

# 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: \_\_\_\_\_ Docket Number: \_\_\_\_\_  
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*

\_\_\_\_\_

\_\_\_\_\_

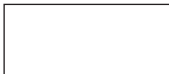
Location of Arrest:

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
  - \_\_\_ Administrative Removal from CCAP



# 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="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Sentenced to Time Served
Placed on Supervised Probation For:.....	<input type="checkbox"/> Indefinite	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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

<input type="text"/>	<input type="text"/>
<small>Other</small>	<small>CBP</small>

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

## ◆ REASON FOR DEPARTURE FROM GUIDELINES

Office Use Only

<input type="text"/>	<input type="text"/>	<input type="text"/>
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

/  /   
Month Day Year

\_\_\_\_\_  
*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** *(Federal, State and Local)* \_\_\_\_\_

Number of Violation		
1 - 2 .....	7	
Events: 3 or more .....	10	

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◆ **New Felony Arrests** \_\_\_\_\_

Number of		
1 - 3 .....	4	
Counts: 4 or more .....	18	

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

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* \_\_\_\_\_

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** *(Federal, State and Local)*

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.