

For Court Use Only (Seal)

KANSAS SENTENCING GUIDELINES JOURNAL ENTRY OF JUDGMENT
PLEASE USE FOR CRIMES COMMITTED ON JULY 1, 2014 - JUNE 30, 2015

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. Sentencing Judge	8. Sentencing Date
9. Defense Counsel: <input type="checkbox"/> Appointed <input type="checkbox"/> Retained <input type="checkbox"/> Self <input type="checkbox"/> Waived Orally <input type="checkbox"/> Waived in Writing			
10. Type of Proceeding (Trial) <input type="checkbox"/> Bench Trial (includes a plea on stipulated facts) <input type="checkbox"/> Jury Trial <input type="checkbox"/> Guilty Plea <input type="checkbox"/> Nolo contendere Plea			
11. Date of Conviction: <input type="checkbox"/> Resentencing pursuant to <i>State v. Murdock</i>			
12. Pre-Trial Status of Offender <input type="checkbox"/> In Custody <input type="checkbox"/> Released on Bond <input type="checkbox"/> Other Release			
SECTION II. CRIMINAL HISTORY CLASSIFICATION			
1. Offender's Overall Criminal History Classification as Found by the Court: <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			
2. Objection to Criminal History? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, By: <input type="checkbox"/> Defendant or <input type="checkbox"/> State Court's Ruling on Objection: <input type="checkbox"/> Criminal history was amended <input type="checkbox"/> Criminal history was not amended			
SECTION III. CURRENT CONVICTION INFORMATION			
1. Name of PRIMARY Offense of Conviction: _____ Count No.: _____ Date of Offense: _____ <input type="checkbox"/> Designated by court as domestic violence case based upon special finding (see #14 this section)			
2. If Drug Offense: (Indicate statute for controlled substance) <input type="checkbox"/> 65-4105 <input type="checkbox"/> 65-4107 <input type="checkbox"/> 65-4109 <input type="checkbox"/> 65-4111 <input type="checkbox"/> 65-4113 Name of Drug: _____ Amount of Drug (IF Distribution Offense): <input type="checkbox"/> w/in 1,000 ft of school			
3. K.S.A. Title, Section, Subsection(s): _____ <input type="checkbox"/> Attempt (K.S.A. 21-5301) <input type="checkbox"/> Conspiracy (K.S.A. 21-5302) <input type="checkbox"/> Solicitation (K.S.A. 21-5303)			
4. 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			
5. Offense Category: <input type="checkbox"/> Nondrug <input type="checkbox"/> Drug <input type="checkbox"/> Off-grid <input type="checkbox"/> Nongrid			
6. Presumptive Sentencing Range: (Enter terms from appropriate grid.) Aggravated _____ Standard _____ Mitigated _____ Check applicable box(es) <input type="checkbox"/> Presumptive Prison <input type="checkbox"/> Presumptive Probation <input type="checkbox"/> Border Box <input type="checkbox"/> Drug Treatment for up to 18 months. K.S.A. 21-6824 <input type="checkbox"/> Special Rule Applies (Complete Special Rules Supplemental Page and Attach)			

THIS FORM MUST BE ACCOMPANIED BY A COPY OF THE PRESENTENCE INVESTIGATION FORM PURSUANT TO K.S.A. 22-3439 AND A DOCUMENT CONTAINING INFORMATION REQUIRED BY K.S.A. 22-3426. PLEASE USE AN ADDITIONAL OFFENSES PAGE FOR ADDITIONAL OFFENSES OF CONVICTION.

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7. **SPECIAL RULE APPLICABLE:** Yes No If Yes, enter the number(s) and brief description(s) corresponding to the applicable special rule. (Complete Special Rules Supplemental Page and Attach): _____

8. **SPECIAL FINDING** that the crime was **SEXUALLY MOTIVATED** pursuant to the KS Offender Registration Act
8a. Did the court make a special finding that the crime was sexually motivated? Yes No
8b. IF YES to 8a, did the court find that the act involved non-forcible sexual conduct, the victim was at least 14 and the offender was no more than 4 years older than the victim? (K.S.A. 22-4902(c)(15)) Yes No
8c. IF YES to 8a and NO to 8b, PLEASE COMPLETE OFFENDER REGISTRATION SUPPLEMENT AND ATTACH IT TO JOURNAL ENTRY.

9. Was offender determined by the Court to be an **AGGRAVATED HABITUAL SEX OFFENDER?** (K.S.A. 21-6626) Yes No
IF YES, PLEASE COMPLETE SEX OFFENSE SUPPLEMENT AND ATTACH IT TO JOURNAL ENTRY.

10. Is offender being sentenced pursuant to K.S.A. 21-6627 where offender is 18 years of age or older and the victim is less than 14 years of age? Yes No
IF YES, PLEASE COMPLETE SEX OFFENSE SUPPLEMENT AND ATTACH IT TO JOURNAL ENTRY.

11. Downward departure (K.S.A. 21-6818(a)) for a crime of extreme sexual violence (K.S.A. 21-6815)? Yes No
IF YES, PLEASE COMPLETE SEX OFFENSE SUPPLEMENT AND ATTACH IT TO JOURNAL ENTRY.

12. Did offender, as determined by the court, commit the current crime with a deadly weapon? Yes No
IF YES, PLEASE COMPLETE OFFENDER REGISTRATION SUPPLEMENT AND ATTACH IT TO JOURNAL ENTRY.

13. Was offender convicted of a violation of K.S.A. 21-5703, Manufacture or attempted manufacture; K.S.A. 21-5705(a)(1). Cultivation, Distribution, Possession w/ intent to distribute opiates, opium or narcotic drugs or any stimulant in K.S.A. 65-4107(d)(1), (d)(3), (f)(1); or K.S.A. 21-5709(a). Possession of precursors w/ intent to manufacture? Yes No
IF YES, PLEASE COMPLETE OFFENDER REGISTRATION SUPPLEMENT AND ATTACH IT TO JOURNAL ENTRY.

14. Determination of domestic violence case designation
14a. Did offender, as determined by the trier of fact, commit a domestic violence offense? Yes No
14b. If YES to 14a above, did the court find that offender had no prior domestic violence conviction or diversion, AND that offender did not use the present domestic violence offense to coerce, control or punish the victim? Yes No
14c. If YES to 14a and NO to 14b, PLEASE CHECK THE DOMESTIC VIOLENCE CASE DESIGNATION BOX. DV Case

15. Veteran's Treatment Eligibility: (2014 HB 2655)
15a. Did the offender serve in the U.S. Armed Forces in a combat zone as certified by the Kansas Commission on Veteran Affairs? Yes No
15b. Did the offender receive an honorable discharge or general discharge under honorable conditions? Yes No
15c. Does the offender suffer mental illness caused or exacerbated by the offender's service in a combat zone? Yes No
15d. Does the offender's current conviction place the offender in a presumptive probation grid box or SB 123 treatment? Yes No
if YES to 15a through 15d, check box if court ordered Veterans Treatment VA Treatment

SECTION IV. SENTENCE IMPOSED

1. **Guideline Range Imposed:** Aggravated Standard Mitigated Departure – **COMPLETE SECTION V**

2. **Prison Term:** KDOC ____ months (including sentence enhancement)
(Enter months above then check one of the following) Prison sentence imposed or Underlying with probation granted
** or Underlying with KDOC Drug Trtmnt Prog. (min. 120 days)
 Sentence Enhancement - Drug with Firearm: 6 months 18 months (K.S.A. 21-6805(g))
Ballistic Resistant Material: 30 months (K.S.A. 21-6804(t))
 Off-grid Crime:
 Life - Minimum 15 yrs. Life - Minimum 20 yrs. Hard 25 Hard 40 Hard 50 Life without Parole Death Penalty
 Per K.S.A. 2014 Supp. 21-6620, 21-6623 or 21-6627, if guidelines sentence greater than mandatory minimum ____ months.

3. **Postrelease Supervision Term:** 12 months 24 months 36 months 60 months (sex offense) - **COMPLETE SECTION V**
 Lifetime Postrelease Lifetime Parole / Electronic Monitoring (K.S.A. 21-6604(r))

4. **Felony DUI & Test Refusal:** 3rd D.U.I. 4th & Subs. D.U.I. 2nd Test Refusal 3rd & Subs. Test Refusal
Jail Term: ____ months days Additional one month jail if child <14 in vehicle (K.S.A. 8-1567(c), K.S.A. 8-1025(c)) (include in total)
Post-Imprisonment Supervision (12 months) Court Services Community Corrections
 Assignment to a work release program (K.S.A. 21-6604(a)(11))

5. **Other Nongrid Felony:** 3rd & Subs. Domestic Battery w/in 5 yrs. Animal Cruelty
Jail Term: ____ months days
 Probation granted after serving jail term. Probation Term: ____ months days
 Assignment to a work release program (K.S.A. 21-6604(a)(11))

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

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6. Probation Term (If Granted): 12 months 18 months 24 months 36 months 60 months

Drug Treatment for up to 18 months. K.S.A. 21-6824 Other: _____

Extended Period K.S.A. 21-6608(c)(5) for: _____ months

Probation Supervision to: Court Services Community Corrections Unsupervised

County Jail Time Imposed AS A CONDITION OF PROBATION: _____ days

**** Assignment to Correctional Conservation Camp**

Withheld authority of court services/community corrections to impose intermediate sanction pursuant to K.S.A. 21-6604(s) or (t)

Comments: _____

SECTION V. DEPARTURE INFORMATION

1. Type of Departure: (Check all that apply.)

Downward Durational Upward Durational Downward Dispositional Upward Dispositional

Postrelease Supervision (up to 60 months for sexually motivated offense) – K.S.A. 22-3717(d)(1)(D)(i)

2. Reasons Cited as Basis for Departure:

SECTION VI. OTHER CONDITIONS

1. General/Special Conditions of Probation (COMPLETE AND ATTACH ORDER OF PROBATION TO THIS JOURNAL ENTRY if needed)

2. Costs Ordered:

Total Restitution (Please complete #3 below)	\$ _____	Correctional Supv. Fee (Felony \$120; Misd. \$60)	\$ _____
Court Costs (including surcharge)	\$ _____	BIDS Attorney Fee <input type="checkbox"/> Waived	\$ _____
*Total Fines	\$ _____	BIDS Application Fee	\$ _____
DNA Database Fee (K.S.A. 21-2511 & 75-724.)	\$ _____	Court-Appointed Attorney Fee	\$ _____
Extradition Costs	\$ _____	Community Corr. Fee (offenses after 1/4/07)	\$ _____
Domestic Violence Special Program Fee	\$ _____	Booking/Fingerprint Fee	\$ _____
Apprehension Fee (Escape/Agg. Escape)	\$ _____	Reward Reimbursement	\$ _____
Alcohol and/or Drug Eval. Fee (offenses before 7/1/11)	\$ _____	Children's Advocacy Center Assessment Fee	\$ _____
Witness Fee	\$ _____	Medical Costs/Expenses Reimbursement	\$ _____
KBI Lab Fee	\$ _____	SB 123 Assessment Fee (\$200)	\$ _____
Other Lab Fee	\$ _____	SB 123 Offender Reimbursement (at least \$100)	\$ _____
Domestic Violence Assessment/Recommendations	\$ _____	Other: _____	\$ _____
TOTAL COSTS			\$ _____

* \$250 of DUI or Test Refusal fine shall be sent to Community Corrections Supervision Fund.

* On and after 7/1/13 for Promoting the Sale of Sexual Relations (K.S.A. 21-6420), Buying Sexual Relations (K.S.A. 21-6421), or Commercial Sexual Exploitation of a Child (K.S.A. 21-6422), fine of \$2500-5000 shall be sent to Human Trafficking Victim Assistance Fund.

3. Restitution to be paid as follows:

Amount	Name and Address
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

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SECTION VII. RECAP OF SENTENCE

1. Sentence Imposed:

Total Prison Term (if sentence imposed is to prison): _____

Total County Jail Term: _____ Consecutive to Prison Term

Total Underlying Jail Term (if sentence imposed is probation): _____

Total Underlying Prison Term (if sentence imposed is probation): _____

For each count, the Court pronounced the complete sentence, including the maximum potential good time percentage. K.S.A. 21-6804(e)(2) and 21-6805(c)(2).

2. Postrelease Supervision Term: 12 months 24 months 36 months 60 months Lifetime Postrelease
 Lifetime Parole / Electronic Monitoring (K.S.A. 21-6604(r))

3. DUI or Test Refusal Post-Imprisonment Supervision (12 months) Court Services Community Corrections

4. Probation Term Imposed (select one): 12 months 18 months 24 months 36 months 60 months

Drug Treatment for up to 18 months. K.S.A. 21-6824

Extended Period K.S.A. 21-6608(c)(5) for: _____ months

Other: _____

**Correctional Conservation Camp

5. Incarceration Credit: Enter dates (m/d/yy only) and days of credit potentially 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
*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) HA= House Arrest
Sentencing Date: _____ - Total number of days of credit actually awarded _____ = **Sentence Begins Date:** _____

IF cases are "CONSOLIDATED", list grand total of ALL credits actually awarded: _____

6. 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"/>
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: _____

7. Miscellaneous Provisions:

- Defendant informed of right to appeal within 14 days of this date. K.S.A. 22-3608(c). (Required by case law)
- Defendant informed of potential rights of expungement. K.S.A. 21-6614c(h)
- Defendant informed of duty to register as an offender pursuant to the Kansas Offender Registration Act, K.S.A. 22-4905(b)(2) (**Please complete OFFENDER REGISTRATION SUPPLEMENT and attach it to the Journal Entry.**)
- Defendant must submit specimens of blood or an oral or other biological sample, if not previously submitted, pursuant to K.S.A. 21-2511(c).
- Defendant must obtain psychological evaluation and shall complete the recommended treatment pursuant to K.S.A. 22-3717(d)(1)(D)(iv).
- Defendant has been processed, fingerprinted and palmed. K.S.A. 21-2501(b)
- Court remands Defendant to custody of Sheriff to begin serving sentence.
- Court remands Defendant to custody of Sheriff to await transportation to the custody of the Secretary of Corrections.
- Defendant to report to County Jail on the ____ day of _____, 20__ at ____ O'clock a.m. p.m. to start serving sentence.
- House arrest is authorized for remaining _____ days after Defendant completes mandatory _____ hours in the County Jail.
- Work release recommended (if accepted, defendant is to abide by recommendations of the program).
- Defendant's financial resources and burden imposed by BIDS application and attorney fees considered by the court pursuant to K.S.A. 22-4513 and State v. Robinson, 281 Kan. 538, 132 P.3d 934 (2006).
- Defendant to undergo domestic violence assessment pursuant to K.S.A. 21-6604(p)
- Defendant advised of prohibition against firearms.
- Other Comments:

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SECTION VII. RECAP OF SENTENCE CONTINUED

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8. Border Box Findings K.S.A. 21-6804(f): (Check if appropriate)

- An appropriate treatment program exists which is likely to be more effective than the presumptive prison term in reducing the risk of offender recidivism; and
- the recommended treatment program is available and the offender can be admitted to the program within a reasonable period of time; or,
- the non-prison sanction will serve community safety interests by promoting offender reformation

9. If made, Motion for New Trial: Granted Denied

10. If made, Motion for Judgment of Acquittal: Granted Denied

11. If made, Motion for Arrest of Judgment: Granted Denied

12. Additional Comments:

SECTION VIII. SIGNATURES

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

2. Prosecuting Attorney:
Signed: _____
Printed: _____
Supreme Court Number: _____
Date: _____
Address: _____

Phone No: _____

3. Defense Attorney:
Signed: _____
Printed: _____
Supreme Court Number: _____
Date: _____
Address: _____

Phone No: _____

