



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

◆ OFFENDER _____

First: _____ Middle: _____ Last: _____ Suffix: _____

Date of Birth: _____ SSN: _____ SID/CCRE: _____ CORIS Offender ID: _____

◆ COURT _____

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

◆ 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"/>	X	<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"/>	X	<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 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: ____/____/____

◆ 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

to
Years Months Days to Years Months Days

(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: 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 + 0

(This Court Only) Years Months Days

Dates (use to score factors three and four)

Earliest Original Sentencing Date 08/20/2018 Start of Current Supervision Period 06/21/2020

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	2
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6 Prior Felony Revocation(s) Before Original Sentencing Date (This Court Only)

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

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0	0
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4 Felony Offense Conviction(s) Between

Original Sentencing Date and Start of Current Supervision (ALL Courts) — If YES, add 13 →

0	0
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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

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0	0	1
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New Conviction(s)					Effective Sentence			Pending Sentence
Counts	Most Serious VCC	Offense Date	Sent./Conv. Date	FIPS	Years	Months	Days	
_____	_____ - _____ - _____	____/____/____	____/____/____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____ - _____ - _____	____/____/____	____/____/____	_____	_____	_____	_____	<input type="checkbox"/>
Sum of Total Effective Sentence for All New Convictions (including counts not listed above):					_____	_____	_____	

6 Condition 8 Violation: Drug Violation

_____ If YES, add 7 →

0	0	0
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7 Condition 11 Violation: Abscond

_____ If YES, add 10 →

0	1	0
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Last date whereabouts were known 11/1/21 Date whereabouts verified 5/1/22

8 Primary Offense VCC Prefix of SEX, RAP, OBS or Violation of Sex Offender Special Conditions (Court or DOC)

_____ If YES, add 22 →

0	2	2
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Recommendation Score

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 type="checkbox"/> 34 to 43..... | 1 year to 1 year 6 months |
| <input type="checkbox"/> 44 or more..... | 1 year to 4 years |

→

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