



Sentencing Guidelines

Case Details Worksheet

SWIFT/DCN: _____

1. Defendant's Name: _____

2. Defendant Information: Gender: _____ Race: _____ Ethnicity: _____ Age: _____
 Physical Disability Intellectual Disability Autism Spectrum Disorder Unknown

3. Type of Counsel: Retained Court Appointed Public Defender Other Unknown

4. Pretrial Status: Secured Bond Unsecured Bond Own Recognizance Confinement Third Party Release Unknown

5. Pretrial Supervision by Pretrial Services Agency: No Yes Yes, ordered but did not complete/attend Unknown

6. Posttrial Status: Secured Bond Unsecured Bond Own Recognizance Confinement Third Party Release Unknown

7. Source of Bond: Personal Family Other Bonding Company N/A Unknown

8. Total Time Served Prior to Sentencing: Years _____ Months _____ Days _____ N/A

9. Number of Codefendants: _____

10. Legal Status at Offense (check all that apply):

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Escaped | <input type="checkbox"/> Inmate | <input type="checkbox"/> Mandatory Parole | <input type="checkbox"/> Discretionary Parole |
| <input type="checkbox"/> Geriatric Release - § 53.1-40.01 | <input type="checkbox"/> Post Release - §19.2-295.2 | <input type="checkbox"/> Probation | <input type="checkbox"/> Bond |
| <input type="checkbox"/> Recognizance | <input type="checkbox"/> Community Program | <input type="checkbox"/> Pre-Trial Supervision | <input type="checkbox"/> Good Behavior <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Juvenile Probation | <input type="checkbox"/> Juvenile Parole | <input type="checkbox"/> Summons | <input type="checkbox"/> Other _____ <input type="checkbox"/> None |

11. Weapon Use: None Possessed Used to Injure Used to Threaten (by voice, note, text, etc.) Unknown

12. Weapon Type: Firearm Knife Explosive Simulated/Feigned Weapon Blunt Object
 Note/Verbal Vehicle Animal Other _____ N/A

13. Offender's Role Alone Leader Accomplice Police Officer/LEO Not Determined Unknown

14. Value of Property Taken/Damaged: Highest value for one item \$ _____ Total value of all items \$ _____ N/A

15. Location: Bank Business Residence Street/Outside Automobile Other _____ N/A

16. Injury to Victim: Death Life Threatening Serious Physical Physical
 Emotional Threatened None N/A

17. Victim Relationship to Offender: None/Stranger Known Friend
 Family Police Officer/LEO Other _____ N/A

18. Victim Information: Gender: _____ Race: _____ Ethnicity: _____ Age: _____
 Physical Disability Intellectual Disability Autism Spectrum Disorder Unknown

19. Type of Primary Drug: _____ Quantity: _____ Unit: _____ N/A

20. Number of Felony Juvenile Adjudications: Person _____ Property _____ Drug _____ Other _____ None Unknown