

Sentencing Guidelines Cover Sheet

Complete this form ONLY for applicable felonies sentenced on or after July 1, 2009.

◆ OFFENDER

First: _____ Middle: _____

Last: _____ Suffix: _____

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

CCRE: V A _____ PSI Number: _____
For Use by Probation Officer

◆ COURT

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

Judge's Name: _____ Office Use Only

Preparer Name: _____ Preparer Title: Commonwealth's Attorney Probation Officer

Prosecuting Commonwealth's Attorney: _____ Defense Attorney: _____

◆ CONVICTIONS

| Offense | Counts | VCC | Offense Date |
|----------------------|----------------------|----------------------|---|
| Primary Offense: | <input type="text"/> | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> <small>Month Day Year</small> |
| Additional Offenses: | <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"/> |

Primary Offense Code Section : § _____ Docket Number: _____

◆ METHOD OF ADJUDICATION

Jury Trial → Sentence Set by Jury: Life Sentence Years Months Days
Enter Sentence

Bench Trial Guilty Plea Alford Plea/Nolo contendere

◆ SENTENCING GUIDELINES RECOMMENDATIONS

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

Mandatory Minimum _____

Section C

- Detention Center Incarceration
- Life Sentence
- Incarceration (Enter Midpoint and Range Below)

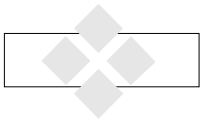
Range Midpoint Years Months

Sentence Range Years Months TO Years Months

Recommendation Adjusted for Mandatory Minimum

◆ NONVIOLENT RISK ASSESSMENT Section D of Drug, Fraud, and Larceny Worksheets

- Recommended for Alternative Punishment Not Applicable
- NOT Recommended for Alternative Punishment



Final Disposition Fill in after sentence has been pronounced.

◆ SENTENCE

| | Years | Months | Days | |
|---|----------------------|----------------------|----------------------|---|
| Total Time Imposed Before Suspension <input type="checkbox"/> Life Sentence + | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Total Time to Serve (effective) <input type="checkbox"/> Life Sentence + | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Sentenced to Time Served |
| Post Release Term §18.2 -10 | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Post Release Supervision Period §19.2 - 295.2 (A) | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Probation Period (Supervised) §19.2 - 303 <input type="checkbox"/> Indefinite | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

Check all that apply

- Incarceration Sentence to Run Concurrently With Another Sentencing Event
- Written Plea Agreement Accepted Oral Sentence Recommendation Accepted
- Restitution \$, , . Fine \$, , .

Other Sentencing Programs (Check all that apply)

- Day Reporting
- Community-Based Program _____
Specify type or name of program
- Diversion Center Incarceration
- Detention Center Incarceration
- Electronic Monitoring
- Drug Court
- Unsupervised Probation
- Intensive Probation
- §18.2-251
- Youthful Offender
- Other _____
Specify type or name of program

Office Use Only

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

◆ REASON FOR DEPARTURE

Must be completed pursuant to §19.2-298.01(B)

Office Use Only

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

◆ SENTENCING DATE

| | | | | | | | | |
|-------|--|--|---|-----|--|---|------|--|
| | | | / | | | / | | |
| Month | | | | 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 • Fifth Floor • 100 North Ninth Street • Richmond, Virginia 23219

Office Use Only

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Error Code | Audit Code | PSI | Misc. |

Burglary/Dwelling Section A

Offender Name: _____

◆ Primary Offense

- A. Occupied dwelling with intent to commit a misdemeanor without deadly weapon (1 count) 1
- B. Dwelling with intent to commit larceny, etc. without deadly weapon; Dwelling at night without deadly weapon
 - 1 count 3
 - 2 counts 5
 - 3 counts 7
- C. Dwelling at night with intent to commit larceny with deadly weapon (1 count) 7
- D. Dwelling with intent to commit larceny, etc. with deadly weapon (1 count) 5
- E. Occupied dwelling with intent to commit misdemeanor with deadly weapon (1 count) 9
- F. Dwelling with intent to commit murder, rape, robbery or arson with or without a deadly weapon (1 count) 14

Score

| | |
|--|--|
| | |
|--|--|

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

- Years: 5 - 14 1
- 15 - 27 2
- 28 - 43 3
- 44 or more 4

| | |
|---|--|
| 0 | |
|---|--|

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

- Years: Less than 5 0
- 5 - 14 1
- 15 - 27 2
- 28 - 43 3
- 44 or more 4

| | |
|---|--|
| 0 | |
|---|--|

◆ Mandatory Firearm Conviction for Current Event If YES, add 3 →

| | |
|---|--|
| 0 | |
|---|--|

◆ Weapon Used

- None 0
- Simulated weapon or other than listed below 2
- Knife 4
- Firearm 8

| | |
|---|--|
| 0 | |
|---|--|

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

- Years: Less than 2 0 20 - 31 3
- 2 - 8 1 32 - 41 4
- 9 - 19 2 42 or more 5

| | |
|---|--|
| 0 | |
|---|--|

◆ Prior Adult Felony Property Convictions

- Number: 1 1
- 2 - 5 2
- 6 - 10 3
- 11 or more 4

| | |
|---|--|
| 0 | |
|---|--|

◆ Prior Juvenile Property Adjudications

- Number: 1-2 1
- 3-11 2
- 12 or more 3

| | |
|---|--|
| 0 | |
|---|--|

◆ Prior Misdemeanor Convictions/Adjudications

- Number: 1 1
- 2 - 4 2
- 5 - 6 3
- 7 - 9 4
- 10 or more 5

| | |
|---|--|
| 0 | |
|---|--|

◆ Prior Incarcerations/Commitments If YES, add 3 →

| | |
|---|--|
| 0 | |
|---|--|

◆ Prior Revocations of Parole/Post-Release, Supervised Probation or CCCA If YES, add 1 →

| | |
|---|--|
| 0 | |
|---|--|

◆ Prior Juvenile Record If YES, add 2 →

| | |
|---|--|
| 0 | |
|---|--|

◆ Legally Restrained at Time of Offense

- None 0
- Other than parole/post-release, supervised probation or CCCA 3
- Parole/post-release, supervised probation or CCCA 7

| | |
|---|--|
| 0 | |
|---|--|

Total Score

If total is 13 or less, go to **Section B**. If total is 14 or more, go to **Section C**.

| | |
|--|--|
| | |
|--|--|

Burglary/Dwelling Section B

Offender Name: _____

◆ **Primary Offense** _____

| | | |
|---|--------------|---|
| | Score | |
| A. Dwelling with intent to commit larceny, etc. without deadly weapon (all counts) | 1 | 0 |
| B. Dwelling at night with intent to commit larceny, etc. without deadly weapon (all counts) | 1 | |
| C. Other than listed above (all counts) | 4 | |

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

| | | | |
|--------|------------------|---|---|
| Years: | 1 - 32 | 1 | 0 |
| | 33 or more | 2 | |

◆ **Prior Misdemeanor Convictions/Adjudications** _____

| | | | |
|---------|-----------------|---|---|
| Number: | 1 - 2 | 1 | 0 |
| | 3 - 5 | 2 | |
| | 6 - 8 | 3 | |
| | 9 or more | 4 | |

◆ **Prior Juvenile Record** _____ If YES, add 4 → 0

◆ **Legally Restrained at Time of Offense** _____ If YES, add 3 → 0

Total Score _____ →

See Burglary/Dwelling Section B Recommendation Table to convert score to guidelines sentence.



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"/> |
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