

 \square Recommendation

Exceeds Revocable Time of

Sentencing Revocation Rep	D ort
	Date Form Completed:
OFFENDER -	
First: Midd	le:
Last:	Suffix:
Date of Birth: Social Security Number CORIS SID/CCRE: Offender I	
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:	
TYPE OF REVOCATION (check all that apply) Probation Post-Release Good Behavior Suspended	
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 	Complete if there are any new law or ordinance violations: VCCs for most serious convictions
 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 	Location of Arrest: Virginia Out of State or Federal
VIOLATION GUIDELINES RECOMMENDATION	
☐ Probation/No Incarceration ☐ Incarceration (Enter Range Below) Range	 Probation Violation Guidelines <u>Do Not Apply</u> (check reason) Condition 1 Violation Deferred Finding/Sentence (Complete SG) Parole Eligible Case

---- Revocation Other Than Probation

DECISION OF THE COURT-		
☐ Found in Violation • OR →	☐ Found in Violation of the Following Co	onditions: (check all that apply)
of Conditions Cited	Fail to obey all laws and ordinances Fail to report any arrests within 3 days	Use alcoholic beverages
☐ Taken Under Advisement	Fail to maintain employment/report changes	Use, possess, distribute drugs or paraphernaliaUse, own, possess firearm
or Deferred	Fail to report as instructed Fail to allow probation officer to visit	 Change residence/leave State without permission Abscond from supervision
☐ Not in Violation	Fail to follow instructions and be truthful	Fail to follow special conditions
SENTENCE FOR REVOCAT	ION————	
Amount of Revocable Time at Hear	ing/Sentencing□ Life +	Months Days
Amount of Time to Serve for Violation		Sentenced to Time Served
Placed on Supervised Probation For:	Indefinite	Continued on Same Period of
☐ Continued Under Same Conditi		Supervision
☐ Electronic Monitoring ☐ Day Reporting	REVOCATION (Check all that apply) □ Drug Court □ Intensive Probation □ Othe □ Diversion Center Incarceration Specify type or name of program	Citier CBP Specify type or name of program Office Use Only
REASON FOR DEPARTURE	FROM GUIDELINES	Citie Use City
DATE OF REVOCATION D	DECISION	
Month Day Year		Judge's Signature