

**COURT OF COMMON PLEAS OF LEHIGH COUNTY, PENNSYLVANIA
CRIMINAL DIVISION**

COMMONWEALTH OF PENNSYLVANIA)
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Case No. _____

A.R.D. WAIVER OF RIGHTS FORM

(COURT CASE)

1. I acknowledge that I understand that I have been charged with a criminal offense in violation of the laws of Pennsylvania. I further understand that I have a right to a trial on these charges and that at such trial I am presumed innocent of these charges and that the prosecution must prove my guilt beyond a reasonable doubt.
2. I understand the Accelerated Rehabilitative Disposition (A.R.D.) Program and request that I be accepted into that program.
3. I understand that the charges against me will be held open while I am in the A.R.D. program and that if I fail to complete the program satisfactorily, I may be prosecuted as provided by law.
4. I understand that A.R.D. will lead to the eventual dismissal of the charges against me and subsequent expungement of the charges from my criminal history record if I successfully complete the program.
5. I understand that I am not required to go on A.R.D. and may demand that my case be brought to trial instead.

6. I understand that the Rules and case law require the Commonwealth to bring me to trial within 180 days of the filing of the criminal complaint against me if I am in jail and within 365 days if I am on bail, and that participation in this program requires that I waive (give up) certain of my rights as follows:

A. I understand and voluntarily agree that time spent in this program in NOT included in determining the relevant statute of limitations within which prosecution must be commenced on the charges against me.

B. I understand and voluntarily agree that if I am charged with any new offense or offenses while in the A.R.D. program, or if I fail to abide by the requirements of the program, including payment of costs and restitution, my case may be removed from the A.R.D. program by the Court and placed back into the court system for trial.

C. I understand and voluntarily agree that the time spent in this program is NOT included in determining my rights to a speedy trial under the federal and state constitutions. I also voluntarily agree that the time spent in this program is NOT included in the time period within which I must be tried under Rule 600 of the Pennsylvania Rules of Criminal Procedure (the 180 days or 365 days specified in the introduction to this paragraph above).

D. I understand and voluntarily agree that if my case is removed from A.R.D. and sent back for trial, then the District Attorney will have 120 days in which to bring me to trial if I am in jail on these charges and 365 days if I am on bail. These time periods will be calculated from the date the court orders my case removed from A.R.D. and sent back for trial (similar to the Rule 600 limitations on the time for commencement of a new trial).

7. I hereby certify that my current address and telephone number are:

and agree to promptly notify the Adult Probation Department at (610) 782-3933 of any change in my address or telephone number. I understand that if I fail to do so, a bench warrant may be issued for my arrest and that I may be arrested for violating the terms of my probation.

I have read the above and fully understand it. I have___/have not___ consulted with an attorney. I do certify that I fully understand A.R.D. and that all of my questions regarding the program have been answered.

Date: _____ Signed: _____
(defendant)

As the attorney for the above defendant, I have fully discussed and explained the above A.R.D. requirements and waiver of rights to my client and I am satisfied that he or she understands them.

Date: _____ Signed: _____
(defense attorney)

As a representative of the Office of the District Attorney of Lehigh County, I recommend that this case be considered for inclusion in the A.R.D. Program.

Date: _____ Signed: _____

(See and complete next page if unrepresented.)

WAIVER OF COUNSEL

I fully understand that I have the right to be represented by counsel, and the right to free counsel if I cannot afford to hire counsel of my own choice.

I understand that counsel is trained to determine if any possible defenses exist and to determine if any of my rights were violated, and if so, counsel would raise those issues in a timely manner.

I wish to plead guilty (be placed on the ARD program) and am satisfied that I understand the following:

- a. The charges that have been filed against me, including the nature of the charges and the requirements necessary to prove those charges, and;
- b. The possible sentence and/or fines for the offenses charges.

With full understanding of the above, I hereby waive (give up) my right to counsel and voluntarily wish to proceed without being represented by counsel.

Date: _____

Signed: _____
(defendant)