

 GUIDELINES
E-NEWS

Vol. 4, No. 4 - December 2009



Corrections Options and Guidelines Compliance

History

In 2001, the MSCCSP amended the sentencing guidelines compliance calculation rules so that sentences to corrections options programs are deemed compliant even when the actual length of the disposition to such programs does not fall within the otherwise applicable guidelines range. This was done to recognize the state's interest in promoting the use of alternatives to incarceration for appropriate offenders. The MSCCSP added a field to the guidelines worksheet to capture data on the use of corrections options alternatives. However, in reality, the corrections option field on the worksheet is often left blank. The MSCCSP believes this omission is due in part to a lack of understanding regarding what types of programs are defined as corrections options and a lack of awareness regarding how the use of corrections options impacts guidelines compliance. Accordingly, the goal of this E-News is to raise awareness regarding these two issues.

What are corrections options?

Corrections options are defined in COMAR 14.22.01.02 (and on page 2 of the Guidelines Manual) as:

- Home detention;
- A corrections options program under law which requires the individual to participate in home detention, inpatient treatment, or other similar programs involving terms and conditions that constitute the equivalent of confinement;
- Inpatient drug or alcohol counseling under Health General Article (HG), Title 8, Subtitle 5, Annotated Code of Maryland; or
- Participation in a drug court or HIDTA substance abuse treatment program;
- Correctional Options includes programs established by the State Division of Correction, provided that the program meets the Commission's criteria, as described above.

Note: A program such as the Felony Diversion Initiative (FDI) in Baltimore City which provides inpatient drug treatment meets the Commission's criteria of a corrections options program.

When are sentences to a corrections option program considered compliant?

Sentences to correctional options programs are deemed compliant provided that the initial sentence plus any suspended sentence falls within or above the applicable guidelines range and the case does not include a crime of violence, sexual child abuse or escape. Please mark any of the corrections options programs noted above on the guidelines worksheet (see corresponding section highlighted in yellow on the next page).

MARYLAND SENTENCING GUIDELINES WORKSHEET			OFFENDER NAME - Last, First, Middle				SID#	SEX __ M __ F	BIRTHDATE	JURISDICTION	
PSI __ Yes __ No	DATE OF OFFENSE	DATE OF SENTENCING	DISPOSITION TYPE __ ABA plea agreement __ Jury trial __ Non-ABA plea agreement __ Reconsideration __ Plea, no agreement __ Review __ Court trial			REPRESENTATION __ Private __ Public Defender __ Court Appointed __ Self		ETHNICITY Hispanic/Latino Origin __ Yes __ No	RACE __ Unidentifiable __ Black __ Asian __ White __ Other __ Native Hawaiian/Pacific Islander __ American Indian/Alaskan Native		
AT THIS SENTENCING, NUMBER OF:	CONVICTED OFFENSES	CRIMINAL EVENTS	WORKSHEET # _____ OF _____ CRIMINAL EVENT # _____.					INDIGENCE ESTABLISHED __ Yes __ No			
CONVICTED OFFENSE TITLE			I-VII	CJIS CODE	MD CODE, ART, & SECTION	STAT. MAX	MAND. MIN	CASE #/DOCKET #			
1 st Convicted Offense				—							
2 nd Convicted Offense				—							
3 rd Convicted Offense				—							
OFFENSE SCORE(S) – Offense Against a Person Only				OFFENDER SCORE		GUIDELINES RANGE	ACTUAL SENTENCE - Imposed, Suspended, Time Served, Probation, Restitution, Fine, Corrections Options Programs (Drug Treatment Court, Break the Cycle, Etc.)				
<u>1st Off</u>	<u>2nd Off</u>	<u>3rd Off</u>	A. Seriousness Category	A. Relationship to CJS When Instant Offense Occurred		1st Con. Off.	1st Convicted Offense				
1	1	1	= V – VII	0 = None or Pending Cases		_____	For Theft, Fraud, and Related Crimes, please indicate: <input type="checkbox"/> Economic loss \$ _____; <input type="checkbox"/> Unknown Amount				
3	3	3	= IV	1 = Court or Other Criminal Justice Supervision		_____ TO _____	Subsequent Offender Filed <input type="checkbox"/> Yes <input type="checkbox"/> No Restitution Requested <input type="checkbox"/> Yes <input type="checkbox"/> No				
5	5	5	= III	B. Juvenile Delinquency		_____	Subsequent Offender Proven <input type="checkbox"/> Yes <input type="checkbox"/> No Restitution Proven <input type="checkbox"/> Yes <input type="checkbox"/> No				
8	8	8	= II	0 = 23 years or older or crime-free for 5 years or no more than 1 finding of a delinquent act		_____ TO _____	2nd Convicted Offense				
10	10	10	= I	1 = Under 23 years old and: 2 or more findings of a delinquent act or 1 commitment		_____	For Theft, Fraud, and Related Crimes, please indicate: <input type="checkbox"/> Economic loss \$ _____; <input type="checkbox"/> Unknown Amount				
<u>1st Off</u>	<u>2nd Off</u>	<u>3rd Off</u>	B. Victim Injury	2 = Under 23 years and committed 2 or more times		2nd Con. Off.	2nd Convicted Offense				
0	0	0	= No Injury	C. Prior Adult Criminal Record		_____	Subsequent Offender Filed <input type="checkbox"/> Yes <input type="checkbox"/> No Restitution Requested <input type="checkbox"/> Yes <input type="checkbox"/> No				
1	1	1	= Injury, Non-Permanent	0 = None 3 = Moderate		_____ TO _____	Subsequent Offender Proven <input type="checkbox"/> Yes <input type="checkbox"/> No Restitution Proven <input type="checkbox"/> Yes <input type="checkbox"/> No				
2	2	2	= Permanent Injury or Death	1 = Minor 5 = Major		_____	3rd Convicted Offense				
<u>1st Off</u>	<u>2nd Off</u>	<u>3rd Off</u>	C. Weapon Usage	D. Prior Adult Parole/Prob Violation		3rd Con. Off.	3rd Convicted Offense				
0	0	0	= No Weapon	0 = No 1 = Yes		_____	For Theft, Fraud, and Related Crimes, please indicate: <input type="checkbox"/> Economic loss \$ _____; <input type="checkbox"/> Unknown Amount				
1	1	1	= Weapon Other Than Firearm			_____ TO _____	Subsequent Offender Filed <input type="checkbox"/> Yes <input type="checkbox"/> No Restitution Requested <input type="checkbox"/> Yes <input type="checkbox"/> No				
2	2	2	= Firearm or Explosive			_____	Subsequent Offender Proven <input type="checkbox"/> Yes <input type="checkbox"/> No Restitution Proven <input type="checkbox"/> Yes <input type="checkbox"/> No				
<u>1st Off</u>	<u>2nd Off</u>	<u>3rd Off</u>	D. Special Victim Vulnerability			Overall Guidelines Range	Was the offender sentenced to a Corrections Options program under Commission criteria?				
0	0	0	= No			Multiple Counts Only	Drug Court __ Yes __ No Other __ Yes __ No				
1	1	1	= Yes			_____ TO _____	Institutional/Parole Recommendation or Additional Information				
_____ OFFENSE SCORE(S)			_____ OFFENDER SCORE				Worksheet Completed By _____				
VICTIM INFORMATION			SENTENCE DEPARTURE INFORMATION								
Victim	__ Yes	__ No	If the actual sentence departs from the guidelines range, please indicate the Court's reason(s) using the numerical code(s) on the list of common departure factors in the manual, if applicable. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Departure Code 9 or 18 (Please Explain):				Title _____				
Victim Unavailable	__ Yes	__ No									
NRF	__ Yes	__ No					Sentencing Judge (Please Print) _____				
Victim Notified Plea	__ Yes	__ No									
Victim Notified Date	__ Yes	__ No					Sentencing Judge's Signature _____				
Victim Present	__ Yes	__ No									
Written VIS	__ Yes	__ No									
Oral VIS	__ Yes	__ No									
No Contact with Victim	__ Yes	__ No									
CICB Cost Imposed	__ Yes	__ No									
							50% of Sentence Announced	Parole Notification __ Yes __ No			
							__ Yes __ No				