

**MOTION FOR REDESIGNATION OF TIER LEVEL or
TO BE RELIEVED FROM SEX OFFENDER REGISTRY**

INSTRUCTIONS

1. All motions must be **legibly handwritten or typewritten**, and signed **by defendant**.
2. All motions **must include the correct Defendant ID#** (a/k/a case number) or the correct **Criminal Action Numbers**.
3. All motions must be filled out **completely** including the sentencing court, date of sentence, sentencing judge, grounds for relief and supporting facts.
4. Defendant may attach **photocopies of documents, as exhibits**, to document the Defendant's claims for relief. **Do not** submit original documents (other than your Motion). They will **NOT** be returned.
5. **Mail or hand deliver** a copy of the motion to the **Department of Justice**. Fill out the attached **Certificate of Service** completely and sign it.
6. **Submit the original motion to the Prothonotary in the county where the defendant was sentenced**.
7. If the defendant was convicted in a court other than **Superior Court in the State of Delaware**, it will be necessary to file a civil petition for relief.

IN THE SUPERIOR COURT OF THE STATE OF DELAWARE

State of Delaware	:	Defendant ID # _____
	:	
V	:	Criminal Action # _____
	:	
_____	:	
Defendant's Full Name	:	
	:	
DOB: _____	:	
	:	
SBI: _____	:	

NOTICE OF MOTION

PLEASE TAKE NOTICE that the attached Motion shall be heard on _____, _____, 20____ at _____ a.m./p.m.

Month and day
day of week

- | | | |
|---|---|--|
| <input type="checkbox"/> Department of Justice
Deputy Attorney General
114 East Market Street
Georgetown, DE 19947 | <input type="checkbox"/> Department of Justice
Deputy Attorney General
102 W. Water Street
Dover, DE 19904 | <input type="checkbox"/> Department of Justice
Deputy Attorney General
Carvel State Office Bldg.
820 N. French Street
Wilmington, DE 19801 |
|---|---|--|

Dated: _____

Signature

Address

City/State/Zip Code

Phone number

IN THE SUPERIOR COURT OF THE STATE OF DELAWARE

State of Delaware : Defendant ID # _____
Vs : Criminal Action # _____

Defendant's Full Name :
DOB: _____ :
SBI: _____ :

**MOTION FOR REDESIGNATION OF TIER LEVEL or
TO BE RELIEVED FROM SEX OFFENDER REGISTRY**

1. The Court that imposed Defendant's sentence: _____

2. Date of Sentence: _____

3. Sentencing Judge : _____

4. Offense(s) which Defendant was sentenced resulting in sex tier designation and length of sentence(s):

5. Tier level currently assigned: Tier I Tier II Tier III

6. Statutory Requirements. (Please fill in one of the boxes below)

***If you are designated to Risk Assessment Tier III, please answer the following:**

A. Has 25 years elapsed from the last day your sentence was imposed?

Yes

No

B. Has Defendant completed a sex offender treatment program certified by the State?

Yes

No

C. Has Defendant been convicted of any new offense or violation?

Yes

No

***If you are designated to Risk Assessment Tier II, please answer the following:**

A. Has 10 years elapsed from the last day your sentence was imposed?

Yes

No

B. Has Defendant completed a sex offender treatment program certified by the State?

Yes

No

C. Has Defendant been convicted of any new offense or violation?

Yes

No

D. Was the victim under 18 years of age?

Yes

No

***If you are designated to Risk Assessment Tier I, please answer the following:**

A. Has 10 years elapsed from the last day your sentence was imposed?

Yes

No

B. Has Defendant completed a sex offender treatment program certified by the State?

Yes

No

C. Has Defendant been convicted of any new offense or violation?

Yes

No

WHEREFORE, Defendant hereby asks the Court to redesignate his/her tier level or relieve him/her of registration obligations for the following reasons:

Check only one:

- Wherefore, defendant respectfully requests that this Court grants his/her Motion to Redesignate his/her sex offender designation from Tier _____ to Tier _____.

- Wherefore, defendant respectfully requests that he/she be relieved from the obligation to register as a sex offender (removed from the sex offender registry).

Dated: _____

Signature

Address

City/State/Zip Code

Phone number

IN THE SUPERIOR COURT OF THE STATE OF DELAWARE

State of Delaware	:	Defendant ID # _____
	:	
V	:	Criminal Action # _____
	:	
_____	:	
Defendant's Full Name	:	
	:	
DOB: _____	:	
	:	
SBI: _____	:	
	:	

CERTIFICATION OF SERVICE

I, _____, hereby certify that I have served a true and correct copy of the attached motion upon the following party on the _____ day of _____, 20____.

- | | | |
|---|---|--|
| <input type="checkbox"/> Department of Justice
Deputy Attorney General
114 East Market Street
Georgetown, DE 19947 | <input type="checkbox"/> Department of Justice
Deputy Attorney General
102 W. Water Street
Dover, DE 19904 | <input type="checkbox"/> Department of Justice
Deputy Attorney General
Carvel State Office Bldg.
820 N. French Street
Wilmington, DE 19801 |
|---|---|--|

Signature