

For Court Use Only (Seal)

2010 KANSAS SENTENCING GUIDELINES JOURNAL ENTRY OF PROBATION REVOCATION HEARING

SECTION I. CASE IDENTIFYING INFORMATION		1. Transaction No.	
2. STATE v. <input type="checkbox"/> Male <input type="checkbox"/> Female		3. Court O.R.I. Number	4. K.B.I. Number
5. County	6. Court Case Number	7. Judge at Revocation Hearing	8. Date of Revocation Hearing
9. Defense Counsel at Revocation Proceeding: <input type="checkbox"/> Appointed <input type="checkbox"/> Retained <input type="checkbox"/> Self <input type="checkbox"/> Waived Orally <input type="checkbox"/> Waived in Writing Counsel Name (please print)			
10. Agency Requesting Revocation: <input type="checkbox"/> Court Services <input type="checkbox"/> Community Corrections			
11. Original Sentencing Date		12. Name of Original Sentencing Judge	

SECTION II. CONVICTION AND SENTENCE INFORMATION

1. Name of PRIMARY Offense of Conviction: Count No. _____	
2. K.S.A., Title, Section, Subsection(s): <input type="checkbox"/> Attempt (K.S.A. 2010 Supp. 21-3301) <input type="checkbox"/> Conspiracy (K.S.A. 2010 Supp. 21-3302) <input type="checkbox"/> Solicitation (K.S.A. 2010 Supp. 21-3303)	
3. Grade of Offense: (Check one in each row.) <input type="checkbox"/> Felony, Severity Level _____ <input type="checkbox"/> Misdemeanor, Class _____ <input type="checkbox"/> Person <input type="checkbox"/> Nonperson	
4. Offense Category: <input type="checkbox"/> Nondrug <input type="checkbox"/> Drug <input type="checkbox"/> Nongrid	
5. Criminal History Classification: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I	
6. Imprisonment Term Pronounced for This Offense: _____ months	
7. Postrelease Supervision: <input type="checkbox"/> 12 months <input type="checkbox"/> 24 months <input type="checkbox"/> 36 months <input type="checkbox"/> 60 months <input type="checkbox"/> No Postrelease K.S.A. 2010 Supp. 22-3716(e) <input type="checkbox"/> Lifetime Postrelease <input type="checkbox"/> Parole <input type="checkbox"/> Lifetime Parole	
8. Probation Term: <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months <input type="checkbox"/> 36 months <input type="checkbox"/> 60 months <input type="checkbox"/> Drug Treatment for up to 18 months. K.S.A. 2010 Supp. 21-4729. <input type="checkbox"/> Other: Term: _____ months <input type="checkbox"/> Extended Period under K.S.A. 2010 Supp. 21-4611 (c)(5) for: _____ months	
9. Prison Term: KDOC _____ months	
10. Reason for Revocation Hearing: <input type="checkbox"/> Violation - No New Conviction <input type="checkbox"/> Not Amenable to Treatment <input type="checkbox"/> New Conviction <input type="checkbox"/> K.S.A. 2010 Supp. 21-4729 ("SB123") Intentional Noncompliance	
11. Number of Previous Motions to Revoke: _____ Comments:	

PLEASE USE AN ADDITIONAL OFFENSES PAGE FOR ADDITIONAL OFFENSES OF CONVICTION

*This option is included in statute, but is unavailable.

Case No. _____

SECTION III. DISPOSITION

(PAGE 2)

1. **Disposition:** Probation Not Revoked
 Probation Revoked and Reinstated -New Conditions Imposed? Yes No
 Ordered to Community Corrections Supervision per K.S.A. 2010 Supp. 22-3716(b)
 Probation Extended for _____ months
 Probation Revoked, Defendant Ordered to Serve: Original Sentence Modified Sentence _____ months
 No Postrelease Period to be Served per K.S.A. 2010 Supp. 22-3716(e)
 Drug Treatment per K.S.A. 2010 Supp. 21-4729, ("SB123")
 * Assigned to Conservation Camp per K.S.A. 2010 Supp. 21-4603d(g)
 * KDOC Drug Treatment Program (minimum 120 days)

Comments: _____

2. If Probation was Revoked, Reinstated or Extended for any Reason, Please Provide a Brief Description of the Violation(s):

3. If Probation was Revoked, Reinstated or Extended for any Reason, Please Provide a Brief Description of any New Conditions Imposed:

*Assignment to Conservation Camp was considered.

4. **Jail Credit:** Jail Credit Awarded at Original Sentencing _____ + Jail Credit Actually Awarded While on Probation for Current Crime _____
 = Total Number of Days of Jail Credit Actually Awarded _____

Revocation Date: _____ - **Total Number of Days of Jail Credit Actually Awarded** _____ = **SENTENCE BEGINS DATE:** _____
m/d/yyyy m/d/yyyy

Enter dates (m/d/yy only) and days of potential jail credit for this case and check "A" if the days are actually awarded, or "N" if the days are not awarded by the court. (attach additional pages if necessary)

*Location- From: _____ To: _____ = _____ Days <input type="checkbox"/> A <input type="checkbox"/> N	*Location- From: _____ To: _____ = _____ Days <input type="checkbox"/> A <input type="checkbox"/> N
*Location- From: _____ To: _____ = _____ Days <input type="checkbox"/> A <input type="checkbox"/> N	*Location- From: _____ To: _____ = _____ Days <input type="checkbox"/> A <input type="checkbox"/> N

*Enter appropriate letters to indicate the type of location where credit may have been earned:

J=Jail TL=Treatment (Locked) TU=Treatment (Unlocked) RL=Residential (Locked) RU=Residential (Unlocked)

5. **Prior Case(s) to Which the Current Sentence is to Run Concurrent or Consecutive:**

Case No. _____	County _____	Sentence _____	Concurrent <input type="checkbox"/> or Consecutive <input type="checkbox"/>
Case No. _____	County _____	Sentence _____	Concurrent <input type="checkbox"/> or Consecutive <input type="checkbox"/>

Others: _____

SECTION IV. SIGNATURES

1. **Judge's Signature:** _____ **Date:** _____

Signed: _____

Printed: _____

2. **Prosecuting Attorney:** _____ **Date:** _____

Signed: _____

Printed: _____

Supreme Court Number: _____

Address: _____

Phone No: _____

3. **Defense Attorney:** _____ **Date:** _____

Signed: _____

Printed: _____

Supreme Court Number: _____

Address: _____

Phone No: _____

THIS FORM MUST BE ACCOMPANIED BY A COPY OF THE ORIGINAL JOURNAL ENTRY OF JUDGMENT

*This option is included in statute, but is unavailable.

Case No. _____

KSGA JOURNAL ENTRY OF PROBATION REVOCATION HEARING ADDITIONAL OFFENSES PAGE

1. **Name of Additional Offense of Conviction:**

Count No. _____

2. **K.S.A., Title, Section, Subsection(s):**

Attempt (K.S.A. 2010 Supp. 21-3301) **Conspiracy** (K.S.A. 2010 Supp. 21-3302) **Solicitation** (K.S.A. 2010 Supp. 21-3303)

3. **Grade of Offense:** (Check one in each row.)

Felony, Severity Level _____ **Misdemeanor**, Class _____
 Person **Nonperson**

4. **Offense Category:**

Nondrug **Drug** **Nongrid**

5. **Imprisonment Term Pronounced for This Offense:** _____ months

6. **Postrelease Supervision:** 12 months 24 months 36 months 60 months

No Postrelease (K.S.A. 2010 Supp. 22-3716(e)) **Lifetime Postrelease** **Parole** **Lifetime Parole**

7. **Consecutive/Concurrent:** **Concurrent** To Count(s): _____ **Consecutive** To Count(s): _____

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Additional Comments: