

NON-DUI ARD APPLICATION

****IF TRANSLATOR REQUIRED, CHECK HERE LANGUAGE: _____**

Be sure to answer every question completely and truthfully. Do not leave any questions blank or the application will be rejected, providing false information on this application will result in further criminal charges being brought against you.

PLEASE PRINT IN INK

TODAY'S DATE: ____/____/____

OTN#: _____

CHARGE(S): _____

1. Defendant's Name: _____

2. Alias: _____ Maiden Name: _____

3. Address: _____
Street City State Zip Code

County of Residence: _____

4. Home Phone #: _(____)_____ Cell Phone #: _(____)_____

PRIOR ADDRESSES IN PAST SEVEN (7) YEARS:

STREET	CITY	STATE	ZIP CODE

5. Date of Birth: ____/____/____ Place of Birth: _____ Race: _____
Age: _____ Sex: _____ Height: _____ Weight: _____ Hair Color: _____
Eye Color: _____ Glasses: _____ Scars/Tattoos: _____

6. Education (Please include names of high school and colleges attended with dates attended): _____

7. Driver License #: _____ State: _____
Expiration Date: ____/____/____
From what other states have you have any prior driver license(s) and when: _____

8. Social Security #: _____ 9. Marital Status: _____

10. Dependents: _____

11. Family Synopsis: (Name, address, phone # of parents or closest relative):

12. Presently employed by: (Name, address, phone #, job title, job length & working hours):

13. If unemployed, how are you supported? _____

14. Are you a citizen of the United States? Yes No

15. Are you a resident of Northampton County? Yes No
If yes, for how long have you been a Northampton County resident? _____

16. Military Record:

Branch: _____ Active Dates: _____

Rank Upon Discharge: _____

Type of Discharge: _____

17. List any and all prior record, including traffic offenses (If you fail to complete this part truthfully, your application will be denied, and you may face other criminal charges):

DATE	PLACE	CHARGE(S)	COURT ACTION

18. Full summary of Offense: Be sure to answer this section completely.

Date of Arrest: _____

Arresting Police Department: _____

19. Damages paid by: _____

20. Attorney (if applicable): _____

Date: _____

Defendant's Signature: _____

I, _____, being duly sworn according to law do depose and say that the facts set forth in the foregoing paragraphs are true and correct to the best of my knowledge, information and belief and any false statements contained herein are punishable pursuant to 18 Pa.C.S.A. 4904(b); unsworn falsification to authorities.

Defendant's Signature: _____

