

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

Case Number: \_\_\_\_\_ Count # \_\_\_\_\_ Counsel for the State: \_\_\_\_\_  
 Judicial District: \_\_\_\_\_ Judicial Division: \_\_\_\_\_ Counsel for the Defendant: \_\_\_\_\_  
**State of Tennessee**  Retained  Pub Def Appt  Private Atty Appt  
 vs.  Counsel Waived  Pro Se  
 Defendant: \_\_\_\_\_ Alias: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Race: \_\_\_\_\_ SSN: \_\_\_\_\_ Driver License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_  
 State ID #: \_\_\_\_\_ County Offender ID # (if applicable): \_\_\_\_\_ TOMIS/TDOC #: \_\_\_\_\_  
 Relationship to Victim: \_\_\_\_\_ Victim's Age: \_\_\_\_\_  
 State Control #: \_\_\_\_\_ Arrest Date: \_\_\_\_\_ Indictment Filing Date: \_\_\_\_\_

**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 <u>AND</u> TCA §: _____ Amended Offense Name <u>AND</u> TCA §: _____ Offense Date: _____ County of Offense: _____ Conviction Offense Name <u>AND</u> 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: _____
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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:

Offender Status (Check One) <input type="checkbox"/> Mitigated <input type="checkbox"/> Standard <input type="checkbox"/> Multiple <input type="checkbox"/> Persistent <input type="checkbox"/> Career <input type="checkbox"/> Repeat Violent	Release Eligibility (Check One) <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"/> Repeat Viol 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"/> Agg Rapist 100% <input type="checkbox"/> Mult 39-17-1324 100% <input type="checkbox"/> 1 <sup>st</sup> Degree Murder <input type="checkbox"/> Drug Free Zone <input type="checkbox"/> Gang Related	<b>Concurrent with:</b>  <b>Consecutive to:</b>	<b>Pretrial Jail Credit Period(s):</b> From _____ to _____ From _____ to _____ From _____ to _____ From _____ to _____
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**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:**  Sup Prob  Unsup Prob  Comm Corr (CHECK ONE BOX) \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days Effective: \_\_\_\_\_  
 WAS DRUG COURT ORDERED AS A CONDITION OF THE ALTERNATIVE SENTENCE?  Yes  No

<b>Court Ordered Fees and Fines:</b> \$ _____ Court Costs <input type="checkbox"/> Defendant <input type="checkbox"/> State \$ _____ Fine Assessed \$ _____ Traumatic Brain Injury Fund (68-55-301 et seq.) \$ _____ Drug Testing Fund (TN Drug Control Act) \$ _____ CICF \$ _____ Sex Offender Tax \$ _____ Other: _____	<b>Restitution:</b> Victim Name _____ Address _____ Total Amount \$ _____ Per Month \$ _____ <input type="checkbox"/> Unpaid Community Service: _____ Hours _____ Days _____ Weeks _____ Months
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- 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.
- Pursuant to Title 68, Chapter 11, Part 10, the clerk shall forward this judgment to the Department of Health.

**Special Conditions**

\_\_\_\_\_  
 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.