

SENTENCING ORDER

IN THE CIRCUIT COURT OF _____ COUNTY, ARKANSAS,

_____ JUDICIAL DISTRICT _____ DIVISION

On _____ the Defendant appeared before the Court, was advised of the nature of the charge(s), of Constitutional and legal rights, of the effect of a guilty plea upon those rights, and of the right to make a statement before sentencing.

Offender	Defendant [Last, First, MI]		DOB	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Total Number of Counts	
	SID #		Race/Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
Court Info	Supervision Status at Time of Offense					
	Judge			File Stamp		
	Prosecuting Attorney/Deputy					
	Defendant's Attorney <input type="checkbox"/> Private <input type="checkbox"/> Public Defender <input type="checkbox"/> Pro Se <input type="checkbox"/> Appointed					
Legal Statement	Change of Venue <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from:					
	<input type="checkbox"/> Pursuant to A.C.A. <input type="checkbox"/> §§16-93-301 et seq., or <input type="checkbox"/> §§ _____ this Court, without making a finding of guilt or entering a judgment of guilt and with the consent of the Defendant defers further proceedings and places the Defendant on probation.					
	There being no legal cause shown by the Defendant, as requested, why judgment should not be pronounced, a judgment: is hereby entered against the Defendant on each charge enumerated, fines levied, and court costs assessed. Defendant was advised of the					
	<input type="checkbox"/> conditions of the sentence and/or placement on probation and understands the consequences of violating those conditions. The Court <input type="checkbox"/> retains jurisdiction during the period of probation/suspension and may change or set aside the conditions of probation/suspension for violations or failure to satisfy Arkansas Division of Community Correction (A.C.C) rules and regulations.					
<input type="checkbox"/> of conviction is hereby entered against the Defendant on each charge enumerated, fines levied, and court costs assessed. The Defendant is sentenced to the Arkansas Division of Correction (A.D.C.) for the term specified on each offense shown below.						
Defendant made a voluntary, knowing, and intelligent waiver of the right to counsel. <input type="checkbox"/> Yes <input type="checkbox"/> No						
Offense #1	A.C.A. # of Offense/ Name of Offense+			Case #		
	A.C.A. # of Original Charged Offense		ATN	Offense was <input type="checkbox"/> Nolle Prossed <input type="checkbox"/> Dismissed <input type="checkbox"/> Acquitted		
			Appeal from District Court <input type="checkbox"/> Yes <input type="checkbox"/> No Probation/SIS Revocation+ <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Offense Date		Offense is <input type="checkbox"/> Felony <input type="checkbox"/> Misd. <input type="checkbox"/> Viol.	Offense Classification <input type="checkbox"/> Y <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> U		
	Number of Counts:	Criminal History Score:		Seriousness Level:		Defendant <input type="checkbox"/> Attempted <input type="checkbox"/> Solicited <input type="checkbox"/> Conspired to commit the offense
	Presumptive Sentence <input type="checkbox"/> Prison Sentence of _____ to _____ months <input type="checkbox"/> Community Corrections Center <input type="checkbox"/> Alternative Sanction					
	Defendant Sentence* (see Page 2) <input type="checkbox"/> If probation or SIS accompanied by period of confinement, state time: _____ days or _____ months.					
Imposed _____ months PRS _____ months ADC Jud. Trans. County Jail Sentence was enhanced _____ additional months, pursuant to A.C.A. §§ _____.						
Probation _____ months SIS _____ months Enhancement(s) is to run: <input type="checkbox"/> Concurrent <input type="checkbox"/> Consecutive.						
Other Defendant was sentenced as a habitual offender, pursuant to A.C.A. §5-4-501, subsection <input type="checkbox"/> (a) <input type="checkbox"/> (b) <input type="checkbox"/> (c) <input type="checkbox"/> (d)						
Victim Info# (See page 2) <input type="checkbox"/> N/A [Multiple Victims <input type="checkbox"/> Yes <input type="checkbox"/> No]		Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race/Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Hispanic		
Defendant voluntarily, intelligently, and knowingly entered a <input type="checkbox"/> negotiated plea of <input type="checkbox"/> guilty or <input type="checkbox"/> nolo contendere <input type="checkbox"/> plea directly to the court of <input type="checkbox"/> guilty or <input type="checkbox"/> nolo contendere which was accepted by the court.		Defendant: <input type="checkbox"/> was sentenced pursuant to <input type="checkbox"/> §§16-93-301 et seq., or <input type="checkbox"/> other §§ _____ <input type="checkbox"/> entered a plea and was sentenced by a jury. <input type="checkbox"/> was found guilty by the court & sentenced by <input type="checkbox"/> court <input type="checkbox"/> jury. <input type="checkbox"/> was found guilty at a jury trial & sentenced by <input type="checkbox"/> court <input type="checkbox"/> jury. <input type="checkbox"/> was found guilty of lesser included offense by <input type="checkbox"/> court <input type="checkbox"/> jury.				
Sentence is a Departure <input type="checkbox"/> Yes <input type="checkbox"/> No		Sentence Departure is <input type="checkbox"/> Durational or <input type="checkbox"/> Dispositional. If durational, state how many months above/below the presumptive sentence:				
Departure Reason (See page 2 for a list of reasons) Aggravating # _____ or Mitigating # _____. For Agg. #17 or Mit. #9, or if departing from guidelines, please explain: _____				Sentence will run: <input type="checkbox"/> Consecutive <input type="checkbox"/> Concurrent to Offense # _____ or Case # _____		

Defendant's Full Name: _____

Reasons for Departure
(Please see complete list of departure criteria found at A.C.A. §16-90-804)

Aggravating	Mitigating
1. Offender's conduct manifested deliberate cruelty to the victim during commission of current offense.	1. Victim played an aggressive role or provoked the incident or was a willing participant.
2. Offender knew victim vulnerable due to extreme youth, advanced age, disability or ill health.	2. Offender played a minor or passive role in commission of the offense.
3. Offense was major economic offense established by one of the following criteria: (a) multiple victims/incidents, (b) monetary loss substantially greater than typical, (c) degree of sophistication or time, (d) misuse of fiduciary duty, or (e) other similar conduct.	3. Offender compensated/made an effort to compensate for damage or injury before detection. 4. Offender was lesser participant showing caution/concern for safety or well-being of victim.
4. Current Offense was major controlled substance offense if two or more of the following are present: (a) Three or more separate transactions involve sale, transfer or possession with purpose; (b) Amount substantially larger than the statutory minimums which define the offense; (c) Offense involved a high degree of planning or lengthy period or broad geographic area; (d) Offender occupied a high position in the drug distribution hierarchy; (e) Offender misused position of trust or status or fiduciary duty to facilitate commission; (f) Offender has received substantial income or resources from drug trafficking.	5. Offender or offender's children acted in response to continuing physical/sexual abuse by victim. 6. Policy on multiple offenses in single course of conduct in offender's prior criminal history results in sentence which is excessive for the offense. 7. Offender voluntarily admitted sexual offense and sought and participated in treatment before detection. 8. Offender made effort to provide assistance in investigation or prosecution of another as indicated by motion of state (can weigh timeliness of assistance, nature and extent of assistance, and truthfulness, completeness, and demonstrable reliability of info or testimony).
5. Current offense is a felony and the offender employed a firearm in furtherance or flight unless such use is element of offense.	9. Other
6. Current offense was sexual offense and part of pattern with same or different victims under eighteen manifested by multiple incidents over a prolonged period of time.	
7. Policy on multiple offenses in a single course of conduct in offender's prior criminal history results in a sentence that is clearly too lenient.	
8. Offense was committed in manner that exposed risk of injury to others.	
9. Offense was a violent or sexual offense committed in victim's zone of privacy.	
10. Offender attempted to cover or conceal the offense by intimidation of witnesses, tampering of evidence, or misleading authorities.	
11. Offense committed to avoid arrest or effecting an escape from custody.	
12. Offender lacks minimum insurance in a vehicular homicide.	
13. Statutory minimum sentence overrides the presumptive sentence.	
14. Multiple concurrent sentences being entered at this time require a higher sentence.	
15. Sentence is higher as a result of other charges being dropped or merged.	
16. Sentence is outside the presumptive range but is not a departure due to statutory override or because the offender/offense is ineligible for a Community Correction Center.	
17. Other.	

NOTE:

*** Defendant Sentence.** "Imposed ADC" means incarceration in an Arkansas Division of Correction facility. "Imposed Judicial Transfer" means incarceration in a Arkansas Division of Community Correction Center. "Imposed County Jail" means incarceration in a county jail facility. Indicate in months the total time the Defendant was sentenced to a term of incarceration. DO NOT INCLUDE TIME FOR SIS.

Victim Info. For more than one victim, please use the "Additional Victim Information" page to disclose additional victim demographics. If there is no victim, check not applicable.

+ A.C.A. # of Offense/Name of Offense & Probation/SIS Revocation. If an offender is being sentenced as a result of a revocation of probation or SIS, check the box indicating this is a "Probation/SIS Revocation", and enter the A.C.A. number and name of the offense for which the defendant was originally convicted. Do not enter the code provision for revocation or the cause of the revocation.

Defendant's Full Name: _____

A.C.A. # of Offense/ Name of Offense+ A.C.A. # of Original Charged Offense				Case #
Offense Date		ATN		Offense was <input type="checkbox"/> Nolle Prossed <input type="checkbox"/> Dismissed <input type="checkbox"/> Acquitted <input type="checkbox"/> Appeal from District Court <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probation/SIS Revocation+ <input type="checkbox"/> Yes <input type="checkbox"/> No
		Offense is <input type="checkbox"/> Felony <input type="checkbox"/> Misd. <input type="checkbox"/> Viol.		Offense Classification <input type="checkbox"/> Y <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> U
Number of Counts:	Criminal History Score:		Seriousness Level:	
Presumptive Sentence <input type="checkbox"/> Prison Sentence of _____ to _____ months		<input type="checkbox"/> Community Corrections Center <input type="checkbox"/> Alternative Sanction		
Defendant Sentence* (see Page 2)		If probation or SIS accompanied by period of confinement, state time: _____ days or _____ months.		
Imposed _____ months PRS _____ months ADC Jud. Trans. County Jail		Sentence was enhanced _____ months, pursuant to A.C.A. §§ _____.		
Probation _____ months SIS _____ months		Enhancement(s) is to run: <input type="checkbox"/> Concurrent <input type="checkbox"/> Consecutive.		
Other		Defendant was sentenced as a habitual offender, pursuant to A.C.A. §5-4-501, subsection <input type="checkbox"/> (a) <input type="checkbox"/> (b) <input type="checkbox"/> (c) <input type="checkbox"/> (d)		
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		Offense is <input type="checkbox"/> Felony <input type="checkbox"/> Misd. <input type="checkbox"/> Viol.		Offense Classification <input type="checkbox"/> Y <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> U
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Defendant's Full Name: _____

Sex Offenses

Defendant has been adjudicated guilty of an offense requiring sex offender registration and must complete the Sex Offender Registration Form and pay the Mandatory Sex Offender Fee of \$250. Yes No

Defendant has committed an aggravated sex offense as defined in A.C.A. §12-12-903.
 Yes No

Defendant is alleged to be a sexually dangerous person and is ordered to undergo an evaluation at a facility designated by A.D.C. pursuant to A.C.A. §12-12-918.
 Yes No

Defendant, who has been adjudicated guilty of an offense requiring registration, has been adjudicated guilty of a prior sex offense under a separate case number. Yes No
 If yes, list prior case numbers: _____

Domestic Violence Offenses

Defendant has been adjudicated guilty of a domestic-violence related offense and **must** pay Additional court costs of \$25 under Act 583 of 2017. Yes No

Defendant was originally charged with a domestic-violence related offense. Yes No
 If yes, state the A.C.A. # of the offense: _____

If yes to either question, identify the relationship of the victim to the Defendant by offense number. _____

DNA Sample/Qualifying Offense

Defendant has been adjudicated guilty of a qualifying offense or repeat offense (as defined in A.C.A. §12-12-1103). Yes No

Defendant is ordered to have a DNA sample drawn at A.C.C. facility the A.D.C. or
 other _____

Drug Crime

Defendant has been convicted of a drug crime, as defined in §12-17-101.

Yes No

Fines, Fees, Restitution

Court Costs	\$ _____
Fines	\$ _____
Booking/Admin Fees (\$40)	\$ _____
Drug Crime Assessment Fee (\$150)	\$ _____
DNA Sample Fee (\$250)	\$ _____
Children's Advocacy Center Fund Fee	\$ _____
Public Defender User Fee (\$25)	\$ _____
Public Defender Attorney Fee	\$ _____
Other (explain)	\$ _____

Restitution \$ _____ Payable to [If multiple beneficiaries, give names and payment priority] _____

Terms

Due Immediately
 Installments of \$ _____ payable with a monthly installement fee of \$ _____.
 Payments must be made within _____ days of release from D.O.C.
 Upon release from confinement, Defendant must return to court to establish payment of restitution
 Restitution is joint and several with co-defendant(s) who was found guilty - List name(s) and case number(s) _____

Sentence Options

Defendant was convicted of a target offense(s) and is sentenced pursuant to provisions of the Community Punishment Act. Yes No

Pursuant to the Community Punishment Act, the Defendant shall be eligible to have his/her records sealed. Yes No

Extended Juvenile Jurisdiction**Applied**

Yes No

JAIL TIME CREDIT**TOTAL TIME TO BE SERVED FOR ALL OFFENSES**

In days: _____

In months: _____

Other: _____

Death Penalty

Yes No

If Yes, State Execution Date:

DEFENDANT IS ASSIGNED TO: ADC ADC, Admin. Transfer
 NOT Authorized CCC COUNTY JAIL PROBATION SIS

Conditions of disposition or probation are attached. Yes No

A copy of the pre-sentence investigation on sentencing information is attached Yes No Defendant has previously failed a drug court program.
 A copy of the Prosecutor's Short Report is attached Yes No

DEFENDANT WAS INFORMED OF APPELLATE RIGHTS Yes No **Appeal Bond \$** _____

The County Sheriff is hereby ordered to: transport the defendant to county jail take custody for referral to CCC transport to ADC

Defendant shall report to ACC probation officer for report date to CCC Yes No

Additional Info

Defendant's Full Name: _____

Signature

Defense Counsel (Print Name): _____

Signature: _____ Date: _____

Prosecuting Attorney/ Deputy (Print Name): _____

Signature: _____ Date: _____

Circuit Court Judge (Print Name): _____

Signature: _____ Date: _____

Defendant's Full Name:

Additional Victim Information

[CHECK ALL THAT APPLY]

[DO NOT ENTER THE NAME OF ANY VICTIM]