

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 <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> Hispanic		
Supervision Status at Time of Offense				
Court Info	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			
	Change of Venue <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from: _____			
Legal Statement	<input type="checkbox"/> Pursuant to A.C.A. §§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.			
	<input type="checkbox"/> 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 conditions of the sentence and/or placement on probation and understands the consequences of violating those conditions. The Court 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 Department of Community Correction (D.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 Department 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) Imposed <input type="checkbox"/> ADC <input type="checkbox"/> Jud. Tran. <input type="checkbox"/> County Jail _____ months Probation _____ months SIS _____ months Other <input type="checkbox"/> Life <input type="checkbox"/> LWOP <input type="checkbox"/> Death		If probation or SIS accompanied by period of confinement, state time: _____ days or _____ months. Sentence was enhanced _____ months, pursuant to A.C.A. §§_____ Enhancement(s) is to run: <input type="checkbox"/> Concurrent <input type="checkbox"/> Consecutive. 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.		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.
5. Current offense is a felony and the offender employed a firearm in furtherance or flight unless such use is element of offense.	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).
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.	9. Other
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 Department of Correction facility. "Imposed Judicial Transfer" means incarceration in a Department 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+				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) Imposed <input type="checkbox"/> ADC <input type="checkbox"/> Jud. Tran. <input type="checkbox"/> County Jail		If probation or SIS accompanied by period of confinement, state time: ____ days or ____ months.			
____ months		Sentence was enhanced ____ months, pursuant to			
Probation ____ months		A.C.A. §§ _____			
SIS ____ months		Enhancement(s) is to run: <input type="checkbox"/> Concurrent <input type="checkbox"/> Consecutive.			
Other <input type="checkbox"/> Life <input type="checkbox"/> LWOP <input type="checkbox"/> Death		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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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 Concurrent to Offense # _____ or Case # _____	

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A.C.A. # of Original Charged Offense		ATN	Offense was <input type="checkbox"/> Nolle Prossed <input type="checkbox"/> Dismissed <input type="checkbox"/> Acquitted		
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Defendant Sentence* (see Page 2) Imposed <input type="checkbox"/> ADC <input type="checkbox"/> Jud. Tran. <input type="checkbox"/> County Jail		If probation or SIS accompanied by period of confinement, state time: ____ days or ____ months.			
____ months		Sentence was enhanced ____ months, pursuant to			
Probation ____ months		A.C.A. §§ _____			
SIS ____ months		Enhancement(s) is to run: <input type="checkbox"/> Concurrent <input type="checkbox"/> Consecutive.			
Other <input type="checkbox"/> Life <input type="checkbox"/> LWOP <input type="checkbox"/> Death		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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Defendant's Full Name: _____

Special Conditions

<p align="center">Sex Offenses</p> <p>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</p> <p>Defendant has committed an aggravated sex offense as defined in A.C.A. §12-12-903. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list prior case numbers: _____</p>	<p align="center">Domestic Violence Offenses</p> <p>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</p> <p>Defendant was originally charged with a domestic-violence related offense. Yes No If yes, state the A.C.A. # of the offense: _____</p> <hr/> <p>If yes to either question, identify the relationship of the victim to the Defendant by offense number. _____</p>
<p align="center">DNA Sample/Qualifying Offense</p> <p>Defendant has been adjudicated guilty of a qualifying offense or repeat offense (as defined in A.C.A. §12-12-1103). <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Defendant is ordered to have a DNA sample drawn at <input type="checkbox"/> A.C.C. facility <input type="checkbox"/> the A.D.C. or <input type="checkbox"/> other _____</p>	<p align="center">Drug Crime</p> <p>Defendant has been convicted of a drug crime, as defined in §12-17-101. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Fines, Fees, Restitution

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Court Costs</td><td>\$</td></tr> <tr><td>Fines</td><td>\$</td></tr> <tr><td>Booking/Admin Fees (\$40)</td><td>\$</td></tr> <tr><td>Drug Crime Assessment Fee (\$125)</td><td>\$</td></tr> <tr><td>DNA Sample Fee (\$250)</td><td>\$</td></tr> <tr><td>Children's Advocacy Center Fund Fee</td><td>\$</td></tr> <tr><td>Public Defender User Fee</td><td>\$</td></tr> <tr><td>Public Defender Attorney Fee</td><td>\$</td></tr> <tr><td>Other (explain)</td><td>\$</td></tr> </table>	Court Costs	\$	Fines	\$	Booking/Admin Fees (\$40)	\$	Drug Crime Assessment Fee (\$125)	\$	DNA Sample Fee (\$250)	\$	Children's Advocacy Center Fund Fee	\$	Public Defender User Fee	\$	Public Defender Attorney Fee	\$	Other (explain)	\$	<p>Restitution \$ _____ Payable to [If multiple beneficiaries, give names and payment priority] _____</p> <p>Terms</p> <p><input type="checkbox"/> Due Immediately</p> <p><input type="checkbox"/> Installments of: <input type="checkbox"/> Payments must be made within _____ days of release from A.D.C. <input type="checkbox"/> Upon release from confinement, Defendant must return to court to establish payment of restitution <input type="checkbox"/> Restitution is joint and several with co-defendant(s) who was found guilty - List name(s) and case number(s) _____</p>
Court Costs	\$																		
Fines	\$																		
Booking/Admin Fees (\$40)	\$																		
Drug Crime Assessment Fee (\$125)	\$																		
DNA Sample Fee (\$250)	\$																		
Children's Advocacy Center Fund Fee	\$																		
Public Defender User Fee	\$																		
Public Defender Attorney Fee	\$																		
Other (explain)	\$																		

Sentence Options

Defendant was convicted of a target offense(s) and is sentenced pursuant to provisions of the Community Punishment Act. <input type="checkbox"/> Yes <input type="checkbox"/> No The Court hereby orders a judicial transfer to the Department of Community Correction. <input type="checkbox"/> Yes <input type="checkbox"/> No Pursuant to the Community Punishment Act, the Defendant shall be eligible to have his/her records sealed. <input type="checkbox"/> Yes <input type="checkbox"/> No	<p align="center">Extended Juvenile Jurisdiction Applied</p> <p align="center"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>JAIL TIME CREDIT</p>	<p>TOTAL TIME TO BE SERVED FOR ALL OFFENSES</p> In months: _____ <input type="checkbox"/> Life <input type="checkbox"/> LWOP	<p>Death Penalty</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If Yes, State Execution Date:</p>
<p>DEFENDANT IS ASSIGNED TO: <input type="checkbox"/> ADC <input type="checkbox"/> ADC, Admin. Transfer Authorized <input type="checkbox"/> CCC <input type="checkbox"/> COUNTY JAIL <input type="checkbox"/> PROBATION <input type="checkbox"/> SIS</p>			
Conditions of disposition or probation are attached. <input type="checkbox"/> Yes <input type="checkbox"/> No			
A copy of the pre-sentence investigation on sentencing information is attached <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Defendant has previously failed a drug court program.	
A copy of the Prosecutor's Short Report is attached <input type="checkbox"/> Yes <input type="checkbox"/> No		<p>DEFENDANT WAS INFORMED OF APPELLATE RIGHTS <input type="checkbox"/> Yes <input type="checkbox"/> No Appeal Bond \$ _____</p>	
The County Sheriff is hereby ordered to: <input type="checkbox"/> transport the defendant to county jail <input type="checkbox"/> take custody for referral to CCC <input type="checkbox"/> transport to ADC			
Defendant shall report to ACC probation officer for report date to CCC <input type="checkbox"/> Yes <input type="checkbox"/> No			

Signature

Prosecuting Attorney/Deputy (Print Name): _____

Signature: _____ **Date:** _____

Circuit Judge (Print Name): _____

Signature: _____ **Date:** _____

Additional Info: _____

Defendant's Full Name: _____

Additional Victim Information

[CHECK ALL THAT APPLY]

[DO NOT ENTER THE NAME OF ANY VICTIM]

Offense #	Victim #	Age	Sex	Race/Ethnicity
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<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"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> Hispanic
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			<input type="checkbox"/> Male <input type="checkbox"/> Female	<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"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> Hispanic
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<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"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> Hispanic
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<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"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> Hispanic
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<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"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> Hispanic
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<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"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> Hispanic
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<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"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> Hispanic
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<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"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> Hispanic
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<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"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> Hispanic