

# ARD/DUI

ARD/DUI is a probationary program for first time offenders only. Upon successful completion of the probation period, the criminal charges of DUI are dismissed. The charge will, however, still appear for the purpose of determining any future penalties within the next ten (10) years.

ARD/DUI is only applicable in cases where there have been no serious injuries and where the offender does not have a poor driving record, which categorizes him/her as a habitual offender by Pennsylvania statutes. In addition, you are not eligible for ARD if there were passengers in the vehicle under the age of 14 at the time of the incident.

**To apply for ARD/DUI you must complete the enclosed ARD application.**

1. Be sure to answer every question completely and truthfully.  
**Do not leave any question blank or the application will be rejected, providing false information on this application will result in further criminal charges being brought against you.**
2. You are to schedule a CRN appointment by calling the **Northampton County DUI Program at 610-829-6825. Please fill out the appointment date and time on the upper left corner of the ARD application.**
3. Once application is complete, please mail it to the address listed below:

**Northampton County DUI Program  
Criminal Administration Building  
105 South Union Street  
Easton, PA 18042**

4. The application will be reviewed by the District Attorney and the ARD Program Coordinator.

You **must** attend the following court appearances and appointments:

1. You will receive notice, by mail, to appear for an ARD screening appointment with DUI Program staff. At that time, details of the conditions, costs and procedures of the ARD Program will be reviewed. **Failure to attend this appointment will result in your application for ARD being denied.**
2. You will receive notice from the District Magistrate to appear for your preliminary hearing. At that hearing, your formal arraignment will be scheduled, which you are further required to attend.
3. You must attend your scheduled CRN Evaluation appointment.
4. If your application for ARD is denied, you will receive a letter containing a trial date, which you are required to attend.

**\*Be sure to notify the DUI Program of any change of address or phone number\***

**When you submit this application, please remove this page and keep for future reference. If you have any questions, please feel free to contact the Northampton County DUI Program at 610-829-6810.**

**DUI – ARD APPLICATION**

Be sure to answer every question completely and truthfully. Do not leave any questions blank or the application will be rejected, providing false information on this application will result in further criminal charges being brought against you.

CRN APPOINTMENT: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ @\_\_\_\_\_ AM/PM  
OTN#: \_\_\_\_\_  
CHARGE(S): \_\_\_\_\_

**PLEASE PRINT IN INK**

TODAY'S

DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

1. Defendant's Name: \_\_\_\_\_
2. Alias: \_\_\_\_\_ Maiden Name: \_\_\_\_\_
3. Address: \_\_\_\_\_  
Street City State Zip code  
 County of Residence: \_\_\_\_\_
4. Home Phone #: ( ) \_\_\_\_\_ Cell Phone #: ( ) \_\_\_\_\_

**PRIOR ADDRESSES IN PAST SEVEN (7) YEARS:**

STREET	CITY	STATE	ZIP CODE

5. Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Birth City: \_\_\_\_\_ Race: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
 Eye Color: \_\_\_\_\_ Glasses: \_\_\_\_\_ Scars/Tattoos: \_\_\_\_\_
6. Education (Please include names of high school and colleges with dates attended): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Operator License #: \_\_\_\_\_ State: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 From what other states have you had any prior driver's license(s) and when: \_\_\_\_\_  
 \_\_\_\_\_
8. Social Security #: \_\_\_\_\_ 9. Marital Status: \_\_\_\_\_
10. Dependents: \_\_\_\_\_
11. Family Synopsis: (Name, address, phone # of parents or closest relative):  
 \_\_\_\_\_  
 \_\_\_\_\_
12. Presently employed by: (Name, address, phone #, job title, job length & working hours):  
 \_\_\_\_\_  
 \_\_\_\_\_
13. If unemployed, how are you supported? \_\_\_\_\_

14. List any and all prior record, including all traffic offenses (If you fail to complete this part truthfully, your application will be denied and you may face other criminal charges):

DATE	PLACE	CHARGE(S)	COURT ACTION

15. Full summary of DUI Offense: (Please include the amount of alcohol or drugs consumed, where consumed and length of time). Be sure to answer this section completely.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of arrest: \_\_\_\_\_  
 Arresting Police Department: \_\_\_\_\_ BAC: \_\_\_\_\_

16. Was there an accident? \_\_\_\_\_ Was anyone injured? \_\_\_\_\_
17. If so, you must list the names and addresses of all injured and the extent of the injuries:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Damages to property or other vehicles: \_\_\_\_\_

19. Damages paid by: \_\_\_\_\_

20. Attorney (if applicable): \_\_\_\_\_

I, \_\_\_\_\_ certify under penalty of law, that I have had no state or federal convictions for DUI prior to this arrest, nor have I been granted ARD for DUI in any state within the past ten (10) years. I am not presently on juvenile probation, nor have I had a juvenile adjudication for DUI.

Date: \_\_\_\_\_ Defendant's Signature: \_\_\_\_\_

I, \_\_\_\_\_ being duly sworn according to law do depose and say that the facts set forth in the foregoing paragraphs are true and correct to the best of my knowledge, information and belief and any false statements contained herein are punishable pursuant to 18 Pa.C.S.A. 4904(b); unsworn falsification to authorities.

Defendant's Signature: \_\_\_\_\_