

PSI ___ Yes ___ No	DATE OF OFFENSE	DATE OF SENTENCING	DISPOSITION TYPE ___ ABA plea agreement ___ Non-ABA plea agreement ___ Plea, no agreement ___ Court trial ___ Jury trial	RECONSIDERATION OR REVIEW ___ Reconsideration (COVs only) ___ Review ___ Neither	REPRESENTATION ___ Private ___ Public defender ___ Court appointed ___ Self	ETHNICITY Hispanic/Latino origin ___ Yes ___ No 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
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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.)
<p>1st Off 2nd Off 3rd Off A. Seriousness Category</p> <p>1 1 1 = V - VII 3 3 3 = IV 5 5 5 = III 8 8 8 = II 10 10 10 = I</p> <p>1st Off 2nd Off 3rd Off B. Victim Injury</p> <p>0 0 0 = No injury 1 1 1 = Injury, non-permanent 2 2 2 = Permanent injury or death</p> <p>1st Off 2nd Off 3rd Off C. Weapon Presence</p> <p>0 0 0 = No weapon 1 1 1 = Weapon other than firearm 2 2 2 = Firearm or explosive</p> <p>1st Off 2nd Off 3rd Off D. Special Victim Vulnerability</p> <p>0 0 0 = No 1 1 1 = Yes</p>	<p>A. Relationship to CJS When Instant Offense Occurred 0 = None or pending cases 1 = Court or other criminal justice supervision</p> <p>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</p> <p>C. Prior Adult Criminal Record 0 = None 3 = Moderate 1 = Minor 5 = Major</p> <p>D. Prior Adult Parole/Prob Violation 0 = No 1 = Yes</p>	<p>1st Con. Off. _____ TO _____</p> <p>2nd Con. Off. _____ TO _____</p> <p>3rd Con. Off. _____ TO _____</p>	<p>1st Convicted Offense</p> <p>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</p> <p>2nd Convicted Offense</p> <p>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</p> <p>3rd Convicted Offense</p> <p>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</p> <p>Additional Sentence Information</p> <p>Probation _____ Community Service _____ Fine \$ _____</p> <p>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 (explain): _____ <input type="checkbox"/> Other problem solving court (explain): _____</p> <p>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): _____</p>
_____ OFFENSE SCORE(S)	_____ OFFENDER SCORE(S)	Overall Guidelines Range Multiple Counts Only _____ TO _____	50% of Sentence Announced for COVs ___ Yes ___ No

VICTIM INFORMATION

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

REASONS FOR GUIDELINES DEPARTURE

Departure Code 9 or 18 (Please Explain):

DEPARTURE ___ Yes ___ No

Additional Information or Institutional/Parole Recommendation

Worksheet Completed By _____

Title _____

Sentencing Judge (Please Print) _____

Sentencing Judge's Signature _____

Parole Notification ___ Yes ___ No