

Sentencing Revocation Report

Date Form Completed: _____

◆ OFFENDER

First: _____ Middle: _____

Last: _____ Suffix: _____

Date of Birth: _____ / _____ / _____ Social Security Number: _____ - _____ - _____
Month Day Year

SID/CCRE: _____

◆ COURT

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

Judge's Name: _____
Office Use Only

◆ MOST SERIOUS ORIGINAL FELONY OFFENSE INFORMATION

Primary Offense _____ VCC _____ Sentencing Date (Original) _____
Month Day Year

PSI NUMBER: _____

◆ ORIGINAL DISPOSITION INFORMATION

☐ No Incarceration ☐ Detention or Diversion Center Incarceration (no active incarceration) ☐ Jail or Prison

◆ TYPE OF REVOCATION (check all that apply)

☐ Probation ☐ Post-Release ☐ Good Behavior ☐ Suspended Sentence ☐ Community-Based Program

◆ CONDITIONS CITED IN VIOLATION (check all that apply)

- ☐ 1. Fail to obey all Federal, State, and local laws and ordinances
- ☐ 2. Fail to report any arrests within 3 days to probation officer
- ☐ 3. Fail to maintain employment or to report changes in employment
- ☐ 4. Fail to report as instructed
- ☐ 5. Fail to allow probation officer to visit home or place of employment
- ☐ 6. Fail to follow instructions and 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 State of Virginia without permission
- ☐ 11. Abscond from supervision
- ☐ Fail to follow special conditions (specify) _____

Complete if there are any new law or ordinance violations:

VCCs for most serious conviction

Location of Arrest:

☐ Virginia ☐ Out of State or Federal

◆ VIOLATION GUIDELINES RECOMMENDATION

☐ Probation/No Incarceration

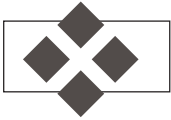
☐ Incarceration (Enter Range Below)

Range _____ to _____
Years Months Days Years Months Days

☐ Recommendation Exceeds Revocable Time of _____
Years Months Days

☐ Probation Violation Guidelines
Do Not Apply (check reason)

- ___ Condition 1 Violation
- ___ 1st Offender Violation
- ___ Parole Eligible Case
- ___ Revocation Other Than Probation



Final Decision/Disposition

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

◆ DECISION OF THE COURT

☐ Found in Violation— OR →
of Conditions Cited

☐ Taken Under Advisement

☐ Not in Violation

☐ Found in Violation of the Following Conditions: (check all that apply)

☐ Fail to obey all laws and ordinances

☐ Fail to report any arrests within 3 days

☐ Fail to maintain employment/report changes

☐ Fail to report as instructed

☐ Fail to allow probation officer to visit

☐ Fail to follow instructions and be truthful

☐ Use alcoholic beverages

☐ Use, possess, distribute drugs or paraphernalia

☐ Use, own, possess firearm

☐ Change residence/leave State without permission

☐ Abscond from supervision

☐ Fail to follow special conditions _____

◆ SENTENCE FOR REVOCATION

Amount of Revocable Time at Hearing/Sentencing.....☐ Life +

Amount of Time to Serve for Violation.....☐ Life +

Placed on Supervised Probation For:☐ Indefinite

☐ Continued Under Same Conditions

☐ Released from Supervision/Restrictions

Years	Months	Days

☐ Sentenced to
Time Served

☐ Continued on
Same Period of
Supervision

◆ SANCTIONS IMPOSED FOR REVOCATION (Check all that apply)

☐ Electronic Monitoring

☐ Day Reporting

☐ Intensive Probation

☐ Other _____

☐ Detention Center Incarceration

☐ Diversion Center Incarceration

☐ Community-Based Program _____

Specify type or name of program

Office Use Only	
Other	CBP

◆ REASON FOR DEPARTURE FROM GUIDELINES

Office Use Only		

◆ DATE OF REVOCATION DECISION

	/		/	
Month		Day		Year

Judge's Signature