



Sentencing Guidelines Cover Sheet

Scheduled Sentencing Date:

____/____/____

Complete this form ONLY for applicable felonies sentenced on or after July 1, 2018.

◆ OFFENDER

First _____ Middle _____ Last _____ Suffix _____

Date of Birth: _____
Month Day Year

Social Security Number: _____

CCRE: V A _____

CORIS Offender ID: _____ PSI: _____

◆ COURT

Judicial Circuit _____

City/County _____

FIPS Code: _____

Sentencing Judge's Name _____

For Office Use Only

Preparer Name _____ Commonwealth's Attorney

Probation Officer

Prosecuting Commonwealth's Attorney _____ Defense Attorney _____

◆ CONVICTIONS

Offense	Counts	VCC	Offense Date
Primary Offense			<small>Month Day Year</small>
_____	____	____-____-____	____/____/____
Additional Offenses			
_____	____	____-____-____	____/____/____
_____	____	____-____-____	____/____/____

Primary Offense Code Section § _____ Docket Number _____

Drug Type in Event Please check all that apply. This information is for research purposes only.

- Cocaine Codeine Fentanyl Heroin Hydrocodone Methadone
 Methamphetamine Methylphenidate Morphine Oxycodone Any other Schedule I/II drug _____

◆ METHOD OF ADJUDICATION

- Jury Trial Sentence Set by Jury: _____
Years Months Days Life Juvenile Fine Only
 Bench Trial Guilty Plea Alford Plea/Nolo contendere

◆ SENTENCING GUIDELINES RECOMMENDATION

Section B

- Probation/No Incarceration
 Incarceration 1 Day to 3 Months
 Incarceration 1 Day to 6 Months
 Incarceration 3 to 6 Months
 Probation/No Incarceration or Incarceration to 6 Months

Section B

Mandatory Minimum _____

Section C

- Life Sentence Non Guidelines Offense
 Incarceration (Enter Midpoint and Range Below)

(Primary offense is a non guidelines offense)

Range Midpoint _____
Years Months Days

Sentence Range _____ TO _____
Years Months Days

Recommendation Adjusted for Mandatory Minimum

◆ NONVIOLENT RISK ASSESSMENT Section D of Drug, Fraud, and Larceny Worksheets

- Recommended for Alternative Punishment Not Applicable (INELIGIBILITY CONDITIONS marked on Section D)
 NOT Recommended for Alternative Punishment Not a DRUG, FRAUD or LARCENY Offense

◆ Final Disposition Fill In After Sentence Has Been Pronounced

◆ SENTENCE _____

Total Time Imposed Before Suspension Life Sentence +

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Total Effective Time to Serve Life Sentence +

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Sentenced to Time Served

Post Release

Post Release Term § 18.2-10

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Post Release Supervision Period § 19.2-295.2(A).....

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Probation Period (Supervised) § 19.2-303 Indefinite

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Good Behavior Period _____
Years Months Days

Check all that apply

- Incarceration Sentence to Run Concurrently With Another Sentencing Event
- Written Plea Agreement Accepted = Rule 3A:8(c)(1) (A) or (C)
- Plea and Recommendation Accepted = Rule 3A:8(c)(1)(B)
- Oral Sentence Recommendation Accepted
- Restitution \$ _____ Fine \$ _____

Other Sentencing Programs (check all that apply)

- | | | | | | |
|--|--|--|--|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Day Reporting <input type="checkbox"/> Detention Center Incarceration <input type="checkbox"/> Diversion Center Incarceration <input type="checkbox"/> Electronic Monitoring <input type="checkbox"/> § 18.2-251/§ 18.2-258.1 <input type="checkbox"/> Substance Abuse Treatment <input type="checkbox"/> Intensive Probation | <ul style="list-style-type: none"> <input type="checkbox"/> Community-Based Program _____ <input type="checkbox"/> CCAP Detention/Diversion Center Incarceration, 22-28 weeks <input type="checkbox"/> CCAP Detention/Diversion Center Incarceration, 42-48 weeks <input type="checkbox"/> Drug Court <input type="checkbox"/> Youthful Offender <small>(Enter 4 yrs. to serve)</small> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <small>Other</small> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <small>CBP</small> <input type="checkbox"/> DJJ Commitment <input type="checkbox"/> Indeterminate <input type="checkbox"/> Determinate <input type="checkbox"/> Other _____ | | | | |
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Other CBP

◆ REASON FOR DEPARTURE AND/OR MODIFICATION OF JURY SENTENCE

Must be completed pursuant to § 19.2-298.01(B) and/or § 19.2-295(B) / § 19.2-303

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◆ SENTENCING DATE

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Month Day Year

_____ Judge's Signature

◆ ATTACH COURT ORDER AND MAIL Pursuant to § 19.2-298.01(E) _____

After sentencing, send to:

Virginia Criminal Sentencing Commission • 100 North Ninth Street • Fifth Floor • Richmond, Virginia 23219

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Drug/Schedule I/II Section A

Offender Name: _____

◆ Primary Offense

- A. Possess Schedule I or II drug or First offender violation
 - 1 count 1
 - 2 counts..... 3
 - 3 counts..... 8
- B. Sell, distribute, possession with intent, etc., Schedule I or II drug
 - 1 count 12
 - 2 counts..... 13
 - 3 counts..... 14
 - 4 counts..... 15
- C. Manufacture Methamphetamine (1st or 2nd conviction)
 - 1 count 12
 - 2 counts..... 13
 - 3 counts..... 14
 - 4 counts..... 15
- D. Sell, etc., Schedule I or II drug to minor (1 count)..... 11
- E. Accommodation - Sell, distribute, possession with intent Schedule I or II drug
 - 1 count 5
 - 2 counts..... 7
- F. Sell, etc., imitation Schedule I or II drug (1 count)..... 4

Score

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◆ Primary Offense Remaining Counts

Total the maximum penalties for counts of the primary not scored above

- Years: 5 - 10 1 31 - 42 4
- 11 - 21..... 2 43 or more 5
- 22 - 30 3

0	
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◆ Additional Offenses

Total the maximum penalties for additional offenses, including counts

- Years: Less than 4..... 0 22 - 30 3
- 4 - 10 1 31 - 42 4
- 11 - 21 2 43 or more 5

0	
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◆ Knife or Firearm in Possession at Time of Offense

If YES, add 2 →

0	
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◆ Conviction in Current Event Requiring Mandatory Minimum Term (6 mos or more)

If YES, add 9 →

0	
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◆ Prior Convictions/Adjudications

Total the maximum penalties for the 5 most recent and serious prior record events

- Years: Less than 7..... 0
- 7 - 26..... 1
- 27 - 48..... 2
- 49 or more..... 3

0	
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◆ Prior Incarcerations/Commitments

If YES, add 2 →

0	
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◆ Prior Felony Drug Convictions/Adjudications

- Number of Counts: 1 - 2..... 1
- 3 - 4..... 2
- 5..... 3
- 6 or more..... 4

0	
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◆ Prior Juvenile Record

If YES, add 1 →

0	
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◆ Legally Restrained at Time of Offense

- None..... 0
- Other than parole/post-release, supervised probation or CCCA..... 1
- Parole/post-release, supervised probation or CCCA 4

0	
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SCORE THE FOLLOWING FACTOR ONLY IF PRIMARY OFFENSE IS A: POSSESSION OF SCHEDULE I/II DRUG (§ 18.2-250(A,a))

◆ Two or More Prior Felony Convictions/Adjudications

If YES, add 2 →

For Possession, Possession with Intent, Distribution, Manufacture or Sale of Schedule I or II Drug, etc.

0	
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Total Score

If total is 10 or less, go to **Section B**. If total is 11 or more, go to **Section C**.

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Drug/Schedule I/II Section B

Offender Name: _____

◆ Primary Offense

- A. Possess Schedule I or II drug or First offender violation
 - 1 count3
 - 2 counts.....6
- B. Accommodation - Sell, distribute, possession with intent Schedule I or II drug
 - 1 count8
 - 2 counts.....9
- C. Sell, etc., imitation Schedule I or II drug (1 count).....4

Score

▼

0	
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◆ Primary Offense Remaining Counts Total the maximum penalties for counts of the primary not scored above

- Years: 5 - 92
- 10 - 193
- 20 - 284
- 29 - 385
- 39 or more6

0	
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◆ Additional Offenses Total the maximum penalties for additional offenses, including counts

- Years: Less than 10
- 1 - 92
- 10 - 193
- 20 - 284
- 29 - 385
- 39 or more6

0	
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◆ Knife or Firearm in Possession at Time of Offense _____ If YES, add 2

0	
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◆ Prior Convictions/Adjudications Total the maximum penalties for the 5 most recent and serious prior record events

- Years: Less than 10
- 1 - 221
- 23 - 432
- 44 or more3

0	
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◆ Prior Misdemeanor Convictions/Adjudications (Excludes Traffic)

- Number of 1 - 41
- Counts: 5 - 92
- 10 or more3

0	
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◆ Prior Incarcerations/Commitments _____ If YES, add 1

0	
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◆ Prior Juvenile Record _____ If YES, add 1

0	
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◆ Legally Restrained at Time of Offense

- None0
- Other than parole/post-release, supervised probation or CCCA2
- Parole/post-release, supervised probation or CCCA3

0	
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SCORE THE FOLLOWING FACTOR ONLY IF PRIMARY OFFENSE IS A: POSSESSION OF SCHEDULE I/II DRUG §18.2-250(A,a))

◆ Two or More Prior Felony Convictions/Adjudications _____ If YES, add 2

For Possession, Possession with Intent, Distribution, Manufacture or Sale of Schedule I or II Drug, etc.

0	
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Total Score

See Drug/Schedule I/II Section B Recommendation Table to convert score to guidelines sentence.
Then, go to Section D Nonviolent Risk Assessment and follow the instructions.

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Drug/Schedule I/II **Section C**

Offender Name: _____

◆ Primary Offense

		— Prior Record Classification —		
		<input type="checkbox"/> Category I	<input type="checkbox"/> Category II	<input type="checkbox"/> Other
<i>(scores for attempted/conspired offenses are in parentheses)</i>				
A. Possess Schedule I or II drug or First offender violation	Attempted, conspired or completed:	1 count.....20	10.....5	
		2 counts.....28	14.....7	
		3 counts.....36	18.....9	
B. Sell, Distribute, Possession with intent, etc., Schedule I or II drug	Completed (Attempted or Conspired):	1 count.....60 (48)	36 (24)	12 (12)
		2 counts.....80 (64)	48 (32)	16 (16)
		3 counts.....95 (76)	57 (38)	19 (19)
		4 counts.....130(104)	78 (52)	26 (26)
C. Sell, etc., Schedule I or II drug, second offense	Completed (Attempted or Conspired):	1 count.....110 (88)	66 (44)	22 (22)
		2 counts.....310(248)	186(124)	62 (62)
D. Sell, etc., Schedule I or II drug - third or subsequent offense	Attempted, conspired or completed:	1 count.....175	105.....35	
		2 counts.....390	234.....78	
E. Manufacture Methamphetamine, first or second offense, § 18.2-248(C1)	Attempted, conspired or completed:	1 count.....145	87.....29	
F. Sell, etc., Schedule I or II drug to minor	Attempted, conspired or completed:	1 count.....60	30.....15	
G. Accomodation—Sell, etc., Schedule I or II drug	Attempted, conspired or completed:	1 count.....32	16.....8	
		2 counts.....40	20.....10	
H. Sell, etc., imitation Schedule I or II drug	Attempted, conspired or completed:	1 count.....12	6.....3	
		2 counts.....20	10.....5	

Score

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◆ Primary Offense Remaining Counts Assign points to each count of the primary not scored above and total the points

Maximum Penalty (years)	5,10.....1	40 or more.....5	→
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◆ Additional Offenses Assign points to each additional offense (including counts) and total the points

Primary offense D: Sell, etc., Sch. I/II 3rd or Subsequent	
Years	Points
Less than 5.....	0
5,10.....	2
20.....	4
30.....	6
40 or more.....	7

Primary offense: All other offenses	
Years	Points
Less than 5.....	0
5,10.....	1
20.....	2
30.....	4
40 or more.....	5

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◆ Mandatory Minimum for Weapon Conviction(s) in Current Event Assign points to each additional offense with a mandatory minimum and total the points

2 Year Mandatory Minimum.....13	3 Year Mandatory Minimum.....25	5 Year Mandatory Minimum.....32	→
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0		
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◆ Firearm in Possession at Time of Offense If YES, add 5

0	0	
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◆ Prior Convictions/Adjudications Assign points to the 5 most recent and serious prior record events and total the points

Maximum Penalty:	Less than 5.....0	30.....3	
(years)	5, 10.....1	40 or more.....4	→
	20.....2		

0		
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◆ Prior Felony Drug Convictions/Adjudications

Primary offense D: Sell, etc., Sch. I/II 3rd or Subsequent	
Number of Counts	Score
2.....	9
3.....	10
4.....	17
5 or more.....	20

Primary offense: All other offenses	
Number of Counts	Score
1.....	2
2.....	3
3.....	5
4.....	7
5.....	8
6 or more.....	10

0		
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◆ Prior Felony Convictions/Adjudications Against Person

Number of Counts:	1.....3	3.....9	
	2.....6	4 or more.....12	→

0		
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◆ Prior Felony Property Convictions/Adjudications

Number of Counts:	1,2.....1	4 or more.....3	→
	3.....2		

0	0	
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◆ Prior Juvenile Record If YES, add 1

0	0	
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◆ Legally Restrained at Time of Offense If YES, add 3

0	0	
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◆ Type of Additional Offense (Score if primary offense is E: Manufacture Methamphetamine § 18.2-248 (C1))

Additional offense of child present during manufacture of methamphetamine	<u>If YES, add 14</u>	→
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0		
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◆ Sale/Quantity of Cocaine (Score if primary offense is B, C, D, or F: § 18.2-248(C) or §18.2-255(A))

Quantity of Cocaine:	Less than 28.35 grams.....0	28.35 g to less than 226.8 grams.....36	226.8 grams or more.....60	→
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0		
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Total Score

See Drug/Schedule I/II Section C Recommendation Table for guidelines sentence range.
Then go to Section D Nonviolent Risk Assessment and follow the instructions.

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Nonviolent Risk Assessment ❖ Drug/Schedule I/II Section D

Offender Name: _____

▶ Ineligibility Conditions

- A. Was the offender recommended for **Probation/No Incarceration** on Section B? Yes No
- B. Do any of the offenses at sentencing involve the sale, distribution, or possession with intent, etc. of cocaine of a combined quantity of 28.35 grams (1 ounce) or more? Yes No
- C. Are any prior record offenses violent (Category I/II listed in Appendix A of the Guidelines Manual)? Yes No
- D. Are any of the offenses at sentencing violent (Category I/II listed in Appendix A of the Guidelines Manual)? Yes No
- E. Do any of the offenses at sentencing require a mandatory term of incarceration? Yes No

If answered YES to ANY, go to "Nonviolent Risk Assessment Recommendations" on cover sheet and check Not Applicable. If answered NO to ALL, complete remainder of Section D worksheet.

▶ Offender Age at Time of Offense _____

- Younger than 21 years 9
 - 21 to 29 years 6
 - 30 to 43 years 3
 - Older than 43 years 1
- | | |
|--|--|
| | |
|--|--|

▶ Gender _____

- Offender is Male 2
- | | |
|---|--|
| 0 | |
|---|--|

▶ Prior Juvenile Adjudication _____

- No prior juvenile adjudication 0
 - Female with prior juvenile adjudication 1
 - Male with prior juvenile adjudication 7
 - Juvenile record unknown
- | | |
|---|--|
| 0 | |
|---|--|

▶ Prior Adult Felony Convictions _____

- Number of Counts: 0 0
 - 1 - 2 1
 - 3 5
 - 4 or more 15
- | | |
|--|--|
| | |
|--|--|

▶ Prior Adult Incarcerations _____

- Number: 0 0
 - 1 - 3 1
 - 4 or more 8
- | | |
|---|--|
| 0 | |
|---|--|

▶ Prior Arrest or Confinement Within Past 12 Months (Prior to Offense) —If YES, add 3 —▶

0	
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Total Score _____▶

- 15 or less, check Recommended for Alternative Punishment.
- 16 or more, check NOT Recommended for Alternative Punishment.

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Drug/Schedule I or II
Section D

Go to **Cover Sheet** and fill out **Nonviolent Risk Assessment Recommendations**.



Additional Offenses Continuation Sheet

Offender Name: _____

Offense	Counts	VCC	Offense Date		
			Month	Day	Year
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
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