The Family Court of the State of Delaware

In and For [ ]  New Castle [ ]  Kent [ ]  Sussex County

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| State of Delaware | ) |  | Case Number (s) |  |
|  | ) |  |       |
|  V. |  | ) |  | Title / Section/ Offense  | Guilty | Nolle Prosequi |
|  |  | ) |  |  |  |  |
|  |  | ) |  | 11 §       | [ ]  | [ ]  |
|       |  | ) |  | 11 §       | [ ]  | [ ]  |
|  |  |  |  |  |  | 11 §       | [ ]  | [ ]  |
|  |  |  |  |  |  | 11 §       | [ ]  | [ ]  |
|  |  |  |  |  |  |  |
| **Order – Domestic Violence First Offender Diversion Program** |
|  |  |  |  |  |  |  |
| This  |       | day of  |  | , |       | the Defendant having pled as indicated above: |
|  |  |  |  |  |
| **IT** having been represented to the Court that: (i) the Defendant has not previously been convicted of a violent felony or any domestic violence offense or, under any statute of the United States or of any state thereof including the District of Columbia relating to a violent felony or acts of domestic violence substantially similar to those criminal offenses listed in 10 *Del. C.* § 1024(a), (ii) has not previously been afforded first offender treatment or other diversion programs for domestic violence, and (iii) has been charged with a domestic violence offense listed in subsection (b) of this section.  |
| **IT IS ORDERED** in accordance with 10 *Del. C.* § 1024, without entering a judgment of guilt and with the consent of the defendant, that further proceedings are deferred and the Defendant is placed on Level       probation for one year, subject to the supervision of the Department of Correction and the following conditions: |
| [ ]  | Enrollment with a Delaware Domestic Violence Coordinating Council (DVCC) certified domestic violence treatment provider for the purpose of evaluation and such treatment as the evaluator deems appropriate |
| [ ]  | Satisfactory completion of the DVCC certified treatment program |
| [ ]  |  Evaluation for alcohol and other drug abuse, and successful completion of a course of treatment as |
|  | may be indicated by the evaluation |
| [ ]  | Restitution in the amount of  | $      | to the victim by |       |
| [ ]  | Pay restitution in an amount to be determined by VRCMP |
| [ ]  | No unlawful contact with  |       | during the period of probation |
| [ ]  | No contact with: |       | during the period of probation |
| [ ]  | Contact with |       | pursuant to PFA |
| [ ]  | Complete Anger Management Counseling | [ ]  | Complete Parenting Classes |
| [ ]  | Other: |       |
|  |       |
| [ ]  |  Costs of prosecution: | $      |  | [ ]  |  Transportation Fund: |  $      |  |
| [x]  | Video Phone Fund | $      |  | [x]  |  Police Fund |  $      |  |
| [x]  | Court Security Assessment | $      |  | [x]  | DELJIS |  $      |  |
| [ ]  |  Fine of | $      | with | $      |  of the fines suspended  |  |
| [ ]  | 18% surcharge payable to the Victims Compensation Fund of  | $      | OR | [ ]  the $10.00 minimum |
| [ ]  | Public Defender Fee of $100 |
|  | Fees will be paid at a rate of $ |       | per |       | for |       | . |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | **MONTHLY PAYMENT OF $** |       | **DUE BY** |       | **AND EACH MONTH THEREAFTER.** |

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| --- |
| Failure to make a payment as ordered, set up a payment plan, or abide by a payment plan may result in a capias being issued and a $25.00 capias fee will be added to your account.  Phone payments can be made by calling the Cashier’s Office at 302-255-0468.  A list of payment kiosk locations is available here:  <https://courts.delaware.gov/family/payment.aspx>.  Payments can also be made online: <https://pubsrv.deljis.delaware.gov/ePayment/>. |
| So Ordered this Date: |       |  |  |
|  |  |  | Judge/Commissioner |
|  |  |  |       |
|  |  |  | (Print Name) |

CC: [ ]  DEFENDANT [ ]  PROBATION [ ]  DAG \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  ATTORNEY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  CASHIER [ ]  CRIM UNIT

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