



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 Probation

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="width: 100%; height: 30px;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></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="width: 100%; height: 30px;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr></table>		
3 or more	10			

◆ **New Felony Arrests** _____

Number of Counts: 1 - 3	4	▼ <table border="1" style="width: 100%; height: 30px;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></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="width: 100%; height: 30px;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></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="width: 100%; height: 30px;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></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.