

LOCAL RULES

of the

COURT OF COMMON PLEAS OF MERCER COUNTY, 35th JUDICIAL DISTRICT

Supplementing the

Rules of Criminal Procedure

Promulgated by the

Supreme Court of Pennsylvania

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LOCAL RULES

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RULE L310

ADMISSION TO A.R.D. IN CASES OF DRIVING WHILE UNDER THE INFLUENCE OF INTOXICATING BEVERAGES, OUT OF STATE PERSONS, ADMINISTRATION FEE IN D.U.I. CASES, CONTENT OF A.R.D. APPLICATIONS AND ORDERS

- a. Prior to admission into the A.R.D. Program in driving while under the influence of intoxicating beverage cases, the applicant must appear in Mercer County, Pennsylvania, before a certified examiner for the administration of the Mortimer-Filkens test, the results of which shall be evaluated by the Court Reporting Network. (75 Pa. C.S.A. 3816.)
- b. All applicants who are accepted into the A.R.D. Program will be required to attend either the Mercer County Counter Attack School Program or the equivalent of the Mercer County Counter Attack School Program in the applicant's home county and state. (75 Pa. C.S.A. 1549)
- c. If the Court Reporting Network reports counseling and treatment are necessary, it may be ordered in the applicant's home county and state.
- d. All persons who are found guilty of driving while under the influence, plead guilty to driving while under the influence or are accepted into A.R.D. must pay through the Office of the Clerk of Courts, in addition to all other costs, \$150.00 for administration of such cases.
- e. All motions requesting admission into the A.R.D. Program shall contain the following: "I request the continuance of any further proceedings in my case until it is determined whether I am eligible for A.R.D., and if I am admitted into it, for the length of time I am in the program, plus ninety days thereafter. "
- f. All Orders admitting applicants into the A.R.D. Program shall contain the following: "Defendant's request for a continuance of all proceedings in this case pending a determination of his eligibility for the A.R.D. Program and for the time he is in the program plus ninety days is granted."

RULE L528

PERCENTAGE CASH BAIL SYSTEM

- a. A defendant charged with a crime in Mercer County, or a third party surety who is not a professional bondsman or an agent or representative of a professional bondsman, may if authorized by the Issuing Authority or the Court execute a bail bond and deposit with the Issuing Authority or Clerk of Courts by depositing money equal to ten percent (10%) of the amount of bail set, but in no event less than fifty dollars (\$50.00).
- b. The money furnished shall be receipted for, deposited, accounted for, forfeited or returned in accordance with Pennsylvania Rules of Criminal Procedure 535 and 536.
- c. If there has been no forfeiture, upon full and final disposition of the case, the Clerk of Courts or Issuing Authority shall retain any bail-related fees or

commissions authorized by law, and the reasonable costs, if any, of administering the cash bail system. The balance shall be returned to the person who deposited it with the Issuing Authority or the Clerk of Courts within twenty (20) days of full and final completion of the case. Notice of the full and final disposition shall be sent by the Clerk of Courts to the person who originally posted the money at the address of record upon a full and final completion of the case. Any money not claimed within one hundred eighty (180) days from the date the notice is sent of the full and final disposition of the case shall be deemed as fees and shall be forfeited to the use of the County of Mercer.

INSTRUCTIONS FOR POSTING BAIL

1. Both a resident and a non-resident may be eligible to post percentage cash bail at the discretion of the District Justice or the Judge of the Court of Common Pleas.
2. You must post 10% of the bail as set by the District Justice or the Court, but in no event less than \$50.00.
3. The defendant must attend all Court hearings in his case, or be subject to being placed in jail on a Bench Warrant issued by the Court, and subject to the bail money being forfeited.
4. After the defendant's case is completed, the Clerk of Courts Office will return the bail to the surety. Bail will be returned only to the person who posted it within twenty (20) days of the full and final completion of the case.
5. The surety is liable to forfeit 10% of the bail amount which has been posted, and if the defendant does not appear as ordered, 100% will be forfeited.

I HAVE READ OR HAD READ TO ME THE ABOVE INFORMATION, AND I FULLY UNDERSTAND ITS CONTENTS.

Defendant

Surety

Witness _____

Date _____

APPLICATION FOR BAIL

This application is to be filled out by any person placed on bail.

INFORMATION

Name _____ Telephone No. _____

Alias _____

Address _____

With Whom Living _____

Relationship to this Person _____

Charges _____

Prosecutor _____

Single () Married () Separated () Divorced ()

ADDITIONAL PERSONAL INFORMATION

Date of Birth _____ Race _____ Male _____ Female _____

Weight _____ Height _____ Build _____

Color of Eyes _____ Eyeglasses: Yes _____ No _____ Color of Hair _____

Length of Hair _____ Bald: Yes _____ No _____ Partly Bald: Yes _____ No _____

False Teeth: Yes _____ No _____ Describe any physical handicaps: _____

Scars: Yes _____ No _____ If yes, describe _____

Tattoos: Yes _____ No _____ If yes, describe _____

Facial Marks: Yes _____ No _____ If yes, describe _____

List Previous Convictions: _____

Social Security No. _____ - _____ - _____ Driver's License No. _____

Motor Vehicle Registration No. _____ State of Issuance _____

State Your Source of Income: _____

Employer's Name and Address: _____

If unemployed, list last employer and address _____

If on Public Assistance, Claim Number _____

If not on Public Assistance, but have Medical Card,

Medical Card No. _____

If on Unemployment Compensation, State Claim Number _____

Are you under order to pay support? Yes _____ No _____

If yes, what court and for whom? _____

Have you ever been on bail before? Yes _____ No _____ If so, what court? _____

Do you have any bank accounts? Yes _____ No _____ If yes, name of bank and address: _____

Have you ever been a patient in a Mental Institution? Yes _____ No _____ If yes, where and when? _____

Are you addicted to alcohol? Yes _____ No _____ Have you ever received treatment for this addiction? Yes _____ No _____ If so, where and when? _____

Are you addicted to drugs? Yes _____ No _____ Have you ever received treatment for this addiction? Yes _____ No _____ If so, where and when? _____

State the names and addresses of any other relatives living in Mercer County:

**MERCER COUNTY INFORMATION SHEET FOR PERCENTAGE
CASH BAIL SYSTEM THIRD PARTY CASH BAIL INFORMATION**

(In addition to the Application for Bail, the following information should be obtained from the person posting the Cash Bail and should be attached to the Application for Bail of the defendant.)

Client's Name _____ No. _____

Name of third party posting bond _____

Address _____ Telephone _____

Occupation _____ Employer _____

Employer's Phone No. _____

() Own Resident () Rent Residence () Own Other Real Estate

If Yes as to Other Real Estate, describe _____

Mortgage held by _____

Date of Birth _____ Race _____ Male _____ Female _____

Weight _____ Height _____ Build _____

Color of Eyes _____ Eyeglasses: Yes _____ No _____

Color of Hair _____ Length of Hair _____

Bald: Yes _____ No _____ Partly Bald: Yes _____ No _____

False Teeth: Yes _____ No _____

Describe any physical handicaps: _____

Scars? Yes _____ No _____ If yes, describe _____

Tattoos? Yes _____ No _____ If yes, describe _____

() Own Automobile () Automobile Financed by _____

Title _____ Plate _____ Year _____

Make _____ Model _____

Amount deposited by third party _____

Defendant _____ Others _____

Have you ever been on bond before? Yes _____ No _____

If so, what court? _____

Do you have any bank accounts? Yes _____ No _____

If yes, name of bank & address: _____

Have you ever been a patient in a Mental Institution?

Yes _____ No _____ If yes, where and when? _____

Are you addicted to alcohol? Yes _____ No _____

If Yes, have you received treatment for this addiction? Yes _____ No _____

If so, where and when? _____

Are you addicted to drugs? Yes _____ No _____

Have you ever received treatment for this addiction?

Yes _____ No _____ If so, where and when? _____

State the names and addresses of any other relatives living in Mercer County:

Additional Information: _____
