



# Sentencing Revocation Report (SRR) - Felony Supervision/Good Behavior/Suspended Sentence Violations

## ◆ OFFENDER

First: JANE Middle: \_\_\_\_\_ Last: RYE Suffix: \_\_\_\_\_  
 Date of Birth: 07/04/1995 SSN: 000-00-0000 SID/CCRE: 0000000 CORIS Offender ID: \_\_\_\_\_

## ◆ COURT

Judicial Circuit: 16 City/County: CULPEPER Docket Number: CR99999999-00 FIPS Code: 047

## ◆ TYPE OF REVOCATION

(Complete SRR and Guidelines):  State Supervised Probation for Felony  
 (Complete SRR only, guidelines do not apply):  Local Probation  Good Behavior /Suspend Sentence  CCAP  Procedural  
 (NOTE: This form is not completed for First Offender Violations, Deferred Finding Violations or Parole Violations)

Technical Violation:  1st  2nd  3rd or subsequent  
 Special Conditions  Yes  
 New Law Violation:  Felony  Misdemeanor

## ◆ CONDITIONS CITED IN VIOLATION BY PROBATION/PAROLE OFFICER (check all that apply)

- 1. Fail to obey all Federal, State, and local laws.
- 2. Fail to report any arrests within 3 days to PO.
- 3. Fail to maintain employment or to report changes.
- 4. Fail to report as instructed
- 5. Fail to allow probation officer to visit home or job.
- 6. Fail to follow instructions, 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 Virginia without permission
- 11. Abscond from supervision
- Fail to follow special conditions (specify)

Special Sex Offender Conditions  
 (Enter Letter for Condition(s) Violated):

Special Gang Member Conditions  
 (Enter Letter for Condition(s) Violated):

## ◆ TREATMENT, SANCTIONS, EDUCATIONAL PROGRAMS & ALTERNATIVES UTILIZED

(For Judicial Review)

	Enrolled, Ordered	Completed	Not Completed	Ineligible
Anger management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Screens increased/ordered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Skills Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gang Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incarceration - jail or prison	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in supervision level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recidivist Prevention Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reprimand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salvation Army Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex offender treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Program, Jail/DOC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse treatment, inpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse treatment, outpatient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse treatment: AA or NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking for a Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice Verification Biometrics Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

◆ DATE ARRESTED FOR THIS VIOLATION: 05 / 01 / 2021

◆ PRETRIAL CONFINEMENT FOR THIS VIOLATION  No

Confined Since Arrest for Violation Dates Confined \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Dates Confined \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
 (For Judicial Review. There is no indication that the times served will be applied to this case)

◆ PRETRIAL STATUS RELEASE :

Bond: \_\_\_ Secured \_\_\_ Unsecured  Own Recognizance  Third Party Release  N/A

◆ RECOMMENDATION RANGE:  No Time

Time Served

1  0  to  1  6

(Note to Judge: If you find the defendant has good rehabilitation potential, mark the box on the disposition page. The low end of the recommendation will be time served or zero additional days.)

# Probation Violation Guidelines Worksheet **New Law M**

## New Misdemeanor Conviction

Offender Name: \_\_\_\_\_

Base Guidelines on the Current Most Serious Primary Offense: N A R . 3 0 2 2 . F 5  Original Sentencing was Incarceration/CCAP

ICOTS Case for Supervision of Current Primary Transferred to: State Abv: \_\_\_\_\_

Amount of Total Revocable Time at Hearing Sentencing:  Life +  Years  Months  Days  
(This Court Only)

**1 Dates (use to score factors three and four)**

Earliest Original Sentencing Date 06/15/2017 Start of Current Supervision Period 09/07/2020

**2 Number of Felony Revocation Events for Current Offense(s) (This Court Only)**

Current Revocation Event Only ..... 2  
 One Revocation Event Prior to Current Revocation Event ..... 12  
 Two or More Revocation Events Prior to Current Revocation Event ..... 24

**0 1 2**

**3 Prior Felony Revocation(s) Before Original Sentencing Date (This Court Only)**

One Prior Felony Revocation ..... 18  
 Two or More Prior Felony Revocations ..... 19

**0 0**

**4 Felony Offense Conviction(s) Between Original Sentencing Date and Start of Current Supervision (ALL Courts)** — If YES, add 13 →

**0 1 3**

**5 Condition 1 Violation: New Misdemeanor Conviction(s) for Offenses Committed During Current Supervision Period (ALL Courts)**

New Misdemeanor Conviction is Similar Behavior to Current Primary Offense (Refer to Appendix 4) ..... 9  
 Any Other New Misdemeanor Convictions ..... 1

**0 0 9**

New Conviction(s)		Effective Sentence				Pending Sentence		
Counts	Most Serious VCC	Offense Date	Sent./Conv. Date	FIPS	Years	Months	Days	
1	ASL - 1315 - M1	12 / 29 / 20	04 / 06 / 21	047			20	<input type="checkbox"/>
	NAR - 3024 - M1	12 / 29 / 20	04 / 06 / 21	047			5	<input type="checkbox"/>
<i>Sum of Total Effective Sentence for All New Convictions (including counts not listed above):</i>							25	

**6 Condition 8 Violation: Drug Violation** — If YES, add 7 →

**0 0 7**

**7 Condition 11 Violation: Abscond** — If YES, add 10 →

**0 0**

Last date whereabouts were known \_\_\_/\_\_\_/\_\_\_ Date whereabouts verified \_\_\_/\_\_\_/\_\_\_

**8 Primary Offense VCC Prefix of SEX, RAP, OBS or Violation of Sex Offender Special Conditions (Court or DOC)** — If YES, add 22 →

**0 0**

**Recommendation Score** →

**4 1**

Go to SRR Cover Sheet and fill out the violation guidelines recommendation range.

**Recommendation Table**

Score	Guidelines Sentence
<input type="checkbox"/> Under 19.....	Time served to 6 months
<input type="checkbox"/> 19 to 33.....	3 months to 1 year
<input checked="" type="checkbox"/> 34 to 43.....	1 year to 1 year 6 months
<input type="checkbox"/> 44 or more.....	1 year to 4 years