



Sentencing Guidelines

Case Details Worksheet

SWIFT/DCN: _____

1. Defendant's Name: _____

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

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

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 Unknown

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 _____ N/A

9. Number of Codefendants: _____

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

- Escaped Inmate Mandatory Parole Discretionary Parole
- Geriatric Release - § 53.1-40.01 Post Release - §19.2-295.2 Probation Bond
- Recognizance Community Program Pre-Trial Supervision Good Behavior Unknown
- Juvenile Probation Juvenile Parole Summons Other _____ None

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

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 Unknown

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

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 _____ N/A

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

19. Type of Primary Drug: _____ Quantity: _____ Unit: _____ N/A

20. Number of Felony Juvenile Adjudications: Person _____ Property _____ Drug _____ Other _____ None Unknown

Source for Question #21: Defense Attorney Defendant PSI/PSR Commonwealth's Attorney Probation Officer
 Information is not available

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"/> High school/GED <input type="checkbox"/> Technical Training <input type="checkbox"/> Some College <input type="checkbox"/> College Degree <input type="checkbox"/> Post-graduate/Professional <input type="checkbox"/> Currently Enrolled (School, College Training)	
i. Military:	<input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Honorably Discharged <input type="checkbox"/> Undesirable Discharge <input type="checkbox"/> Medical Discharge <input type="checkbox"/> General Discharge <input type="checkbox"/> Bad Conduct Discharge	
j. Defendant's Response:	<input type="checkbox"/> Accepts Responsibility <input type="checkbox"/> Sought Treatment <input type="checkbox"/> Developed Rehabilitation Plans <input type="checkbox"/> Remorseful <input type="checkbox"/> Paid All or Part Restitution	
k. Other:	_____	