

MASSACHUSETTS SENTENCING COMMISSION GUIDELINE SENTENCE FORM (SUPERIOR COURT)

I. Identification Section

Offender's Name	Gender Male Female	Offender's Birthdate	Probation Central File Number
Judge's Name	Offender's Race White African American Asian Native American N.A.		Offender's Ethnicity Hispanic Non-hispanic N.A.
Name of Person Completing Form	Type of Conviction Bench Trial Jury Trial Negotiated Plea Non-neg. Plea		
Court	Date of Sentence		

II. Criminal History

Prior Convictions for Level 7, Level 8, or Level 9	None	One	Two or More
Prior Convictions for Level 5 or Level 6 Offenses	None	One	Two or More
Prior Convictions for Level 3, 4, 5, or 6 Offenses	None	One	Six or More
Prior Convictions for Level 3 or Level 4 Offenses	None	One or Two	Three to Five
Prior Convictions for Level 1 or Level 2 Offenses	Zero to Five	Six or More	
Final Criminal History Group	Group A	Group B	Group C

III. Severity of Instant Offense

Name of Offense No. 1			Name of Offense No. 2		
Chapter and Section:		Date of Offense:	Chapter and Section:		Date of Offense:
Docket Number(s):	No. Of Counts:	Level:	Docket Number(s):	No. Of Counts:	Level:
Staircasing Factor:			Staircasing Factor:		
<input type="checkbox"/> A&B DW	<input type="checkbox"/> No/Minor	<input type="checkbox"/> Moderate	<input type="checkbox"/> Significant	<input type="checkbox"/> A&B DW	<input type="checkbox"/> No/Minor
<input type="checkbox"/> Arm Robbery	<input type="checkbox"/> No Gun	<input type="checkbox"/> Gun	<input type="checkbox"/> Over \$50,000	<input type="checkbox"/> Arm Robbery	<input type="checkbox"/> No Gun
<input type="checkbox"/> Larceny	<input type="checkbox"/> Under \$10,000	<input type="checkbox"/> \$10 to \$50,000	<input type="checkbox"/> Over \$50,000	<input type="checkbox"/> Larceny	<input type="checkbox"/> Under \$10,000
<input type="checkbox"/> Manslaughter	<input type="checkbox"/> Involuntary	<input type="checkbox"/> Voluntary		<input type="checkbox"/> Manslaughter	<input type="checkbox"/> Involuntary
<input type="checkbox"/> B&E	<input type="checkbox"/> Non-dwelling	<input type="checkbox"/> Dwelling		<input type="checkbox"/> B&E	<input type="checkbox"/> Non-Dwelling
Sentence Type:			Sentence Type:		
<input type="checkbox"/> Life				<input type="checkbox"/> Life	
<input type="checkbox"/> State Prison	NLT	NMT		<input type="checkbox"/> State Prison	NLT
<input type="checkbox"/> County	NLT	NMT		<input type="checkbox"/> County	NLT
<input type="checkbox"/> County/Split	CMT	Probation		<input type="checkbox"/> County/Split	CMT
	NLT	NMT			NLT
	SS	SS			SS
<input type="checkbox"/> Probation	Mos			<input type="checkbox"/> Probation	Mos
<input type="checkbox"/> Filed	Level of Int. Sanc.			<input type="checkbox"/> Filed	Level of Int. Sanc.

Imposed: Concurrent On & After N.A.

Financial Sanctions:	Imposed	Waived	Financial Sanctions:	Imposed	Waived
<input type="checkbox"/> Fine \$			<input type="checkbox"/> Fine \$		
<input type="checkbox"/> Restitution \$			<input type="checkbox"/> Restitution \$		
<input type="checkbox"/> Victim / Witness Fee	\$		<input type="checkbox"/> Victim / Witness Fee	\$	
<input type="checkbox"/> Drug / Alcohol Fee	\$		<input type="checkbox"/> Drug / Alcohol Fee	\$	
<input type="checkbox"/> Probation Supervision	\$		<input type="checkbox"/> Probation Supervision	\$	

Note: Use Additional Forms if more than two charges.

IV. Aggravating/Mitigating Factors Related to Departure

<input type="checkbox"/> Departure

Signature of Judge:	Date:
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