



INITIAL SENTENCE STRUCTURE ENTRY CHECKLIST NON PRISON

Name: _____ DOC number: _____ Date: _____

Initial sentence entered by: _____ Reviewed by: _____

Cause SED: _____ Overall SED same as cause: Yes No Overall SED: _____

Sentence Information (Cause level)		Check any which apply			
1	Committed name: <input type="checkbox"/> Correct <input type="checkbox"/> Updated	<input type="checkbox"/> Exceptional sentence <input type="checkbox"/> Above <input type="checkbox"/> Below Counts:			
2	County:				
3	Cause number:				
4	Date of sentence: <input type="checkbox"/> After prior prefix Date of Sentence	<input type="checkbox"/> Substance Abuse			
5	Judge: <input type="checkbox"/> Correct <input type="checkbox"/> Updated	<input type="checkbox"/> Human Immunodeficiency Virus (HIV)			
6	Cause credits: <input type="checkbox"/> N/A	<input type="checkbox"/> Felony Firearm Registration			
7	Sentence category: <input type="checkbox"/> WA SRA <input type="checkbox"/> NON SRA <input type="checkbox"/> Other	<input type="checkbox"/> Supervised Appeal			
8	Sentence type: <input type="checkbox"/> Under 1 year <input type="checkbox"/> Resident DOSA <input type="checkbox"/> FTOW <input type="checkbox"/> FOSA <input type="checkbox"/> MCC <input type="checkbox"/> FOP <input type="checkbox"/> FOS <input type="checkbox"/> Other :	<input type="checkbox"/> None of the above			
9	Distinct supervision: <input type="checkbox"/> CCJ <input type="checkbox"/> CCD <input type="checkbox"/> MCC <input type="checkbox"/> CCF <input type="checkbox"/> Other:				
10	Supervision type: <input type="checkbox"/> CCJ <input type="checkbox"/> CCD <input type="checkbox"/> MCC <input type="checkbox"/> FOS - probation <input type="checkbox"/> FOS - pending <input type="checkbox"/> FOS - parole <input type="checkbox"/> FOS - misdemeanor <input type="checkbox"/> Other:				
11	Split Judgment and Sentence (J&S): (Only 1 supervision type to be entered per cause. All multi-supervision types within a cause entered as split causes)				
12	FOS cases (user provided end date):		State:		<input type="checkbox"/> Correct <input type="checkbox"/> Updated
13	DOSA eligible (end of range 12+): <input type="checkbox"/> N/A <input type="checkbox"/> Eligible <input type="checkbox"/> Under 1 year, problem letter written <input type="checkbox"/> Supervision type split counts				
Sentence Information (Count level)		Count	Count	Count	Count
14	Date of offense				
15	RCW <input type="checkbox"/> Sub/Count #				
16	Offender score/Seriousness level				
17	Anticipatory/Modifier	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
18	Felony Class	<input type="checkbox"/> GM <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> A	<input type="checkbox"/> GM <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> A	<input type="checkbox"/> GM <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> A	<input type="checkbox"/> GM <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> A
19	Statutory maximum (circle one) <input type="checkbox"/> Doubling	2 5 10 20 Life	2 5 10 20 Life	2 5 10 20 Life	2 5 10 20 Life
20	Finding type <input type="checkbox"/> N/A				
21	Key dates <input type="checkbox"/> N/A	Court ordered start date:		Progress hearing date:	Termination date:
22	County confinement time <input type="checkbox"/> N/A	Days/Mths	Days/Mths	Days/Mths	Days/Mths
23	Alternate Conversion <input type="checkbox"/> Yes <input type="checkbox"/> No				
24	Mandatory/Enhancement <input type="checkbox"/> N/A	<input type="checkbox"/> Flat	<input type="checkbox"/> Flat	<input type="checkbox"/> Flat	<input type="checkbox"/> Flat
25	Supervision length <input type="checkbox"/> FOS N/A	months	months	months	months

26	Consecutive relationship <input type="checkbox"/> N/A <input type="checkbox"/> Yes:	27	LFO's <input type="checkbox"/> N/A <input type="checkbox"/> Complete <input type="checkbox"/> Updated
28	Conditions <input type="checkbox"/> OAL <input type="checkbox"/> Complete <input type="checkbox"/> Updated <input type="checkbox"/> DNA <input type="checkbox"/> Complete <input type="checkbox"/> Updated	29	Verify tolling started <input type="checkbox"/> N/A <input type="checkbox"/> Yes:
30	Problem J&S <input type="checkbox"/> N/A <input type="checkbox"/> Entered in OMNI <input type="checkbox"/> Notify CRT <input type="checkbox"/> FTOW - TX Ordered	31	Notification sent to CCR team and CCO <input type="checkbox"/> N/A <input type="checkbox"/> Complete:
32	24 month rule applied <input type="checkbox"/> N/A <input type="checkbox"/> Yes:	33	Chrono: Records sentence structure review/ CS review <input type="checkbox"/> N/A <input type="checkbox"/> Complete:
34	Verify J&S indexed in OnBase <input type="checkbox"/> Yes:		

Comments:

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.