

IN THE JUSTICE OF THE PEACE COURT FOR THE STATE OF DELAWARE

JP COURT 11 GUILTY PLEA FORM

STATE OF DELAWARE

CASE NO(S) _____

v.

The State is amending the charge of _____, Del.C. § _____ to a charge of _____, Del.C. § _____.

Offenses(s) _____ Sentencing range _____

OTHER CONDITIONS (or State Recommendations) _____

State will enter a nolle prosequi (will not prosecute) the following offenses: _____

The defendant must answer the following questions and sign below: (check or circle the appropriate response)

Date of Birth: _____ Age: _____ Employer: _____
Last grade completed in school: _____

Do you UNDERSTAND that because you are pleading guilty you will not have a trial and therefore waive (give up) your constitutional right:

- (1) to be presumed innocent until the State can prove each and every part of the charges against you beyond a reasonable doubt; _____ (Yes)_(No)
(2) to a speedy and public trial with the assistance of a lawyer; _____ (Yes)_(No)
(3) to a trial by jury; _____ (Yes)_(No)
(4) to hear and question the witnesses against you; _____ (Yes)_(No)
(5) to present evidence in your defense; _____ (Yes)_(No)
(6) to choose whether or not to testify in your defense at trial; _____ (Yes)_(No)
(7) to appeal this case to a higher court unless you receive an illegal sentence; and _____ (Yes)_(No)
(8) to have a lawyer appointed by the Court to represent you if you cannot afford one? _____ (n/a)_(Yes)_(No)

Do you UNDERSTAND that all jail sentences must, by law, be consecutive (one after the other) and cannot be served concurrently (at the same time)? _____ (Yes)_(No)

Were you on probation or parole at the time of this offense? _____ (Yes)_(No)

Do you understand that a guilty plea may be a violation if you were on probation or parole? _____ (Yes)_(No)

Has anyone promised you what your sentence will be? _____ (Yes)_(No)

Has anyone threatened you or forced you to plead guilty? _____ (Yes)_(No)

Is your plea the result of a plea agreement with the State? _____ (Yes)_(No)

Do you understand if you are sentenced to a term of probation, you will be required to pay a \$200 fee in addition to any fine, surcharge(s) and court costs imposed by the Magistrate? _____ (Yes)_(No)

Are you under the influence of drugs or alcohol at this time? _____ (Yes)_(No)

Do you have any mental condition which would prevent you from understanding the nature of the charges against you or the plea you are entering today? _____ (Yes)_(No)

I certify that I have personally answered each of the above questions, and that I understand the consequences of this guilty plea and hereby consent to the imposition of sentence by a Magistrate of the Justice of the Peace Court.

Signature of Defendant

Date

Signature of Defense Counsel

Signature of Deputy Attorney General

JUSTICE OF THE PEACE COURT OF THE STATE OF DELAWARE
IN AND FOR NEW CASTLE COUNTY
COURT NO. 11

DUI FOP SENTENCING ORDER

STATE OF DELAWARE

VS

NEWARK DE 19702

HOME PHONE: (

UNIFORM CASE NUMBER: [REDACTED]

SUMMONS NUMBER: [REDACTED]

DATE OF ARREST: 05/11/2015

LICENSE NUMBER: [REDACTED]

DOB: [REDACTED]

ARRESTING POLICE AGENCY: TROOP 3 STATE POLICE

METHOD CHECKED: Intoxilyzer BAC: .105

21 DEL.C., § 4177 B. FIRST OFFENDER PROGRAM ELECTION

I, the undersigned defendant, having been charged with violating 21 Del.C. § 4177(a) and being eligible for enrollment into the First Offender's Program, elect to enroll in the program. I understand the following:

1. My election of the First Offender's Program constitutes an admission of guilt. I have been advised of the rights I give up by entering a guilty plea and I have executed the Record of a Guilty Plea and the Jurisdiction form;

2. The Court will not enter the judgment of guilt but will, with my consent, defer final action in this case;

3. The Court will place me on probation under such terms and conditions as the Court deems appropriate to include an evaluation and enrollment in a course of instruction or program of rehabilitation, payment of all fines and costs, and participation in the Ignition Interlock Device (IID) Program;

4. Enrolling in the First Offender's Program constitutes a waiver of the right to speedy trial, and I may not raise that as a constitutional challenge to any judicial proceedings held in connection with this case if I am later returned to Court on this charge;

5. If I violate a term or condition of my probation, I shall be returned to the Court and if the Court determines that a violation of my probation has occurred, a judgment of guilt will be entered in this case and I will be sentenced under the provisions of 21 Del. C. § 4177 (d), which will include: a fine of not less than \$500 nor more than \$1500 and/or imprisonment of not more than 1 year and shall again be required to complete an evaluation and comply with the results of that evaluation at my own expense not to exceed the maximum amount of the fine, plus 18% Victim's Compensation Fund assessment, 15% Substance Abuse, Rehabilitation, Treatment, and Education assessment, 50% Transportation Trust Fund, \$10 Court Security Fee, \$15 Police Fund, and court costs;

6. If I am arrested for driving while under the influence of an intoxicating liquor or drug within 10 years from this offense, this offense shall constitute a first offense and will be considered a conviction for purposes of sentencing under 21 Del. C. § 4177 (d), for subsequent offenses which, for a second offense, carries a penalty of a fine of not less than \$750 nor more than \$2500 and imprisoned not less than 60 days nor more than 18 months, 15% Substance Abuse, Rehabilitation, Treatment, and Education assessment, 18% Victims' Compensation Fund assessment, 50% Transportation Trust Fund, \$10 Court Security Fee, Court Costs, the cost of instruction and/or rehabilitation program, use of an ignition interlock device, and any other penalty allowed by law;

7. My driver's license will be revoked and I will be required under 21 Del.C. §4177C to install an Ignition Interlock Device on at least one vehicle I own or operate. Once installed, I shall be immediately eligible to apply for an ignition interlock device license under the conditions specified in 21 Del. C. § 4177C (a). I may be able to apply for full reinstatement of my driving privileges 4 months after obtaining an IID License if the conditions in 21 Del. C. § 4177C (d) (1) and (d) (2) are met. I may not operate a motorvehicle without a properly functioning IID installed until my full driving privileges are reinstated. A person found to be operating a motor vehicle without an IID when required to do so will face an additional \$2000.00 fine AND imprisonment for 60 days (21 Del.C. § 4177 (e)).

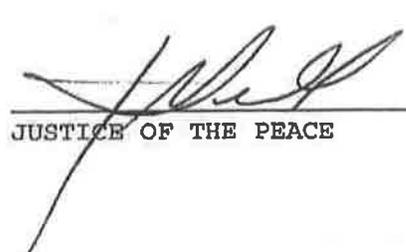
8. Entry of my guilty plea constitutes a waiver of my right to an administrative hearing under 21 Del. C. § 2742. I will withdraw any request previously made by contacting the Division of Motor Vehicles.

ORDER

1. You are ordered to comply with the evaluation and treatment procedures detailed above.
2. You are ordered to contact the Division of Motor Vehicles and comply with the requirement for installation and operation of Ignition Interlock Device(s).
3. You are placed on probation at Level ___ or Court Supervised for a period of 12 months. You must complete all the conditions of probation and pay all fines and costs within that period.
4. You are ordered to contact Delaware D.U.I Evaluation and Referral within 72 hours. Contact information is on the attached sheet.
5. Failure to comply will result in a violation of probation and sentencing as described in Section 5 above.
5. You are ordered to pay \$ 72 in court costs and a \$250.00 prosecution fee.

WITNESS my hand and Court Seal the 30 day of July, 2015.


DEFENDANT


JUSTICE OF THE PEACE

PLEASE SEE ATTACHED INSTRUCTIONS FOR EVALUATION SHEET FOR FURTHER INFORMATION

IN THE COURT OF THE JUSTICES OF THE PEACE OF THE
STATE OF DELAWARE IN AND FOR NEW CASTLE COUNTY
COURT NO. 11

PAGE: 1

STATE OF DELAWARE

vs

Uniform Case Number:
[REDACTED]

[REDACTED]
NEW CASTLE,
[REDACTED]

DE 19720

SENTENCING ORDER

DOB: [REDACTED]
SBI#: [REDACTED]: 01

Whereas, [REDACTED] defendant, appeared before Justice of the Peace MARIE E PAGE, charged with the following offense Driving a Vehicle Under the Influence of Alcohol in violation of 21 Del. C., § 4177:00a1:M whereby, with regard to the charge, a plea of GUILTY was entered and a finding of guilty was made and judgement entered, the Court hereby imposes the following sentence:

1. Court Costs of \$35.00 of which \$0.00 is suspended;
Fine in the amount of \$500.00 of which \$0.00 is suspended;
Victim's Compensation Fund Assessment in the amount of \$90.00;
Videophone Fee in the amount of \$1.00;
DelJIS Fund Fee in the amount of \$1.00;
Court Security Fee in the amount of \$10.00;
Transportation Trust Fund fee in the amount of \$250.00 of which \$0.00 is suspended;
Police Fund in the amount of \$15.00;

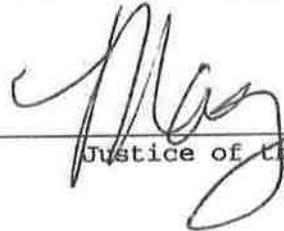
Commencing on 07/12/2013, defendant is placed in the custody of the Department of Corrections at Supervision Level 5 for a period of 90 days

After serving 0 days, the remainder of the sentence is suspended for 1 years at Level 1

If the defendant is presently serving another sentence, this sentence shall begin at the expiration of such other being served.

This sentence is subject to 21 Del. C. 4205(A).

So ORDERED this 12 day of July, 2013


Justice of the Peace


To the Defendant:

FOR TRAFFIC (Title 21) VIOLATIONS: You have the right to appeal to the Court of Common Pleas in and for this County for a trial de novo within 15 days from the date on which the sentence was imposed if you were convicted of a traffic offense following trial and the fine imposed exceeds \$100 or a period of incarceration was imposed.

FOR TITLE 11 VIOLATIONS COMMITTED BEFORE AUGUST 1, 1995: You have the right to appeal to the Superior Court in and for this County for a trial de novo within 15 days from the date on which the sentence was imposed if you were convicted of a violation of Title 11 of the Delaware Code following trial and the fine imposed exceeds \$100 or the period of incarceration imposed exceeds 30 days.

FOR TITLE 11 VIOLATIONS COMMITTED ON OR AFTER AUGUST 1, 1995: You have the right to appeal to the Court of Common Pleas in and for this County for a trial de novo within 15 days from the date on which the sentence was imposed if you were convicted of a violation of Title 11 of the Delaware Code following trial and the fine imposed exceeds \$100 or the period of incarceration imposed exceeds 30 days.

FOR ALL OTHER APPEALS: You have the right to appeal to the Court of Common Pleas in and for this County for a trial de novo within 15 days from the date on which the sentence was imposed if you were convicted of a violation other than a traffic or Title 11 violation following trial and the fine imposed exceeds \$100 or the period of incarceration imposed exceeds 30 days.

JUSTICE OF THE PEACE COURT 11

TIME TO PAY AGREEMENT

Date Prepared: July 12, 2013
Sentence Date: 07/12/2013

Case Number: [REDACTED]
Summons No : [REDACTED] 3

Defendant's Name: [REDACTED]
Address: [REDACTED]

SSN: [REDACTED]
DOB: [REDACTED]
Lic.No: DE [REDACTED]

NEW CASTLE, DE 19720

Employer:
Address:

Home Phone: [REDACTED]
Work Phone: 0
Judge: MARIE E PAGE

	Current	Original
Fine Amount:	\$500.00	\$500.00
Court Costs:	\$35.00	\$35.00
Victims Comp. Assessment:	\$90.00	\$90.00
S.A.R.T.E.P. Fee:	\$75.00	\$75.00
Videophone Fee:	\$1.00	\$1.00
Deljis Fund Fee:	\$1.00	\$1.00
Court Security Fee:	\$10.00	\$10.00
Transportation Trust Fund:	\$250.00	\$250.00
State Police Fund:	\$7.50	\$7.50
Local Law Enforcement Fund:	\$7.50	\$7.50
Total Amount Due:	\$977.00	\$977.00

Terms of Payment Agreement:

To be paid in monthly installments of \$100.00 beginning August 25, 2013 until paid in full.

I ([REDACTED]) understand that the Court has ordered that the above fines and costs must be paid in full compliance with the above terms. I further agree that if I am unable to comply with the above stated terms that I will voluntarily return to the Court on or before the due date and request to be placed on work referral to work off the balance due.

I understand that if I fail to comply with this agreement that a capias will be issued for my arrest and that I may be charged with Contempt of Court and subjected to a prison sentence.

[REDACTED SIGNATURE]
Signed

APPROVED THIS 12 DAY OF July 2013 A.D.

[REDACTED SIGNATURE]
Justice of the Peace

NOTICE: If the fine is for a traffic violation, upon failure to pay the Division of Motor Vehicles will be notified and the defendant's license to drive will be suspended pursuant to 21 Del. Code § 2731-2732.

NOTICE: Victim's Compensation Assessment: Pursuant to 11 Del. Code § 9901 AND § 9012 an assessment of 18% is to be levied on all fines imposed by the Courts.

NOTICE: You must notify the Court of any Change of address within one (1) week of that change.

DELAWARE D.U.I EVALUATION/REFERRAL PROGRAM

Linden Building - 2nd Floor
625 Orange Street
Wilmington, Delaware 19801

INSTRUCTIONS FOR EVALUATION

As indicated on the sentencing order, you are ordered to contact this office within 72 hours of your court appearance to be scheduled for an evaluation. This evaluation is a necessary step in the education/treatment process. Failure to schedule this appointment within 72 hours will cause your case to be returned to the court. Failure to appear for your scheduled appointment will also result in a return to court.

The evaluation will require 90 minutes and will be scheduled at one of our statewide offices nearest to your residence. The cost of this evaluation will be \$100.00, made payable to DELAWARE D.U.I. EVALUATION/REFERRAL PROGRAM. This fee MUST be paid at the time of your evaluation. If paying by check the check must be certified by your bank. Money orders or cash will also be accepted.

Your toll-free call from Kent and Sussex Counties to 1-(800)-551-6464 or in New Castle County to 656-2810, 8:00 A.M. to 4:00 P.M. Monday through Friday will allow for the scheduling of your appointment.

PLEASE BE ADVISED THAT YOU ARE REQUIRED TO NOTIFY THIS OFFICE AT LEAST 24 HOURS IN ADVANCE OF YOUR SCHEDULED APPOINTMENT IF THERE IS A JUSTIFIED NEED TO HAVE THE APPOINTMENT RESCHEDULED. FAILURE TO DO SO WILL RESULT IN ADDITIONAL EVALUATION FEES AND/OR NOTIFICATION BEING SENT TO THE COURT FOR NON-COMPLIANCE. FAILURE TO KEEP A SECOND SCHEDULED APPOINTMENT WILL RESULT IN NOTIFICATION BEING SENT TO THE COURT FOR NON-COMPLIANCE WHICH WILL RESULT IN A VIOLATION OF PROBATION BEING ENTERED AGAINST YOU, ADDITIONAL EVALUATION FEES, AND FURTHER LOSS OF YOUR DRIVING PRIVILEGES!

IF YOU FAIL TO HAVE AN ALCOHOL EVALUATION OR FAIL TO SATISFACTORILY COMPLETE AN ALCOHOL PROGRAM AS SPECIFIED BY THE EVALUATION UNIT YOU WILL NEVER BE ELIGIBLE TO APPLY FOR YOUR DRIVER'S LICENSE OR DRIVING PRIVILEGES.

JUSTICE OF THE PEACE OF THE STATE OF DELAWARE
IN AND FOR New Castle COUNTY, COURT NO. 11

PRETRIAL RISK ASSESSMENT

State v. [REDACTED]
Uniform Case No.: [REDACTED]

Age (at time of offense): 36
DOB: 07/21/1978

1. For each risk factor below, the defendant has been assigned the following score:

Score	Risk Factors
a. 0	37 Current age (32 & under = 1) (33 & over = 0)
b. 0	1 Number of FTA capiases in last 5 yrs (3 or more = 1) (2 or less = 0)
c. 0	0 Number of FTA capiases for felony charges (1 or more = 2) (none = 0)
d. 0	N Current case includes 1 or more felony (Y=1) (N=0)
e. 0	0 Criminal history includes felony convictions (2 or more=2) (1=1) (0=0)
f. 1	5 Criminal history includes Title 11, 16 and/or DUI misdemeanor convictions. (1 or more = 1)) (None = 0)
g. 0	1 Criminal history includes convictions for drug offenses and/or DUI offenses (3 or more = 1)) (2 or less = 0)
h. 0	N Defendant is currently on probation/parole (Highest level = NN) (Y=1) (N=0)
i. 0	N Defendant has open current bail on another pending case (Y=2) (N=0)
01	SUB TOTAL

2. For each risk factor below enter the corresponding score:

Score	Risk Factors
a. _	Defendant is unemployed at the time of arrest. Answer "NO" if disabled/caregiver/student / or retired. (Y = 1) (N = 0)
b. _	Defendant has lived at current residence for < 12 months. (Y = 1) (N= 0). A residence is where the defendant lived and received mail. Doesn't include prison, halfway house, hospital, shelter or homeless.
_	SUB-TOTAL
3. _	TOTAL RISK SCORE

Does Defendant Pose a Risk of Flight or Re-arrest?

_ Low: 0 - 5 _ Medium: 6 - 10 _ High: 11 - 14

A lower score indicates a defendant may have a lower rate of re-arrest and failure to appear; conversely, those with higher rate of pre-trial failure.

4. Considerations regarding victims of domestic violence, sexual assault or use of a firearm and/or deadly weapon. System checked on charge and/or charge history.

a. _	Previously convicted of a Breach of Release for a violation of No Contact or PFA
b. _	Previously convicted of use/possession of firearm
c. _	Instant offense includes use/possession of firearm
d. _	Instant offense includes use/possession of deadly weapon (Type of Weapon)
e. _	Instant offense includes a sex crime
f. _	Instant offense includes a Domestic Violence crime

5. Lethality Assessment Indicates:

_ Victim Screened In _ Victim Not Screened In _ Not Available

Date

Justice of the Peace

RAI Score Overridden: _ Lower _ Higher
Is this a Statutory Override: _ Yes _ No

DRIVING UNDER THE INFLUENCE - PROBABLE CAUSE - REFUSED CHEMICAL REVOCATION QUICK REFERENCE CHART
 REVOCATION ACTIONS WHERE THE IID IS MANDATORY AND PARTICIPATES IN APPROPRIATE PROGRAM

**FOR DUI VIOLATIONS OR
 ADMINISTRATIVE ACTIONS ON OR AFTER
 FEBRUARY 2015**

	Length of Mandatory Revocation	Ignition Interlock Device Required	IID Required XX months from Effective Date	Eligible for IID License if had DE license at time of arrest	TIME REQUIRED TO BE ON IID LICENSE	License In required for IID LICENSE	EARLY REINSTATEMENT
4177A 1st DUI Conviction - No Admin Action BAC .15 to .19	18 MOS	YES	45 DAYS	YES	17 MOS	YES	NOT PERMITTED
4177A 1st DUI Conv & 2742C1 Probable Cause BAC .15 to .19	18 MOS	YES	45 DAYS	YES	17 MOS	YES	NOT PERMITTED
4177A 1st DUI Conv & No Admin Action BAC > .20	24 MOS	YES	45 DAYS	YES	23 MOS	YES	NOT PERMITTED
4177A 1st DUI Conv & 2742C1 Probable Cause BAC > .20	24 MOS	YES	45 DAYS	YES	23 MOS	YES	NOT PERMITTED
4177A 1st DUI Conv & 2742C1 Refused Chemical	24 MOS	YES	45 DAYS	YES	23 MOS	YES	NOT PERMITTED
4177A 2nd DUI Conv - No Admin. Action NO BAC AVAILABLE	18 MOS	YES	60 DAYS	YES	16 MOS	YES	NOT PERMITTED
4177A 2nd DUI Conviction - No Admin. Action BAC < .15	18 MOS	YES	60 DAYS	YES	16 MOS	YES	NOT PERMITTED
4177A 2nd DUI Conv & 2742C1 Probable Cause BAC < .15	18 MOS	YES	60 DAYS	YES	16 MOS	YES	NOT PERMITTED
4177A 2nd DUI Conviction - No Admin Action BAC .15 to .19	24 MOS	YES	60 DAYS	YES	22 MOS	YES	NOT PERMITTED
4177A 2nd DUI Conv & 2742C1 Probable Cause BAC .15 to .19	24 MOS	YES	60 DAYS	YES	22 MOS	YES	NOT PERMITTED
4177A 2nd DUI Conviction - No Admin Action BAC .20 or >	30 MOS	YES	60 DAYS	YES	28 MOS	YES	NOT PERMITTED
4177A 2nd DUI Conv & 2742C1 Probable Cause BAC .20 or >	30 MOS	YES	60 DAYS	YES	28 MOS	YES	NOT PERMITTED
4177A 2nd DUI Conv & 2742B1 Refused Chemical	30 MOS	YES	60 DAYS	YES	28 MOS	YES	NOT PERMITTED
4177A 3rd DUI Conv - No Admin. Action NO BAC AVAILABLE	24 MOS	YES	90 DAYS	YES	21 MOS	YES	NOT PERMITTED
4177A 3rd DUI Conviction - No Admin. Action BAC < .15	24 MOS	YES	90 DAYS	YES	21 MOS	YES	NOT PERMITTED
4177A 3rd DUI Conv & 2742C1 Probable Cause BAC < .15	24 MOS	YES	90 DAYS	YES	21 MOS	YES	NOT PERMITTED
4177A 3rd DUI Conviction - No Admin Action BAC .15 to .19	30 MOS	YES	90 DAYS	YES	27 MOS	YES	NOT PERMITTED
4177A 3rd DUI Conv & 2742C1 Probable Cause BAC .15 to .19	30 MOS	YES	90 DAYS	YES	27 MOS	YES	NOT PERMITTED
4177A 3rd DUI Conviction - No Admin Action BAC .20 or >	36 MOS	YES	90 DAYS	YES	33 MOS	YES	NOT PERMITTED
4177A 3rd DUI Conv & 2742C1 Probable Cause BAC .20 or >	36 MOS	YES	90 DAYS	YES	33 MOS	YES	NOT PERMITTED
4177A 3rd DUI Conv & 2742B1 Refused Chemical	36 MOS	YES	90 DAYS	YES	33 MOS	YES	NOT PERMITTED
4177A 4th DUI Conv - No Admin. Action NO BAC AVAILABLE	60 MOS	YES	6 MOS	YES	54 MOS	YES	NOT PERMITTED
4177A 4th DUI Conviction - No Admin. Action any BAC level	60 MOS	YES	6 MOS	YES	54 MOS	YES	NOT PERMITTED
4177A 4th DUI Conv & 2742C1 Probable Cause any BAC level	60 MOS	YES	6 MOS	YES	54 MOS	YES	NOT PERMITTED
4177A 4th DUI Conv & 2742B1 Refused Chemical	60 MOS	YES	6 MOS	YES	54 MOS	YES	NOT PERMITTED

If no vehicles registered in name of offender or they are out of state licensee, IID provisions do not apply - full revocation period must be served

PLEASE CONSULT THE APPROPRIATE SECTION IN TITLE 21 FOR ANY ACTION NOT LISTED ABOVE

EFFECTIVE: 2/1/2015

**In the Justice of the Peace Court
State of Delaware
Court 11**

To: Presiding Judge
Justice of the Peace Court 11
New Castle, DE 19720

Notification and authorization from the Department of Justice to waive the defendant's disqualification for the First Offender's Election

RE State vs. _____

- | | |
|----------------------------------|---|
| _____ under 21 Del C 4177B(a)(1) | prior conviction |
| _____ under 21 Del C 4177B(a)(2) | three moving violations within two years |
| _____ under 21 Del C 4177B(a)(3) | accident involving personal injury to another |
| _____ under 21 Del C 4177B(a)(4) | BAC .15 and above |
| _____ under 21 Del C 4177B(a)(5) | no valid license |
| _____ under 21 Del C 4177B(a)(6) | minor children in vehicle |

It is my understanding that the defendant will elect First Offender's treatment and that the Court shall place him/her on probation upon terms and conditions, including enrollment in a course of instruction or rehabilitation established pursuant to 21 Del C 4177 D.

Submitted by,

Deputy Attorney General

Waiver only for purposes of FOP election and has no effect on DMV policies or violators of FOP programs.

Defendant _____
Case # _____

**Justice of the Peace Court
Court 11**

**Driving Under the Influence of Alcohol/Drug Disposition
First Offenders Program Work Sheet (revised 4/24/15)**

Court Costs	\$ 35
Video Phone Fee	\$ 1
DELJIS Fee	\$ 1
Court Security Fee	\$ 10
Police Fund	\$ 15
Cost of Prosecution	\$250
Public Defender Assessment	\$100 (when represented by the Public Defender)
Ambulance Fund	\$ 10

Total \$ _____ or **\$322** or **\$422**, (when represented by the
(circle one) Public Defender)

Payment Schedule:

Defendant shall pay \$ _____ today / weekly / biweekly / monthly
(circle one)
beginning ___ / ___ / ___ until paid in full.

Probation:

Defendant is placed on Court probation commencing ___ / ___ / ___ for a period
of one year.

Conditions of Probation:

1. Defendant must, within 72 hours, arrange for a DUI evaluation and pay the costs at time of evaluation.
2. Defendant must complete and pay for the approved DUI course by ___ / ___ / ___.
3. Compliance Review (judicial review): ___/10/20___ or ___/25/20___.
4. Defendant must pay all court costs and assessments by ___ / ___ / ___.
5. DOJ waives BAC to below 0.15? ___yes ___no.
6. Presentence investigation for restitution? ___yes ___no
7. Defendant need not return to court.

DATE

NAME AND ADDRESS

RE: DEFENDANT'S NAME
COURT CASE NO.

Dear ()::

The Justice of the Peace Court has ordered the above named defendant to pay restitution for the offenses(s) in which you were a victim. This office has been instructed to conduct an investigation to determine the amount of out-of-pocket expenses you incurred. This does not include any amounts covered by insurance. If there is an active insurance policy to cover the damages, then you must file a claim. If you filed an insurance claim, you can only request the amount of the co-payment/deductible you paid and were not reimbursed.

So that we can ascertain the exact amount of loss suffered by you as a victim, we ask that you complete the enclosed Crime Victim's Loss Statement as completely and accurately as possible and return it by (DATE). Please enclose copies of all bills, estimates and receipts for any restitution you are seeking.

This office will attempt in any way possible to aid you in recouping losses sustained by you as a result of the crime.

Sincerely,

Linda Chapman
Judicial Operations Manager

CRIME VICTIM'S LOSS STATEMENT

DUE: (DATE)

This loss statement is prepared pursuant to 11 Del. C., §4106(a) for the purpose of documenting for the Court the value of property lost/damaged and other expenses incurred as a direct result of the crime.

VICTIM: _____ DEFENDANT(S): ()

ADDRESS: _____ CASE NO.: ()

_____ DATE OF OFFENSE: ()

TELEPHONE: (HOME): _____ CHARGES:

(WORK): _____

(CELL): _____

(FAX): _____

EMPLOYER IDENTIFICATION NO.: _____

Description of property (Vehicle) lost or damaged (includes purchase date and price):

Was property recovered: Yes No

If YES, was property damaged: Yes Yes No

If YES, was property repaired/replaced: Yes No

Costs of Repairs and/or Replacement: \$ _____

List each direct out-of-pocket expense including loss of earnings:

EXPENSE	AMOUNT
1: _____	_____
2: _____	_____
3: _____	_____
4: _____	_____
5: _____	_____

Was property insured:

Yes

No

If YES, give the amount paid by insurance:

\$ _____

How much was deductible:

\$ _____

Name of the Insurance Company:

Address:

Telephone No.:

Agent's Name:

Claim No.: _____

Name of Insured: _____

TOTAL AMOUNT OF RESTITUTION REQUESTED BY YOU:
(Do not include any amounts already paid by insurance)

\$ _____

Show how you arrived at this amount:

Signature of Victim

Date

Print Name of Victim

Remember, you must attach copied of all bills, receipts, estimates, or other verification of losses. The information supplied by you will be submitted to the sentencing Judge to be considered with all other significant information. Please return this form promptly to:

Justice of the Peace Court #11
Attn: Linda Chapman
2 Penns Way, Suite 100A
New Castle, DE 19720

CRIME VICTIM'S LOSS STATEMENT

DUE: JULY 12, 2010

This loss statement is prepared pursuant to 11 Del. C., §4106(a) for the purpose of documenting for the Court the value of property lost/damaged and other expenses incurred as a direct result of the crime.

VICTIM: _____

DEFENDANT(S): Bill R. Kaydor

ADDRESS: _____

CASE NO.: 1005001142

DATE OF OFFENSE: 05/02/2010

TELEPHONE: (HOME): _____

CHARGES: 1) Inattentive Driving
2) Leaving the scene of a property damage
Accident
3) Failure to report a collision

(WORK): _____

(CELL): _____

(FAX): _____

EMPLOYER IDENTIFICATION NO.: _____

Description of property (Vehicle) lost or damaged (includes purchase date and price):

Was property recovered:

Yes

No

If YES, was property damaged: Yes

Yes

No

If YES, was property repaired/replaced:

Yes

No

Costs of Repairs and/or Replacement:

\$ _____

List each direct out-of-pocket expense including loss of earnings:

EXPENSE	AMOUNT
1: _____	_____
2: _____	_____
3: _____	_____
4: _____	_____
5: _____	_____

Was property insured: Yes No

If YES, give the amount paid by insurance: \$ _____

How much was deductible: \$ _____

Name of the Insurance Company: _____

Address: _____

Telephone No.: _____

Agent's Name: _____

Claim No.: _____

Name of Insured: _____

TOTAL AMOUNT OF RESTITUTION REQUESTED BY YOU: \$ _____
(Do not include any amounts already paid by insurance)

Show how you arrived at this amount:

Signature of Victim

Date

Print Name of Victim

Remember, you must attach copied of all bills, receipts, estimates, or other verification of losses. The information supplied by you will be submitted to the sentencing Judge to be considered with all other significant information. Please return this form promptly to:

Justice of the Peace Court #11
Attn: Kimberly Henson
2 Penns Way, Suite 100A
New Castle, DE 19720