

ACCELERATED REHABILITATIVE DISPOSITION  
APPLICATION FOR SUMMARY CASES

Failure to complete this form completely may be grounds for rejection. If a question does not apply, so indicate.

DOCKET # (s): \_\_\_\_\_  
CHARGES: \_\_\_\_\_  
\_\_\_\_\_  
MDJ Office: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_

SEX: ( M ) ( F ) HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_ RACE: \_\_\_\_\_

**EDUCATION:**

HIGHEST GRADE COMPLETED: \_\_\_\_\_ COLLEGE: (circle) 1 2 3 4 N/A

DEGREE: \_\_\_\_\_

**EMPLOYMENT:** (Present or last place of employment)

EMPLOYER: \_\_\_\_\_ SALARY: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_

IF UNEMPLOYED – LAST DATE OF EMPLOYMENT \_\_\_\_\_

**MARITAL STATUS:**

SINGLE \_\_\_ MARRIED \_\_\_ SEPARATED \_\_\_ DIVORCED \_\_\_ WIDOWED \_\_\_  
CO-HABITATING \_\_\_

Are you subject to any child support order in any jurisdiction? \_\_\_\_\_

**CHILDREN:**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ ADDRESS \_\_\_\_\_

MILITARY SERVICE: ( Y ) ( N ) BRANCH OF SERVICE: \_\_\_\_\_

DATES OF SERVICE: \_\_\_\_\_ TYPE OF DISCHARGE: \_\_\_\_\_

Have you ever been arrested or charged with a criminal offense at any time other than on the current charge(s), regardless of whether you were a juvenile or an adult? \_\_\_\_\_

**LIST ALL PREVIOUS CRIMINAL CHARGES:** Include guilty pleas, nolo contendere pleas, convictions, dismissals, acquittals, prior ARD dispositions, out of state arrests, juvenile offenses, and any non-traffic summary offenses (e.g. retail theft, disorderly conduct), along with the date of the arrest, the final disposition (e.g. "pleaded guilty"), and a description of the circumstances. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF YOUR ATTORNEY \_\_\_\_\_

ADDRESS OF ATTORNEY \_\_\_\_\_

Indicate if your attorney is: Privately retained \_\_\_\_\_ Appointed (PD or Conflict Attorney) \_\_\_\_\_

GIVE YOUR VERSION OF EVENTS WHICH LED TO CURRENT CHARGE (This information cannot be used against you in any prosecution except one based on the falsity of the information).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I UNDERSTAND THAT ANY FALSE OR INCOMPLETE INFORMATION ON THIS FORM WILL CONSTITUTE SUFFICIENT GROUNDS FOR IMMEDIATE REJECTION. THIS FORM WILL BE SUBMITTED AND RELIED UPON BY A PUBLIC SERVANT. I FURTHER UNDERSTAND THAT ANY FALSE STATEMENT MADE BY ME ON THIS FORM MAY SUBJECT ME TO FURTHER CRIMINAL PROSECUTION PURSUANT TO 18 Pa. C.S. §4904(a)(1). I ALSO UNDERSTAND THAT I AM WAIVING MY RIGHT TO A SPEEDY TRIAL DURING THE PERIOD THIS APPLICATION IS CONSIDERED.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**You must notify the Magisterial District Judge of any change of address**