



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

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◆ REASON FOR DEPARTURE

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

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◆ SENTENCING DATE

/ /
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 • Fifth Floor • 100 North Ninth Street • Richmond, Virginia 23219

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Error Code	Audit Code	PSI	Misc.	

Rape — Section A

Offender Name: _____

◆ Offender's Age at Time of Offense

Younger than 35 years 12
35 to 46 years 4
Older than 46 years 0

◆ Less than 9th Grade Education

If YES, add 4 →

0

◆ Not Regularly Employed

If YES, add 5 →

0

◆ Offender's Relationship with Victim

Victim Under Age 10 Relative 0
 Known to victim (not relative or step-parent) 4
 Stranger 4
 Step-parent 9

Victim Age 10 or more Relative 2
 Known to victim (not relative or step-parent) 3
 Stranger 8
 Step-parent 2

0

◆ Location of Offense

Place of employment 0
Shared victim/offender residence 3
Outdoors 3
Motor Vehicle 4
Victim's residence (not offender's) 5
Offender's residence or other residence 9
Location other than listed 3

0

◆ Prior Adult Felony/Misdemeanor Arrests for Crimes Against Person

Number: 0 Felonies 1 - 3 Misdemeanors 1
 4+ Misdemeanors 8

1 Felony 0 - 2 Misdemeanors 5
 3+ Misdemeanors 8

2+ Felonies 0 - 3 Misdemeanors 8
 4+ Misdemeanors 15

◆ Prior Incarcerations/Commitments

If YES, add 3 →

0

◆ Prior Treatment

Prior mental health commitment 0
Prior mental health treatment 2
Prior alcohol or drug treatment 3
No prior treatment 4

0

Risk Score

Risk Level
(Risk Score)

- ☐ 44 or more Level 1
☐ 34 - 43 Level 2
☐ 28 - 33 Level 3
☐ up to 27 No Adjustment

Go to **Section C**

Rape — Section C

Offender Name: _____

There is no Section B for this offense.

◆ Primary Offense

Prior Record Classification
☐ Category I ☐ Category II ☐ Other

A. Attempted or conspired forcible rape, forcible sodomy or object sexual penetration			
1 count	60	30	15
B. Forcible rape or object sexual penetration, victim under age 13			
1 - 2 counts	312	208	117
3 counts	882	588	331
C. Forcible sodomy, victim under age 13			
1 - 2 counts	354	236	133
3 counts	882	588	331
D. Forcible rape or object sexual penetration, victim age 13 or older			
1 count	402	268	151
2 counts	882	588	331
E. Forcible sodomy, victim age 13 or older			
1 count	324	216	122
2 counts	882	588	331

Score

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

Maximum Penalty:	10	5
(years)	Life	18

0		
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◆ Additional Offenses Assign points to each additional offense (including counts) and total the points

Maximum Penalty:	Less than 2	0
(years)	2, 3	1
	4, 5	2
	10	5
	20	9
	30	14
	40 or more	18

0		
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◆ Weapon Used, Brandished, Feigned or Threatened

If YES, add 39 →

0		
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◆ Victim Injury

Threatened or emotional	3
Physical	20
Serious physical	76

0		
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◆ Prior Felony Sexual Assault Convictions/Adjudications

Number:	1	13
	2	26
	3 or more	39

0		
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Total Score

See Rape Section C Recommendation Table for guidelines sentence range.

If necessary, on the cover sheet also enter the adjusted high end of the guidelines sentence range based on Risk Level: ☐ 1 ☐ 2 ☐ 3 or ☐ n/a

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Additional Offenses Continuation Sheet

Offender Name: _____

Offense	Counts	VCC	Offense Date
			MonthDayYear
_____		- -	/ /
_____		- -	/ /
_____		- -	/ /
_____		- -	/ /
_____		- -	/ /
_____		- -	/ /
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