

Instructions

Within three business days following the Preliminary Hearing before the Magisterial District Judge, your Attorney shall submit this completed application to the Clerk of Courts Office, 4th Floor Courthouse, Reading, Pa. Thereafter, you will be contacted to schedule an appointment to meet with the STOP program officer. Application information and Intermediate Punishment program eligibility criteria will be reviewed, and a Pre-sentence Investigation will be performed. Applicants will be required to participate in a CRN (a drug and alcohol screening) as well as a Risk Relapse Assessment. If accepted in the STOP program, you will be required (in addition to any other Court stipulation) to participate in a drug and alcohol treatment program, and participate in either electronic monitoring or a DUI Residential program. You will be responsible for costs of electronic monitoring or for a per diem cost for the DUI Residential program.

NOTE: Though the STOP program affords an opportunity to avoid a mandatory minimum sentence of 30 or 90 days of incarceration, the Court at the time of guilty plea and sentencing has the discretion to impose some period of incarceration up to and including 15 days.

I have read the above information and understand that failure to fully comply may result in denial of my admission into the STOP Intermediate Punishment Program, and/or removal from said program.

Applicant Signature

Date: _____

Rule 600 Waiver

I desire to have my case considered for the Intermediate Punishment Program for Second Time DUI Offenders. I am aware of my right to a prompt trial within 365 days from the filing of the complaint against me as provided by Pa. Rule of Criminal Procedure 600, and that if I am not brought to trial within 365 day period (unless said period is extended for cause or unless time is excluded therefrom), charges pending against me in this case must be dismissed and can never be brought against me again. To provide time for consideration for the Intermediate Punishment Program, I hereby waive my rights under Rule 600 for the period of time in which I am involved in the STOP program beginning today so that said period of time shall not count as part of the 365 day period in which my case must be brought to trial under Rule 600.

Applicant Signature

Date: _____

AND

I am the Attorney of record for the Applicant in this case and I certify that I have advised the Applicant of all his/her rights under Rule 600.

Attorney Signature

Date: _____

AND

Verification

I hereby verify that all answers contained herein are true and correct to the best of my knowledge and belief, and that false statements contained herein are made subject to the penalties of 18 Pa C.S.A. 4904, relating to un-sworn falsification to authorities.

Applicant Signature

Distribution:

Original – Clerk of Courts

Copy – District Attorney; Adult Probation/Parole Office; Defense Attorney; Defendant