

**IN THE CRIMINAL/CIRCUIT COURT OF \_\_\_\_\_ COUNTY, TENNESSEE**

Case Number: \_\_\_\_\_ Count # \_\_\_\_\_ Counsel for the State: \_\_\_\_\_

Judicial District: \_\_\_\_\_ Judicial Division: \_\_\_\_\_ Counsel for the Defendant: \_\_\_\_\_

**State of Tennessee**

Retained  Private Atty Appt  Pub Def Appt  
 Counsel Waived  Pro Se

vs.  
 Defendant: \_\_\_\_\_ Alias: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ SSN: \_\_\_\_\_

Indictment Filing Date: \_\_\_\_\_ TOMIS/TDOC # \_\_\_\_\_ State Control # \_\_\_\_\_

State ID # \_\_\_\_\_ County Offender ID # (if applicable) \_\_\_\_\_

**JUDGMENT**  Original  Amended  Corrected

**Comes the District Attorney General for the State and the defendant with counsel of record for entry of judgment.**

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, the defendant:

<input type="checkbox"/> Pled Guilty	<input type="checkbox"/> Dismissed/Nolle Prosequi
<input type="checkbox"/> Pled Nolo Contendere	
<input type="checkbox"/> Pled Guilty – Certified Question Findings Incorporated by Reference	
Is found:	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty
<input type="checkbox"/> Jury Verdict	<input type="checkbox"/> Not Guilty by Reason of Insanity
<input type="checkbox"/> Bench Trial	

<b>Indictment:</b> Class (circle one) 1 <sup>st</sup> A B C D E	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Indicted Offense Name AND TCA §: _____	
Amended Offense Name AND TCA §: _____	
Offense Date: _____	County of Offense: _____
Conviction Offense Name AND TCA §: _____	
<b>Conviction:</b> Class (circle one) 1 <sup>st</sup> A B C D E	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Is this conviction offense methamphetamine related? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sentence Imposed Date: _____	

After considering the evidence, the entire record, and in the case of sentencing, all factors in Tennessee Code Annotated Title 40, Chapter 35, all of which are incorporated by reference herein, it is ORDERED and ADJUDGED that the conviction described above is imposed hereby and that a sentence and costs are imposed as follows:

<b>Sentence Reform Act of 1989</b>	<b>Concurrent with:</b>	<b>Pretrial Jail Credit Period(s):</b>
Offender Status (Check One)		From _____ to _____
Release Eligibility (Check One)		From _____ to _____
<input type="checkbox"/> Mitigated	<b>Consecutive to:</b>	From _____ to _____
<input type="checkbox"/> Standard		From _____ to _____
<input type="checkbox"/> Multiple		From _____ to _____
<input type="checkbox"/> Persistent		From _____ to _____
<input type="checkbox"/> Career		From _____ to _____
<input type="checkbox"/> Repeat Violent		From _____ to _____
<input type="checkbox"/> Mitigated 20%		
<input type="checkbox"/> Mitigated 30%		
<input type="checkbox"/> Standard 30%		
<input type="checkbox"/> Multiple 35%		
<input type="checkbox"/> Persistent 45%		
<input type="checkbox"/> Career 60%		
<input type="checkbox"/> Agg Rob 85%		
<input type="checkbox"/> Violent 100%		
<input type="checkbox"/> Agg Rob w/Prior 100%		
<input type="checkbox"/> Multiple Rapist 100%		
<input type="checkbox"/> Child Rapist 100%		
<input type="checkbox"/> Child Predator 100%		
<input type="checkbox"/> Repeat Violent 100%		
<input type="checkbox"/> 1 <sup>st</sup> Degree Murder		
<input type="checkbox"/> Drug Free Zone		
<input type="checkbox"/> Gang Related		

**Sentenced To:**  TDOC  County Jail  Workhouse

**Sentence Length:** \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Hours  Life  Life w/out Parole  Death

Mandatory Minimum Sentence Length: \_\_\_\_\_ 39-17-417, 39-13-513, 39-13-514, or 39-17-432 in Prohibited Zone or \_\_\_\_\_ 55-10-401 DUI 4<sup>th</sup> Offense or \_\_\_\_\_ 39-17-1324 Possession/Employment of Firearm or \_\_\_\_\_ 40-39-208, -211 Violation of Sex Offender Registry

Period of incarceration to be served prior to release on probation or Community Corrections: \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Hours

Minimum service prior to eligibility for work release, furlough, trusty status and rehabilitative programs: \_\_\_\_\_% (Misdemeanor Only)

**Alternative Sentence:**  Probation  Community Corrections (CHECK ONE BOX) \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days

WAS DRUG COURT ORDERED AS A CONDITION OF THE ALTERNATIVE SENTENCE?  Yes  No

<b>Court Ordered Fees and Fines:</b>	<b>Costs to be Paid by</b>	<b>Restitution:</b> Victim Name _____
\$ _____ Court Costs	<input type="checkbox"/> Defendant <input type="checkbox"/> State	Address _____
\$ _____ Fine Assessed		_____
\$ _____ Traumatic Brain Injury Fund (68-55-301 et seq.)		Total Amount \$ _____ Per Month \$ _____
\$ _____ Drug Testing Fund (TN Drug Control Act)		<input type="checkbox"/> Unpaid Community Service: _____ Hours _____ Days _____ Weeks _____ Months
\$ _____ CICF	\$ _____ Sex Offender Tax	
\$ _____ Other: _____		

The Defendant having been found guilty is rendered infamous and ordered to provide a biological specimen for the purpose of DNA analysis.  
 Pursuant to 39-13-521 the defendant is ordered to provide a biological specimen for the purpose of HIV testing.  
 Pursuant to 39-13-524 the defendant is sentenced to community supervision for life following sentence expiration.

\_\_\_\_\_  
 Judge's Name

\_\_\_\_\_  
 Judge's Signature

\_\_\_\_\_  
 Date of Entry of Judgment

\_\_\_\_\_  
 Counsel for State/Signature (optional)

\_\_\_\_\_  
 Defendant/Defendant's Counsel/Signature (optional)

I \_\_\_\_\_, clerk, hereby certify that, before entry by the court, a copy of this judgment was made available to the party or parties who did not provide a signature above.