

**PENNSYLVANIA COMMISSION ON SENTENCING**  
**GUIDELINE SENTENCE FORM [6th Edition, revised; 12/05/08]**  
 SGS Web generated form (PCS 10C 12/2008)

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PO Box 1200  
State College, PA 16804

Offender's Name (Last, First, Middle)			Date of Birth	Sex	Form
State ID Number	Police Photo ID Number	Social Security Number		Race	Date of Sentence
Judge's Name		County	Person Completing Form		

Prior Offenses	Juvenile Adjudication	Adult Conviction	
Murder & inchoates	_____	_____	
Vol. Manslaughter	_____	_____	
Rape	_____	_____	
Kidnapping	_____	_____	
I.D.S.I	_____	_____	
Arson Endangering Persons (F1)	_____	_____	
Robbery (F1)	_____	_____	
Rob. Motor Veh	_____	_____	
Agg. Assault (F1 – cause SBI)	_____	_____	
Burglary (house/person)	_____	_____	
Agg. Indecent Assault	_____	_____	
Incest	_____	_____	
Sexual Assault	_____	_____	
Ethnic Intimidation to Any F-1	_____	_____	
Drug Delivery/Death & Inchoate	_____	_____	<input type="checkbox"/>
Weapons of Mass destruction	_____	_____	
Other 4 Point Offenses	_____	_____	<input type="checkbox"/>
subtotal	<input type="checkbox"/>	<input type="checkbox"/> X4=	<input type="checkbox"/>
Inchoate to 4 pt. offenses	_____	_____	
Burglary (other F1)	_____	_____	
[Other] Felony 1 Offenses	_____	_____	<input type="checkbox"/>
subtotal *	<input type="checkbox"/>	<input type="checkbox"/> X3=	<input type="checkbox"/>
[Other] Felony 2 Offenses	_____	_____	<input type="checkbox"/>
Fel. Drugs [>=50gr.]	_____	_____	<input type="checkbox"/>
[Other] Felony Drugs	_____	_____	<input type="checkbox"/>
[Other] Felony 3 Offenses	_____	_____	<input type="checkbox"/>
M1 Offenses Involving Death	_____	_____	
M1 Offenses Involving Weapons	_____	_____	
M1 Offenses Involving Children	_____	_____	<input type="checkbox"/>
Subtotal *	<input type="checkbox"/>	<input type="checkbox"/> X1=	<input type="checkbox"/>
DUI Offenses [Do not include 1 <sup>st</sup> DUI in total]	_____	_____	
Uncl. Misd.	_____	_____	
M-2	_____	_____	
M-1	_____	_____	
Subtotal *	<input type="checkbox"/>	<input type="checkbox"/> X1=	<input type="checkbox"/>
0-1=0	4-6=2		
Other Misd. _____	2-3=1	7+ = 3	... <input type="checkbox"/> =
Crime free, age 18-28:			
If A is 8 points or greater, and the OGS=9 or more:			REVOC
PRIOR Otherwise, if A + B is 6 points or greater:			RFEL
RECORD Otherwise, PRS = A + B + C [maximum = 5]:			_____
SCORE Juvenile adjudications do NOT Lapse:			
*Juvenile adjudications Lapse:			

Offense Name/Description: \_\_\_\_\_

Title & Section	Date of Offense	Age at Offense
OTN		
Grade	OGS	PRS
Docket#	Count #	
<b>GUIDELINE RANGES</b>	Mitigated	Standard
	Aggravated	LEVEL
Fines	Community Service	STATUTORY LIMITS:
	Minimum	Maximum
Mandatory Minimum:	<b>MANDATORY</b>	
ENHANCEMENT	<input type="checkbox"/> Youth/Drug Distribution	<input type="checkbox"/> Deadly Weapon Possessed
<input type="checkbox"/> None	<input type="checkbox"/> School/Drug Distribution	<input type="checkbox"/> Deadly Weapon Used
OTHER INFORMATION		Victim Age _____
Yes No	Yes No	
<input type="checkbox"/> <input type="checkbox"/> D&A Eval. / Prelim.	<input type="checkbox"/> <input type="checkbox"/> PSI Completed	
<input type="checkbox"/> <input type="checkbox"/> D&A Dependant	<input type="checkbox"/> <input type="checkbox"/> IP Eligible	
<input type="checkbox"/> <input type="checkbox"/> D&A Eval. / Full	<input type="checkbox"/> <input type="checkbox"/> Sexually Viol. Predator	
RRRI MINIMUM INFORMATION (entire JP)		
<input type="checkbox"/> <input type="checkbox"/> Judge approved with prior RRRI sentences. Number of prior RRRI sentences: _____		
<input type="checkbox"/> <input type="checkbox"/> Offender Ineligible: prior offenses, behavior, mandatories, etc.		
<input type="checkbox"/> <input type="checkbox"/> DA Waived Ineligibility	JP Minimum Sentence	JP RRRI Sentence
<input type="checkbox"/> <input type="checkbox"/> Judge authorizes waiver		
<input type="checkbox"/> Confinement/State Facility		
<input type="checkbox"/> Confinement/County Facility		
Min: _____ (mos.)	<input type="checkbox"/> County Re-entry Authorized	
Max: _____ (mos.)	<input type="checkbox"/> Boot Camp Authorized	
Credit for Time Served: _____	<input type="checkbox"/> Work Release Authorized	
<input type="checkbox"/> COUNTY INTERMEDIATE PUNISHMENT (CIP)	<input type="checkbox"/> STATE IP (SIP)	
RIP Period: _____ (mos.)	Program: _____	
RS Period: _____ (mos.)	Program: _____	
If DRUG DEPENDENT, is IP consistent with clinical recommendation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
RESTORATIVE SANCTIONS		Is the Probation for THIS OFFENSE, Concurrent or Consecutive to the Incarceration for THIS OFFENSE?
<input type="checkbox"/> Probation Period: _____ (mos.)	<input type="checkbox"/> Concurrent	<input type="checkbox"/> Consecutive
<input type="checkbox"/> Conditions: _____	... to the IP for THIS OFFENSE?	
<input type="checkbox"/> Fines: \$ _____	<input type="checkbox"/> Concurrent	<input type="checkbox"/> Consecutive
<input type="checkbox"/> Restitution: \$ _____		
<input type="checkbox"/> JP Costs: \$ _____		
<input type="checkbox"/> JP Fees: \$ _____		
<input type="checkbox"/> Guilty without further penalty [NFP]		
CONFORMITY		TYPE OF DISPOSITION (CONVICTION)
<input type="checkbox"/> Standard	Departure	<input type="checkbox"/> Neg. Guilty Plea
<input type="checkbox"/> Aggravated	<input type="checkbox"/> Below	<input type="checkbox"/> Nolo Contendere
<input type="checkbox"/> Mitigated	<input type="checkbox"/> Above	<input type="checkbox"/> Jury Trial
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Bench Trial

NEGOTIATED PLEA AS TO SENTENCE: \_\_\_\_\_

TOTAL AMOUNT OF SUPERVISION (all sanctions) FOR THIS OFFENSE  
Is this offense TOTALLY CONCURRENT to any other offense? \_\_\_\_\_

Reasons for sentence: \_\_\_\_\_