



# Sentencing Guidelines Cover Sheet

Scheduled Sentencing Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Complete this form ONLY for applicable felonies sentenced on or after July 1, 2020.

## ◆ OFFENDER

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

CCRE:  V  A \_\_\_\_\_ CORIS Offender ID: \_\_\_\_\_ PSI: \_\_\_\_\_

## ◆ COURT

Judicial Circuit \_\_\_\_\_ City/County \_\_\_\_\_ FIPS Code: \_\_\_\_\_

Sentencing Judge's Name \_\_\_\_\_

Preparer Name \_\_\_\_\_  Commonwealth's Attorney  Probation Officer

Prosecuting Commonwealth's Attorney \_\_\_\_\_ Defense Attorney \_\_\_\_\_

## ◆ CONVICTIONS

Offense	Counts	VCC	Offense Date
Primary Offense	____	_____	____/____/____

For a comprehensive list of all offenses in the sentencing event, please refer to the **Offense Details** page following **Section D**.

Primary Offense Code Section § \_\_\_\_\_ Docket Number \_\_\_\_\_

### Drug Type in Event *Please check all that apply. This information is for research purposes only.*

- Cocaine     Codeine     Fentanyl     Heroin     Hydrocodone     Methadone  
 Methamphetamine     Methylphenidate     Morphine     Oxycodone     Any other Schedule I/II drug \_\_\_\_\_

## ◆ METHOD OF ADJUDICATION

Jury Trial Sentence Set by Jury: \_\_\_\_\_  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 \_\_\_\_\_

Sentence Range \_\_\_\_\_ TO \_\_\_\_\_

Recommendation Adjusted for Mandatory Minimum

Non Guidelines Offense  
*(Primary offense is a 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 Incarceration Term § 18.2-10 (suspended) .....	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td></tr></table>			<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				
Post Release Supervision Period § 19.2-295.2(A) .....	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td></tr></table>			<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				

Probation Period (Supervised) § 19.2-303 .....  Indefinite 

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Good Behavior Period (§ 19.2-306) \_\_\_\_\_  
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"> <li><input type="checkbox"/> Day Reporting</li> <li><input type="checkbox"/> Electronic Monitoring</li> <li><input type="checkbox"/> Intensive Probation</li> <li><input type="checkbox"/> Substance Abuse Treatment</li> <li><input type="checkbox"/> § 18.2-251/§ 18.2-258.1</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Community-Based Program _____</li> <li><input type="checkbox"/> CCAP Detention/Diversion Center Incarceration, 22-28 weeks</li> <li><input type="checkbox"/> CCAP Detention/Diversion Center Incarceration, 42-48 weeks</li> <li><input type="checkbox"/> Drug Court</li> <li><input type="checkbox"/> Youthful Offender <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table></li> <li><input type="checkbox"/> DJJ Commitment    <input type="checkbox"/> Indeterminate    <input type="checkbox"/> Determinate</li> <li><input type="checkbox"/> Other _____</li> </ul> |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

## 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

	<small>Office Use Only</small>										
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## SENTENCING DATE

	.		.	
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**