



Sentencing Revocation Report

IMSP Case

Date Form Completed: _____

◆ OFFENDER _____

First: _____ Middle: _____

Last: _____ Suffix: _____

Date of Birth: _____ / _____ / _____ Social Security Number: _____ - _____ - _____
Month Day Year

SID/CCRE: _____ CORIS Offender ID: _____

◆ COURT _____

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

Judge's Name: _____
Office Use Only

◆ MOST SERIOUS ORIGINAL FELONY OFFENSE INFORMATION _____

Primary Offense _____ VCC _____ Sentencing Date (Original) _____
_____ / _____ / _____
Month Day Year

PSI NUMBER: _____

◆ ORIGINAL DISPOSITION INFORMATION _____

No Incarceration Detention or Diversion Center Incarceration (no active incarceration) Jail or Prison

◆ TYPE OF REVOCATION (check all that apply) _____

Probation Post-Release Good Behavior Suspended Sentence Community-Based Program

◆ CONDITIONS CITED IN VIOLATION (check all that apply) _____

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

*Complete if there are any new law or ordinance violations:
VCCs for most serious convictions*

_____ / _____ / _____

_____ / _____ / _____

Location of Arrest:

Virginia Out of State or Federal

◆ VIOLATION GUIDELINES RECOMMENDATION _____

Probation/No Incarceration

Incarceration (Enter Range Below)

Range to
Years Months Days

Recommendation Exceeds Revocable Time of
Years Months Days

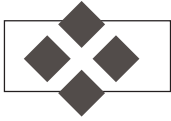
Probation Violation Guidelines
Do Not Apply (check reason)

— Condition 1 Violation

— Deferred Finding/Sentence - **Do not complete this form**
(Complete original sentencing guidelines)

— Parole Eligible Case

— Revocation Other Than Probation



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* _____

A. Person	15	Score ▼ <table border="1" style="width: 100%; height: 30px;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr></table>		
B. Property	3			
C. Traffic/Weapon	24			
D. Other	1			
E. Drug	13			

◆ **Previous Adult Probation Revocation Events** _____

Number of Violation Events: 1 - 2	7	▼ <table border="1" style="width: 100%; height: 30px;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr></table>		
3 or more	10			

◆ **New Felony Arrests** _____

Number of Counts: 1 - 3	4	▼ <table border="1" style="width: 100%; height: 30px;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr></table>		
4 or more	18			

◆ **Never Reported to/Unsuccessful Discharge from following Programs** _____

Community service, day reporting, employment programs and/or residential programs.....	15	▼ <table border="1" style="width: 100%; height: 30px;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr></table>		
Detention or Diversion Center.....	18			

◆ **Condition Violated** *score only the violation receiving the highest points* _____

2. Fail to report any arrests within 3 days to probation officer	17	▼ <table border="1" style="width: 100%; height: 30px;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr></table>		
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			

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

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Total Score _____

If total is 36 or less, the recommendation is Probation/No Incarceration. If total is 37 or more, go to Section C Worksheet.	▼ <table border="1" style="width: 100%; height: 30px;"><tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr></table>			

Probation Violation Guidelines ❖ Section C

Offender Name: _____


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

A. Person	13	Score  <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.