DUI ALTERNATIVE SENTENCING PROGRAM (ASP)
FOR SECOND OFFENDERS

A conviction for the charge of DUI as a second offense carries a **minimum period of incarceration**, dependent upon your blood alcohol concentration (BAC).

There are also mandatory minimum fines ranging from $300.00 - $1,500.00, a license suspension between 12-18 months, and a period of restricted driving privileges requiring an ignition interlock system.

Additionally, the law mandates the completion of a CRN evaluation, Alcohol Highway Safety Classes, a Drug and Alcohol evaluation and compliance with the recommended treatment.

THE ALTERNATIVE SENTENCING PROGRAM WAS DESIGNED TO PROVIDE THE OFFENDER WITH EXPEDITED TREATMENT AND A LESSENED TERM OF IMPRISONMENT WITH THE CONDITION THAT THE OFFENDER IS ACTIVELY PARTICIPATING IN TREATMENT PRIOR TO ADJUDICATION.

	MANDATORY PRISON TERMS:	**ALTERNATIVE SENTENCING:**
BAC = .08 - .099	5 DAY MINIMUM	NOT ELIGIBLE FOR ASP
BAC = .10 - .159 or MINOR (age 17-21) WITH BAC .02>	30 DAY MINIMUM 30 DAY MINIMUM	7 DAYS IN PRISON 23 DAYS ON HOUSE ARREST
BAC = .16 OR HIGHER REFUSAL DRUG RELATED	90 DAY MINIMUM	7 DAYS IN PRISON 23 DAYS WORK RELEASE 60 DAYS HOUSE ARREST

The Alternative Sentencing Program is just one of the options for a second offender. Other options may include a standard guilty plea or credit for time spent in inpatient treatment. If you have any questions, you may wish to contact an attorney to discuss the options available. If you cannot afford an attorney, please contact the Northampton County Public Defender's Office at 610-829-6384.

****IF TRANSLATOR REQUIRED, CHECK HERE_____**

LANGUAGE:_____

DUI – Alternative Sentencing Program (ASP) Application

PLEASE PRINT CLEARLY IN INK*

Today's date:_____

DEFENDANT INFORMATION

Name: _____ Maiden Name: _____

Alias: _____ County of Residence: _____

Address: _____
Number Street/Apt. # City State Zip Code

PRIOR ADDRESSES (past 10 years)

STREET	CITY	STATE	ZIP CODE

Home Phone #: _____ Cell Phone #: _____

SS#: _____ DOB: _____ Age: ____ Birth City/State: _____

Sex: _____ Race: _____ Marital Status: _____

Height: _____ Weight: _____ Hair color: _____ Eye color: _____

Glasses: _____ Scars/tattoos: _____

Operator License #: _____ State: _____ Expiration Date: _____

Previously licensed in another state: NO ____ YES ____ Where: _____

EMPLOYMENT INFORMATION

Name of Employer: _____ Phone #: _____

Address: _____
Street City State Zip Code

Name of Supervisor: _____ Working hours: _____

If unemployed, how are you supported? _____

PLEASE SCHEDULE THE FOLLOWING APPOINTMENTS LISTED BELOW. Failure to complete any of these appointments will result in your ASP application being denied.

To schedule the CRN evaluation, please contact the DUI Program at 610-829-6825.

_____ YES, I have scheduled my CRN evaluation Date: _____ Time: _____ PM

To schedule your drug and alcohol evaluation, please contact Lehigh Drug & Alcohol Intake at 610-923-0394.

_____ YES, I have scheduled my drug & alcohol evaluation Date: _____ Time: _____ AM/PM

Please continue on other side……..

ARREST INFORMATION

Date of arrest: _____ Arresting Police Department: _____

BAC: _____ OTN#: _____

Charges: _____

Was there an accident? _____ Was anyone injured? _____

Have you ever participated in ASP before? _____

If yes, when and where? _____

Please list any prior charges. (Failure to complete this portion truthfully will result in your application being denied.)

DATE	PLACE	CHARGE(S)	COURT ACTION

MEDICAL INFORMATION

List any special medical conditions: _____

List all prescribed medications: _____

Physician's name: _____

Are you currently in treatment? NO _____ YES _____

Name and address of treatment provider: _____

Do you have any attorney? _____ YES _____ NO

Attorney's name: _____

_____ _____

Signature of defendant Date