

LANCASTER COUNTY DISTRICT ATTORNEY'S OFFICE  
ARD DRIVING UNDER THE INFLUENCE APPLICATION

Cont. Form Yes No  
Def. Counsel \_\_\_\_\_

COMMONWEALTH OF PENNSYLVANIA :

VS : OTN NO: \_\_\_\_\_

\_\_\_\_\_ :

ARD Application - D.U.I.

1. Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City, State, Zip)

Phone Number \_\_\_\_\_ Social Security No. \_\_\_\_\_

Email Address \_\_\_\_\_

Employer & Address \_\_\_\_\_

\_\_\_\_\_ Occupation \_\_\_\_\_

2. What was the date of the DUI offense? \_\_\_\_\_

By which Police Department? \_\_\_\_\_

List all offenses you were charged with: \_\_\_\_\_

\_\_\_\_\_

Were you involved in an automobile accident? \_\_\_\_\_ Was the accident a one car, multiple cars or property? \_\_\_\_\_

List of injured people: \_\_\_\_\_

What was your blood alcohol reading? \_\_\_\_\_

3. At the time of the DUI offense did you have:

(a) Do you have a valid driver license? Yes No

Your Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Prior Operator License Number \_\_\_\_\_ State \_\_\_\_\_

**Automobile Insurance information section (b) & (c) must be completed in order to be considered for the ARD Program**

- (b) Did you have automobile insurance at the time of the offense? Yes No  
(c) **Please email valid proof of insurance from the time of the offense/stop to [DUI-ARD@lancastercountypa.gov](mailto:DUI-ARD@lancastercountypa.gov).**

If you answered a No to either of the preceding questions, explain why: \_\_\_\_\_  
\_\_\_\_\_

4. Are you a citizen of the United States? Yes or No If not attach copy of passport and visa.  
\_\_\_\_\_

5. Were there any children under the age of 14 years in the car? Yes No

6. Do you have any current/pending criminal charges and/or arrests? Yes No

If so, state:

- a) Charge and date of the offense:  
\_\_\_\_\_

- b) Magisterial District Justice Location or charging Police Department:  
\_\_\_\_\_

7. Have you ever been convicted of DUI or been placed in an ARD/Diversion program as a result of a previous DUI charge? Yes No If yes, number of times \_\_\_\_\_

If so, state:

- (a) Date of conviction(s) or acceptance into ARD program  
\_\_\_\_\_

- (b) State and County of disposition(s) \_\_\_\_\_  
\_\_\_\_\_

8. Have you ever been convicted of a misdemeanor and/or a felony charge?

Yes

No

If so, state:

a) List offense(s) \_\_\_\_\_

b) Date of offense(s) \_\_\_\_\_

c) State and County of offense(s) \_\_\_\_\_

9. If you refuse to submit to a chemical test as required under the Vehicle Code in connection with the DUI charge being considered for ARD, you must agree not to challenge or appeal any suspension of your operating privilege imposed as a result of your refusal by the Department of Transportation, Bureau of Driver Licensing. If such an appeal was filed prior to filing an application for ARD, the appeal must be withdrawn within fourteen (14) days of the date you submit your ARD application. If you fail to comply with this requirement, you shall be denied admission or removed from the ARD program.

10. 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

*By signing or typing above, I hereby state that the facts above set forth are true and correct I understand that the statements herein are made subject to the penalties of 18 Pa.C.S.A. § 4904*