

MARYLAND SENTENCING GUIDELINES WORKSHEET				OFFENDER NAME - Last, First, Middle				SID #		SEX _M _F		BIRTHDATE 		JURISDICTION					
PSI ___ Yes ___ No		DATE OF OFFENSE 		DATE OF SENTENCING 		DISPOSITION TYPE — MSCCSP binding plea agreement — Other plea agreement — Plea, no agreement — Court trial — Jury trial		RECONSIDERATION OR 3-JUDGE PANEL REVIEW — Reconsideration (COV's only) — 3-Judge Panel Review — Neither		REPRESENTATION — Private — Public defender — Court appointed — Self		ETHNICITY Hispanic/Latino origin — Yes ___ No ___ — Unknown Victim Court Costs Imposed — Yes ___ No ___ — Other		RACE (Select all that apply) — American Indian or Alaska Native — Black or African American — White — Unknown — Asian — Native Hawaiian or other Pacific Islander					
AT THIS SENTENCING NUMBER OF:		CONVICTED OFFENSE 		CRIMINAL EVENTS 		WORKSHEET # ___ OF		CRIMINAL EVENT # ___											
CONVICTED OFFENSE TITLE								I-VII		CJIS CODE		MD CODE, ART, & SECTION		STAT. MAX		MIN TERM		CASE #	
1st Convicted Offense																			
2nd Convicted Offense																			
3rd Convicted Offense																			
OFFENSE SCORE(S) — Offense Against a Person Only				OFFENDER SCORE				GUIDELINES RANGE		ACTUAL SENTENCE — Imposed, Suspended, Time Served, Probation, Restitution, Fine, Corrections Options Program (Drug Court, Home Detention, Etc.)									
1st Off 2nd Off 3rd Off A. Seriousness Category 1 1 1 = V - VII 3 3 3 = IV 5 5 5 = III 8 8 8 = II 10 10 10 = I				A. Relationship to CJIS When Instant Offense Occurred 0 = None or pending cases 1 = Court or other criminal justice supervision B. Juvenile Delinquency 0 = 23 years or older or 0 findings of a delinquent act w/in 5 years of the date of the most recent offense 1 = Under 23 years and: 1 or 2 findings of a delinquent act w/in 5 years of the date of the most recent instant offense 2 = Under 23 years and: 3 or more findings of a delinquent act w/in 5 years of the date of the most recent instant offense C. Prior Adult Criminal Record 0 = None 3 = Moderate 1 = Minor 5 = Major D. Prior Adult Parole/Prob Violation 0 = No 1 = Yes				1st Con. Off. _____ _____ TO		1st Convicted Offense For theft, fraud, and related crimes, please indicate: <input type="checkbox"/> Economic Loss \$ _____ ; <input type="checkbox"/> Unknown Amount Subsequent Offender Proven ___ Yes ___ No Restitution Proven ___ Yes ___ No									
1st Off 2nd Off 3rd Off B. Victim Injury 0 0 0 = No injury 1 1 1 = Injury, non-permanent 2 2 2 = Permanent injury or death								2nd Con. Off. _____ _____ TO		2nd Convicted Offense For theft, fraud, and related crimes, please indicate: <input type="checkbox"/> Economic Loss \$ _____ ; <input type="checkbox"/> Unknown Amount Subsequent Offender Proven ___ Yes ___ No Restitution Proven ___ Yes ___ No									
1st Off 2nd Off 3rd Off C. Weapon Presence 0 0 0 = No weapon 1 1 1 = Weapon other than firearm 2 2 2 = Firearm or explosive								3rd Con. Off. _____ _____ TO		3rd Convicted Offense For theft, fraud, and related crimes, please indicate: <input type="checkbox"/> Economic Loss \$ _____ ; <input type="checkbox"/> Unknown Amount Subsequent Offender Proven ___ Yes ___ No Restitution Proven ___ Yes ___ No									
1st Off 2nd Off 3rd Off D. Special Victim Vulnerability 0 0 0 = No 1 1 1 = Yes								Overall Guidelines Range Multiple Counts Only _____ _____ TO		Additional Sentence Information Probation _____ Community Service _____ Fine \$ _____ Was the offender sentenced to a Corrections Option under Commission criteria? ___ Yes ___ No If yes, select all that apply: <input type="checkbox"/> Drug court <input type="checkbox"/> HS, § 8-507 order <input type="checkbox"/> Home detention <input type="checkbox"/> Suspended sentence per CR, § 5-601(e) <input type="checkbox"/> Inpatient substance abuse treatment <input type="checkbox"/> Work release <input type="checkbox"/> Inpatient mental health treatment <input type="checkbox"/> Weekend (or other discontinuous) incarceration <input type="checkbox"/> Other problem solving court (specify): _____									
____ OFFENSE SCORE(S)				____ OFFENDER SCORE(S)						Was the offender sentenced to some other alternative to incarceration? ___ Yes ___ No If yes, select all that apply: <input type="checkbox"/> Outpatient substance abuse treatment <input type="checkbox"/> Outpatient mental health treatment <input type="checkbox"/> Other (explain): _____									
VICTIM INFORMATION				REASONS FOR GUIDELINES DEPARTURE						Additional Information or Institutional/Parole Recommendation									
Victim ___ Yes ___ No Victim participation ___ Yes ___ No Victim notification form ___ Yes ___ No Victim notified plea ___ Yes ___ No Victim notified date ___ Yes ___ No Victim present ___ Yes ___ No Written VIS ___ Yes ___ No Oral VIS ___ Yes ___ No No contact requested ___ Yes ___ No No contact ordered ___ Yes ___ No				Departure Code 9 or 18 (Please Explain): DEPARTURE ___ Yes ___ No				50% of Sentence Announced for COVs ___ Yes ___ No		Worksheet Completed By Title Sentencing Judge (Please Print) Sentencing Judge's Signature									

Court clerks should attach completed copies to the commitment or probation order and also distribute copies to the following: sentencing judge, court file, prosecution, and defense