
USING THIS FORM

1. Copies
 - a. Original - to court.
 - b. First copy - to probation officer.
 - c. Second copy - to defendant, if not incarcerated.
 - d. Additional copies as dictated by local practice.
2. Prepared by clerk.
3. Attachments - None
4. Preparation details
 - a. Data Element Nos. 14, 15 and 16 - If "adjudication deferred" is checked in Data Element No. 15, insert "N/A" in Data Element Nos. 14 and 16.
 - b. Data Element Nos. 14, 15 and 16 - If "imposition of sentence suspended" is checked in Data Element No. 15, insert date and time of court date for sentencing in Data Element No. 14 and insert "N/A" in Data Element No. 16.

NOTICE OF REFERRAL TO PROBATION OFFICER

Case No. 1

2 Circuit Court

3 [] Commonwealth of Virginia v.

4 [] v.

5

DEFENDANT'S RESIDENTIAL ADDRESS AND TELEPHONE NUMBER

6

DEFENDANT'S SOCIAL SECURITY NUMBER, DATE OF BIRTH, SEX AND RACE

7

DEFENDANT'S ATTORNEY'S NAME/ADDRESS AND TELEPHONE NUMBER

8 Defendant's status: [] Released/on bail [] incarcerated at

9 Offenses:

10 Plea [] guilty [] not guilty [] nolo contendere

11 Tried by [] judge [] jury 12

REFERRING JUDGE

13 Trial/Conviction date Sentencing date 14 at 14 m.

15 Last court action: [] adjudication deferred [] imposition of sentence suspended [] execution of sentence suspended

16 with 16 suspended

To the probation officer:

The above-named defendant has been referred to you for the reasons checked below:

17 [] Investigation and preparation of these items:

18 [] Presentence Report [] Post-sentence Report [] Victim Impact Statement

[]

19 Due date for filing report:

20 [] Supervised probation – conditions:

21 Payment of \$ fines/costs and \$ restitution

22 [] Substance abuse testing [] Community service hours [] Fingerprinting/CCRE report

[] Other conditions:

23 [] To the Defendant if not incarcerated:

You are to report to the above-named probation officer as follows:

24

DATE, TIME AND LOCATION

25

DATE

26

[] CLERK [] DEPUTY CLERK

DATA ELEMENTS

1. Court case number.
2. Court name.
3. Check box and insert name of the accused if the Commonwealth is the plaintiff.
4. Check box and insert the complete style of the case if other than Data Element No. 3.
5. Residential address and phone number of defendant.
6. Defendant's social security number, date of birth, sex and race.
7. Defendant's attorney name, address and telephone number.
8. Check appropriate block to indicate the defendant's status. If defendant is incarcerated, indicate the place of incarceration.
9. Description of the offense(s).
10. Check appropriate box for plea.
11. Check appropriate box to indicate who tried the case.
12. Name of the judge who referred defendant to the probation officer.
13. Enter date the defendant was tried or convicted.
14. Enter date the defendant was sentenced, if appropriate, or the court date and time for sentencing if imposition of sentence was suspended. See Using This Form, 4(b).
15. Check appropriate box for last court action.
16. If convicted, indicate sentence given and, if applicable, indicate time suspended.
17. If applicable, check box to indicate the reason for referral to probation officer is for investigation and preparation of reports.
18. If applicable, check box for action requested of probation officer.
19. Insert due date given to probation officer for filing report with the court.

DATA ELEMENTS

(Continued)

20. If applicable, check box to indicate reason for referral to probation officer is for supervision of probation.
21. If supervised probation is ordered, enter amount of costs due and amount of fine and restitution, if any.
22. If defendant is given supervised probation, check appropriate box to indicate if defendant should be tested for substance abuse, given community service (indicate number of hours), fingerprinting and a CCRE report is needed or any other condition regarding the supervised probation.
23. If applicable, check box to direct a defendant who is not incarcerated to report to the probation officer.
24. Insert date, time and location that the defendant is to report to the probation officer if the defendant is not incarcerated.
25. Date of notice.
26. Signature of person issuing the notice of referral. Check appropriate box below the signature line.