

<b>MARYLAND SENTENCING GUIDELINES WORKSHEET</b>			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		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							
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 CJS When Instant Offense Occurred 0 = None or pending cases 1 = Court or other criminal justice supervision		1st Offense _____ TO _____		1st 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						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		2nd Offense _____ TO _____		2nd 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						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		3rd Offense _____ TO _____		3rd 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						C. Prior Adult Criminal Record 0 = None 3 = Moderate 1 = Minor 5 = Major D. Prior Adult Parole/Prob Violation 0 = No 1 = Yes				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"/> 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 _____ TO _____		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 Victim participation Victim notification form Victim notified plea Victim notified date Victim present Written VIS Oral VIS No contact requested No contact ordered						____ Yes __ No ____ Yes __ No ____ Yes __ No ____ Yes __ No ____ Yes __ No ____ Yes __ No ____ Yes __ No ____ Yes __ No ____ Yes __ No ____ Yes __ No Departure Code 10 or 19 (Please Explain):       DEPARTURE __ Yes __ No						50% of Sentence Announced for COVs __ Yes __ No		Worksheet Completed By			
												Title					
												Sentencing Judge (Please Print)					
												Parole Notification __ Yes __ No		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