

Berks County Adult Probation/Parole

633 Court Street Services Center 7th Floor, Reading, PA 19601 - (610) 478-3400

CONDITIONS GOVERNING ACCELERATED REHABILITATIVE DISPOSITION (ARD)

Name:

Address:

Dockets:

Home Phone:

Cell Phone:

You have been placed on ARD Supervision on _____ for a period of _____ or until your conditions of have been completed, by the Honorable Judge _____ of the Court of Common Pleas of Berks County, Reading, Pennsylvania.

In accepting ARD Supervision, you agree to comply with the conditions specified in this document and all other special conditions and instructions given to you by the Court or any officer of the Adult Probation & Parole Office. You accept these rules with full knowledge that failure to comply with said rules could result in your return to Court and subsequent termination of your ARD Supervision by the Court.

- 1.) I will remain under the ARD program and subject to supervision of the Berks County Adult Probation & Parole Office. During this time, I shall be of good behavior and not violate any laws of Pennsylvania and the United States, including Traffic Laws and Regulations. I shall report any arrest to the Berks County Adult Probation & Parole Office within three (3) days.
- 2.) I will report to the Berks County Adult Probation & Parole Office if directed to do so or to such other reporting agency as the Probation & Parole Office may direct at such time and in such manner as prescribed.
- 3.) I will report any change of address, employment, phone number, or e-mail address to my Probation Officer within 24 hours.
- 4.) I will abstain from the unlawful possession, use or delivery of any non-prescribed controlled substances, including marijuana. I will submit to urinalysis and/or Breathalyzer testing as required by my Probation Officer. Any refusal to submit to testing will be considered a violation of my supervision.
- 5.) If granted ARD for a DUI offense, I will abstain from the use of alcohol. If drug and/or alcohol treatment was completed prior to ARD Supervision, or if I was recommended for treatment while on supervision, I am prohibited from the possession or consumption of alcohol during my period of supervision.
- 6.) I will pay fines, costs, and restitution imposed by the Court as prescribed by the Adult Probation & Parole Office. All fines, costs and restitution should be paid in full at least two (2) months prior to the expiration of my ARD Supervision.
- 7.) I will notify my Probation Officer at least five (5) working days in advance of any travel plans outside Pennsylvania.
- 8.) I will complete _____ hours of Community Service as directed
- 9.) Special Condition(s):

All DUI ARD Cases shall comply with the following conditions:

- 10.) Submit to the Court Reporting Network (CRN) Test not more than two (2) months from today's date, and follow any recommendations made by the CRN in a timely manner.
- 11.) Successfully complete the Alcohol Safe Driving School when scheduled.

Grievance Procedure: All offender grievances must be submitted in writing to: Chief of Adult Probation & Parole, 633 Court St; Services Center 7th Floor, Reading PA 19601. The Chief will rule on your grievance with or without the benefit of a hearing. If the Chief decides to hold a full hearing, it would be at a time convenient to all parties involved.

I have read or have had read to me the foregoing conditions of my ARD Supervision, I fully understand them and agree to abide by and strictly follow them, and I fully understand the penalties involved should I in any manner, violate them.

	Date		Date
Probation and Parole Officer		Defendant	