



Sentencing Guidelines

Case Details Worksheet

1. Defendant's Name: _____

2. Defendant Information: Gender: _____ Race: _____ Ethnicity: _____ Age: _____ Handicapped: _____

3. Type of Counsel: Retained Court Appointed Public Defender Other

4. Pretrial Status: Secured Bond Unsecured Bond Own Recognizance Confinement Third Party Release Unknown

5. Pretrial Supervision by Pretrial Services Agency: No Yes Yes, ordered but did not complete/attend

6. Posttrial Status: Secured Bond Unsecured Bond Own Recognizance Confinement Third Party Release Unknown

7. Source of Bond: Personal Family Other Bonding Company N/A Unknown

8. Total Time Served Prior to Sentencing: Years _____ Months _____ Days _____

9. Number of Codefendants: _____

10. Legal Status at Offense (check all that apply):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Escaped | <input type="checkbox"/> Inmate | <input type="checkbox"/> Mandatory Parole | <input type="checkbox"/> Discretionary Parole |
| <input type="checkbox"/> Geriatric Release - § 53.1-40.01 | <input type="checkbox"/> Post Release - §19.2-295.2 | <input type="checkbox"/> Probation | <input type="checkbox"/> Bond |
| <input type="checkbox"/> Recognizance | <input type="checkbox"/> Community Program | <input type="checkbox"/> Pre-Trial Supervision | <input type="checkbox"/> Good Behavior |
| <input type="checkbox"/> Juvenile Probation | <input type="checkbox"/> Juvenile Parole | <input type="checkbox"/> Summons | <input type="checkbox"/> Other _____ <input type="checkbox"/> None |

11. Weapon Use: None Possessed Used to Injure Used to Threaten (Includes by voice, note, text, etc.)

12. Weapon Type: Firearm Knife Explosive Simulated/Feigned Weapon Blunt Object
 Note/Verbal Vehicle Animal Other _____ N/A

13. Offender's Role Alone Leader Accomplice Police Officer/LEO Not Determined

14. Value of Property Taken/Damaged: Highest value for one item \$ _____ Total value of all items \$ _____

15. Location: Bank Business Residence Street/Outside Automobile Other _____ N/A

16. Injury to Victim: Death Life Threatening Serious Physical Physical
 Emotional Threatened None N/A

17. Victim Relationship to Offender: None/Stranger Known Friend
 Family Police Officer/LEO Other _____

18. Victim Information: Gender: _____ Race: _____ Ethnicity: _____ Age: _____ Handicapped: _____

19. Type of Primary Drug: _____ Quantity: _____ Unit: _____

20. Number of Felony Juvenile Adjudications: Person _____ Property _____ Drug _____ Other _____

Source for Question #21: Defense Attorney Defendant PSI/PSR Commonwealth's Attorney Probation Officer

21. Other factors known at the time of sentencing (check all that apply)

- | | Yes | Treatment: (in or completed treatment) |
|--|--|---|
| a. Drug abuse (admitted, family information, documented in reports)..... | <input type="checkbox"/> | <input type="checkbox"/> prior to offense <input type="checkbox"/> after arrest |
| b. Alcohol abuse (admitted, family information, documented in reports)..... | <input type="checkbox"/> | <input type="checkbox"/> prior to offense <input type="checkbox"/> after arrest |
| c. Mental health issues (admitted, family information, documented in reports)..... | <input type="checkbox"/> | <input type="checkbox"/> prior to offense <input type="checkbox"/> after arrest |
| d. Under the Influence of drugs/alcohol at the time of the offense | <input type="checkbox"/> | |
| e. Employment (Last 2 years): | <input type="checkbox"/> Full or part-time for at least 18 months <input type="checkbox"/> Stay-at-home spouse/parent | <input type="checkbox"/> Full-time student <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed/Not stable |
| f. Housing (Last 2 years): | <input type="checkbox"/> Stable/same residence 1+ yrs | <input type="checkbox"/> Multiple Changes <input type="checkbox"/> Homeless at the time of the offense |
| g. Provides support: | Enter Number dependents or family members supported _____ | |
| h. Education: | <input type="checkbox"/> Less than High school <input type="checkbox"/> College Degree | <input type="checkbox"/> High school/GED <input type="checkbox"/> Post-graduate/Professional |
| i. Military: | <input type="checkbox"/> Active <input type="checkbox"/> Medical Discharge | <input type="checkbox"/> Reserve <input type="checkbox"/> General Discharge |
| j. Defendant's Response: | <input type="checkbox"/> Accepts Responsibility <input type="checkbox"/> Remorseful | <input type="checkbox"/> Sought Treatment <input type="checkbox"/> Paid All or Part Restitution |
| k. Other: | | |

k. Other: _____