# Sentencing Guidelines Cover Sheet

Complete this form ONLY for applicable felonies sentenced on or after **July 1, 2007**.

## OFFENDER

First: _____ Middle: _____

Last: _____ Suffix: _____

Date of Birth: ___ / ___ / ___ (Month / Day / Year) Social Security Number: ___ – ___ – ____

CCRE: V A _____ PSI Number: _____ *For Use by Probation Officer*

## COURT

Judicial Circuit : ___ City/County: _____ FIPS Code: ___

Judge's Name: _____ *Office Use Only*

Preparer Name: _____ Preparer Title: ❑ Commonwealth's Attorney ❑ Probation Officer

Prosecuting Commonwealth's Attorney: _____ Defense Attorney: _____

## CONVICTIONS

| Offense | Counts | VCC | Offense Date (Month / Day / Year) |
|---|---|---|---|
| Primary Offense: _____ | | | |
| Additional Offenses: _____ | | | |
| _____ | | | |

Primary Offense Code Section : § _____ Docket Number: _____

## METHOD OF ADJUDICATION

❑ Jury Trial → **Sentence Set by Jury:** ❑ Life Sentence Enter Sentence ___ Years ___ Months ___ Days

❑ Bench Trial ❑ Guilty Plea ❑ Alford Plea/Nolo contendere

## SENTENCING GUIDELINES RECOMMENDATIONS

**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

**Mandatory Minimum** _____

**Section C**

❑ Life Sentence

❑ Incarceration *(Enter Midpoint and Range Below)*

**Range Midpoint** ___ Years ___ Months

**Sentence Range** ___ Years ___ Months **TO** ___ Years ___ Months

☐ Recommendation Adjusted for **Mandatory Minimum**

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

❑ Recommended for Alternative Punishment

❑ NOT Recommended for Alternative Punishment

❑ Not Applicable

# Final Disposition

**Fill in after sentence has been pronounced.**

## ◆ SENTENCE

Years | Months | Days

Total Time Imposed Before Suspension ..... ❑ Life Sentence +

Total Time to Serve (effective) ..... ❑ Life Sentence + ❑ Sentenced to Time Served

Post Release Term §18.2 -10 .....

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

Probation Period (Supervised) §19.2 - 303 ..... ❑ Indefinite

*Check all that apply*

❑ Incarceration Sentence to Run Concurrently With Another Sentencing Event

❑ Written Plea Agreement Accepted ❑ Oral Sentence Recommendation Accepted

❑ Restitution $ ___,___,___.___ ❑ Fine $ ___,___,___.___

### Other Sentencing Programs *(Check all that apply)*

❑ Day Reporting
❑ Diversion Center Incarceration
❑ Electronic Monitoring
❑ Unsupervised Probation
❑ §18.2-251
❑ Community-Based Program _____ *Specify type or name of program*
❑ Detention Center Incarceration
❑ Drug Court
❑ Intensive Probation
❑ Youthful Offender
❑ Other _____ *Specify type or name of program*

*Office Use Only*

## ◆ REASON FOR DEPARTURE

*Office Use Only*

Must be completed pursuant to §19.2-298.01(B)

_____

_____

_____

_____

## ◆ SENTENCING DATE

Judge's Signature

Month / Day / Year

## ◆ ATTACH COURT ORDER AND MAIL

Pursuant to §19.2-298.01(E)

After sentencing, send to:

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

*Office Use Only* Error Code | Audit Code | PSI | Misc.