

JUVENILE REHABILITATION (JR)
Sentencing Worksheet

1. NAME (LAST, FIRST, MIDDLE INITIAL)		
2. BIRTHDATE (MM/DD/YYYY)	3. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	4. RACE
5. HISPANIC ORIGIN	6. JRA NUMBER	7. DETENTION CREDIT DAYS
8. JUVIS NUMBER		9. NAME OF COUNTY COURT

A. Current Offense Information

10. Current offense number _____ of _____ total current offenses.				11. COURT ORDER NUMBER	
12. SENTENCE START DATE (MM/DD/YYYY)	13. DISPOSITION DATE (MM/DD/YYYY)	14. ADJUDICATION DATE (MM/DD/YYYY)		15. OFFENSE DATE (MM/DD/YYYY)	
16. JR OFFENSE CODE	17. ANTICIPATORY TYPE <input type="checkbox"/> COMPLETED <input type="checkbox"/> CONSPIRACY <input type="checkbox"/> ATTEMPTED <input type="checkbox"/> SOLICITATION	18. JR OFFENSE CATEGORY	19. FINDING OF SEXUAL MOTIVATION <input type="checkbox"/> Yes <input type="checkbox"/> No	20. FINDING OF FIREARM ENHANCEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. TYPE OF PLACEMENT <input type="checkbox"/> JR Direct <input type="checkbox"/> Suspended Disposition Alternative (SDA) <input type="checkbox"/> Special Sex Offender Disposition Alternative (SSODA) <input type="checkbox"/> Chemical Dependency / Mental Health Disposition Alternative (CDMHDA) Please check one of the following boxes for CDMHDA: <input type="checkbox"/> Chemical Dependency <input type="checkbox"/> Mental Health <input type="checkbox"/> Co-Occurring <input type="checkbox"/> SDA Revoke <input type="checkbox"/> SSODA Revoke <input type="checkbox"/> CDMHDA Revoke					

B. Prior Offense Information

22. ADJUDICATION DATE (MM/DD/YYYY)	23. OFFENSE DATE (MM/DD/YYYY)	24. JR OFFENSE CODE	25. ANTICIPATORY TYPE	26. SEXUAL MOTIVATION	27. CRIMINAL CLASS	28. PRIOR SCORE
			<input type="checkbox"/> COMPLETED <input type="checkbox"/> CONSPIRACY <input type="checkbox"/> ATTEMPTED <input type="checkbox"/> SOLICITATION	<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> COMPLETED <input type="checkbox"/> CONSPIRACY <input type="checkbox"/> ATTEMPTED <input type="checkbox"/> SOLICITATION	<input type="checkbox"/> YES <input type="checkbox"/> NO		
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			<input type="checkbox"/> COMPLETED <input type="checkbox"/> CONSPIRACY <input type="checkbox"/> ATTEMPTED <input type="checkbox"/> SOLICITATION	<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> COMPLETED <input type="checkbox"/> CONSPIRACY <input type="checkbox"/> ATTEMPTED <input type="checkbox"/> SOLICITATION	<input type="checkbox"/> YES <input type="checkbox"/> NO		

C. Sentencing Information

29. TOTAL PRIOR OFFENSE SCORE		30. SENTENCE ADJUSTMENT <input type="checkbox"/> None (Standard Range) <input type="checkbox"/> Manifest Injustice <input type="checkbox"/> 150% Rule <input type="checkbox"/> 300% Rule			
31. THIS SENTENCE IS IN: <input type="checkbox"/> Days <input type="checkbox"/> Weeks	32. TOTAL MINIMUM EXCLUDING FIREARM ENHANCEMENT	33. TOTAL MAXIMUM EXCLUDING FIREARM ENHANCEMENT	34. TOTAL MINIMUM INCLUDING FIREARM ENHANCEMENT	35. TOTAL MAXIMUM INCLUDING FIREARM ENHANCEMENT	
36. NAME OF PERSON COMPLETING THIS FORM FOR THE COURT		37. DATE COMPLETED (MM/DD/YYYY)	38. TELEPHONE NUMBER (INCLUDE AREA CODE)		