



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	RES DOSA <input type="checkbox"/> Split by supervision type and confinement standard range if revoked (CCP/MON/CCI/MCC)	

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"/> Entered in OMNI <input type="checkbox"/> N/A <input type="checkbox"/> FTOW - TX Ordered <input type="checkbox"/> Notify CRT	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:	35	Supervision Compliance Credits (SCC) <input type="checkbox"/> Eligibility <input type="checkbox"/> Chrono Entry

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.