



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, 2011.

OFFENDER

First _____ Middle _____ Last _____ Suffix _____

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

Social Security Number: [Grid]

CCRE: [V][A] [Grid] CORIS/DOC Offender ID: [Grid] PSI #: [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
Primary Offense			Month Day Year
Additional Offenses			

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 RECOMMENDATION

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] Days

Sentence Range [Grid] [Grid] TO [Grid] [Grid] Days

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)
- Not a DRUG, FRAUD or LARCENY Offense

Drug/Other Section A

Offender Name: _____

◆ Primary Offense

- A. Other than listed below (1 count) 1
- B. Sell, etc. 1/2 ounce - 5 pounds of marijuana for profit; Sell, etc. marijuana to inmate for accommodation
 - 1 count 3
 - 2 counts 8
- C. Sell, etc. more than 5 pounds of marijuana for profit; Sell, etc. third or subsequent felony (1 count) 12
- D. Sell, etc. marijuana to minor (1 count) 11
- E. Manufacture marijuana not for personal use (1 count) 8
- F. Transport 5 pounds or more of marijuana into Commonwealth (1 count) 12
- G. Sell, etc. Schedule III or IV drug to minor (1 count) 11
- H. Sell, etc. Schedule III drug-not anabolic steroid
 - 1 count 8
 - 2 counts 10

Score

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◆ Primary Offense Additional Counts

Total the maximum penalties for counts of the primary not scored above

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

0	
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◆ Additional Offenses

Total the maximum penalties for additional offenses, including counts

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

0	
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◆ Knife or Firearm in Possession at Time of Offense

If YES, add 2

0	
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◆ Mandatory Firearm Conviction for Current Event

If YES, add 6

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 7 0
- 7 - 26 1
- 27 - 48 2
- 49 or more 3

0	
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◆ Prior Incarcerations/Commitments

If YES, add 2

0	
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◆ Prior Felony Drug Convictions/Adjudications

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

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 1
- Parole/post-release, supervised probation or CCCA 4

0	
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Total Score

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

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Drug/Other Section B

Offender Name: _____

◆ Primary Offense

- A. Other than listed below (1 count) 1
- B. Sell, etc. 1/2 ounce - 5 pounds of marijuana for profit; Sell, etc. marijuana to inmate for accommodation
 - 1 count 6
 - 2 counts 9
- C. Manufacture marijuana not for personal use (1 count) 5
- D. Sell, etc. Schedule III drug - not anabolic steroid
 - 1 count 7
 - 2 counts 12

Score

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

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

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

0	
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◆ Prior Incarcerations/Commitments

Primary offense sale, etc. of a Schedule III drug - not anabolic steroid If YES, add 4

Primary offense OTHER THAN sale, etc. of a Schedule III drug - not anabolic steroid If YES, add 1
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0	
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◆ Prior Juvenile Record If YES, add 1

0	
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◆ Legally Restrained at Time of Offense

Primary offense sale, etc. of a Schedule III drug - not anabolic steroid	Points
None	0
Other than parole/post-release, supervised probation or CCCA	3
Parole, post-release, supervised probation or CCCA	4

Primary offense OTHER THAN sale, etc. of a Schedule III drug - not anabolic steroid	Points
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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Total Score

See Drug/Other 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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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		+		
B. Offender's age at time of offense					
Younger than 30 years	13				
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				
D. Offender age 26 or more and never married (at time of offense)	6				
<input type="checkbox"/> Information above not available (i.e., unable to interview defendant, defendant's lack of cooperation, etc.)					
				=	

◆ 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 Other/ 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
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