



Sentencing Guidelines Cover Sheet

Scheduled Sentencing Date:

____/____/____

Complete this form ONLY for applicable felonies sentenced on or after July 1, 2017.

◆ OFFENDER

First _____ Middle _____ Last _____ Suffix _____

Date of Birth: ____/____/____
Month Day Year

Social Security Number: _____

CCRE: V A _____ CORIS Offender ID: _____

◆ 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	____	____-____-____	____/____/____
_____	____	____-____-____	____/____/____

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 RECOMMENDATION

Section B

- Probation/No Incarceration
- Incarceration 1 Day to 3 Months
- Incarceration 1 Day to 6 Months
- Incarceration 3 to 6 Months
- Probation/No Incarceration or Incarceration to 6 Months

Section B

Mandatory Minimum _____

Section C

- Life Sentence
- Incarceration (Enter Midpoint and Range Below)

Range Midpoint: ____ Years ____ Months ____ Days

Sentence Range: ____ Years ____ Months ____ Days TO ____ Years ____ Months ____ Days

Recommendation Adjusted for Mandatory Minimum

Non-Guidelines Offense

◆ NONVIOLENT RISK ASSESSMENT Section D of Drug, Fraud, and Larceny Worksheets

- Recommended for Alternative Punishment Not Applicable (INELIGIBILITY CONDITIONS marked on Section D)
- NOT Recommended for Alternative Punishment Not a DRUG, FRAUD or LARCENY Offense

◆ Final Disposition Fill In After Sentence Has Been Pronounced

◆ SENTENCE _____

Total Time Imposed Before Suspension Life Sentence +

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Total Effective Time to Serve Life Sentence +

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Sentenced to Time Served

Post Release

Post Release Term § 18.2-10

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Post Release Supervision Period § 19.2-295.2(A).....

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Probation Period (Supervised) § 19.2-303 Indefinite

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Good Behavior Period _____
Years Months Days

Check all that apply

- Incarceration Sentence to Run Concurrently With Another Sentencing Event
- Written Plea Agreement Accepted = Rule 3A:8(c)(1) (A) or (C)
- Plea and Recommendation Accepted = Rule 3A:8(c)(1)(B)
- Oral Sentence Recommendation Accepted
- Restitution \$ _____ Fine \$ _____

Other Sentencing Programs (check all that apply)

- | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Day Reporting <input type="checkbox"/> Detention Center Incarceration <input type="checkbox"/> Diversion Center Incarceration <input type="checkbox"/> Electronic Monitoring <input type="checkbox"/> § 18.2-251/§ 18.2-258.1 <input type="checkbox"/> Substance Abuse Treatment <input type="checkbox"/> Intensive Probation | <ul style="list-style-type: none"> <input type="checkbox"/> Community-Based Program _____ <input type="checkbox"/> CCAP Detention/Diversion Center Incarceration, 22-28 weeks <input type="checkbox"/> CCAP Detention/Diversion Center Incarceration, 42-48 weeks <input type="checkbox"/> Drug Court <input type="checkbox"/> Youthful Offender <i>(Enter 4 yrs. to serve)</i> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>
<small>Office Use Only</small> <input type="checkbox"/> DJJ Commitment <input type="checkbox"/> Indeterminate <input type="checkbox"/> Determinate <input type="checkbox"/> Other _____ | | | | | | | |
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Other	CBP

◆ REASON FOR DEPARTURE AND/OR MODIFICATION OF JURY SENTENCE

Must be completed pursuant to § 19.2-298.01(B) and/or § 19.2-295(B) / § 19.2-303

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◆ SENTENCING DATE

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Month Day Year

Judge's Signature

◆ 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

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