

PENNSYLVANIA COMMISSION ON SENTENCING

GUIDELINE SENTENCE FORM [6th Edition, 6/03/05]

Date printed:
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SGS Web ID Number

SGS Web related form (PCS 10A 2/2007)

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	_____	_____	
Weapons of Mass destruction	_____	_____	
Other 4 Point Offenses	_____	_____	A
subtotal	_____	_____ X4=	
Inchoate to 4 pt. offenses	_____	_____	
Burglary (other F1)	_____	_____	
[Other] Felony 1 Offenses	_____	_____	B
subtotal	_____	_____ X3=	
[Other] Felony 2 Offenses	_____	_____ X2=	
Fel. Drugs [≥50gr.]	_____	_____ X3=	
[Other] Felony Drugs	_____	_____ X2=	
[Other] Felony 3 Offenses	_____	_____	
M1 Offenses Involving Death	_____	_____	
M1 Offenses Involving Weapons	_____	_____	
M1 Offenses Involving Children	_____	_____	C
Subtotal	_____	_____ X1=	
DUI Offenses [Do not include 1 st DUI in total]			
Uncl. Misd.		_____	
M-2	_____	_____	
M-1	_____	_____	
Subtotal	_____	_____ X1=	
0-1=0 4-6=2			
Other Misd. _____ 2-3=1 7+ = 3 ... _____ =			
If A is 8 points or greater, and the OGS=9 or more:			REVOG
PRIOR Otherwise, if A + B is 6 points or greater:			RFEL
RECORD Otherwise, PRS = A + B + C [maximum = 5]:			_____
SCORE If offender is less than 28 years of age: _____			
*LAPSE: If offender is 28 years of age or more: _____			

Offense Name/Description: _____

Title & Section	Date of Offense	Age at Offense
Docket # _____		
Grade	OGS	PRS
OTN		Count #
GUIDELINE RANGES		LEVEL
Mitigated	Standard	Aggravated
Mandatory Minimum:	STATUTORY LIMITS:	Minimum Maximum

MANDATORY

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

OTHER INFORMATION Victim Age _____

Yes <input type="checkbox"/>	No <input type="checkbox"/>	D&A Eval. / Prelim.	Yes <input type="checkbox"/>	No <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

Confinement/State Facility
 Confinement/County Facility
Min: _____ (mos.)
Max: _____ (mos.) Boot Camp Authorized
Credit for Time Served: _____ Work Release Authorized

INTERMEDIATE PUNISHMENT
RIP Period: _____ (mos.) Program: _____
RS Period: _____ (mos.) Program: _____

If DRUG DEPENDENT, is IP consistent with clinical recommendation? YES NO

RESTORATIVE SANCTIONS

<input type="checkbox"/> Probation Period: _____ (mos.)	Is the Probation for THIS OFFENSE, Concurrent or Consecutive to the Incarceration for THIS OFFENSE?
<input type="checkbox"/> Conditions: _____	<input type="checkbox"/> Concurrent <input type="checkbox"/> Consecutive
<input type="checkbox"/> Fines: \$ _____	... to the IP for THIS OFFENSE?
<input type="checkbox"/> Restitution: \$ _____	<input type="checkbox"/> Concurrent <input type="checkbox"/> Consecutive
<input type="checkbox"/> Costs: \$ _____	
<input type="checkbox"/> Guilty without further penalty [NFP]	

CONFORMITY	Departure	TYPE OF DISPOSITION	
<input type="checkbox"/> Standard	<input type="checkbox"/> Below	<input type="checkbox"/> Neg. Guilty Plea	<input type="checkbox"/> Nolo Contendere
<input type="checkbox"/> Aggravated	<input type="checkbox"/> Above	<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

TOTAL AMOUNT OF SUPERVISION (all sanctions) FOR THIS OFFENSE

Is this offense TOTALLY CONCURRENT to any other offense?

Reasons for sentence: