





# Final Decision/Disposition

To be completed by the sentencing judge or judge's designee.

## ◆ DECISION OF THE COURT

- Found in Violation - OR → of Conditions Cited
- Taken Under Advisement or Deferred
- Not in Violation

Found in Violation of the Following Conditions: (check all that apply)

<input type="checkbox"/> Fail to obey all laws and ordinances	<input type="checkbox"/> Use alcoholic beverages
<input type="checkbox"/> Fail to report any arrests within 3 days	<input type="checkbox"/> Use, possess, distribute drugs or paraphernalia
<input type="checkbox"/> Fail to maintain employment/report changes	<input type="checkbox"/> Use, own, possess firearm
<input type="checkbox"/> Fail to report as instructed	<input type="checkbox"/> Change residence/leave State without permission
<input type="checkbox"/> Fail to allow probation officer to visit	<input type="checkbox"/> Abscond from supervision
<input type="checkbox"/> Fail to follow instructions and be truthful	<input type="checkbox"/> Fail to follow special conditions _____

\_\_\_\_\_

\_\_\_\_\_

## ◆ SENTENCE FOR REVOCATION

Amount of Revocable Time at Hearing/Sentencing.....	<input type="checkbox"/> Life +	Years	Months	Days	
Amount of Time to Serve for Violation.....	<input type="checkbox"/> Life +				<input type="checkbox"/> Sentenced to Time Served
Placed on Supervised Probation For:.....	<input type="checkbox"/> Indefinite				<input type="checkbox"/> Continued on Same Period of Supervision

Continued Under Same Conditions       Released from Supervision/Restrictions

## ◆ SANCTIONS IMPOSED FOR REVOCATION (Check all that apply)

- Electronic Monitoring
- Day Reporting
- Detention Center Incarceration
- Community-Based Program \_\_\_\_\_  
*Specify type or name of program*
- Drug Court
- Intensive Probation
- Diversion Center Incarceration

Office Use Only

Other	CBP
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Other \_\_\_\_\_  
*Specify type or name of program*

## ◆ REASON FOR DEPARTURE FROM GUIDELINES

Office Use Only

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## ◆ DATE OF REVOCATION DECISION

Month	Day	Year
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\_\_\_\_\_  
*Judge's Signature*

# Probation Violation Guidelines Section A

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

◆ **Original Disposition was Incarceration** \_\_\_\_\_ If YES, add 1 → 

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◆ **Original Felony Offense Type** *select the type of most serious original felony offense* \_\_\_\_\_

	<b>Score</b>
A. Person .....	15
B. Property .....	3
C. Traffic/Weapon .....	24
D. Other .....	1
E. Drug .....	13

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◆ **Previous Adult Probation Revocation Events** \_\_\_\_\_

	<b>Score</b>
Number of Violation 1 - 2 .....	7
Events: 3 or more .....	10

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◆ **New Felony Arrests** \_\_\_\_\_

	<b>Score</b>
Number of Counts: 1 - 3 .....	4
Counts: 4 or more .....	18

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◆ **Never Reported to/Unsuccessful Discharge from following Programs** \_\_\_\_\_

	<b>Score</b>
Community service, day reporting, employment programs and/or residential programs.....	15
Detention or Diversion Center.....	18

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◆ **Condition Violated** *score only the violation receiving the highest points* \_\_\_\_\_

	<b>Score</b>
2. Fail to report any arrests within 3 days to probation officer . . . . .	17
3. Fail to maintain employment/report changes in employment . . . . .	17
4. Fail to report as instructed . . . . .	18
5. Fail to allow probation officer to visit home or place of employment . . . . .	17
6. Fail to follow instructions and be truthful and cooperative . . . . .	18
7. Use alcoholic beverages to excess . . . . .	17
8. Use, possess, distribute controlled substances or paraphernalia . . . . .	31
9. Use, own, possess, transport or carry firearm . . . . .	17
10. Change of residence or leave Commonwealth of Virginia . . . . .	1
11. Abscond from supervision . . . . .	34
Fail to follow special conditions (sex offender) . . . . .	19
Fail to follow special conditions (other than sex offender conditions) . . . . .	11

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◆ **Absconded 13 months or more** \_\_\_\_\_ If YES, add 5 → 

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**Total Score** \_\_\_\_\_

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If total is 36 or less, the recommendation is **Probation/No Incarceration**.  
If total is 37 or more, go to **Section C Worksheet**.

# Probation Violation Guidelines ❖ Section C

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

◆ **Original Felony Offense Type** *select the type of most serious original felony offense*

A. Person .....	13	<b>Score</b>  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
B. Property .....	4	
C. Weapon .....	16	
D. DWI or Habitual Offender .....	3	
E. Other .....	1	
F. Drug .....	5	

◆ **Previous Adult Probation Revocation Events**

Number of Violation Events:	1 - 2 .....	4	 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
	3 or more .....	16	

◆ **New Arrests for Crimes Against Person**

Number of Counts:	0 .....	0	 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
	1 .....	4	
	2 .....	15	
	3 - 4 .....	30	
	5 or more .....	38	

◆ **New Arrests for Nonperson Crimes**

Number of Counts:	0 - 1 .....	0	 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
	2 .....	9	
	3 - 4 .....	12	
	5 or more .....	19	

◆ **Months until First Noncompliant Incident**

	10 months or less .....	28	 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
	11 months to 22 months .....	22	
	23 months or more .....	0	

◆ **Unsuccessful Discharge from Detention Center Program** — If YES, add 30 —>

◆ **Never Reported to Drug Treatment/Drug Education Program**

Number:	1 - 2 .....	9	 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
	3 or more .....	16	

◆ **Positive Drug Test or Signed Admission (not marijuana or alcohol)** — If YES, add 10 —>

◆ **Violated Sex Offender Restrictions** — If YES, add 5 —>

◆ **Time Absconded**

	2 months or less .....	0	 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
	3 months to 24 months .....	9	
	25 months or more .....	12	

**Total Score** —>

See Probation Violation Guidelines Section C Recommendation Table for guidelines sentence range.