



Sentencing Guidelines Cover sheet

Scheduled Sentencing Date:

____/____/____

Complete this form ONLY for applicable felonies sentenced on or after July 1, 2017.

◆ OFFENDER

First _____ Middle _____ Last _____ Suffix _____

Date of Birth: _____
Month Day Year

Social Security Number: _____

CCRE: V A _____

CORIS Offender ID: _____ PSI: _____

◆ COURT

Judicial Circuit _____ City/County _____ FIPS Code: _____

Sentencing Judge's Name _____ For Office Use Only

Preparer Name _____ Commonwealth's Attorney Probation Officer

Prosecuting Commonwealth's Attorney _____ Defense Attorney _____

◆ CONVICTIONS

Offense	Counts	VCC	Offense Date
Primary Offense			<small>Month Day Year</small>
_____	____	____-____-____	____/____/____
Additional Offenses			
_____	____	____-____-____	____/____/____
_____	____	____-____-____	____/____/____

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: _____
Years Months Days 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 _____
Years Months Days

Sentence Range _____ TO _____
Years Months Days

Non Guidelines Offense
(Primary offense is a non guidelines offense)

Recommendation Adjusted for Mandatory Minimum

◆ 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 Term § 18.2-10

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Post Release Supervision Period § 19.2-295.2(A).....

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Probation Period (Supervised) § 19.2-303 Indefinite

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Good Behavior Period _____
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"> <input type="checkbox"/> Day Reporting <input type="checkbox"/> Detention Center Incarceration <input type="checkbox"/> Diversion Center Incarceration <input type="checkbox"/> Electronic Monitoring <input type="checkbox"/> § 18.2-251/§ 18.2-258.1 <input type="checkbox"/> Substance Abuse Treatment <input type="checkbox"/> Intensive Probation | <ul style="list-style-type: none"> <input type="checkbox"/> Community-Based Program _____ <input type="checkbox"/> CCAP Detention/Diversion Center Incarceration, 22-28 weeks <input type="checkbox"/> CCAP Detention/Diversion Center Incarceration, 42-48 weeks <input type="checkbox"/> Drug Court <input type="checkbox"/> Youthful Offender <small>(Enter 4 yrs. to serve)</small> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>
<small>Office Use Only</small> <input type="checkbox"/> DJJ Commitment <input type="checkbox"/> Indeterminate <input type="checkbox"/> Determinate <input type="checkbox"/> Other _____ | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Office Use Only

Other	CBP

◆ 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

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◆ SENTENCING DATE

Month	

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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

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Drug/Other Section A

Offender Name: _____

◆ Primary Offense

A. Other than listed below (1 count)	1
B. Sell, etc. 1/2 ounce - 5 pounds of marijuana for profit; Sell, etc. marijuana to inmate for accommodation	
1 count	3
2 counts	8
C. Sell, etc. more than 5 pounds of marijuana for profit; Sell, etc. third or subsequent felony (1 count)	12
D. Sell, etc. marijuana to minor (1 count)	11
E. Manufacture marijuana not for personal use (1 count)	8
F. Transport 5 pounds or more of marijuana into Commonwealth (1 count)	12
G. Sell, etc. Schedule III or IV drug to minor (1 count)	11
H. Sell, etc. Schedule III drug-not anabolic steroid	
1 count	8
2 counts	10
I. Sell, etc. Schedule IV drug	
1 count	6
2 counts	8

Score

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◆ Primary Offense Remaining Counts Total the maximum penalties for counts of the primary not scored above

Years: 5 - 10	0
11 - 21	2
22 - 30	3
31 - 42	4
43 or more	5

0	
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◆ Additional Offenses Total the maximum penalties for additional offenses, including counts

Years: Less than 4	0
4 - 10	1
11 - 21	2
22 - 30	3
31 - 42	4
43 or more	5

0	
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◆ Knife or Firearm in Possession at Time of Offense ————— If YES, add 2

0	
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◆ Conviction in Current Event Requiring Mandatory Minimum Term (6 mos or more) ————— If YES, add 9

0	
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◆ Prior Convictions/Adjudications Total the maximum penalties for the 5 most recent and serious prior record events

Years: Less than 7	0
7 - 26	1
27 - 48	2
49 or more	3

0	
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◆ Prior Incarcerations/Commitments ————— If YES, add 2

0	
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◆ Prior Felony Drug Convictions/Adjudications

Number of Counts: 1 - 2	1
3 - 4	2
5	3
6 or more	4

0	
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◆ Prior Juvenile Record ————— If YES, add 1

0	
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◆ Legally Restrained at Time of Offense

None	0
Other than parole/post-release, supervised probation or CCCA	1
Parole/post-release, supervised probation or CCCA	4

0	
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Total Score

————— If total is 10 or less, go to **Section B**. If total is 11 or more, go to **Section C**.

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Drug/Other Section B

Offender Name: _____

◆ Primary Offense

A. Other than listed below (1 count)	1
B. Sell, etc. 1/2 ounce - 5 pounds of marijuana for profit; Sell, etc. marijuana to inmate for accommodation	
1 count	6
2 counts.....	9
C. Manufacture marijuana not for personal use (1 count).....	5
D. Sell, etc. Schedule III drug - not anabolic steroid	
1 count	7
2 counts.....	12
E. Sell, etc. Schedule IV drug	
1 count	6
2 counts.....	9

Score

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◆ Primary Offense Remaining Counts Total the maximum penalties for counts of the primary not scored above

Years: Less than 10.....	0
10 - 19	2
20 - 28	3
29 - 38	4
39 or more.....	5

0	
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◆ Additional Offenses Total the maximum penalties for additional offenses, including counts

Years: Less than 1.....	0
1 - 9	2
10 - 19.....	3
20 - 28	4
29 - 38	5
39 or more.....	6

0	
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◆ Knife or Firearm in Possession at Time of Offense _____ If YES, add 2 →

0	
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◆ Prior Convictions/Adjudications Total the maximum penalties for the 5 most recent and serious prior record events

Years: Less than 1.....	0
1 - 22	1
23 - 43	2
44 or more.....	3

0	
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◆ Prior Misdemeanor Convictions/Adjudications

Number of Counts: 1 - 4	1
5 - 9	2
10 or more	3

0	
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◆ Prior Incarcerations/Commitments

Primary offense: D: Sale, etc. of a Schedule III drug - not anabolic steroid or E: Schedule IV drug
If YES, add 4

Primary offense: _____
All other offenses
If YES, add 1

0	
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◆ Prior Juvenile Record _____ If YES, add 1 →

0	
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◆ Legally Restrained at Time of Offense

Primary offense: D: Sale, etc. of a Schedule III drug - not anabolic steroid or E: Schedule IV drug	
	Points
None	0
Other than parole/post-release, supervised probation or CCCA	3
Parole, post-release, supervised probation or CCCA	4

Primary offense: _____	
All other offenses	
	Points
None	0
Other than parole/post-release, supervised probation or CCCA	2
Parole, post-release, supervised probation or CCCA	3

0	
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Total Score

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See Drug/Other Section B Recommendation Table to convert score to guidelines sentence. Then, go to Section D Nonviolent Risk Assessment and follow the instructions.

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Drug/Other Section C

Offender Name: _____

Primary Offense table with columns for Category I, Category II, Other and rows for offenses A through H. Includes a Score box with the number 0.

Primary Offense Remaining Counts table with rows for Maximum Penalty (5, 10, 30, 40 or more years) and a corresponding Score box.

Additional Offenses table with rows for Maximum Penalty (Less than 5, 5-10, 20, 30, 40 or more years) and a corresponding Score box.

Mandatory Minimum for Weapon Conviction(s) table with rows for 2 Year, 3 Year, and 5 Year Mandatory Minimum and a corresponding Score box.

Firearm in Possession at Time of Offense table with a row for 'If YES, add 5' and a corresponding Score box.

Prior Convictions/Adjudications table with rows for Maximum Penalty (Less than 5, 5-10, 20, 30, 40 or more years) and a corresponding Score box.

Prior Felony Drug Convictions/Adjudications table with rows for Number of Counts (1, 2, 3, 4, 5, 6 or more) and a corresponding Score box.

Prior Felony Convictions/Adjudications Against Person table with rows for Number of Counts (1, 2, 3, 4 or more) and a corresponding Score box.

Prior Felony Property Convictions/Adjudications table with rows for Number of Counts (1, 2, 3, 4 or more) and a corresponding Score box.

Prior Juvenile Record table with a row for 'If YES, add 1' and a corresponding Score box.

Legally Restrained at Time of Offense table with a row for 'If YES, add 3' and a corresponding Score box.

Total Score row with a large arrow pointing to a final Score box.

See Drug/Other Section C Recommendation Table for guidelines sentence range. Then, go to Section D Nonviolent Risk Assessment and follow the instructions.

Nonviolent Risk Assessment Drug/Other Section D

Offender Name: _____

◆ Ineligibility Conditions

- A. Was the offender recommended for **Probation/No Incarceration** on Section B? Yes No
- B. Do any of the offenses at sentencing involve the sale, distribution, or possession with intent, etc. of cocaine of a combined quantity of 28.35 grams (1 ounce) or more? Yes No
- C. Are any prior record offenses violent (Category I/II listed in Appendix A of the Guidelines Manual)? Yes No
- D. Are any of the offenses at sentencing violent (Category I/II listed in Appendix A of the Guidelines Manual)? Yes No
- E. Do any of the offenses at sentencing require a mandatory term of incarceration? Yes No

If answered YES to ANY, go to "Nonviolent Risk Assessment Recommendations" on cover sheet and check Not Applicable. If answered NO to ALL, complete remainder of Section D worksheet.

◆ Offender Age at Time of Offense _____

- Younger than 21 years 9
 - 21 to 29 years 6
 - 30 to 43 years 3
 - Over 43 years 1
- | | |
|--|--|
| | |
|--|--|

◆ Gender _____

- Offender is Male 2
- | | |
|---|--|
| 0 | |
|---|--|

◆ Prior Juvenile Adjudication _____

- Female with prior juvenile adjudication 1
 - Male with prior juvenile adjudication 7
 - Juvenile record unknown
- | | |
|---|--|
| 0 | |
|---|--|

◆ Prior Adult Felony Convictions _____

- Number: 0 0
 - 1 - 2 1
 - 3 5
 - 4 or more 15
- | | |
|--|--|
| | |
|--|--|

◆ Prior Adult Incarcerations _____

- Number: 0 0
 - 1 - 3 1
 - 4 or more 8
- | | |
|---|--|
| 0 | |
|---|--|

◆ Prior Arrest or Confinement Within Past 12 Months (Prior to Offense) — If YES, add 3 —>

0	
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Total Score _____

- 15 or less, check Recommended for Alternative Punishment.
- 16 or more, check NOT Recommended for Alternative Punishment.

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Drug/Other/Section D

Go to **Cover Sheet** and fill out **Nonviolent Risk Assessment Recommendations**.



Additional Offenses Continuation Sheet

Offender Name: _____

Offense	Counts	VCC	Offense Date		
			Month	Day	Year
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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