

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

◆ OFFENDER

First: RON Middle: _____ Last: JOHNSON Suffix: _____
 Date of Birth: SSN: _____ SID/CCRE: _____ CORIS Offender ID: _____
Month Day Year

◆ COURT

Judicial Circuit: _____ City/County: ALEXANDRIA Docket Number: CR1900000000 FIPS Code: 510

◆ 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 Conditions 2-8 & 10: 1st 2nd 3rd or subsequent
 Technical Violation Conditions 9 & 11: 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 checked="" 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 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:
Month Day Year

◆ PRETRIAL CONFINEMENT FOR THIS VIOLATION

No Confined Since Arrest for Violation Dates Confined: to
Month Day Year Month Day Year
 (For Judicial Review. There is no indication that the times served will be applied to this case) to
Month Day Year Month Day Year

◆ PRETRIAL STATUS RELEASE

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

◆ RECOMMENDATION RANGE: No Time Time Served: to
Years Months Days 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 F**

New Felony Conviction

Offender Name: _____

Base Guidelines on the Current Most Serious Primary Offense: Original Sentencing was Incarceration/CCAP

VIRGINIA CRIME CODE

ICOTS Case for Supervision of Current Primary Transferred to: STATE

Amount of Total Revocable Time at Hearing Sentencing: Life +

(This Court Only)

1 Dates

Earliest Original Sentencing Date: Start of Current Supervision Period:

Month Day Year Month Day Year

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

Current Revocation Event Only0
 One or More Revocation Events Prior to Current Revocation Event10

3 Condition 1 Violation: New Felony Conviction(s) for Offenses Committed During Current Supervision Period (ALL Courts)

A. Number of New Person Felony Convictions (Counts) X 20 →

B. Number of New Non-Person Felony Convictions (Counts) X 2 →

New Conviction(s)				Offense Date			Sent./Conv. Date			FIPS	Effective Sentence			Pending Sentence
Counts	Most Serious VCC			Month	Day	Year	Month	Day	Year		Years	Months	Days	<input type="checkbox"/>
1	FRD	2743	f9	07	01	22	9	4	22	013	5	0	0	<input type="checkbox"/>
1	FRD	2602	f9	07	01	22	9	4	22	013	5	0	0	<input type="checkbox"/>
Sum of Total Effective Sentence for All New Convictions (including counts not listed above):											5	0	0	

4 **New Felony or Misdemeanor Conviction is Similar Behavior to the Most Serious Current Primary Offense Listed Above (Refer to Appendix 4)** — If YES, add 7 →

Recommendation Score →

Recommendation Table

Score	Guidelines Sentence
<input type="radio"/> 1 to 7.....	Time served to 1 year
<input type="radio"/> 8 to 15.....	6 months to 1 year 6 months
<input checked="" type="radio"/> 16 to 22.....	8 months to 2 years
<input type="radio"/> 23 or more.....	1 year 3 months to 4 years

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