

# 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 \_\_\_\_\_

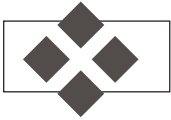
Probation/No Incarceration

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



# 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.....  Life +

Amount of Time to Serve for Violation.....  Life +

Placed on Supervised Probation For: .....  Indefinite

	Years	Months	Days	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Sentenced to Time Served
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 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	
<small>Other</small>	<small>CBP</small>

- Electronic Monitoring
  - Day Reporting                       Intensive Probation                       Other \_\_\_\_\_
  - 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

	/		/	
<small>Month</small>		<small>Day</small>		<small>Year</small>

\_\_\_\_\_

*Judge's Signature*