Clear Form

Scheduled Sentencing Date: ___ / ___ / ___

Rape Sentencing Guidelines Cover Sheet

Complete this form ONLY for applicable felonies sentenced on or after **July 1, 2013.**

OFFENDER

First _____ Middle _____ Last _____ Suffix _____

Date of Birth: ___ / ___ / ___ (Month / Day / Year) Social Security Number: _____

CCRE: V A _____ CORIS Offender ID: _____ PSI #: _____

COURT

Judicial Circuit City/County _____ FIPS Code: _____

Sentencing Judge's Name 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			
_____	☐	___ - ___ - ___	___ / ___ / ___
Additional Offenses			
_____	☐	___ - ___ - ___	___ / ___ / ___
_____	☐	___ - ___ - ___	___ / ___ / ___

More Offenses

Primary Offense Code Section § _____ Docket Number _____

METHOD OF ADJUDICATION

☐ Jury Trial Sentence Set by Jury: ___ Years ___ Months ___ Days ☐ Life ☐ Juvenile ☐ Fine Only

☐ Bench Trial ☐ Guilty Plea ☐ Alford Plea/Nolo contendere

SENTENCING GUIDELINES RECOMMENDATIONS

Section C

☐ Incarceration *(Enter Midpoint and Range Below)* ☐ Life Sentence

Range Midpoint ___ Years ___ Months ___ Days

Sentence Range ___ Years ___ Months ___ Days **TO** ___ Years ___ Months ___ Days

☐ Recommendation Adjusted for **Mandatory Minimum**

Modifications Based on Risk Assessment

The upper end of the sentencing range can be adjusted based on the risk assessment level.

Characteristics of the offender and the circumstances of the offense may have correlated with a significant risk of recidivism among other sex offenders. If so, the upper end of the recommended sentence range can be increased **by:**

Check one

☐ **300% - Level 1**
☐ **100% - Level 2**
☐ **50% - Level 3**
☐ **No Adjustment**

Adjusted High End

___ Years ___ Months

Final Disposition

Fill In After Sentence Has Been Pronounced

SENTENCE

		Years	Months	Days
Total Time Imposed Before Suspension	☐ **Life Sentence +**			
Total Effective Time to Serve	☐ **Life Sentence +**			

☐ Sentenced to Time Served

Post Release

Post Release Term § 18.2-10			
Post Release Supervision Period § 19.2-295.2(A)			

Probation Period (Supervised) § 19.2 - 303	☐ **Indefinite**			

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*

REASON FOR DEPARTURE

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

Office Use Only

_____

_____

_____

_____

_____

SENTENCING DATE

Month . Day . Year

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

Office Use Only

Rape — Section A

Offender Name: _____

Offender's Age at Time of Offense

Younger than 35 years	12
35 to 46 years	4
Older than 46 years	0

Less than 9th Grade Education *(by conviction date)*

If YES, add 4 → 0

Not Regularly Employed *(during 2 years prior to arrest date)*

If YES, add 5 → 0

Offender's Relationship with Victim

Victim Under Age 10	Relative	0
	Known to victim (not relative or step-parent)	4
	Stranger	4
	Step-parent	9
Victim Age 10 or more	Relative	2
	Known to victim (not relative or step-parent)	3
	Stranger	8
	Step-parent	2

0

Location of Offense

Place of employment	0
Shared victim/offender residence	3
Outdoors	3
Motor Vehicle	4
Victim's residence (not offender's)	5
Offender's residence or other residence	9
Location other than listed	3

0

Prior Adult Felony/Misdemeanor Arrests for Crimes Against a Person

Number: 0 Felonies	1 - 3 Misdemeanors	1
	4+ Misdemeanors	8
1 Felony	0 - 2 Misdemeanors	5
	3+ Misdemeanors	8
2+ Felonies	0 - 3 Misdemeanors	8
	4+ Misdemeanors	15

Prior Incarcerations/Commitments

If YES, add 3 → 0

Prior Treatment

Prior mental health commitment	0
Prior mental health treatment	2
Prior alcohol or drug treatment	3
No prior treatment	4

0

Risk Score → 0

Risk Level (Risk Score)

- ☐ 44 or more ..... Level 1
- ☐ 34 - 43 ..... Level 2
- ☐ 28 - 33 ..... Level 3
- ☐ up to 27 ..... No Adjustment

Go to **Section C**

Rape — Section C

Offender Name: _____

There is no Section B for this offense.

Primary Offense

Prior Record Classification: ☐ Category I ☐ Category II ☐ Other

(scores for attempted/conspired offenses are in parentheses)

	Category I	Category II	Other
A. Attempted or conspired forcible rape, forcible sodomy or object sexual penetration			
1 count	(60)	(30)	(15)
B. Forcible rape or object sexual penetration, victim under age 13			
1 - 2 counts	312	208	117
3 counts	882	588	331
C. Forcible sodomy, victim under age 13			
1 - 2 counts	354	236	133
3 counts	882	588	331
D. Forcible rape or object sexual penetration, victim age 13 or older			
1 count	402	268	151
2 counts	882	588	331
E. Forcible sodomy, victim age 13 or older			
1 count	324	216	122
2 counts	882	588	331

Score ▼ [ ]

Primary Offense Remaining Counts

Assign points to each count of the primary not scored above and total the points

Maximum Penalty: (years)	
10	5
Life	18

0 [ ]

Additional Offenses

Assign points to each additional offense (including counts) and total the points

Maximum Penalty: (years)	
Less than 2	0
2, 3	1
4, 5	2
10	5
20	9
30	14
40 or more	18

0 [ ]

Weapon Used, Brandished, Feigned or Threatened

If YES, add 39 → 0 [ ]

Victim Injury

Threatened or emotional	3
Physical	20
Life threatening	76

0 [ ]

Prior Felony Sexual Assault Convictions/Adjudications

Number of Counts:	
1	13
2	26
3 or more	39

0 [ ]

Total Score

0

Rape/Section C

See **Rape Section C Recommendation Table** for guidelines sentence range.

If necessary, on the cover sheet also enter the adjusted high end of the guidelines sentence range based on Risk Level: ☐ 1 ☐ 2 ☐ 3 or ☐ n/a

Clear Form | Go to Cover

Additional Offenses *Continuation Sheet*

Offender Name:

Offense	Counts	VCC	Offense Date (Month / Day / Year)
		- -	/ /
		- -	/ /
		- -	/ /
		- -	/ /
		- -	/ /
		- -	/ /
		- -	/ /
		- -	/ /
		- -	/ /
		- -	/ /
		- -	/ /

Go to Cover Sheet

Clear Form