

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: _____ 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 _____ Years _____ Months _____ Days to _____ Years _____ Months _____ Days

Recommendation Exceeds Revocable Time of _____ Years _____ Months _____ Days

Probation Violation Guidelines

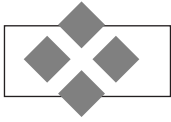
Do Not Apply (check reason)

_____ 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