



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 convictions*

Location of Arrest:

Virginia Out of State or Federal

◆ VIOLATION GUIDELINES RECOMMENDATION _____

Probation/No Incarceration

Incarceration (Enter Range Below)

Range _____ 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
(Do Drug Guidelines)

— Parole Eligible Case

— Revocation Other Than Parole



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)

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

◆ SENTENCE FOR REVOCATION

Amount of Revocable Time at Hearing/Sentencing.....	<input type="checkbox"/> Life +	Years	Months	Days	
Amount of Time to Serve for Violation.....	<input type="checkbox"/> Life +				<input type="checkbox"/> Sentenced to Time Served
Placed on Supervised Probation For:	<input type="checkbox"/> Indefinite				<input type="checkbox"/> Continued on Same Period of Supervision
<input type="checkbox"/> Continued Under Same Conditions	<input type="checkbox"/> 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

Probation Violation Guidelines Section A

Offender Name: _____

◆ **Original Disposition was Incarceration** _____ If YES, add 1 →

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◆ **Original Felony Offense Type** *select the type of most serious original felony offense* _____

A. Drug	13	Score ▼ <table border="1" style="margin: 0 auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
B. Person	15			
C. Traffic/Weapon	24			
D. Other	1			
E. Property	3			

◆ **Previous Adult Probation Revocation Events** _____

Number of Violation Events: 1 - 2	7	▼ <table border="1" style="margin: 0 auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
3 or more	10			

◆ **New Felony Arrests** _____

Number of Counts: 1 - 3	4	▼ <table border="1" style="margin: 0 auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
4 or more	18			

◆ **Never Reported to /Unsuccessful Discharge from following Programs** _____

Community service, Day Reporting, Employment and/or Residential programs.....	15	▼ <table border="1" style="margin: 0 auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
Detention or Diversion Center.....	18			

◆ **Condition Violated** *score only the violation receiving the highest points* _____

2. Fail to report any arrests within 3 days to probation officer	17	▼ <table border="1" style="margin: 0 auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
3. Fail to maintain employment/report changes in employment	17			
4. Fail to report as instructed	18			
5. Fail to allow probation officer to visit home or place of employment	17			
6. Fail to follow instructions and be truthful and cooperative	18			
7. Use alcoholic beverages to excess	17			
8. Use, possess, distribute controlled substances or paraphernalia	31			
9. Use, own, possess, transport or carry firearm	17			
10. Change of residence or leave Commonwealth of Virginia	1			
11. Abscond from supervision	34			
Fail to follow special conditions (sex offender)	19			
Fail to follow special conditions (other than sex offender conditions)	11			

◆ **Absconded 13 months or more** _____ If YES, add 5 →

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Total Score _____ →

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If total is 36 or less, the recommendation is **Probation/No Incarceration**.
If total is 37 or more, go to **Section C Worksheet**.

Probation Violation Guidelines Section C

Offender Name: _____

◆ **Original Felony Offense Type** *select the type of most serious original felony offense* _____

A. DWI or Habitual Offender	3
B. Property	4
C. Drug	5
D. Person	13
E. Weapon	16
F. Other	1

Score
▼

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◆ **Previous Adult Probation Revocation Events** _____

Number of Violation Events:	1 - 2	4
	3 or more	16

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◆ **New Arrests for Crimes Against Person** _____

Number of Counts:	0	0
	1	4
	2	15
	3 - 4	30
	5 or more	38

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◆ **New Arrests for Nonperson Crimes** _____

Number of Counts:	0 - 1	0
	2	9
	3 - 4	12
	5 or more	19

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◆ **Months until First Noncompliant Incident** _____

10 months or less	28
11 months to 22 months	22
23 months or more	0

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◆ **Unsuccessful Discharge from Detention Center Program** _____ **If YES, add 30** →

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◆ **Never Reported to Drug Treatment/Drug Education Program** _____

Number:	1 - 2	9
	3 or more	16

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◆ **Positive Drug Test or Signed Admission (not marijuana or alcohol)** — **If YES, add 10** →

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◆ **Violated Sex Offender Restrictions** _____ **If YES, add 5** →

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◆ **Time Absconded** _____

2 months or less	0
3 months to 24 months	9
25 months or more	12

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Total Score _____ →

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 See Probation Violation Guidelines Section C
 Recommendation Table for guidelines sentence range.