

QUESTIONNAIRE TO DETERMINE ELIGIBILITY FOR NON-DUI ARD APPLICATIONS

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)

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

Graduated:	From (year)	To (year)
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.

Date

Signature