



Sentencing Guidelines Cover Sheet

Scheduled Sentencing Date:

Grid for Scheduled Sentencing Date

Complete this form ONLY for applicable felonies sentenced on or after July 1, 2010.

OFFENDER

First _____ Middle _____ Last _____ Suffix _____

Date of Birth: [Month] [Day] [Year]

Social Security Number: [Grid]

CCRE: [V] [A] [Grid]

PSI Number: [Grid]

COURT

Judicial Circuit [Grid] City/County _____ FIPS Code: [Grid]

Sentencing Judge's Name _____ [Grid] For Office Use Only

Preparer Name _____ Commonwealth's Attorney Probation Officer

Prosecuting Commonwealth's Attorney _____ Defense Attorney _____

CONVICTIONS

Offense	Counts	VCC	Offense Date
			Month Day Year
Primary Offense	[Grid]	[Grid]	[Grid]
Additional Offenses	[Grid]	[Grid]	[Grid]
	[Grid]	[Grid]	[Grid]

Primary Offense Code Section § _____ Docket Number _____

Crime was Witnessed by Or Committed in the Presence of a Child

Please check box if any crime(s) in current event were witnessed by or committed in the presence of a minor child (age 17 or under). A child is present if he or she is within sight or sound of the offense when it occurs. This information is for research purposes only.

METHOD OF ADJUDICATION

Jury Trial Sentence Set by Jury: [Grid] [Grid] [Grid] Life Juvenile Fine Only
 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

Section B

Mandatory Minimum _____

Section C

- Life Sentence
- Incarceration (Enter Midpoint and Range Below)

Range Midpoint [Grid] [Grid]
Years Months

Sentence Range [Grid] [Grid] TO [Grid] [Grid]
Years Months 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 (INELIGIBILITY CONDITIONS marked on Section D)



Final Disposition

Fill In After Sentence Has Been Pronounced

SENTENCE

Total Time Imposed Before Suspension Life Sentence +

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Total Effective Time to Serve Life Sentence +

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 Sentenced to Time Served

Post Release

Post Release Term § 18.2-10

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Post Release Supervision Period § 19.2-295.2(A)

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Probation Period (Supervised) § 19.2 - 303 Indefinite

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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/Good Behavior
- § 18.2-251/§ 18.2-258.1
- Substance Abuse Treatment
- Community-Based Program _____
- Detention Center Incarceration
- Drug Court
- Intensive Probation
- Youthful Offender
- Other _____

Office Use Only

Other	CBP
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REASON FOR DEPARTURE

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

Office Use Only

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

Drug/Schedule I/II Section A

Offender Name: _____

◆ Primary Offense

- A. Possess Schedule I or II drug or First offender violation
 - 1 count 1
 - 2 counts 3
 - 3 counts 8
- B. Sell, Distribute, Possession with Intent, etc., Schedule I or II drug
 - 1 count 12
 - 2 counts 13
 - 3 counts 14
 - 4 counts 15
- C. Sell, etc. Schedule I or II drug to minor (1 count) 11
- D. Accommodation - Sell, Distribute, Possession with Intent Schedule I or II drug
 - 1 count 5
 - 2 counts 7
- E. Sell, etc. imitation Schedule I or II drug (1 count) 4

Score

◆ Primary Offense Additional Counts Total the maximum penalties for counts of the primary not scored above

- Years: 5 - 10 1 31 - 42 4
- 11 - 21 2 43 or more 5
- 22 - 30 3

0

◆ Additional Offenses Total the maximum penalties for additional offenses, including counts

- Years: Less than 4 0 22 - 30 3
- 4 - 10 1 31 - 42 4
- 11 - 21 2 43 or more 5

0

◆ Knife or Firearm in Possession at Time of Offense _____ If YES, add 2 →

0

◆ Conviction in Current Event Requiring Mandatory Minimum Term (6 mos or more) If YES, add 9 →

0

◆ Mandatory Firearm Conviction for Current Event _____ If YES, add 7 →

0

◆ Prior Convictions/Adjudications Total the maximum penalties for the 5 most recent and serious prior record events

- Years: Less than 7 0
- 7 - 26 1
- 27 - 48 2
- 49 or more 3

0

◆ Prior Incarcerations/Commitments _____ If YES, add 2 →

0

◆ Prior Felony Drug Convictions/Adjudications

- Number of Counts: 1 - 2 1
- 3 - 4 2
- 5 3
- 6 or more 4

0

◆ Prior Juvenile Record _____ If YES, add 1 →

0

◆ Legally Restrained at Time of Offense

- None 0
- Other than parole/post-release, supervised probation or CCCA 1
- Parole/post-release, supervised probation or CCCA 4

0

SCORE THE FOLLOWING FACTOR ONLY IF PRIMARY OFFENSE IS POSSESSION OF SCHEDULE I/II DRUG (§ 18.2-250(A,a))

◆ Two or More Prior Felony Convictions/Adjudications _____ If YES, add 2 →

For Possession, Possession with Intent, Distribution, Manufacture or Sale of Schedule I or II Drug

0

Total Score _____

If total is 10 or less, go to **Section B**. If total is 11 or more, go to **Section C**.

Drug/Schedule I/II



Section B

Offender Name: _____

◆ Primary Offense

- A. Possess Schedule I or II drug or First offender violation
 - 1 count 3
 - 2 counts 6
- B. Accommodation - Sell, distribute, possession with intent Schedule I or II drug
 - 1 count 8
 - 2 counts 9
- C. Sell, etc. imitation Schedule I or II drug (1 count) 4

Score

▼

0	
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◆ Primary Offense Additional Counts Total the maximum penalties for counts of the primary not scored above

- Years: 5 - 9 2
- 10 - 19 3
- 20 - 28 4
- 29 - 38 5
- 39 or more 6

0	
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◆ Additional Offenses Total the maximum penalties for additional offenses, including counts

- Years: Less than 1 0
- 1 - 9 2
- 10 - 19 3
- 20 - 28 4
- 29 - 38 5
- 39 or more 6

0	
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◆ Knife or Firearm in Possession at Time of Offense

If YES, add 2

0	
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◆ Prior Convictions/Adjudications Total the maximum penalties for the 5 most recent and serious prior record events

- Years: Less than 1 0
- 1 - 22 1
- 23 - 43 2
- 44 or more 3

0	
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◆ Prior Misdemeanor Convictions/Adjudications

- Number of 1 - 4 1
- Counts: 5 - 9 2
- 10 or more 3

0	
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◆ Prior Incarcerations/Commitments

If YES, add 1

0	
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◆ Prior Juvenile Record

If YES, add 1

0	
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◆ Legally Restrained at Time of Offense

- None 0
- Other than parole/post-release, supervised probation or CCCA 2
- Parole/post-release, supervised probation or CCCA 3

0	
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SCORE THE FOLLOWING FACTOR ONLY IF PRIMARY OFFENSE IS POSSESSION OF SCHEDULE I/II DRUG (§18.2-250(A,a))

◆ Two or More Prior Felony Convictions/Adjudications

For Possession, Possession with Intent, Distribution, Manufacture or Sale of Schedule I or II Drug

If YES, add 2

0	
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Total Score

See Drug/Schedule I/II Section B Recommendation Table to convert score to guidelines sentence.
Then, go to Section D Nonviolent Risk Assessment and follow the instructions.

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Drug/Schedule I/II Section C

Offender Name: _____

◆ Primary Offense

		Prior Record Classification		
		<input type="checkbox"/> Category I	<input type="checkbox"/> Category II	<input type="checkbox"/> Other
A. Possess Schedule I or II drug or First offender violation-Attempted, conspired or completed:				
1 count	20	10	5	
2 counts	28	14	7	
3 counts	36	18	9	
B. Sell, Distribute, Possession with intent, etc., Schedule I or II drug				
Completed:				
1 count	60	36	12	
2 counts	80	48	16	
3 counts	95	57	19	
4 counts	130	78	26	
Attempted or conspired:				
1 count	48	24	12	
2 counts	64	32	16	
3 counts	76	38	19	
4 counts	104	52	26	
C. Sell, etc. Schedule I or II drug, second offense; third and subsequent offense				
Completed:				
1 count	110	66	22	
2 counts	310	186	62	
Attempted or conspired:				
1 count	88	44	22	
2 counts	248	124	62	
D. Sell, etc. Schedule I or II drug to minor				
Attempted, conspired or completed:				
1 count	60	30	15	
E. Accomodation-Sell, etc. Schedule I or II drug - Attempted, conspired or completed:				
1 count	32	16	8	
2 counts	40	20	10	
F. Sell, etc. imitation Schedule I or II drug - Attempted, conspired or completed:				
1 count	12	6	3	
2 counts	20	10	5	

Score

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◆ Primary Offense Additional Counts

Maximum Penalty:	5, 10	1
(years)	40 or more	5

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◆ Additional Offenses

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

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◆ Mandatory Minimum for Weapon Conviction(s) in Current Event

	Assign points to each additional offense with a mandatory minimum and total the points	
2 Year Mandatory Minimum	13	
5 Year Mandatory Minimum	32	

0		
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◆ Firearm in Possession at Time of Offense

If YES, add 5

0	0	
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◆ Prior Convictions/Adjudications

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

0		
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◆ Prior Felony Drug Convictions/Adjudications

Number of Counts:	1	2	4	7
	2	3	5	8
	3	5	6 or more	10

0		
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◆ Prior Felony Convictions/Adjudications Against Person

Number of Counts:	1	3
	2	6
	3	9
	4 or more	12

0		
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◆ Prior Felony Property Convictions/Adjudications

Number of Counts:	1, 2	1
	3	2
	4 or more	3

0	0	
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◆ Prior Juvenile Record

If YES, add 1

0	0	
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◆ Legally Restrained at Time of Offense

If YES, add 3

0	0	
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SCORE THE FOLLOWING FACTORS ONLY IF PRIMARY OR ADDITIONAL OFFENSE INVOLVES THE SALE, ETC. OF COCAINE

◆ Sale/Quantity of Cocaine (§18.2-248(C) or §18.2-255(A) convictions only)

Quantity of Cocaine	Less than 28.35 grams	0
	28.35 grams to less than 226.8 grams	36
	226.8 grams or more	60

0		
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Total Score

See Drug/Schedule I/II Section C Recommendation Table for guidelines sentence range. Then go to Section D Nonviolent Risk Assessment and follow the instructions.

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Nonviolent Risk Assessment



Section D

Offender Name: _____

Ineligibility Conditions

- A. Was the offender recommended for **Probation/No Incarceration** on Section B? Yes No
- B. Do any of the offenses at sentencing involve the sale, distribution, or possession with intent, etc. of cocaine of a combined quantity of 28.35 grams (1 ounce) or more? Yes No
- C. Are any prior record offenses violent (Category I/II listed in Table A of the Guidelines Manual)? Yes No
- D. Are any of the offenses at sentencing violent (Category I/II listed in Table A of the Guidelines Manual)? Yes No
- E. Do any of the offenses at sentencing require a mandatory term of incarceration? Yes No

If answered YES to ANY, go to "Nonviolent Risk Assessment Recommendations" on cover sheet and check Not Applicable. If answered NO to ALL, complete remainder of Section D worksheet.

Offense Type *Select the type of primary offense* _____

Drug	3	↓
Fraud	3	
Larceny	11	

Additional Offense(s) _____

If YES, add 5 → 0

Offender Score factors A to D and enter the total score _____

A. Offender is a male	8	<input type="checkbox"/>	+	
B. Offender's age at time of offense				
Younger than 30 years	13	<input type="checkbox"/>		+
30 - 40 years	8			
41 - 46 years	1			
Older than 46 years	0			
C. Offender not regularly employed (during 2 years prior to arrest date)	9	<input type="checkbox"/>	+	
D. Offender age 26 or more and never married (at time of offense)	6	<input type="checkbox"/>		
<input type="checkbox"/> Information above not available (i.e., unable to interview defendant, defendant's lack of cooperation, etc.)			=	Enter A to D Total

Arrest or Confinement Within Past 18 Months (prior to instant offenses) _____

If YES, add 6 → 0

Prior Felony Convictions and Adjudications *Select the combination of adult and juvenile felony convictions/adjudications that characterizes the offender's prior record.* _____

Adult felony convictions only	3	↓
Juvenile felony convictions or adjudications only	6	
Both adult and juvenile felony convictions/adjudications	9	

Prior Adult Incarcerations _____

Number: 1 - 2	3	↓
3 - 4	6	
5 or more	9	

Total Score _____

- 38 or less, check Recommended for Alternative Punishment.
- 39 or more, check NOT Recommended for Alternative Punishment.

Drug Schedule I or II
Section D

Go to **Cover Sheet** and fill out **Nonviolent Risk Assessment Recommendations**.



Additional Offenses Continuation Sheet

Offender Name: _____

Offense	Counts	VCC	Offense Date		
			Month	Day	Year
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
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