

PLEA OFFER MEMORANDUM

Date of offer: / /

Plea offer expires on: / /

Name of Defendant:	Case Caption:	OTN
Prosecuting Attorney:	Defense Counsel:	Police Prosecutor:

List information(s) covered by plea offer: _____
(include information(s) to be entirely nolle prossed)

Offense Gravity Score	Prior Record Score	Guideline Range

The scores listed above are only estimates and may change when more information become available.

List charge(s) offered for plea:

Information #	Count #	Charge	Statute	Offense grade

List factual basis for plea:

List factual stipulations agreed to by all counsel:

Have all plea factors considered in preparing the plea offer been checked on the following form? YES NO

Check all appropriate factors Defendant: _____ OTN: _____

SENTENCING FACTORS	DETAILS
<input type="checkbox"/> Weapons enhancement	
<input type="checkbox"/> Weapons enhancement waived	
<input type="checkbox"/> Mandatory sentence	
<input type="checkbox"/> Mandatory sentence waived	
<input type="checkbox"/> Grade based on monetary amount	
<input type="checkbox"/> Guidelines based on weight/substance	
<input type="checkbox"/> Grade based on prior offense(s)	
<input type="checkbox"/> Guideline based on prior offense(s)	
<input type="checkbox"/> Other:	

COMMONWEALTH'S POSITION AT SENTENCING	DETAILS
<input type="checkbox"/> Open plea-No sentencing agreement	
<input type="checkbox"/> No objection to guideline range sentence	
<input type="checkbox"/> No objection to probation	
<input type="checkbox"/> State Intermediate Punishment	
<input type="checkbox"/> Other:	

DEFENDANT'S COOPERATION	DETAILS
<input type="checkbox"/> Proffer	
<input type="checkbox"/> Court testimony against other(s)	
<input type="checkbox"/> Consensual intercept	
<input type="checkbox"/> Controlled substance purchase	
<input type="checkbox"/> Confidential informant	
<input type="checkbox"/> Procurement of inculpatory evidence	
<input type="checkbox"/> Deadline for cooperation:	
<input type="checkbox"/> Other:	

DISPOSITION OF COLLATERAL CASES	DETAILS
<input type="checkbox"/> No agreement on collateral cases	
<input type="checkbox"/> Nol pros of all remaining charges in information	
<input type="checkbox"/> Additional guilty plea(s) in listed cases	
<input type="checkbox"/> Nol pros of all charges in other information(s)	
<input type="checkbox"/> Agreement not to file listed additional charges	
<input type="checkbox"/> Other:	

RESTITUTION	DETAILS
<input type="checkbox"/> No restitution agreement	
<input type="checkbox"/> Restitution agreed to as follows:	
<input type="checkbox"/> Restitution hearing needed	
<input type="checkbox"/> Other:	

BAIL	DETAILS
<input type="checkbox"/> No agreement on bail modification	
<input type="checkbox"/> No objection to bail modification after plea	
<input type="checkbox"/> Other:	

Staff Attorney's signature

**COURT OF COMMON PLEAS
FORTY-THIRD JUDICIAL DISTRICT
COMMONWEALTH OF PENNSYLVANIA**

COMMONWEALTH OF PENNSYLVANIA : _____ **CR** _____
 :
 v. : _____ **OTN:** _____
 :
 _____, :
Defendant

PRAECIPE TO ENTER APPEARANCE

Clerk of Judicial Records:

Please enter my appearance for the above named Defendant.

Attorney for Defendant (please print)
Address: _____

Phone: _____
Attorney ID and Email address: _____

Attorney for Defendant (signature)

Defendant (please print)
Address: _____

Phone: _____
Email address (required): _____

Defendant (signature)

WAIVER OF ARRAIGNMENT

I, the undersigned Defendant, understand the nature of the charges against me and do hereby waive the arraignment provided for in PA. Rule of Criminal Procedure No. 571 which is scheduled to be held in this case on _____ and do hereby enter a plea of not guilty.

I acknowledge, commencing from _____, the right to request a bill of particulars within seven (7) days; to file a discovery motion and inspection within fourteen (14) days; to file a motion requesting transfer from criminal proceedings to juvenile proceedings pursuant to 42Pa CS§ 6322 if I was under the age of 18 at the time of the commission of the alleged offense within thirty (30) days, to file a notice of the defense of alibi, insanity or mental infirmity within thirty (30) days; and to file an omnibus pretrial motion for relief within thirty (30) days, unless those times are extended by Order of Court. **The last date for filing an omnibus pre-trial motion is _____.**

NOTICE TO ATTEND COURT PROCEEDINGS

I acknowledge that if I am NOT represented by an attorney that I must personally appear for the commencement of the ___ Trial Term on _____ at 8:30 a.m. in Courtroom No 1, Monroe County Courthouse, Stroudsburg, Pennsylvania. **My failure to appear will result in the issuance of a bench warrant for my arrest and may lead to my incarceration.** I further acknowledge that if I am represented by an attorney that I shall not appear for the commencement of the ___ Trial Term on the date stated above but that my attorney shall on my behalf.

Attorney for Defendant

Defendant

By the Court

Dated: _____

MDJ

**COURT OF COMMON PLEAS
FORTY-THIRD JUDICIAL DISTRICT
COMMONWEALTH OF PENNSYLVANIA**

COMMONWEALTH OF PENNSYLVANIA

v.

:
:
:
:
:

CR

OTN:

Defendant

PRAECIPE TO ENTER APPEARANCE

Clerk of Judicial Records:

Please enter my appearance for the above named Defendant.

Attorney for Defendant (please print)

Address: _____

Phone: _____

Attorney ID and Email address: _____

Attorney for Defendant (signature)

Defendant (please print)

Address: _____

Phone: _____

Email address (required): _____

Defendant (signature)

WAIVER OF ARRAIGNMENT

I, the undersigned Defendant, understand the nature of the charges against me and do hereby waive the arraignment provided for in PA. Rule of Criminal Procedure No. 571 which is scheduled to be held in this case on _____ and do hereby enter a plea of not guilty.

I acknowledge, commencing from _____, the right to request a bill of particulars within seven (7) days; to file a discovery motion and inspection within fourteen (14) days; to file a motion requesting transfer from criminal proceedings to juvenile proceedings pursuant to 42Pa CS§ 6322 if I was under the age of 18 at the time of the commission of the alleged offense within thirty (30) days; to file a notice of the defense of alibi, insanity or mental infirmity within thirty (30) days; and to file an omnibus pretrial motion for relief within thirty (30) days, unless those times are extended by Order of Court. **The last date for filing an omnibus pre-trial motion is _____.**

WAIVER OF SPEEDY TRIAL AND RULE 600

I, the undersigned Defendant, hereby agree to waive the application of Pennsylvania Rule of Criminal Procedure 600 and my right to a speedy trial under the United States and Pennsylvania Constitutions. This waiver shall take effect immediately and continue throughout the period that I am enrolled in the Accelerated Rehabilitative Disposition Program (ARD). I understand and agree that:

1. If I am entered into the ARD program, this waiver will remain in effect until the day I either
 - a) complete the program; or
 - b) am removed from the program by court order.

2. If I do not subsequently enter into the ARD program, this waiver will remain in effect until a) I give written notice to the Commonwealth that I no longer wish to enter into the program; or b) I am given written notice by the Commonwealth or the Court that I will not be accepted into the program

3. In the event my admission in to the ARD program is denied through no fault of my own, I may raise the sufficiency of the Commonwealth's prima facie case at a subsequent proceeding.

REQUIRED COURT APPEARANCE - ARD

I further acknowledge that I must personally attend ARD Admission Court scheduled for the _____ day of _____, 20__ at _____ AM / PM , in Courtroom # 1 of the Monroe County Courthouse, Stroudsburg, Pennsylvania and be present in Court on that date and time for admission in to the ARD program. My failure to appear will result in the issuance of a bench warrant for my arrest and may subject me to incarceration.

Attorney for Defendant

Defendant

Dated: _____

By The Court

MDJ

**COURT OF COMMON PLEAS FORTY-
THIRD JUDICIAL DISTRICT
COMMONWEALTH OF PENNSYLVANIA**

**APPLICATION FOR ADMISSION
ARD
NON-DUI**

Defendant's Name	Attorney	OTN
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Preliminary Hearing Date	Waived? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Must waive preliminary hearing to be eligible.

I HEREBY DECLARE, UNDER PENALTY OF PERJURY, THAT THE FOLLOWING STATEMENTS ARE TRUE AND CORRECT. I UNDERSTAND THAT FALSE STATEMENTS MADE HEREIN WILL DISQUALIFY ME FOR ADMISSION INTO ARD AND WILL SUBJECT ME TO THE PENALTIES FOR UNSWORN FALSIFICATION TO AUTHORITIES UNDER 18 Pa. C.S. 4904.

1. I have not been convicted of a criminal offense in any jurisdiction. A criminal offense being defined as one in which an offender could be sentenced to a period of incarceration in excess of one (1) year.
2. The underlying charges against me do not constitute a crime of violence.
3. I am represented by an attorney *or* I am representing myself.
4. I understand that as a prerequisite to entry in the ARD Program I must waive my preliminary hearing, formal arraignment, statute of limitations and right to a speedy trial under the United States and Pennsylvania Constitutions and Rule 600 of the Pennsylvania Rules of Criminal Procedure.
5. I agree to appear in Court for my ARD hearing. I have been provided with a date and time of the same and understand that my failure to appear will result in the issuance of a bench warrant for my arrest and may subject me to incarceration. I further acknowledge that, if I fail to appear, my waiver of the right to a speedy trial will continue in effect at least until the bench warrant is dissolved.

Defense Attorney (signature)

Defendant (signature)

Defendant (please print)

Date: _____

**COURT OF COMMON PLEAS
FORTY-THIRD JUDICIAL DISTRICT
COMMONWEALTH OF PENNSYLVANIA**

**APPLICATION FOR ADMISSION
ARD (DUI)**

Defendant's Name	Attorney	OTN
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Preliminary Hearing Date	Waived?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Must waive preliminary hearing to be eligible.

I HEREBY DECLARE, UNDER PENALTY OF PERJURY, THAT THE FOLLOWING STATEMENTS ARE TRUE AND CORRECT. I UNDERSTAND THAT FALSE STATEMENTS MADE HEREIN WILL DISQUALIFY ME FOR ADMISSION INTO ARD AND WILL SUBJECT ME TO THE PENALTIES FOR UNSWORN FALSIFICATION TO AUTHORITIES UNDER 18 Pa. C.S. 4904.

1. I have not been convicted of an alcohol related driving offense in any jurisdiction within the immediately preceding ten (10) years.
2. No person was killed or seriously injured as a result of this matter or in connection herewith.
3. No passenger under the age of fourteen (14) years was in the motor vehicle that I was operating.
4. I understand that I must make an appointment for my CRN evaluation prior to my ARD admission and that as a condition of my ARD probation I will obtain the CRN report and comply with all treatment requirements.
5. I understand that I am responsible to pay the sum of \$200.00 to the Clerk of Courts by certified check or money order at least one (1) week prior to my ARD admission court date. Proof of payment must be submitted to the District Attorney's Office no later than one (1) week prior to my ARD date.
6. I am represented by an attorney *or* I am representing myself.
7. I understand that as a prerequisite to entry in the ARD Program I must waive my preliminary hearing, formal arraignment, statute of limitations and right to a speedy trial under the United States and Pennsylvania Constitutions and Rule 600 of the Pennsylvania Rules of Criminal Procedure.
8. I agree to appear in Court for my ARD hearing. I have been provided with a date and time of the same and understand that my failure to appear will result in the issuance of a bench warrant for my arrest and may subject me to incarceration. I further acknowledge that, if I fail to appear, my waiver of the right to a speedy trial will continue in effect at least until the bench warrant is dissolved.

Defense Attorney (signature)

Defendant (signature)

Date: _____

Defendant (please print)