

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

**In re: ADMINISTRATIVE ORDER - : No. 4 AD 2026
RULES AND REGULATIONS OF : 5 CV 2026
ARD SUPERVISION :
:**

ADMINISTRATIVE ORDER

AND NOW, this 21st day of May, 2026, it is the **ORDER** of this Court that the attached rules and regulations of ARD Supervision (Exhibit A) are adopted and entered as specific conditions of supervision for all Accelerated Rehabilitative Disposition cases in the 43rd Judicial District. Additional special conditions of supervision may be added at the time of disposition, or during the course of supervision, as related to the individual's rehabilitation, supervision, and community safety.

BY THE COURT:


Jonathan Mark, P.J.

cc: Honorable Jennifer Harlacher Sibum
Honorable Stephen M. Higgins
Honorable David J. Williamson
Honorable C. Daniel Higgins
Honorable Patrick J. Best
Honorable Janet Jackson
Bernard Sikora, Chief Probation Officer
Cori Doughty, District Court Administrator
George Warden, Monroe County Prothonotary/Clerk of Courts
District Attorney

Public Defender
Monroe County Board of Commissioners
Monroe County Bar Association

Exhibit A

COMMONWEALTH OF PENNSYLVANIA
MONROE COUNTY PROBATION DEPARTMENT

610 MONROE STREET, STROUDSBURG, PA 18360
PHONE (570) 517-3098 ♦ FAX (570) 517-3869

In accordance with the authority conferred by the Court of Law, you have been placed on ARD Supervision

TO:		CASE NUMBER: 123-12344
EMAIL:		PHONE #:
DATE:		MAXIMUM DATE:

on this _____ for a period of _____ by the Honorable Judge _____
Court of Common Pleas 43rd Judicial District. You are subject to the following rules.

RULES OF SUPERVISION

1. You will be under the supervision of the Monroe County Probation Department.
2. Report regularly, in person or as instructed by your probation officer and abide by any instructions of your probation officer.
3. Comply with all municipal, county, state, and federal criminal laws, as well as the provisions of the Vehicle Code.
4. Notify your probation officer within 72 hours of any arrest.
5. Make every effort to obtain and maintain employment and to support your legal dependents; if employment is lost or changed notify your probation officer within 72 hours and cooperate with your probation officer in finding other employment.
6. Remain in the county within the Commonwealth to which you have been placed on supervision, unless permission has been granted by your probation officer prior to leaving.
7. Abstain from the unlawful possession or sale of narcotics and dangerous drugs and abstain from the use of controlled substances within the meaning of the Controlled Substance Drug, Device and Cosmetic Act without a valid prescription.
8. Abstain from the use of alcoholic beverages.
9. Submit to urinalysis testing as directed by your probation officer.
10. Refrain from possessing any firearm, deadly, or offensive weapon without the authorization from your probation officer.
11. Refrain from overt behavior which threatens or presents a clear and present danger to yourself or others.
12. Keep your probation officer informed of any changes in address or residence within 72 hours.
13. Report promptly on the dates set forth. If for any unavoidable reason you are unable to do so, communicate with your probation officer without delay.
14. I understand that, by being granted ARD supervision, I consent to the warrantless search of my person, possessions, and residence as determined by my probation officer.
15. Pay your fine, court costs, and/or restitution as directed by your probation officer. **As per payment plan and paid in full by max date.**
16. You will comply with the following conditions which have been imposed by the court or any special conditions which may subsequently imposed by your probation officer.
17. If I am required to participate in a treatment program of any kind, it is my responsibility to provide written verification of attendance, participation, and completion to my Probation Officer monthly. I also understand that I am required to sign releases of information with the service provider for the purpose of my Probation Officer verifying my attendance. I understand **all treatment must be successfully completed.**

Special Conditions:

If I should be arrested in another state during the period of my supervision, I will waive extradition and will not resist being returned by the court to the state of Pennsylvania.

If I violate any of the above conditions, I will be removed from the ARD Program and the original criminal charges filed against me will be prosecuted.

I agree that any witnesses from another county or state may testify via Alternative Communication Technology and shall not be required to appear in person during any scheduled violation hearings

AGREEMENT BY DEFENDANT

I have read, or have had read to me, the foregoing conditions of my supervision which I fully understand and agree to abide by and strictly follow. I fully understand the penalties involved should I in any manner violate these rules.

Signature of Probation Officer

Signature of Defendant

Date: