

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	MODIFICATION TO COV SENTENCES (if applicable) __ Per MD Rule 3-345 __ HG, § 8-507 Order __ Three-Judge Panel Review	REPRESENTATION __ Private __ Public defender __ Court appointed __ Self	ETHNICITY Hispanic/Latino origin __ Yes __ No __ Unknown Victim Court Costs Imposed Yes __ No	RACE (Select all that apply) __ American Indian or Alaska Native __ Black or African American __ White __ Other __ Asian __ Native Hawaiian or other Pacific Islander __ Unknown	
AT THIS SENTENCING NUMBER OF:	OFFENSES	CRIMINAL EVENTS	WORKSHEET # _____ OF	CRIMINAL EVENT # _____				

OFFENSE TITLE	I-VII	CJIS CODE	MD CODE, ART, & SECTION	STAT. MAX	MIN TERM	CASE #
1st Offense						
2nd Offense						
3rd Offense						

OFFENSE SCORE(S) — Offense Against a Person Only	OFFENDER SCORE	GUIDELINES RANGE	ACTUAL SENTENCE
<b>1st Off 2nd Off 3rd Off A. Seriousness Category</b> 1 1 1 = V - VII 3 3 3 = IV 5 5 5 = III 8 8 8 = II 10 10 10 = I  <b>1st Off 2nd Off 3rd Off B. Victim Injury</b> 0 0 0 = No injury 1 1 1 = Injury, non-permanent 2 2 2 = Permanent injury or death  <b>1st Off 2nd Off 3rd Off C. Weapon Presence</b> 0 0 0 = No weapon 1 1 1 = Weapon other than firearm 2 2 2 = Firearm or explosive  <b>1st Off 2nd Off 3rd Off D. Special Victim Vulnerability</b> 0 0 0 = No 1 1 1 = Yes	<b>A. Relationship to CJS When Instant Offense Occurred</b> 0 = None or pending cases 1 = Court or other criminal justice supervision  <b>B. Juvenile Delinquency</b> 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  <b>C. Prior Adult Criminal Record</b> 0 = None 3 = Moderate 1 = Minor 5 = Major  <b>D. Prior Adult Parole/Prob Violation</b> 0 = No 1 = Yes	1st Offense _____ TO _____  2nd Offense _____ TO _____  3rd Offense _____ TO _____	<b>1st Offense</b> 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  <b>2nd Offense</b> 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  <b>3rd Offense</b> 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  <b>Additional Sentence Information</b> Probation _____ Community Service _____ Fine \$ _____ <b>Was the offender sentenced to a Corrections Option under Commission criteria?</b> __ Yes __ No <b>If yes, select all that apply:</b> <input type="checkbox"/> Drug court <input type="checkbox"/> HG, § 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)	Overall Guidelines Range Multiple Counts Only	<b>Was the offender sentenced to some other alternative to incarceration?</b> __ Yes __ No <b>If yes, select all that apply:</b> <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	50% of Sentence Announced for COVs	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	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <b>Departure Code 9 or 18 (Please Explain):</b>            _____            _____            _____         </div>	_____ TO _____  _____ TO _____  _____ TO _____  Yes __ No	Worksheet Completed By _____ Title _____ Sentencing Judge (Please Print) _____ Sentencing Judge's Signature _____
	DEPARTURE __ Yes __ No	Parole Notification __ Yes __ No	