GUIDANCE DOCUMENT

SENTENCE COMPUTATION SAMPLE FORMS

TABLE OF CONTENTS

SAMPLE A

VERMONT DEPARTMENT OF CORRECTIONS

CREDIT VERIFICATION WORKSHEET

INMATE NAME:		**DOB:**	**Page** 1	**of**	1
PREPARED BY:		**Date:**	**Site:**		
UPDATED BY:		**Date:**	**Site:**		
UPDATED BY:		**Date:**	**Site:**		

Abbreviation for Documents used to Verify Column: AFF =Affidavit; **ML =** Movement Log (Must be supported by documentation); **AW =** Arrest Warrant; **BM =** Bail Mitt; **DDR =** Docket Disposition Report; **ROM = **Return on Mitt; **SM =** Sentencing Mittimus; **OT =** Other (Explain in comments)

DOCKET INFO			COURT ORDERED CREDIT		DEPARTMENT OF CORRECTIONS RECORDS				Total Days by Docket	# of Days applied to Effective Sentence	COMMENTS
Docket#	Count	Court	Mittimus Order	#Days	Documents used to verify Credit	From	Through	# Days			

SAMPLE B

DEPARTMENT OF CORRECTIONS EFFECTIVE SENTENCE TALLY SHEET											
DATE COMPLETED:											
INMATE NAME:				DOB:			Effective Sentence MINIMUM RULE:				
SENTENCE COMP PREPARER:				SITE:			Effective Sentence MAXIMUM RULE:				
1st UPDATE PREPARED BY:				SITE:			DATE UPDATED:				
2nd UPDATE PREPARED BY:				SITE:			DATE UPDATED:				

EFF SENT CHG #	OFFENSE	VOP	TYPE	DOCKET NO.	OFFENSE DATE	Sentence		CC	CS	CREDIT	SENTENCE COMMENCE DATE
						MIN	MAX				
Current Total Eff Sent from Above				MINIMUM MAXIMUM							
Current Total Eff Sent from Above				MINIMUM MAXIMUM							
Current Total Eff Sent from Above				MINIMUM MAXIMUM							
Current Total Eff Sent from Above				MINIMUM MAXIMUM							
Current Total Eff Sent from Above				MINIMUM MAXIMUM							
Current Total Eff Sent from Above				MINIMUM MAXIMUM							
Current Total Eff Sent from Above				MINIMUM MAXIMUM							
Current Total Eff Sent from Above				MINIMUM MAXIMUM							
Current Total Eff Sent from Above				MINIMUM MAXIMUM							
Current Total Eff Sent from Above				MINIMUM MAXIMUM							

SAMPLE C

VERMONT DEPARTMENT OF CORRECTIONS
SENTENCE CALCULATION NOTIFICATION

TO: Vermont Superior Court (Enter County) Criminal Division

FROM: Vermont Department of Corrections at (Enter facility name)

RE: State v. (Enter inmate name)   DOB: DATE:

                      Docket #(s)

SENTENCING JUDGE: Honorable Judge

NOTIFICATION TYPE: New Mittimus ☐ Amended Mittimus ☐ Corrected Notification ☐

Prior effective sentence information:

Minimum Sentence: Credit applied to minimum:
Maximum Sentence: Credit applied to maximum:

Minimum release date: Maximum release date:
                                         Work Crew Days to Serve

New effective sentence information

Minimum Sentence: Credit applied to minimum:
Maximum Sentence: Credit applied to maximum:

Minimum release date: Maximum release date:
                                         Current balance of Work Crew Days
                                         Owed as of today

Pursuant to 13 V.S.A. Section 7044 the Department of Corrections will provide the Court with a current sentence computation based on the newly imposed sentence.

Incarceration Type:
Correctional Facility ☐ Work Crew ☐ Furlough ☐ Home Confinement ☐ Supervised Community Sentence ☐

Split with probation ☐ Sentence: Interrupted ☐ Sentence:

             Court Ordered Credit   DOC Researched Credit

Comments:

Note: The 180-day reintegration furlough, Title 28, Section 808 (8)(A) allows for release 180 days prior to the minimum release date. Inmates serving less than 365 days must serve half their minimum sentence before eligible for release.

Prepared by: (Enter your name and title) Telephone:

Distribution: 1) Sentencing Court 2) State's Attorney 3) Defense Attorney 4) Prisoner Rights for Defender General 5) Inmate 6) OMS Offender Record

SNF form 11/01/17

SAMPLE D

July 28, 2016

In accordance with 28 VSA, Section 708 (c) I hereby authorize the early release of offender

_____. His current maximum release date falls on Saturday,

July 30, 2016.   Release of offender will occur 1 day early on Friday, July 29, 2016.

_____
Appointing Authority Signature   Title

Earned Reduction of Term
Notice of Award/Denial

Facilities	CCSC	P&P
❑ NWSCF	❑ Burlington	❑ MIPP
❑ CRCF	❑ Rutland	❑ CHPP
❑ MVRCF	❑ Bennington	❑ NEPP
❑ WRCF	❑ White River Jct.	❑ SAPP
❑ SESCF	❑ Brattleboro	❑ MOPP
❑ CCWC	❑ Barre	❑
❑ NERCF	❑ St. Johnsbury	
☒ NSCF		❑ Central Office
❑ DSCF P94 Max 2000 Min		

████████████	3/04	5
Inmate Name	Date (M/Y)	Total Days Earned

PRIORITY: 1 - Sex & Violence   2 - Ed/Voc Skills

____ Number of Days Earned   Reason for denial: _____

____ Number of Days Not Earned   _____

PRIORITY: ⟨3⟩ - Employment   4 - Substance Abuse   5 - Other

_5_ Number of Days Earned   Reason for denial: _____

_∅_ Number of Days Not Earned   _____

[Recommendation is made in accordance with 28 VSA §811 (b) + (c).]

WORK CAMP PARTICIPATION:

____ Number of Days Earned   Reason for denial: _____

____ Number of Days Not Earned   _____

[Recommendation is made in accordance with 28 VSA §811 (d).]

Signed: _Shaun Baum_____ 4/6/04
(Probation Officer/Casework Supervisor)   (Date)

Signed: _____
(Superintendent/Designee)   (Date)

Inmate has 30 days to grieve any award of Earned Reduction of Term. Failure to grieve within that period shall constitute a waiver of any complaint regarding the award.

ERT #2 (9/94)
Procedure #316.01.01

Original - Inmate's File   Copy - Inmate

SAMPLE F
VT Department of Corrections
2005 ERT REVIEW SHEET

OFFENDER NAME:	DOB:	Date of Review:	
Name of Reviewer (Print)			
Signature of Reviewer:			
Date Sentence Starts for ERT:			
MONTH EVALUATED	**POSTED**	**REASON/COMMENTS**	**SHOULD EARN**
July-94			
August-94			
September-94			
October-94			
November-94			
December-94			
January-95			
February-95			
March-95			
April-95			
May-95			
June-95			
July-95			
August-95			
September-95			
October-95			
November-95			
December-95			
January-96			
February-96			
March-96			
April-96			
May-96			
June-96			
July-96			
August-96			
September-96			
October-96			
November-96			
December-96			
January-97			
February-97			
March-97			
April-97			
May-97			
June-97			
July-97			
August-97			
September-97			
October-97			
November-97			
December-97			
January-98			
February-98			
March-98			
April-98			
May-98			
June-98			

WORK CAMP GOOD TIME
Notice of LOSS OF CAMP GOOD TIME

☐ **CRFC** ☐ **MVRCF** ☐ **NECC** ☐ **NSCF** ☐ **NWSCF** ☐ **SSCF**

INMATE NAME: _____
Last   *First*   *Middle Initial*

INMATE DATE OF BIRTH: _____

DATE LOST (M/Y): _____

Due to (an) infraction(s) committed on _____

The Disciplinary Committee recommends the lost of _____ days of Camp Good Time in Accordance with 28 VSA 812 for the following reason(s):

_____

_____

_____

Hearing Officer Signature: _____ Date: _____

Superintendent/Designee Signature: _____ Date: _____

MIN Rel: _____ / _____ / _____
       Month   **Day**   **Year**

MAX Rel: _____ / _____ / _____   _____
       Month   **Day**   **Year**   **Staff Initials**

Offender has 30 days to grieve any loss of Camp Earned Reduction of Term. Failure to grieve within that period shall constitute a waiver of any complaint regarding the loss.

Original: Upload into OMS; Copy: Inmate

WORK CAMP GOOD TIME
Notice of Award

☐ **CRFC**   ☐ **MVRCF**   ☐ **NECC**   ☐ **NSCF**   ☐ **NWSCF**   ☐ **SSCF**

INMATE NAME: _____
Last   First   Middle Initial

INMATE DATE OF BIRTH: _____   **DATE EARNED (M/Y):** _____

RULES MIN: PR94 ☐   1994 ☐   2000 ☐   2001 ☐   2005 ☐
RULES MAX: PR94 ☐   1994 ☐   2000 ☐   2001 ☐   2005 ☐

SPLIT SENTENCE ☐   STRAIGHT SENTENCE ☐

Inmates at the Work Camp are Eligible to earn up to the Maximum Allowed Good Time in the following manner:

Rules	Minimum	Maximum	Split Sentence Min/Max
PR 94	15 days	15 days	15 days
1994	15 days	15 days	15 days
2000	30 days	15 days	30 days
2001	30 days	15 days	30 days
2005	30 days	30 days	30 days

Work Camp Participation: **(Recommendation made in accordance with 28 V.S.A. § 811)**

➢ **Days Earned:**   On Min _____ On Max _____

➢ **Days Not Earned:**   On Min _____ On Max _____

Reason for Denial: Placed in Level I for _____ Days

Other: _____

Correctional Services Specialist Signature: _____   Date: _____

Superintendent/Designee Signature: _____   Date: _____

MIN Rel: _____ / _____ / _____
          Month   Day   Year

MAX Rel: _____ / _____ / _____   _____
          Month   Day   Year   **Staff Initials**

Inmate has 30 days to grieve any award of Earned Reduction of Term. Failure to grieve within that period shall constitute a waiver of any complaint regarding award.

Original: Upload into OMS; Copy: Inmate

<p align="center">**SAMPLE I**</p>

<p align="center">**RETURN TO CUSTODY ON MITTIMUS REQUEST**</p>

INSTRUCTIONS TO HOLDING STATION:
This *Return on Mittimus Request* is being made pursuant to the Department of Public Safety Warrant Policy, Section 10, which authorizes the entry into the Statewide Warrant Database of defendants in the custody of the Department of Corrections who are on escape/missing status from a community placement . A mittimus is on file with the Department of Corrections for this defendant. A copy of the mittimus is attached to this form. As such, this *Return On Mittimus Request* is the equivalent of a Vermont Arrest Warrant and should be entered without delay into the Statewide Warrant Database using VLETS Form 254. Enter the *Return on Mittimus Request* in the same manner that any warrant would be entered. However, the following fields should be entered using this format:

OFF/ ESCAPE
CRT/ DOC
DKT/ NA
ORI/ DOC

INSTRUCTIONS TO ARRESTING OFFICER

If in response to a query to the State Warrant Database, a law enforcement officer determines that a *Return To Custody On Mittimus Request* has been issued for a defendant and the *Return To Custody On Mittimus Request* is still active, the law enforcement officer shall take the subject into custody as if a warrant had been issued for the subject's arrest.

TO: _____
(*Holding Station*)

FROM:_____Telephone #: _____
(*Department of Corrections Office*)

The following subject is on escape/missing status from a Department of Corrections community placement:

Name:_____
(Last)   (First)   (Middle)

DOB: _____ / _____ / _____
(Year)   (Month)   (Day)

The escape occurred from: (*County*) _____

Department of Corrections staff member making request:

_____
(Print Name)   (Signature)   (Date and Time of Request)

NOTE: THIS REQUEST WILL NOT BE PROCESSED BY THE HOLDING STATION UNLESS A COPY OF THE DEFENDANT'S MITTIMUS IS ATTACHED.

SAMPLE J

CANCEL RETURN TO CUSTODY ON MITTIMUS REQUEST

TO: _____

(*Holding Station*)

FROM: _____ Telephone #: _____

(*Department of Corrections Office*)

The *Return on Mittimus Request Form, which was previously filed with your agency for the following subject,* should be cancelled and withdrawn from the State Warrant Database.

The escape occurred from: (County)_____

Offender Name: _____ _____ _____

(*last*)   (*first*)   (*middle*)

DOB: _____

Reason for Cancellation**:** _____

_____

_____

Department of Corrections staff member making request:

_____ _____ _____

(*Print Name*)   (*Signature*)   (*Date and Time of Request*)

SAMPLE K

SENTENCE COMPUTATION			
INTERRUPTED SENTENCE WORKSHEET			

OFFENDER NAME:	DOE, John	DOB:	1/1/1980
FACILITY:	NSCF		
COMPLETED BY:	SYSTO, Sarah		
DATE:	7/14/2017		
SENTENCE:	1-3 year, asb 30 days	DOCKET #:	0001-01-01 Oscr

OFFENSE:	AGGAS		DATE OF SENTENCE:	7/10/2017

		# OF DAYS	CUMULATIVE # OF DAYS	COMMENTS
Credit Applied to Sentence		4	4	
DAYS SERVED			4	Sentence to be served every Friday from 5 p.m. to Sunday
FROM	TO		4	at 5 a.m. beginning 07/14/17
07/14/17	07/16/17	3	7	
07/21/17	07/23/17	3	10	
07/28/17	07/30/17	3	13	
08/04/17	08/06/17	3	16	
08/11/17	08/13/17	3	19	
08/18/17	08/20/17	3	22	
08/25/17	08/27/17	3	25	
09/01/17	09/03/17	3	28	
09/08/17	09/09/17	2	30	

SAMPLE L

Arrested: X

Vermont Parole Board – Violation Hearing (revised 12/19/11)

RE: ▮

Date: 7/10/17   **Time:** 0900

Parole ▮   Date of Birth: ▮   PC Hearing? _____

Present: Chair George, Boucher, Ozarowski, Pennimill, Blair, (Danies),(Amaral)   *Stephens*

In Attendance: ▮

Counsel: P. LANCASTER   Waived Hearing? __ X

Alleged Violations 3, 9

Found In Violation 3, 9

Comments: _____

---

1. You shall commit no act punishable under the law, including violations of court orders.
2. You shall abstain from the excessive use of alcoholic beverages.
3. You shall not purchase, possess or consume regulated drugs.unless prescribed for your use by a physician, this includes no misuse prescribed drugs.
4. You shall not purchase, possess, or handle firearms, ammunition, and/or deadly weapons.
5. You shall not engage in violent, assaultive, or threatening behavior.
6. You shall reimburse the State for extradition costs.
7. You shall notify your supervising parole officer prior to any changes in your residence, or work, and the residence must be approved by your supervising officer, and/or the Parole Board
8. You shall not leave the state without permission from your Supervising Parole Officer.
9. You shall report by telephone, or in writing, or in person at such time and place as your Supervising Parole Officer may require.
10. You shall permit your supervising Parole officer or other authorized DOC employee to visit you in your residence, or elsewhere.
11. You shall notify your Supervising Parole Officer within 24 hours of any arrest, summons, or citation of yourself, as well as any other contact by a law enforcement officer.
12. You shall not act as an informant in any way for any law enforcement official.
13. You shall submit to photographing and fingerprinting for identification purposes at the request of your Supervising Parole Officer.
14. You shall submit to reasonable searches of person, property, and possessions by your Supervising Parole Officer, and permit search of your residence and/or place of employment at reasonable times for the purpose of enforcement of conditions of parole.
15. Your supervising parole officer may restrict your legal operation of a motor vehicle.

16. You shall attend and participate in any program referred by your Supervising Officer, or the Board, allowing the provider to disclose information about your attendance and participation.
17. You shall not purchase, possess nor consume alcoholic beverages while on Parole.
18. You shall submit to an alcohol or drug test if requested by your Supervising Parole Officer, Law Enforcement Officers, Parole Board, or any other person authorized by your Supervising Parole Officer.
19. You shall abide by a curfew if so directed by your Supervising Parole Officer.
20. Your Supervising Parole Officer has the authority to restrict people you associate with.
21. You shall not associate with any child under the age of 1
22. You shall pay restitution owed, as ordered and in an amount set by the court, through a plan agreed upon with your Supervising Parole Officer and the Parole Board.
23. You shall not travel outside the county of your residence or work without permission from your Supervising Parole Officer.
24. You shall not operate a motor vehicle while on parole.
25. You may operate a designated motor vehicle equipped with an approved ignition interlock device and a valid restricted operator's license.
26. You shall not enter any establishment where the primary purpose is the serving/selling of alcoholic beverages.
27. You shall report in person to your supervising parole officer once a week until directed to do otherwise.
28. You shall provide access to any social networking sites you participate in to your supervising Parole Officer.
29. Your supervising Parole Officer may utilize Electronic Monitoring if warranted.
30. Special conditions for Domestic Violence Offenders.
31. Special conditions for s Sex Offenders.

Board Vote V

Continue on Parole ____   Revocation X

Reprimand _____   Incarcerative Sentence _____

Parole Board Chair _____

Additional Conditions or Comments _____   "WAIVED HEARING"

SAMPLE M

CONDITIONAL REENTRY/PAROLE EXPIRATION DATE COMPUTATION
(circle one)

INMATE'S NAME: _____ DOB: _____

CR/Parole Offense No.(s): _____

Done By: _____ Date: _____ Location: _____

Replaces CR/PED Computation of: _____

Line 1   CR/Parole Date: _____   = Julian _____

Line 2   Eff. Sent. Date: _____   -1   = Julian - _____

Line 3   # of days credit propr to sentence   =   + _____

Line 4   Escape Time   =   - _____

Line 5   ERT   =   + _____

Line 6   LRT   =   - _____

Line 7   # of Days Served   =   _____

Line 8   Previous CR/PED Remainder   =   + _____

Line 9   Adjusted # of Days Served   =   _____

Line 10   Adj. # Days Served _____ /30 = ____ RT Units + CR/PED Remainder ____

Line 11   _____ GT Units x * _____   =   ART _____

    *Enter 10 if offense occurred prior to 7/1/94

    *Enter 5 if offense occurred after 6/30/94

Line 12   ERT (from line 5)   =   + _____

Line 13   LRT (from line 6)   =   - _____

Line 14   Total RT   =   _____

Line 15   Eff. Sent. Date (from line 2)   -1   =   _____

Line 16   # days credit prior to sentence   =   - _____

Line 17   Escape Time (from line 4)   =   + _____

Line 18   Max Eff. Sentence. **(in days w/o RT)**   =   + _____

Line 19   Total RT (from line 14)   =   - _____

Line 20   **CR/Parole Expiration Date**   =Julian _____

             Calendar _____

SAMPLE N

CONDITIONAL REENTRY/PAROLE REVOCATION WORKSHEET
(circle one)

INMATE'S NAME:	DOB:
Done By: Date:	Location:

Replaces CR/Parole Revocation Worksheet dated: _____

If date of arrest and date of warrant are the same, or there is no Parole Board Arrest Warrant, enter zero for the number of days as an absconder on line 3 and proceed to line 4.

Line 1   Date of Arrest: _____   -1   = Julian   _____

Line 2   Date of Warrant: _____   = Julian   - _____

Line 3   # of days as an absconder   =   _____

Line 4   CR/Parole Expiration Date: _____   = Julian   _____

Line 5   # of days as an absconder (from line 3)   =   + _____

Line 6   Date of Arrest (from line 1): _____ -1   = Julian - _____

Line 7   **# of days left in sentence (enter on comp)**   =   _____

Line 8   CRED/PED Remainder   = _____ + _____

Line 9   Adjusted # of days left in sentence   =   _____

Line 10   Adj. # of days _____ /* _____ = _____ RT Units with REV Remainder of _____
           * Enter 40 if offense occurred prior to 7/1/94
           * Enter 35 if offense occurred after 6/30/94

Line 11   _____ RT Units (from line 10) x 30   =   _____

Line 12   REV Remainder (**enter no more than 30**)   =   + _____

Line 13   CRED/PED Remainder (from line 8)   =   - _____

Line 14   # of days to serve with RT   =   _____

Line 15   # of days to serve with RT   =   _____

Line 16   Date of Arrest (from line 1): _____ -1   =   + _____

Line 17   **Maximum Release Date with RT**   = Julian   _____
                                 Calendar   _____

Line 18   # of days as an absconder (from line 3)   =   _____

Line 19   Previous Max Rel. Date w/o RT: _____   = Julian + _____

Line 20   **Current Max Release Date w/o RT**   =Julian   _____
                                 Calendar   _____

SUPERVISED COMMUNITY SENTENCE COMPUTATION WORKSHEET

INMATE'S NAME: _____ DOB: _____

Done By: _____ Date: _____ Location: _____

Days Served = _____

ERT = + _____

LART = - _____

Sub-Total = _____

Sub-Total _____ / 30 = _____ Good Time Units with SCS Remainder of _____

_____ Good Time Units x *___ = ART _____

Sub-Total + _____

Total Adjustments _____

*Use 10 for old rules (offense occurred prior to 7/1/94)
Use 5 for new rules (offense occurred after 6/30/94)

MINIMUM WITH GOOD TIME		MINIMUM WITHOUT GOOD TIME	
Eff. Sent. Date -1	= _____	Eff. Sent. Date -1	= _____
Total Adjustments (from above)	= - _____	Credit	= - _____
Escape Time	= + _____	Escape Time	= + _____
Minimum Sentence	= + _____	Minimum Sentence	= + _____
Julian	= _____	Julian	= _____
Minimum (Parole Eligibility Date)	_____	**Minimum** (Parole Eligibility Date)	_____

MAXIMUM WITH GOOD TIME		MAXIMUM WITHOUT GOOD TIME	
Eff. Sent. Date -1	= _____	Eff. Sent. Date -1	= _____
Total Adjustments (from above)	= - _____	Credit	= - _____
Escape Time	= + _____	Escape Time	= + _____
Maximum Sentence	= + _____	Maximum Sentence	= + _____
Julian	= _____	Julian	= _____
Release Date	_____	**Release Date**	_____

SAMPLE P

SENTENCE COMPUTATION WORKSHEET

NAME: _____ DOB: _____

Done By: _____ Date: _____ Location: _____

	Minimum	Maximum
Sentence	_____	_____
Total ESC time to date:	_____ days	_____ days
Total ERT to date:	_____ days	_____ days
Total LRT to date:	_____ days	_____ days

Minimum Effective Sentence Date: _____ -1 = Julian _____

Maximum Effective Sentence Date: _____ -1 = Julian _____

PAROLE ELIGIBILITY (Minimum With RT)	MINIMUM WITHOUT RT
Eff. Sent. Date -1 Julian = _____	Eff. Sent. Date -1 Julian = _____
Credit = - _____	Credit = - _____
Escape Time = + _____	Escape Time = + _____
Parole Elig. (# days) = + _____	Min. w/o RT (# days) = + _____
ERT = - _____	
LRT = + _____	
Julian = _____	Julian = _____
Parole Eligibility Date _____	**Release Date** _____

MAXIMUM WITH RT	MAXIMUM WITHOUT RT
Eff. Sent. Date -1 Julian = _____	Eff. Sent. Date -1 Julian = _____
Credit = - _____	Credit = - _____
Escape Time = + _____	Escape Time = + _____
Max. w/RT (# days) = + _____	Max. w/o RT (# days) = + _____
ERT = - _____	
LRT = + _____	
Julian = _____	Julian = _____
Release Date _____	**Release Date** _____

DOC/CO/SCMAN/2
6/02

SAMPLE Q

NUMBER OF DAYS TO SERVE WORKSHEET

NAME: _____ DOB: _____

Done By: _____ Date: _____ Location: _____

Minimum Sentence: _____ years _____ months _____ days

Maximum Sentence: _____ years _____ months _____ days

Minimum _____ years x 365 = _____ days

Minimum _____ half years x 180 = + _____ days

Minimum _____ months x 30 = + _____ days

Minimum _____ days = + _____ days

Minimum w/o RT   _____

Minimum w/o RT _____ days/* _____ = _____ Min. RT Units + Min. Remainder _____

    *Enter 40 if offense occurred prior to 7/1/94

    *Enter 35 if offense occurred during the period 7/1/94 to 6/30/00

    *Enter 35 and go to maximum sentence if offense occurred after 6/30/00

_____ Min. RT Units x 30 = _____ days

Min. Remainder = + _____ (enter no more than 30)

Parole Eligibility (Minimum w/RT) = _____ days

Maximum _____ years x 365 = _____ days

Maximum _____ half years x 180 = + _____ days

Maximum _____ months x 30 = + _____ days

Maximum _____ days = + _____ days

Maximum w/o RT   _____

Maximum w/o RT _____ days/* _____ = _____ Min. RT Units + Min. Remainder _____

    *Enter 40 if offense occurred prior to 7/1/94

    *Enter 35 if offense occurred after 6/30/94

_____ Max. RT Units x 30 = _____ days

Max. Remainder = + _____ (enter no more than 30)

Maximum w/RT = _____ days

DOC/CO/SCMAN/3
6/02

SAMPLE R

WORKSHEET FOR EFFECTIVE MAXIMUM SENTENCE FOR SENTENCES CONSECUTIVE TO CONDITIONAL REENTRY/PAROLE REVOCATION

NAME:			DOB:	
Done By:		Date:	Location:	

Replaces Worksheet for Effective Maximum Sentence for Sentences Consecutive to CR/Parole Revocation dated: _____

Offenses	Docket No.	Sentence in Days	Credit
		+	
		+	
		+	
		+	

Line 2 # of days left in sentence   = _____ Credit: _____

Line 3 CRED/PED Remainder   = + _____

Line 4 Adj. # of days left in sentence   = _____

Line 5 Adj. # of days left in sentence _____ /* ____ = ____ RT Units + Revoc. Remainder _____
  *Enter 40 if offense occurred prior to 7/1/94
  *Enter 35 if offense occurred after 6/30/94

Line 6 ____ RT Units x 30   = _____

Line 7 Revocation Remainder   = + _____ (enter no more than 30)

Line 8 CRED/PED Remainder   = - _____

Line 9 # of days left in sentence w/rt   = _____

Line 10 Effective Sentence Date: _____ -1   = _____ (Julian)

Line 11 Credit   = - _____ (from line 2)

Line 12 Escape Time   = + _____

Line 13 ERT   = - _____

Line 14 LRT   = + _____

Line 15 Date Max w/RT   Julian   _____
                         Calendar

Line 16 Current Max. Release Date w/o RT   = _____ (Julian)

Line 17 # of days w/o RT on new sentence   = + _____

Line 18 Credit (new sentence)   = - _____

Line 19 Escape Time   = _____

Line 20 Date Max w/o RT   Julian   _____
                         Calendar

DOC/CO/SCMAN/7
6/02

NAME:_____ DOB: _____

OFFENSE	DOCKET #	SENTENCE	CC	CS	CREDIT	EFFECTIVE SENTENCE DATE
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
1ST EFFECTIVE SENTENCE	MIN					
	MAX					
2ND EFFECTIVE SENTENCE	MIN					
	MAX					
3RD EFFECTIVE SENTENCE	MIN					
	MAX					

DATE	DONE BY	FACIL	REASON FOR CHANGE	MINIMUM				MAXIMUM			
				CUM -/+ ERT	ESC TIME	W/ART-PAR ELIG	W/O ART	CUM -/+ ERT	ESC TIME	W/ART-MAX REL	W/O ART