

PSI __ Yes __ No	DATE OF OFFENSE	DATE OF SENTENCING	DISPOSITION TYPE __ MSCSP 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 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 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 1st Off 2nd Off 3rd Off D. Special Victim Vulnerability 0 0 0 = No 1 1 1 = Yes	A. Relationship to CJS 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 Offense _____ TO _____ 2nd Offense _____ TO _____ 3rd 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 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 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 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): _____ Additional Information or Institutional/Parole Recommendation Worksheet Completed By _____ Title _____ Sentencing Judge (Please Print) _____ Sentencing Judge's Signature _____

VICTIM INFORMATION	REASONS FOR GUIDELINES DEPARTURE
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"/> Departure Code 10 or 19 (Please Explain): _____ _____ _____ </div> <div style="text-align: center;"> 50% of Sentence Announced for COVs __ Yes __ No </div> DEPARTURE __ Yes __ No