\_\_

14. State what occupations or jobs you have held since leaving school.

Employer and Address Years	Job Description
_____	_____
_____	_____
_____	_____

15. What is your present average net weekly pay?

\_\_\_\_\_

16. Have you ever been arrested for any criminal offense other than this charge?

YES \_\_\_\_\_ NO \_\_\_\_\_

If so, state: Date(s) of your arrest, \_\_\_\_\_

Charge(s)

\_\_\_\_\_

Police department(s) involved

\_\_\_\_\_

Sentence(s) (or other dispositions).

\_\_\_\_\_

17. Are you presently on parole or probation? YES \_\_\_\_\_ NO \_\_\_\_\_ If so, for what charge(s)

\_\_\_\_\_

18. Have you ever been treated or hospitalized for mental illness?

YES \_\_\_\_\_ NO \_\_\_\_\_

If so, state when and where \_\_\_\_\_

19. Do you have any disease or other disability which you believe is relevant to your ARD application and voluntarily want to disclose? \_\_\_\_\_

If so, state the nature there of:

\_\_\_\_\_

20. Are you presently dependent upon or addicted to alcohol? \_\_\_\_\_ or drugs? \_\_\_\_\_

21. Are you presently enrolled in any treatment program for alcohol or drug addiction or dependency? \_\_\_\_\_

If so, where and for what? \_\_\_\_\_

\_\_\_\_\_

22. State the name, address and telephone number of three (3) reputable citizens, not related to you, who are willing to support your consideration for Accelerated Rehabilitative Disposition.

NAME

ADDRESS

TELEPHONE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

23. State briefly why you committed the crime with which you were charged.

24. State briefly why you feel you should be give the benefit of placement in the Accelerated Rehabilitative Disposition Program.

25. 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.

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Date

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Signature