Sentencing Revocation Report

Date Form Completed: _____

◆ OFFENDER

First: _____ Middle: _____

Last: _____ Suffix: ___

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

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 ___ (Years) ___ (Months) ___ (Days) to ___ (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** → ❒ Found in Violation of the Following Conditions: (check all that apply)
of Conditions Cited

❒ Taken Under Advisement
❒ Not in Violation

___ Fail to obey all laws and ordinances	___ Use alcoholic beverages
___ Fail to report any arrests within 3 days	___ Use, possess, distribute drugs or paraphernalia
___ Fail to maintain employment/report changes	___ Use, own, possess firearm
___ Fail to report as instructed	___ Change residence/leave State without permission
___ Fail to allow probation officer to visit	___ Abscond from supervision
___ Fail to follow instructions and be truthful	___ Fail to follow special conditions _____

◆ SENTENCE FOR REVOCATION

	Years	Months	Days	
Amount of Revocable Time at Hearing/Sentencing..... ❒ Life +				
Amount of Time to Serve for Violation..... ❒ Life +				❒ Sentenced to Time Served
Placed on Supervised Probation For: ..... ❒ Indefinite				❒ Continued on Same Period of Supervision

❒ Continued Under Same Conditions ❒ Released from Supervision/Restrictions

◆ SANCTIONS IMPOSED FOR REVOCATION *(Check all that apply)*

Office Use Only [ ] *Other* [ ] *CBP*

❒ Electronic Monitoring
❒ Day Reporting ❒ Intensive Probation ❒ Other_____
Specify type or name of program
❒ Detention Center Incarceration ❒ Diversion Center Incarceration
❒ Community-Based Program_____
Specify type or name of program

◆ REASON FOR DEPARTURE FROM GUIDELINES

Office Use Only [ ] [ ] [ ]

_____

_____

_____

_____

_____

_____

◆ DATE OF REVOCATION DECISION

[ ][ ] / [ ][ ] / [ ][ ]
Month Day Year

_____
Judge's Signature