

A.R.D. EXTENSION AGREEMENT

COMMONWEALTH OF PENNSYLVANIA : CASE NO.
v. :
: DATE OF ORIGINAL A.R.D.

I have been fully advised of the offenses charged against me pursuant to my original Accelerated Rehabilitative Disposition (A.R.D.) participation agreement. I understand that I may be held in contempt for failing to comply with any and/or all conditions of this agreement, or that this case may be relisted for trial if I fail to abide by the Court-ordered terms of my probation as expressed in this agreement as well as the original A.R.D. agreement. I further understand that I continue to waive my rights to a speedy trial during the time period specified in this agreement if it extends past the time period of my original A.R.D. agreement.

I understand the following to be special conditions for my continued participation in the A.R.D. Program (additional to the conditions in my original A.R.D. agreement), and agree to comply with these conditions:

_____ 1. **Probation** for an extended period of _____ months;

_____ 2. **Payment of all court costs, fines, fees, and restitution:**

Restitution (if applicable) \$ _____ to _____ (payable to Clerk of Courts)

All costs, fines, fees, and restitution paid: \$ _____ today, balance due in _____ months

at a rate of at least \$ _____ per month;

All payments must be made payable to the Clerk of Courts, Bucks County Courthouse, 4th Floor, Doylestown, PA 18901, via check, cash, money order, or Visa/Discover/MasterCard or Debit Card. Online payments can be made with a credit card using the Pennsylvania's Unified Judicial System's ePAY at <http://ujportal.pacourts.us/ePay>. Payments by phone can be made with a credit card, including American Express, at a toll free number 1-877-853-1060.

_____ 3. **Attendance and successful completion of the following and proof of which must be provided to the District Attorney's Office:**

- a. _____ Alcohol Highway Safety School classes
- b. _____ Treatment as recommended by the CRN Evaluation/Drug and Alcohol Assessment;
- c. _____ Drug and Alcohol Assessment and Recommended Treatment;
- d. _____ Mental Health Evaluation and Recommended Treatment;
- e. _____ Community Service (_____ hours).

_____ 4. **Other Conditions:** _____

I understand that this is the **LAST** extension granted to me and that I must contact the ARD Unit of the Bucks County District Attorney's Office upon completion of the above terms and conditions. My signature below signifies a full understanding of the obligations under this and any previous agreements made pursuant to my acceptance into A.R.D.

I hereby certify that there are no pending prosecutions against me in this or any other state. I certify that I have never been convicted of any misdemeanor or felony charge in this or any other state, nor have I ever been placed on A.R.D. or its equivalent or received pre-trial probation without verdict for any misdemeanor or felony charge. I understand that a new arrest or conviction will violate the terms of this A.R.D. agreement.

By signing this document, I certify that the above statements are true and correct. This certification is made subject to penalty under Section 4904(b) of the Pennsylvania Crimes Code regarding false statements.

Defendant

Date

Defendant's Address

Defendant's Phone Number

Bucks County District Attorney's Office, ARD Unit 215-348-6660
fax 215-348-6299

Bucks County Clerk of Courts 215-348-6389

Livengrin Foundation 215-638-5266
4833 Hulmeville Road, Bensalem, PA

The Council of Southeast Pennsylvania 215-230-8715
252 W. Swamp Road, Unit 33, Doylestown, PA

Bucks County Bar Association Lawyer Referral Service 888-991-9922

Bucks County Public Defender's Office 215-348-6473