

# Sentencing Revocation Report

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: \_\_\_\_\_  
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## ◆ 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

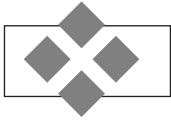
Incarceration (Enter Range Below)

Range \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days 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
<input type="checkbox"/> Continued Under Same Conditions	<input type="checkbox"/> Released from Supervision/Restrictions				

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

- Electronic Monitoring
- Day Reporting
- Detention Center Incarceration
- CCAP Detention/Diversion Center Incarceration, 22-28 weeks
- CCAP Detention/Diversion Center Incarceration, 42-48 weeks
- 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

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## ◆ DATE OF REVOCATION DECISION

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