



# Sentencing Revocation Report (SRR) - Felony Supervision/Good Behavior/Suspended Sentence Violations

## ◆ OFFENDER \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ SID/CCRE: \_\_\_\_\_ CORIS Offender ID: \_\_\_\_\_

## ◆ COURT \_\_\_\_\_

Judicial Circuit: \_\_\_\_\_ City/County: \_\_\_\_\_ Docket Number: \_\_\_\_\_ FIPS Code: \_\_\_\_\_

## ◆ TYPE OF REVOCATION \_\_\_\_\_

(Complete SRR and Guidelines):  State Supervised Probation for Felony

(Complete SRR only, guidelines do not apply):  Local Probation  Good Behavior /Suspend Sentence  CCAP  Procedural

(NOTE: This form is not completed for First Offender Violations, Deferred Finding Violations or Parole Violations)

Technical Violation 2-11:  1st  2nd  3rd or sub

Technical Violation 9 or 11:  1st  2nd  3rd or sub

Special Conditions:  Yes

New Law Violation:  Felony  Misdemeanor

## ◆ CONDITIONS CITED IN VIOLATION BY PROBATION/PAROLE OFFICER (check all that apply)

- 1. Fail to obey all Federal, State, and local laws.
- 2. Fail to report any arrests within 3 days to PO.
- 3. Fail to maintain employment or to report changes.
- 4. Fail to report as instructed
- 5. Fail to allow probation officer to visit home or job.
- 6. Fail to follow instructions, be truthful, and cooperative.
- 7. Use alcoholic beverages
- 8. Use, possess, distribute controlled substances or paraphernalia
- 9. Use, own, possess, transport or carry firearm
- 10. Change residence or leave Virginia without permission
- 11. Abscond from supervision
- Fail to follow special conditions (specify)

Special Sex Offender Conditions  
(Enter Letter for Condition(s) Violated):

Special Gang Member Conditions  
(Enter Letter for Condition(s) Violated):

## ◆ TREATMENT, SANCTIONS, EDUCATIONAL PROGRAMS & ALTERNATIVES UTILIZED

(For Judicial Review)

	Enrolled, Ordered	Completed	Not Completed	Ineligible
Anger management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Screens increased/ordered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Skills Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gang Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incarceration - jail or prison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in supervision level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recidivist Prevention Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reprimand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salvation Army Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex offender treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Court _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Program, Jail/DOC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse treatment, inpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse treatment, outpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse treatment: AA or NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking for a Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice Verification Biometrics Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

◆ DATE ARRESTED FOR THIS VIOLATION: \_\_\_\_/\_\_\_\_/\_\_\_\_

◆ PRETRIAL CONFINEMENT FOR THIS VIOLATION  No

Confined Since Arrest for Violation Dates Confined \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Dates Confined \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
(For Judicial Review. There is no indication that the times served will be applied to this case)

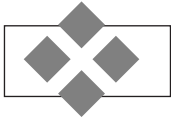
◆ PRETRIAL STATUS RELEASE :

Bond: \_\_\_Secured \_\_\_Unsecured  Own Recognizance  Third Party Release  N/A

◆ RECOMMENDATION RANGE:  No Time  Time Served

to     
Years Months Days Years Months Days

(Note to Judge: If you find the defendant has good rehabilitation potential, mark the box on the disposition page.  
The low end of the recommendation will be time served or zero additional days.)



# Final Decision/Disposition

To be completed by the sentencing judge or judge's designee.

## ◆ DECISION OF THE COURT

- Found in Violation of Conditions as Cited
- Found in Violation of Conditions as Modified by the judge: Conditions Violated: \_\_\_\_\_
- Found in Violation of good behavior, suspended sentence, felony local probation
- Taken Under Advisement
- Not in Violation

## ◆ SENTENCE FOR REVOCATION

### Rehabilitation Potential

- Court Finds that the defendant is a good candidate for rehabilitation (The low end of the guidelines is set to time served or zero)

### Treatment Exception

- Sentenced to time required to participate in court ordered program/restitution review (§ 19.2-306.1 (D))

### Revocable Time for Event

- Life + 

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### Revocation Details

Amount of Time Imposed.....  Life + 

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 Sentenced to Time Served

Amount of Time to Serve for this Violation (total effective sentence)..  Life + 

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### New/Revised Probation/Supervised Period

- Continued on same period of probation supervision (not extended)
- Placed on a probation supervision for a new period of.....  Indefinite + 

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- Released from supervised probation

### Conditions

- Good behavior  Life + 

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- New conditions of probation \_\_\_\_\_
- Continued on same conditions

### Other Sentencing Programs (check all that apply)

- Day Reporting
- Electronic Monitoring
- Intensive Probation
- Substance Abuse Treatment
- § 18.2-251/§ 18.2-258.1 (First Offender)
- Drug Court
- Community-Based Program \_\_\_\_\_
- CCAP
- Youthful Offender
- DJJ Commitment  Indeterminate  Determinate
- § 19.2-298.02, § 19.2-303.6 (Deferred Disposition)
- Other \_\_\_\_\_

### Criminal History

- Updated Criminal History Provided 

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## ◆ REASON FOR DEPARTURE FROM GUIDELINES

\_\_\_\_\_

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## ◆ DATE OF REVOCATION DECISION

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Month Day Year Judge's Signature For Office Use Only

# Probation Violation Guidelines Worksheet ~~TV~~ TV1/2

## First or Second Technical Violation

Offender Name: \_\_\_\_\_

Base Guidelines on the Current Most Serious Primary Offense:            Original Sentencing was Incarceration/CCAP

ICOTS Case for Supervision of Current Primary Transferred to: State Abv: \_\_\_\_\_

Amount of Total Revocable Time at Hearing/Sentencing:  Life +

(This Court Only) Years Months Days

### 1 Dates (use to score factors three and four)

Earliest Original Sentencing Date \_\_\_\_\_ Start of Current Supervision Period \_\_\_\_\_

### 2 Number of Felony Revocation Events for Current Offense(s) (This Court Only)

<b>Conditions 2, 3, 4, 5, 6, 7, 8 or 10</b> <span style="float: right;">Points</span> Current Revocation Event Only ..... 2 Prior Revocation Event.....11	<b>Conditions 9 or 11</b> <span style="float: right;">Points</span> Current Revocation Event Only ..... 4 Prior Revocation Event..... 12
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### 3 Felony Offense Convictions Between Original Sentencing Date and Start of Current Supervision Period (ALL Courts)

<b>Conditions 2, 3, 4, 5, 6, 7, 8 or 10</b> Do Not Score	<b>Conditions 9 or 11</b> <span style="float: right;">Points</span> If 1st Violation of Condition 9 or 11 ..... 0 If 2nd Violation of Condition 9 or 11..... 13
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### 4 Prior Felony Revocation(s) Before Original Sentencing Date (This Court Only)

<b>Conditions 2, 3, 4, 5, 6, 7, 8 or 10</b> One or More Prior Felony Revocation Events ..... 1	<b>Conditions 9 or 11</b> <span style="float: right;">Points</span> <b>If 1st Violation</b> One or More Prior Felony Revocation Events ..... 1 <b>If 2nd Violation</b> One Prior Felony Revocation Events ..... 18 Two or More Prior Felony Revocations Events ..... 19
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### 5 Condition 8 Violation: Drug Violation

<b>Conditions 2, 3, 4, 5, 6, 7, 8 or 10</b> Do Not Score	<b>Conditions 9 or 11</b> <span style="float: right;">Points</span> If 1st Violation of Condition 9 or 11 ..... 1 If 2nd Violation of Condition 9 or 11..... 7
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0

### 6 Condition 11 Violation: Abscond

<b>Conditions 2, 3, 4, 5, 6, 7, 8 or 10</b> Do Not Score	<b>Conditions 9 or 11</b> <span style="float: right;">Points</span> If 1st Violation of Condition 9 or 11 ..... 3 If 2nd Violation of Condition 9 or 11..... 10
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Last Date whereabouts were known \_\_\_ / \_\_\_ / \_\_\_ Date whereabouts verified \_\_\_ / \_\_\_ / \_\_\_

### 7 Primary Offense VCC Prefix of SEX, RAP, OBS

<b>Conditions 2, 3, 4, 5, 6, 7, 8 or 10</b> Do Not Score	<b>Conditions 9 or 11</b> <span style="float: right;">Points</span> If 1st Violation of Condition 9 or 11 ..... 1 If 2nd Violation of Condition 9 or 11..... 22
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## Recommendation Score

### Recommendation Table

	Score	Guidelines Sentence	Score	Guidelines Sentence
Go to SRR Cover sheet and fill out the violation guidelines recommendation range.	<input type="checkbox"/> 0-3.....	No Time	<input type="checkbox"/> 19 to 33.....	3 months to 1 year
	<input type="checkbox"/> 4-12.....	0 to 14 days	<input type="checkbox"/> 34 to 43.....	1 year to 1 year 6 months
	<input type="checkbox"/> 13-18.....	Time Served to 6 months	<input type="checkbox"/> 44 or more.....	1 year to 4 years

# Probation Violation Guidelines Worksheet ~~TV~~ TV 3/SCV

## Third or Subsequent Technical Violation or Any Special Condition Violations

Offender Name: \_\_\_\_\_

Base Guidelines on the Current Most Serious Primary Offense:            Original Sentencing was Incarceration/CCAP

ICOTS Case for Supervision of Current Primary Transferred to: State Abv: \_\_\_\_\_

Amount of Total Revocable Time at Hearing/Sentencing:  Life +

(This Court Only) Years Months Days

### 1 Dates (use to score factors three and four)

Earliest Original Sentencing Date \_\_\_\_\_ Start of Current Supervision Period \_\_\_\_\_

### 2 Number of Felony Revocation Events for Current Offense(s) (This Court Only)

0

Current Revocation Event Only .....2  
 One Revocation Event Prior to Current Revocation Event .....12  
 Two or More Revocation Events Prior to Current Revocation Event .....24

### 3 Prior Felony Revocation(s) Before Original Sentencing Date (This Court Only)

0

One Prior Felony Revocation .....18  
 Two or More Prior Felony Revocations .....19

### 4 Felony Offense Conviction(s) Between Original Sentencing Date and Start of Current Supervision (ALL Courts)

0

If YES, add 13

### 5 Condition 8 Violation: Drug Violation

0 0

If YES, add 7

### 6 Condition 11 Violation: Abscond

0

If YES, add 10

Last date whereabouts were known \_\_\_/\_\_\_/\_\_\_ Date whereabouts verified \_\_\_/\_\_\_/\_\_\_

### 7 Primary Offense VCC Prefix of SEX, RAP, OBS or Violation of Sex Offender Special Conditions (Court or DOC)

0

If YES, add 22

### Recommendation Score

Go to SRR Cover Sheet and fill out the violation guidelines recommendation range.

#### Recommendation Table

Score	Guidelines Sentence
<input type="checkbox"/> Under 19.....	Time served to 6 months
<input type="checkbox"/> 19 to 33.....	3 months to 1 year
<input type="checkbox"/> 34 to 43.....	1 year to 1 year 6 months
<input type="checkbox"/> 44 or more.....	1 year to 4 years

# Probation Violation Guidelines Worksheet New Law M

## New Misdemeanor or Lesser Conviction

Offender Name: \_\_\_\_\_

Base Guidelines on the Current Most Serious Primary Offense:              Original Sentencing was Incarceration/CCAP

ICOTS Case for Supervision of Current Primary Transferred to: State Abv: \_\_\_\_\_

Amount of Total Revocable Time at Hearing/Sentencing:  Life +

(This Court Only) Years Months Days

### 1 Dates (use to score factors three and four)

Earliest Original Sentencing Date \_\_\_\_\_ Start of Current Supervision Period \_\_\_\_\_

### 2 Number of Felony Revocation Events for Current Offense(s) (This Court Only)

Current Revocation Event Only .....2  
 One Revocation Event Prior to Current Revocation Event.....12  
 Two or More Revocation Events Prior to Current Revocation Event.....24

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0		
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### 3 Prior Felony Revocation(s) Before Original Sentencing Date (This Court Only)

One Prior Felony Revocation .....18  
 Two or More Prior Felony Revocations .....19

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0		
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### 4 Felony Offense Conviction(s) Between Original Sentencing Date and Start of Current Supervision (ALL Courts) — If YES, add 13 →

0		
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### 5 Condition 1 Violation: New Misdemeanor Conviction(s) for Offenses Committed During Current Supervision Period (ALL Courts)

New Misdemeanor Conviction is Similar Behavior to Current Primary Offense (Refer to Appendix 4).....9  
 Any Other New Misdemeanor Convictions .....1

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0	0	
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New Conviction(s)						Effective Sentence			Pending Sentence
Counts	Most Serious VCC	Offense Date	Sent./Conv. Date	FIPS	State	Years	Months	Days	
_____	_____ - _____ - _____	____/____/____	____/____/____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____ - _____ - _____	____/____/____	____/____/____	_____	_____	_____	_____	_____	<input type="checkbox"/>
<i>Sum of Total Effective (Active) Sentence for All New Convictions (including counts not listed above):</i>						_____	_____	_____	

### 6 Condition 8 Violation: Drug Violation — If YES, add 7 →

0	0	
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### 7 Condition 11 Violation: Abscond — If YES, add 10 →

0		
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Last date whereabouts were known \_\_\_\_/\_\_\_\_/\_\_\_\_ Date whereabouts verified \_\_\_\_/\_\_\_\_/\_\_\_\_

### 8 Primary Offense VCC Prefix of SEX, RAP, OBS or Violation of Sex Offender Special Conditions (Court or DOC) — If YES, add 22 →

0		
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## Recommendation Score →

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Go to SRR Cover Sheet and fill out the violation guidelines recommendation range.

### Recommendation Table

Score	Guidelines Sentence
<input type="checkbox"/> Under 19.....	Time served to 6 months
<input type="checkbox"/> 19 to 33.....	3 months to 1 year
<input type="checkbox"/> 34 to 43.....	1 year to 1 year 6 months
<input type="checkbox"/> 44 or more.....	1 year to 4 years

# Probation Violation Guidelines Worksheet ~~✦~~ New Law F

## New Felony Conviction

Offender Name: \_\_\_\_\_

Base Guidelines on the Current Most Serious Primary Offense:    -    -   Original Sentencing was Incarceration/CCAP

ICOTS Case for Supervision of Current Primary Transferred to: State Abv: \_\_\_\_\_

Amount of Total Revocable Time at Hearing/Sentencing:  Life +

(This Court Only) Years Months Days

### 1 Dates

Earliest Original Sentencing Date \_\_\_\_\_ Start of Current Supervision Period \_\_\_\_\_

2 **Number of Felony Revocation Events for Current Offense(s) (This Court Only)** →  0

Current Revocation Event Only ..... 0  
 One or More Revocation Events Prior to Current Revocation Event ..... 10

### 3 Condition 1 Violation: New Felony Conviction(s) for Offenses Committed During Current Supervision Period (ALL Courts)

A. Number of New Person Felony Convictions (Counts)   X 20 →

B. Number of New Non-Person Felony Convictions (Counts)   X 2 →

New Conviction (s)							Effective Sentence			Pending Sentence
Counts	Most Serious VCC	Offense Date	Sent./Conv. Date	FIPS	State	Years	Months	Days		
_____	_____ - _____ - _____	____/____/____	____/____/____	_____	_____	_____	_____	_____	<input type="checkbox"/>	
_____	_____ - _____ - _____	____/____/____	____/____/____	_____	_____	_____	_____	_____	<input type="checkbox"/>	
Sum of Total Effective (Active) Sentence for All New Convictions (including counts not listed above):						_____	_____	_____		

4 **New Felony or Misdemeanor Conviction is Similar Behavior to the Most Serious Current Primary Offense Listed Above (Refer to Appendix 4)** — If YES, add 7 →  0  0

**Recommendation Score** →

#### Recommendation Table

Score	Guidelines Sentence
<input type="checkbox"/> 1 to 7.....	Time served to 1 year
<input type="checkbox"/> 8 to 15.....	6 months to 1 year 6 months
<input type="checkbox"/> 16 to 22.....	8 months to 2 years
<input type="checkbox"/> 23 or more.....	15 months to 4 years

Go to Cover sheet and fill out the violation guidelines recommendation range.