



Fifty-First Judicial District of Pennsylvania

Gettysburg, PA 17325

**YOUTHFUL OFFENDERS ALCOHOL & CONTROLLED SUBSTANCES EDUCATION PROGRAM  
FACE SHEET**

(To be filled out by the applicant)

**Name:** Mr. Ms. Mrs. \_\_\_\_\_  
(circle one) First Middle Last Suffix

**Home address:** \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

**Mailing address:** \_\_\_\_\_  
(if different) Street  
\_\_\_\_\_  
City State Zip Code

**Phone #:** \_\_\_\_\_  
Home Cell

**Email:** \_\_\_\_\_

**Race:** (circle one) Caucasian African-American Asian Other: \_\_\_\_\_  
**Ethnicity:** (circle one) Hispanic Non-Hispanic

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
MM DD YYYY City/State or Province/Country

**Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Name of High School:** \_\_\_\_\_

**Highest Grade Completed:** \_\_\_\_\_

**Name of College:** \_\_\_\_\_

**Current Employer:** \_\_\_\_\_

COMMONWEALTH OF PENNSYLVANIA



COUNTY OF ADAMS

GETTYSBURG BOROUGH  
STRABAN TOWNSHIP

**MATTHEW R. HARVEY**

Magisterial District Court 51-3-01  
525 Boyds School Road, Suite 900  
Gettysburg  
PA 17325

OFFICE:  
TEL (717) 334-7913  
FAX (717) 334-1262

COMMONWEALTH OF PENNSYLVANIA  
Plaintiff,

No.:

VS.

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Defendant.

**YOUTHFUL OFFENDERS ALCOHOL AND CONTROLLED SUBSTANCES  
EDUCATION PROGRAM APPLICATION AND AGREEMENT**

I, the Defendant above named, hereby apply for admission into the Youthful Offenders Alcohol and Controlled Substances Education Program (hereinafter "Program"), and hereby represent and agree as follows:

1. **Speedy Trial and Related Rights:** I understand my right to have the criminal charges against me disposed of in a speedy manner and expressly agree to waive that right while applying to and participating in the Program. Further, I understand that prosecution of the charges will be postponed during my application to and participation in the Program and that the Commonwealth must be given the right to prosecute me if I am removed from the Program some time in the future. In this regard, I understand if I violate conditions of the Program, the Court may remove me from the Program and schedule my case for hearing on the charges.
2. **Financial Responsibilities:** As a condition of the Program, I agree to pay:
  - A. One Hundred Fifty Dollars (\$150.00) to the appropriate Municipality or Governmental Agency in accordance with procedures established for payment of fines, as well as the costs to complete the online program enrollment in the designated online program.
  - B. Costs of the approved online program.
  - C. Twenty-Five Dollars (\$25.00) administration fee paid into the Court Administrative Fund; and
  - D. Restitution, if any.

I acknowledge that failure to satisfy my financial responsibilities within the time period of my Program admission shall be grounds for removing me from the Program. I understand that money paid by me will be periodically distributed to various entities entitled thereto, and that it would be difficult for the Magisterial District Court to refund any money after distribution had occurred. I agree that I shall have neither a right of accounting nor refund as to any money paid by me, should I fail to complete the Program nor shall I be entitled to future credit. All money shall become the property of the entity entitled thereto. Further, I agree to the following:

Restitution \_\_\_\_\_

**3. Program Conditions:** The applicant must:

- A. Truthfully answer all questions on the application for Program admission.
- B. Complete twelve (12) hours of online Alcohol and Controlled Substances Education instruction as designated by the Adams County Department of Probation Services.
- C. Pay all Court costs and fees related to the Program as may be designated and established by Administrative Order of Court from time to time to include municipality fee, costs of the online program, Probation Administration fee, and restitution.
- D. Comply with all State and Federal Laws. In this regard, I understand and agree that if any felony or misdemeanor criminal or juvenile charges, or any summary charges for conduct occurring after the date of this application, are filed against me the filing of those charges will result in my removal from the Program. It is not necessary that the charges be concluded and/or result in conviction.
- E. Remain free from the use of non-prescribed controlled substances and alcohol during the course of participation in the Program.

**4. Length of Program:** I understand that I shall be placed in the Program for four (4) months, subject to the program conditions set forth in paragraph 3 above. I understand I must complete the online program within the four (4) month period. I acknowledge that the conditions have been explained to me, that I understand them and that violation of any condition shall constitute grounds for my removal from the Program.

**5. Successful Completion:** I understand that the charges against me will be dismissed if I successfully complete the Program. Upon successful completion of the Program my arrest record will be expunged. Any license suspension will remain on my PennDot driving record.

**6. Removal from the Program:** I understand that the Adams County Department of Probation Services will request my removal from the Program if I

do not comply with the terms and conditions as described in this application. I waive the right to be personally present and agree that a Judge may remove me from the Program, in my absence. If I am removed from the Program, I understand I will have to appear for a hearing on the charges at a time scheduled by the Magisterial District Judge or the Common Pleas Judge.

**7. No Prior Convictions or ARD or Pending Criminal Charges:** In consideration for my admission to the Program, I hereby affirm and acknowledge that I have no prior criminal record or juvenile adjudications in the Commonwealth of Pennsylvania or in any other state or federal jurisdiction; that I have never been placed on the Program or a similar program for underage drinking or alcohol related summary offenses or for any drug or alcohol offense in this or any other jurisdiction; that I have not previously been admitted to A.R.D. or a pre-disposition program similar to the Program in this or in any other state and that I do not have any criminal or juvenile charges pending in the Commonwealth of Pennsylvania or in any other state or federal jurisdiction. I understand that should this information be incorrect, that I may be removed from the Program and, further, that I might be prosecuted subject to the provisions of 18 Pa. C.S.A. Section 4904 relating to unsworn falsification to authorities.

**8. Bail:** I understand that once the Magisterial District Judge orders my entry into the Program, bail shall be terminated and any money or other form of security deposited shall be returned to me in accordance with the rules pertaining to bail.

I hereby request the Commonwealth of Pennsylvania to admit me into the Youthful Offenders Alcohol and Controlled Substances Education Program. I have read and understand the conditions of the program.

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Date

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Defendant

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Attorney for Defendant