

COUNTY OF PIKE



OFFICE of the DISTRICT ATTORNEY

Phone: (570) 296-3482

In order for your case to be evaluated for entry into the Pike County ARD Program, you must complete and this questionnaire with 10 days of your preliminary hearing to the Pike County District Attorney's Office 506 Broad Street, Milford PA 18337.

ARD INVESTIGATION QUESTIONNAIRE

Please print clearly (in ink) and return to the District Attorney's Office PRIOR to your scheduled interview date

Full name: _____

Aliases used and/or maiden name: _____

Date of Birth: _____ Age: _____ Social Security #: _____

Home Phone #: _____ Cell #: _____ Work #: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Current physical address: _____

Current Mailing Address _____
(if different than above) _____

Do you (Check One) Own Rent Other: _____
(specify, i.e. Live with parent)

Monthly Housing Cost: \$ _____

**List prior addresses to which you have lived over the past 10 years:
(include incarcerations and inpatient rehabilitations greater than 3 months)**

| | Address | From (month/Year) | To (month/year) |
|----|----------------|--------------------------|------------------------|
| 1: | _____ | _____ | _____ |
| | _____ | | |
| 2: | _____ | _____ | _____ |
| | _____ | | |
| 3: | _____ | _____ | _____ |
| | _____ | | |
| 4: | _____ | _____ | _____ |
| | _____ | | |
| 5: | _____ | _____ | _____ |
| | _____ | | |

Give the names, dates of birth, contact number, and relationship for each person that resides with you:

1. _____
2. _____
3. _____
4. _____
5. _____

Give the names, dates of birth, contact number, relationship and address for the following relatives unless they are listed above: Biological Parents, Adoptive/Step-parent(s), Sibling(s), Half-Sibling(s), Past Spouse(s), Child(ren.) If deceased, please indicate the year of their death.

1. (Mother)

2. (Father)

3. ()

4. ()

5. ()

6. ()

7. ()

8. ()

Current Marital Status? Married

Single

Divorced

Widow(er)

Are you (Check one) Employed Unemployed Retired Disabled

If employed: Provide the name of your employer, address, phone number, job title, supervisor's name, & hourly pay (salary if a salaried employee)

How long have you been employed with this company (provide date)? _____

What is your present average net monthly pay? _____

If disabled: Provide monthly income: _____

Provide any additional monthly income information: _____

List what employments you have held over the past 10 years: Include employer/company name, city & state, date started and left the employment, reason for separation from the employer, and wage at time of separation.

- 1: _____

- 2: _____

- 3: _____

- 4: _____

- 5: _____

Give the names of schools you have attended, dates of attendance, and for college/other the degree: (If you did not complete high school, provide the last grade completed)

| | | |
|-------------|------|----|
| High School | From | To |
|-------------|------|----|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

| | | |
|---------|--|--|
| College | | |
|---------|--|--|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

| | | |
|-------|--|--|
| Other | | |
|-------|--|--|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

Scars/Tattoos/Piercings (list location(s) and description(s))

Place of birth (city, state): _____

US Citizen: Yes No

Do you have a valid driver's license? Yes No License # and state: _____

Below, list year, make, model, color, and plate number and include state of all vehicle you regularly drive. If not the owner list the name of the individual or business which owns the vehicle.

Vehicle 1: _____

Vehicle 2: _____

Vehicle 3: _____

Do you have any weapons in your home? Yes No

If yes, list what kind: _____

Do you have a firearms carry permit? Yes No

State your Military Status (check one) Veteran Non-Veteran

If a Veteran, are you eligible for VA services? Yes No (if not certain, call 1-877-222-VETS)

If you have been in the military, state which branch, years of service and type of discharge:

Branch: _____ Years: _____

Discharge (check one) Honorable Dishonorable Other

If dishonorable or other please explain:

If you are a Veteran, it is your responsibility to provide your DD214 (member copy 4) along with this application.

Have you ever been charged for any criminal offense, other than minor traffic offenses, in this state or any other state or country? This includes any charge, whether or not the charges were later dismissed or thrown out. Yes No

If yes, state the following: Date(s) Jurisdiction(s) and Charge(s):

Are you currently under probation or parole supervision? Yes No
If yes, where?

Have you ever been treated for a mental illness or hospitalized for mental illness? Yes No
If yes, explain:

Are you taking any prescription medication? Yes No
If yes, please list below:

Are you presently dependent upon or addicted to alcohol or drugs? Yes No
If yes, please list below:

Are you currently enrolled in any treatment program for alcohol or drug addiction dependency? Yes No
If yes, where are you attending?

State briefly why you feel you should be given the benefit of placement in the Accelerated Rehabilitative Disposition Program:

I hereby swear to (and affirm) the truth of each and every answer to the above questions, and I fully realize that an intentional falsification to any answer or part thereof is a crime punishable by law.

With this acknowledgement, I herewith, consent to submit to a Pre-ARD Investigation to be conducted by the Pike County Probation Office and further consent to a Release of Information including but not limited to medical, psychological, and employment for verification of any and all background matters contained therein.

Defendant

Acknowledgement:

Sworn to (affirmed) and subscribed

To me before this _____ day of

_____, 20____

Notary Public