

MOTION FOR REDUCTION/MODIFICATION OF SENTENCE INSTRUCTIONS

- 1) All motions must be **legibly handwritten or typewritten**, and **signed by the movant** (defendant) under penalty of law.
- 2) Include **all grounds for relief and supporting facts**. Explain to the Judge, **in detail**, the specific relief requested. Fill in **all** blanks completely. Motions with blank forms are unacceptable, and will be returned without further consideration.
- 3) **All correspondence must include the correct Case ID Number or the correct Criminal Action Numbers**. These numbers are available on your status sheet, which may be obtained from the Department of Correction Records Department. Any requests for status sheets should be directed to the DOC Records department. **The Prothonotary Office neither produces nor distributes status sheets.**
- 4) **List all case ID numbers (or Criminal Action Nos.)**, the date movant was sentenced, the sentencing Judge and the specific request desired. These are crucial to the timely and efficient processing of any motion filed.
- 5) Motions for reduction of sentence must be filed within 90 days of the movant-s sentencing date. A motion for reduction of sentence filed after 90 days must either state extraordinary circumstances that would entitle the movant to relief, or it must be filed by the Department of Correction, on behalf of the defendant, pursuant to 11 Del. C. '4217.
- 6) Movant may attach **photocopies of documents (as exhibits)** to document the movant-s claims for relief. **Do not** submit original documents (other than your Motion); they will **NOT** be returned.
- 7) **Submit 1 original of the motion to the Prothonotary in the county the defendant was sentenced.** **Do not** submit extra copies. Do not submit the motion directly to the judge. It will be returned without further consideration.
- 8) Mail a copy of the motion to the Office of the Attorney General. Fill out the attached Certificate of Service completely and sign it, under penalty of perjury. Please do not request the Prothonotary Office to make copies or forward copies to the appropriate parties. Please do not mail the original and the Attorney General-s copy in the same envelope, as the Attorney General has a different address. It is the responsibility of the defendant to serve the Attorney General with a copy of the intended motion. The Prothonotary does not distribute copies to the parties involved, except for the assigned Judge.

- 9) Any motions not conforming to these instructions will be returned with a notation as to the deficiency.

To return by mail:

New Castle County Prothonotary Office
500 N. King Street
Suite 500, Lower Level 1
Wilmington, DE 19801

Kent County Prothonotary
38 The Green
Dover, DE 19901

Sussex County Prothonotary
1 The Circle, Suite 2
Georgetown, DE 19947

IN THE SUPERIOR COURT OF THE STATE OF DELAWARE IN AND FOR

_____ COUNTY

State of Delaware)	
)	
vs.)	ID No. _____
)	
_____)	Crim. Action Nos. _____
Correct full name of Movant)	
)	
_____)	
Movant=s Alias(es), if any)	
)	
DOB: _____)	
)	
SBI: _____)	

Motion for _____
(Sentence Reduction/Modification)

1. The Court imposed Movant=s sentence on the following date: _____
2. The judge who imposed the sentence was: _____
3. Offenses for which Movant was sentenced and length of sentence(s):

4. State the grounds upon which you believe that the Court should modify or reduce your sentence. You must state the relevant facts in support of the grounds you raise:

Ground one: _____

Supporting facts: _____

Ground two: _____

Supporting facts: _____

Ground three: _____

Supporting facts: _____

Ground four: _____

Supporting facts: _____

Wherefore, in light of the above, Movant asks that the Court modify/reduce his/her sentence as follows: _____

Signature of attorney (if any)

I declare the truth of the above under penalty of perjury.

Date signed

Signature of Movant (Notarization not required)

CERTIFICATE 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 _____.

Deputy Attorney General Department
of Justice
820 North French Street *(Or other address if filed in a different county)*
Wilmington, DE 19801

Date signed

Signature of Movant (Notarization not required)