

USING THIS FORM

1. Copies
 - a. Original - to court.
 - b. Additional copies as dictated by local practice.
2. Prepared by clerk.
3. Attachments - none
4. Preparation details - none.

CASE ABSTRACT

Case No. **1**

2
.....
DEFENDANT
3
.....
ALIAS
4
.....
ADDRESS

Companion Case(s)? <input type="checkbox"/> yes <input type="checkbox"/> no 5 Co-defendant(s)? <input type="checkbox"/> yes <input type="checkbox"/> no

COMPLETE DATA BELOW IF KNOWN

DATE OF BIRTH MONTH DAY YEAR
SSN 6
OL NO. OL STATE

Charge: **7**

§ **8** Va. Code

Class **9** F/M

Offense Date: **11**

Arrest Date: **12**

Cert. To Grand Jury on: **13**

CCRE No. **14** CCRE Document No. **15**

Retained:
17 Counsel waived on
 Refusal certified on

Motion to Suppress Evidence on
 Granted as to

19
 Denied

Pretrial Charge Actions

21 Charged dismissed on

22 Nolle prosequi granted on
 Charge amended on to

23 § Va. Code

24 Class F/M

BAIL TERMS

10

Promise to appear only
 Unsecured bond
 Release to third party custodian
.....
 Secured bond \$
Surety:

PRETRIAL PROCEDURES

Right to Counsel

Counsel requested on
16 denied
 appointed

Motion to Change Bail on

Changed to \$
18 surety
 cash other

Mental Evaluation

Competency to Stand Trial
20 Preliminary Exam. on
 Subsequent Exam. on
 Mental State at time of offense on

OTHER:

(Front)

DATA ELEMENTS

(Front)

1. Court case number.
2. Defendant's name.
3. Alias of defendant, if any.
4. Residential address of the defendant.
5. Check appropriate box if there is a companion case(s) or co-defendant associated with this case.
6. Information about the defendant (Date of birth, social security number, operator license number and state issuing operator license). This information should be completed in whole or in part only to those facts which are reasonably certain to be true.
7. Description of the charge.
8. Code section associated with charge listed in Data Element No. 7. Check appropriate box to indicate if code section cited is a Virginia State code or local code. If local code, indicate county or city of code cited.
9. Class of felony or misdemeanor. Indicate felony or misdemeanor by circling "F" or "M" or striking through inapplicable offense type.
10. If bail terms set, check appropriate box. Indicate name of third party custodian, if applicable. If bond is secured, indicate bond amount and name of surety(s), if any.
11. Date on which offense was committed.
12. Date defendant arrested.
13. Date case certified to grand jury.
14. Central Criminal Records Exchange (CCRE) number, if any. Number is assigned by state police.

(Front)

DATA ELEMENTS

(Front)

(Continued)

15. Central Criminal Records Exchange (CCRE) document control number, if any. Number is obtained from Form SP-180.
16. If counsel is requested, check box and indicate date requested. Also check appropriate box if counsel is denied or appointed. If counsel appointed, enter date of appointment.
17. If counsel is retained by defendant, check box and indicate name of attorney. If counsel is waived, check appropriate box and indicate date counsel was waived. If counsel was refused, check appropriate box and indicate date refusal was certified.
18. If there is a motion to change terms of bail, check box and indicate date motion was filed. If bail was changed, check box and indicate the new bail amount. Check appropriate box to indicate the new security for the bail. If by surety, enter name of surety(s).
19. If there is a motion to suppress evidence, check box and indicate date motion was filed. Check appropriate box to indicate if motion was granted or denied. If motion granted, enter information describing evidence suppressed.
20. If defendant is to receive a psychological evaluation, check appropriate box as to reason for evaluation. If evaluation is to determine the mental state of the defendant at the time of the offense, indicate date of offense. If preliminary or subsequent examination is scheduled, check appropriate box and indicate date of examination.
21. If charges are dismissed, indicated date of dismissal.
22. If prosecutor declares that he will not prosecute the case, check box and indicate when nolle prosequi was granted.
23. If charge is amended, check box and indicate when the charge was amended, description of the new charge and the code section associated with the charge. Check appropriate box to indicate if code cited is a Virginia State code or local code. If local code, indicate county or city of code cited.
24. Class of felony or misdemeanor of amended charge. Indicate felony or misdemeanor by circling "F" or "M" or striking through inapplicable offense type.

PLEA

- Not guilty
- 1** Guilty as charged
- Guilty to amended charge
- Nolo contendere (misdemeanors only)

ADJUDICATION/FINDING

- Not guilty
- Deferred until
- 2** Guilty as charged
- Guilty of
- Pre-sentence report ordered

DISPOSITION/SENTENCE

- 3** Fine \$ with \$suspended
- 4** Costs \$
- 5** Total payment deferred to
- 6** Installment payment of \$ perbeginning
- until paid
- 7** Restitution of \$ to due on
- \$ to due on
- 8** Confinement in jail penitentiary for withsuspended to start
- 9** Served concurrently consecutively with sentence in
- Probation time beginning
- 10** Supervised Unsupervised
- 11** Program type
- 12** Peace bond \$
- 13** Driver's license suspended..... revoked
- 14** License surrendered? yes no
- 15** Driver improvement clinic
- 16** Game replacement fee \$
- 17** Purchase game license stamp
- 18** Revoke license hunting fishing trapping
- 19** Confiscated items disposition

(Back)**DATA ELEMENTS****(Back)**

1. Check appropriate box for plea of the defendant, if given.
2. Check appropriate box to indicate finding of court. If case is deferred, enter next trial date. If there is a finding of guilt for action other than what was originally charged, check box and enter new action.
3. Indicate amount of fine and amount of fine suspended, if any.
4. Amount of costs assessed on case.
5. If payment of fines and costs is deferred, check box and indicate date fines and costs are due.
6. If installment payments are ordered, check box and indicate installment amount, payment interval and first installment due date.
7. If restitution is ordered, check box and indicate amount due, to whom paid and date on which restitution is due.
8. If defendant is remanded into custody, check box and indicate if confinement is jail or penitentiary by checking appropriate box. Indicate length of confinement, time suspended, if any, and when confinement will start.
9. If multiple sentences, indicate whether will be served consecutively or concurrently with other sentence.
10. If probation given, check box and indicate probation time given and start date of probation. Indicate type of probation (supervised/unsupervised) by checking appropriate box.
11. If defendant sentenced to participate in a program such as VASAP, check box and indicate type of program.
12. If court requires peace bond, check box and indicate amount of such bond.
13. If driver's license has been suspended or revoked, check appropriate boxes. If license is suspended, indicate length of suspension.
14. If license is suspended or revoked, indicate if license was surrendered to the court.
15. Check box if defendant has been ordered to attend a Driver Improvement Clinic.

(Back)

DATA ELEMENTS

(Back)

(Continued)

16. If defendant is ordered to pay a game replacement fee, check box and indicate amount of fee.
17. If defendant is ordered to purchase a game license or stamp, check appropriate boxes.
18. If sporting license is revoked, check box and indicate type of license being revoked by checking appropriate box.
19. If items were confiscated, check box and enter brief description of the disposition of the confiscated items.