

**Bucks County Office of the District Attorney**  
**ARD UNIT**  
**55 East Court Street**  
**Doylestown, Pennsylvania 18901**

**A.R.D. PARTICIPANT INFORMATION FORM**

**1. CONTACT INFORMATION:**

Name: Last, First, Middle: _____
Home Address: _____ _____
Your Home Phone Number: _____ Your Cell Phone Number: _____
Attorney Name, Address, Phone Number: _____ _____

**2. EDUCATION:**

Check the highest level of education achieved:			
<input type="checkbox"/> 11 <sup>th</sup> Grade or Below	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Some College	<input type="checkbox"/> College Graduate
Do you read write and understand the English Language?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No For what language? _____			

**3. EMPLOYMENT INFORMATION:**

Employer: _____	Employer's Phone Number: _____
Length of Employment: _____	Monthly Income: _____
Position/Title: _____	
Unemployed: <input type="checkbox"/> Yes <input type="checkbox"/> No How Long: _____ Source of Income: _____	

**4. MILITARY STATUS:**

Are you a Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard					
Branch of Service: <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard					
Are you a Combat Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Theater of Operations: _____					