

PENNSYLVANIA COMMISSION ON SENTENCING
GUIDELINE SENTENCE FORM [7th Edition; 12/28/2012]
 SGS Web generated form (PCS 12A 12/2012)

Date printed:
Date submitted:

SGS Web ID Number

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		Offender Employed	Offender Wage Rate

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"/>
subtotal *	<input type="checkbox"/>	<input type="checkbox"/> X2=	<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 st 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#	

GUIDELINE RANGES	Mitigated	Standard	Aggravated	LEVEL
Fines	Community Service	STATUTORY LIMITS:	Minimum	Maximum

Mandatory Minimum: **MANDATORY**

ENHANCEMENT None Youth/Drug Distribution School/Drug Distribution Deadly Weapon Possessed Deadly Weapon Used

OTHER INFORMATION	Victim Age _____	JP SEXUAL OFFENDER INFORMATION
Yes No	Yes No	Yes No
<input type="checkbox"/> D&A Eval./Prelim.	<input type="checkbox"/> PSI Completed	<input type="checkbox"/> Assessment Required
<input type="checkbox"/> D&A Dependent	<input type="checkbox"/> IP Eligible	<input type="checkbox"/> Assessment Ordered
<input type="checkbox"/> D&A Eval. / Full		<input type="checkbox"/> Assessment Completed
		<input type="checkbox"/> Hearing Held
		<input type="checkbox"/> Sexually Viol. Predator

RRRI MINIMUM INFORMATION (entire JP)

Yes No

Judge approved with prior RRRI sentences. Number of prior RRRI sentences: _____

Offender Ineligible: prior offenses

Offender Ineligible: prior offenses, behavior, mandatories, etc.

DA Waived Ineligibility

Judge authorizes waiver

Judge States RRRI

JP Minimum Sentence _____ JP RRRI Sentence _____

Confinement/State Facility

Confinement/County Facility

Min: _____ (mos.)

Max: _____ (mos.)

Credit for Time Served: _____

COUNTY INTERMEDIATE PUNISHMENT (CIP) STATE IP (SIP)

RIP Period: _____ (mos.) Program: _____

RS Period: _____ (mos.) Program: _____

Community Service Hours: _____

If DRUG DEPENDENT, is IP consistent with clinical recommendation? YES 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: \$ _____	Community Service Hours: _____
<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	<input type="checkbox"/> Neg. Guilty Plea <input type="checkbox"/> Nolo Contendere
<input type="checkbox"/> Aggravated	<input type="checkbox"/> Non-Neg Guilty Plea <input type="checkbox"/> Jury Trial
<input type="checkbox"/> Mitigated	<input type="checkbox"/> Other _____ <input type="checkbox"/> Bench Trial
Departure	
<input type="checkbox"/> Below	
<input type="checkbox"/> Above	

NEGOTIATED PLEA AS TO SENTENCE:	PROBLEM SOLVING COURT:
TOTAL AMOUNT OF SUPERVISION (all sanctions) FOR THIS OFFENSE	
Is this offense TOTALLY CONCURRENT to any other offense?	
Reasons for sentence:	