



# APPLICATION FOR MARIJUANA DIVERSION PROGRAM

Submit Application to the Lehigh County District Attorney's Office, or email to DAMDP@lehighcounty.org

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ATTORNEY: \_\_\_\_\_

PHONE#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CHARGE(S)	Misdemeanor / Summary

OTN: \_\_\_\_\_ ARRESTING POLICE DEPT.: \_\_\_\_\_

MAGISTERIAL DISTRICT JUDGE: \_\_\_\_\_

PRELIMINARY HEARING DATE: \_\_\_\_\_

Are you currently on probation or parole, or in another court ordered treatment of diversionary program (i.e. ARD, TCAP, juvenile): NO: \_\_\_\_\_ YES: \_\_\_\_\_

IF yes, please explain:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## DA REVIEW:

Approved: \_\_\_\_\_ MDP 1 \_\_\_\_\_ MDP 2 \_\_\_\_\_

Denied: \_\_\_\_\_

DA Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Comments (including reasons for denial):



# LEHIGH COUNTY MARIJUANA DIVERSION PROGRAM PARTICIPANT AGREEMENT

1. I acknowledge that I have been charged with violation(s) of Section(s) 780-113(a)(16),(a)(31) or (a)(32) of the Controlled Substance, Drug, Device, and Cosmetic Act related to Marijuana. \_\_\_\_\_(initials)
2. I have received and reviewed the MDP Handbook. \_\_\_\_\_(initials)
3. I understand all of the information contained within the MDP Handbook and have submitted an application for entry into the MDP. \_\_\_\_\_(initials)
4. I agree to waive my right to a preliminary hearing and have submitted said written waiver. \_\_\_\_\_(initials)
5. I agree to waive my right to a speedy trial and have submitted said written waiver. \_\_\_\_\_(initials)
6. If accepted into the MDP, I agree that if I change my address or telephone number , I will contact the MDJ and District Attorney's Office and provide the updated contact information within 24 hours. \_\_\_\_\_(initials)
7. I understand that all of my charges in this case will remain open while I am in the MDP. \_\_\_\_\_(initials)
8. I understand that as a condition of participation in the MDP, I will be required to fulfill the following obligations:
  - a. If designated MDP Track I, register and complete the 4 hour Drug and Alcohol Awareness course at <https://onlinecourseforcourt.com/pennsylvania/product/marijuana-thc-awareness-program/> \_\_\_\_\_(initials)
  - b. If designated MDP Track II, Participants must register and complete the 4 hour Decision Making Awareness course at <https://onlinecourseforcourt.com/pennsylvania/product/adult-decision-making-course/> and complete 4 hours of volunteer service with an organization approved by the District Attorney's Office. \_\_\_\_\_(initials)
  - c. Provide the certificate verifying participation and completion of the online course and/or certification of completed volunteer service to the MDJ and District Attorney. \_\_\_\_\_(initials)
  - d. Attend any scheduled MDJ court events. \_\_\_\_\_(initials)
  - e. Remain crime free. \_\_\_\_\_(initials)
  - f. Remain drug free. \_\_\_\_\_(initials)
  - g. Pay all court costs as ordered by the MDJ. \_\_\_\_\_(initials)

8. I understand that if I am MDP Track I, I have 60 days from my scheduled preliminary hearing to complete all of the conditions. \_\_\_\_\_(initials)
9. I understand that if I am MDP Track II, I have 120 days from my scheduled preliminary hearing to complete all of the conditions. \_\_\_\_\_(initials)
10. I understand that if I have fulfilled all of the conditions except for payment of court costs, upon request, the MDJ may extend the period of time to pay said costs up to an additional 60 days. \_\_\_\_\_(initials)
11. I agree and acknowledge that failure to fulfill the MDP conditions will result in these charges proceeding as a traditional criminal case beginning with a preliminary hearing before the MDJ. \_\_\_\_\_(initials)
12. I agree and acknowledge that upon completion of the MDP conditions, it is understood that the charges filed against me in this case will be dismissed. \_\_\_\_\_(initials)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**IN THE COURT OF COMMON PLEAS OF LEHIGH COUNTY PENNSYLVANIA -  
CRIMINAL DIVISION**

**COMMONWEALTH OF PENNSYLVANIA**

v.

,

**Defendant**

:  
:  
:  
:  
:  
:

**DOCKET NO:**

**OTN:**

**WAIVER OF SPEEDY TRIAL RIGHTS AND STATUTE OF LIMITATIONS**

I understand that I have the right to have my case tried within 365 days from the date of the filing of the Criminal Complaint against me under Rule 600 of the Pennsylvania Rules of Criminal Procedure. In consideration of my request to have my case considered for the Marijuana Diversion Program (MDP), I, the undersigned, defendant in the above captioned case, hereby waive my right to a speedy trial pursuant to Rule 600 of the Pennsylvania Rules of Criminal Procedure for 30 days beginning today so that said 30 day 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.

If accepted into the MDP, I do hereby waive the statute of limitations and I hereby waive my right to a speedy trial under Rule 600 for the entire time period that I am participating in the MDP.

DATE: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT / DEFENDANT



# WAIVER OF PRELIMINARY HEARING

Mag. Dist. No:  
 MDJ Name:  
 Address:  
 Telephone:

\_\_\_\_\_

v.

\_\_\_\_\_

Docket No:  
 Case Filed:  
 OTN:

I, the undersigned, certify that I waive my right to a preliminary hearing. I understand that I have a right to this hearing, at which time I have the right to:

1. be represented by counsel,
2. cross-examine witnesses,
3. inspect physical evidence offered against me,
4. call witnesses on my own behalf, offer evidence on my own behalf, and testify,
5. make written notes of the proceedings or have my own counsel do so, and make a stenographic, mechanical, or electronic record of the proceedings.

I understand that if a prima facie case of guilt is not established against me at this hearing, the charges against me would be dismissed.

I understand that when I am represented by counsel and I waive the right to preliminary hearing, I am thereafter precluded from raising challenges to the sufficiency of the prima facie case.

I understand that if the case is held for court and if I fail to appear without cause at any proceeding for which my presence is required, including trial, my absence may be deemed a waiver of my right to be present, and the proceeding, including the trial may be conducted in my absence.

- I have had a preliminary arraignment during which I was advised of my right to have a preliminary hearing and of my right to counsel.
- I have received a summons wherein I was advised of my right to have a preliminary hearing and of my right to counsel.

I knowingly, voluntarily, and intelligently make this waiver of my preliminary hearing.

Signed this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
 (Defendant)

\_\_\_\_\_  
 (Attorney)

\_\_\_\_\_  
 Attorney for Defendant (if any)

I HAVE DETERMINED THAT THE DEFENDANT HAS MADE A KNOWING, VOLUNTARY, AND INTELLIGENT WAIVER OF HIS RIGHT TO A PRELIMINARY HEARING.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Issuing Authority

