





**C. Most Serious Offense/Governing Offense**

|                      |                               |
|----------------------|-------------------------------|
| Most serious offense | Chapter/Section               |
| Staircasing factor   | Final governing offense level |

**D. Criminal History**

Prior convictions at level 7 or above

Prior convictions at level 5 or 6

Prior convictions at levels 3 thru 6

Prior convictions at levels 3 or 4

Prior convictions at levels 1 or 2

**Final Criminal History Group (circle):**

|                              |                              |                              |                          |                          |
|------------------------------|------------------------------|------------------------------|--------------------------|--------------------------|
| <input type="radio"/> None   |                              |                              | <input type="radio"/> 1  | <input type="radio"/> 2+ |
| <input type="radio"/> None   |                              | <input type="radio"/> 1      | <input type="radio"/> 2+ |                          |
| <input type="radio"/> None   |                              |                              | <input type="radio"/> 6+ |                          |
| <input type="radio"/> None   | <input type="radio"/> 1 to 2 | <input type="radio"/> 3 to 5 | <input type="radio"/> 6+ |                          |
| <input type="radio"/> 0 to 5 | <input type="radio"/> 0 to 5 | <input type="radio"/> 6+     |                          |                          |
| <b>Group A</b>               | <b>Group B</b>               | <b>Group C</b>               | <b>Group D</b>           | <b>Group E</b>           |

**E. Sentencing Information**

| Offense 1 (GOVERNING OFFENSE)   |       |                  | Offense 2   |       |                  |
|---|-------|------------------|---|-------|------------------|
| Chapter/Section   | Level | Offense Date     | Chapter/Section   | Level | Offense Date     |
| Docket #  |       | Number of counts | Docket #  |       | Number of counts |
| Staircasing Factor (if applicable)  |       |                  | Staircasing Factor (if applicable)  |       |                  |
| Sentence Type<br><input type="radio"/> Life<br><input type="radio"/> State Prison _____ NLT _____ NMT<br><input type="radio"/> County _____ NMT<br><input type="radio"/> County/Split _____ CMTD _____ Susp<br><input type="radio"/> Probation _____ Mos<br><input type="radio"/> Filed   |       |                  | Sentence Type<br><input type="radio"/> Life<br><input type="radio"/> State Prison _____ NLT _____ NMT<br><input type="radio"/> County _____ NMT<br><input type="radio"/> County/Split _____ CMTD _____ Susp<br><input type="radio"/> Probation _____ Mos<br><input type="radio"/> Filed   |       |                  |
| Financial Sanctions<br><input type="radio"/> Fine \$ _____<br><input type="radio"/> Restitution \$ _____<br><input type="radio"/> Victim/Witness Fee \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed<br><input type="radio"/> Drug/Alcohol Fee \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed<br><input type="radio"/> Probation Supervision \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed |       |                  | Financial Sanctions<br><input type="radio"/> Fine \$ _____<br><input type="radio"/> Restitution \$ _____<br><input type="radio"/> Victim/Witness Fee \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed<br><input type="radio"/> Drug/Alcohol Fee \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed<br><input type="radio"/> Probation Supervision \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed |       |                  |

| Offense 3   |       |                  | Offense 4   |       |                  |
|---|-------|------------------|---|-------|------------------|
| Chapter/Section   | Level | Offense Date     | Chapter/Section   | Level | Offense Date     |
| Docket #  |       | Number of counts | Docket #  |       | Number of counts |
| Staircasing Factor (if applicable)  |       |                  | Staircasing Factor (if applicable)  |       |                  |
| Sentence Type<br><input type="radio"/> Life<br><input type="radio"/> State Prison      _____ NLT      _____ NMT<br><input type="radio"/> County      _____ NMT<br><input type="radio"/> County/Split      _____ CMTD      _____ Susp<br><input type="radio"/> Probation      _____ Mos<br><input type="radio"/> Filed   |       |                  | Sentence Type<br><input type="radio"/> Life<br><input type="radio"/> State Prison      _____ NLT      _____ NMT<br><input type="radio"/> County      _____ NMT<br><input type="radio"/> County/Split      _____ CMTD      _____ Susp<br><input type="radio"/> Probation      _____ Mos<br><input type="radio"/> Filed   |       |                  |
| <i>Financial Sanctions</i><br><br><input type="radio"/> Fine      \$ _____<br><input type="radio"/> Restitution      \$ _____<br><input type="radio"/> Victim/Witness Fee      \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed<br><input type="radio"/> Drug/Alcohol Fee      \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed<br><input type="radio"/> Probation Supervision      \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed |       |                  | <i>Financial Sanctions</i><br><br><input type="radio"/> Fine      \$ _____<br><input type="radio"/> Restitution      \$ _____<br><input type="radio"/> Victim/Witness Fee      \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed<br><input type="radio"/> Drug/Alcohol Fee      \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed<br><input type="radio"/> Probation Supervision      \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed |       |                  |

| Offense 5   |       |                  | Offense 6   |       |                  |
|---|-------|------------------|---|-------|------------------|
| Chapter/Section   | Level | Offense Date     | Chapter/Section   | Level | Offense Date     |
| Docket #  |       | Number of counts | Docket #  |       | Number of counts |
| Staircasing Factor (if applicable)  |       |                  | Staircasing Factor (if applicable)  |       |                  |
| Sentence Type<br><input type="radio"/> Life<br><input type="radio"/> State Prison      _____ NLT      _____ NMT<br><input type="radio"/> County      _____ NMT<br><input type="radio"/> County/Split      _____ CMTD      _____ Susp<br><input type="radio"/> Probation      _____ Mos<br><input type="radio"/> Filed   |       |                  | Sentence Type<br><input type="radio"/> Life<br><input type="radio"/> State Prison      _____ NLT      _____ NMT<br><input type="radio"/> County      _____ NMT<br><input type="radio"/> County/Split      _____ CMTD      _____ Susp<br><input type="radio"/> Probation      _____ Mos<br><input type="radio"/> Filed   |       |                  |
| <i>Financial Sanctions</i><br><br><input type="radio"/> Fine      \$ _____<br><input type="radio"/> Restitution      \$ _____<br><input type="radio"/> Victim/Witness Fee      \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed<br><input type="radio"/> Drug/Alcohol Fee      \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed<br><input type="radio"/> Probation Supervision      \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed |       |                  | <i>Financial Sanctions</i><br><br><input type="radio"/> Fine      \$ _____<br><input type="radio"/> Restitution      \$ _____<br><input type="radio"/> Victim/Witness Fee      \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed<br><input type="radio"/> Drug/Alcohol Fee      \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed<br><input type="radio"/> Probation Supervision      \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed |       |                  |

| Offense 7   |       |                  | Offense 8   |       |                  |
|---|-------|------------------|---|-------|------------------|
| Chapter/Section   | Level | Offense Date     | Chapter/Section   | Level | Offense Date     |
| Docket #  |       | Number of counts | Docket #  |       | Number of counts |
| Staircasing Factor (if applicable)  |       |                  | Staircasing Factor (if applicable)  |       |                  |
| Sentence Type<br><input type="radio"/> Life<br><input type="radio"/> State Prison      _____ NLT      _____ NMT<br><input type="radio"/> County      _____ NMT<br><input type="radio"/> County/Split      _____ CMTD      _____ Susp<br><input type="radio"/> Probation      _____ Mos<br><input type="radio"/> Filed   |       |                  | Sentence Type<br><input type="radio"/> Life<br><input type="radio"/> State Prison      _____ NLT      _____ NMT<br><input type="radio"/> County      _____ NMT<br><input type="radio"/> County/Split      _____ CMTD      _____ Susp<br><input type="radio"/> Probation      _____ Mos<br><input type="radio"/> Filed   |       |                  |
| <i>Financial Sanctions</i><br><br><input type="radio"/> Fine      \$ _____<br><input type="radio"/> Restitution      \$ _____<br><input type="radio"/> Victim/Witness Fee      \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed<br><input type="radio"/> Drug/Alcohol Fee      \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed<br><input type="radio"/> Probation Supervision      \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed |       |                  | <i>Financial Sanctions</i><br><br><input type="radio"/> Fine      \$ _____<br><input type="radio"/> Restitution      \$ _____<br><input type="radio"/> Victim/Witness Fee      \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed<br><input type="radio"/> Drug/Alcohol Fee      \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed<br><input type="radio"/> Probation Supervision      \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed |       |                  |

| Offense 9   |       |                  | Offense 10  |       |                  |
|---|-------|------------------|---|-------|------------------|
| Chapter/Section   | Level | Offense Date     | Chapter/Section   | Level | Offense Date     |
| Docket #  |       | Number of counts | Docket #  |       | Number of counts |
| Staircasing Factor (if applicable)  |       |                  | Staircasing Factor (if applicable)  |       |                  |
| Sentence Type<br><input type="radio"/> Life<br><input type="radio"/> State Prison      _____ NLT      _____ NMT<br><input type="radio"/> County      _____ NMT<br><input type="radio"/> County/Split      _____ CMTD      _____ Susp<br><input type="radio"/> Probation      _____ Mos<br><input type="radio"/> Filed   |       |                  | Sentence Type<br><input type="radio"/> Life<br><input type="radio"/> State Prison      _____ NLT      _____ NMT<br><input type="radio"/> County      _____ NMT<br><input type="radio"/> County/Split      _____ CMTD      _____ Susp<br><input type="radio"/> Probation      _____ Mos<br><input type="radio"/> Filed   |       |                  |
| <i>Financial Sanctions</i><br><br><input type="radio"/> Fine      \$ _____<br><input type="radio"/> Restitution      \$ _____<br><input type="radio"/> Victim/Witness Fee      \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed<br><input type="radio"/> Drug/Alcohol Fee      \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed<br><input type="radio"/> Probation Supervision      \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed |       |                  | <i>Financial Sanctions</i><br><br><input type="radio"/> Fine      \$ _____<br><input type="radio"/> Restitution      \$ _____<br><input type="radio"/> Victim/Witness Fee      \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed<br><input type="radio"/> Drug/Alcohol Fee      \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed<br><input type="radio"/> Probation Supervision      \$ _____ <input type="radio"/> Waived <input type="radio"/> Imposed |       |                  |

**F. Sentencing checklist:**

|                    |   | Yes                   | No                    |
|--------------------|---|-----------------------|-----------------------|
| Step 1/Chapter 1:  | Did you consider the BIAS CHECK ten best practices?   | <input type="radio"/> | <input type="radio"/> |
| Step 2/Chapter 2   | Did you review the VICTIM COMMUNICATIONS best practices?  | <input type="radio"/> | <input type="radio"/> |
| Step 3/Chapter 3   | Did you base the governing sentence on the most serious offense?  | <input type="radio"/> | <input type="radio"/> |
| Step 4/Chapter 4   | In determining criminal history, did you consider whether the decay provision should be applied?            | <input type="radio"/> | <input type="radio"/> |
| Step 5/Chapter 5   | Did you review the appropriate grid cell for the applicable guideline range?                                | <input type="radio"/> | <input type="radio"/> |
| Step 6/Chapter 6   | If imposing an incarceration sentence, did you select the NOT MORE THAN sentence from the applicable range? | <input type="radio"/> | <input type="radio"/> |
| Step 7/Chapter 7   | If imposing a non-committed sentence, did you consider whether the individual CAN PAY RESTITUTION?          | <input type="radio"/> | <input type="radio"/> |
| Step 7/Chapter 7   | If imposing a non-committed sentence, did you consider the NEGATIVE IMPACT OF FEES?                         | <input type="radio"/> | <input type="radio"/> |
| Step 8/Chapter 8   | Did you review the non-exclusive list of mitigating and aggravating factors?                                | <input type="radio"/> | <input type="radio"/> |
| Step 9/Chapter 9   | Did you determine the applicability of any mandatory minimum sentence provisions?                           | <input type="radio"/> | <input type="radio"/> |
| Step 10/Chapter 10 | If imposing consecutive sentences, did you consider whether the limit on consecutive sentences applies?     | <input type="radio"/> | <input type="radio"/> |
| Step 11/Chapter 11 | If imposing a non-committed sentence, did you consider INCENTIVES or REWARDS when structuring the sentence? | <input type="radio"/> | <input type="radio"/> |
| Step 12/Chapter 12 | Did you provide all information requested by this form?   | <input type="radio"/> | <input type="radio"/> |

**G. If a DEPARTURE sentence was given, please record the nature and grounds below:**

**Signature of Justice**

Mandatory return to MA Sentencing Commission, John Adams Courthouse, One Pemberton Square, Boston MA 02108 or email: elizabeth.marini@jud.state.ma.us.