Sentencing Revocation Report

Clear Form

☐ IMSP Case

Date Form Completed: _____

OFFENDER

First: _____ Middle: _____

Last: _____ Suffix: _____

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

SID/CCRE: _____ CORIS Offender ID: _____

COURT

Judicial Circuit: _____ City/County: _____ FIPS Code: _____

Judge's Name: Judge

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, be truthful, cooperative, and report
☐ 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 ___ Years ___ Months ___ Days to ___ Years ___ Months ___ Days

☐ Recommendation Exceeds Revocable Time of ___ Years ___ Months ___ Days

☐ Probation Violation Guidelines Do Not Apply (check reason)

☐ Condition 1 Violation

☐ Deferred Finding/Sentence - ***Do not complete this form*** *(Complete original sentencing 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 →

☐ Found in Violation of the Following Conditions: (check all that apply)

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

☐ Taken Under Advisement or Deferred

☐ Not in Violation

◆ SENTENCE FOR REVOCATION

		Years	Months	Days	
Amount of Revocable Time at Hearing/Sentencing.....	❒ Life +				
Amount of Time to Serve for Violation.....	❒ Life +				❒ Sentenced to Time Served
Placed on Supervised Probation For:.....	❒ Indefinite				❒ 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: 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 ☐☐☐ ☐☐☐ ☐☐☐

_____

_____

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_____

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_____

◆ DATE OF REVOCATION DECISION

☐☐ / ☐☐ / ☐☐
Month Day Year

_____
Judge