



TENNESSEE SUPREME COURT RULE 17
**Uniform Judgment Document
Instruction Manual**

Prepared by: Tennessee Administrative Office of the Courts
(Revised June 2013)

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GENERALLY

This uniform judgment document was created by Tennessee Supreme Court Rule 17 (“Rule 17”) pursuant to Tennessee Code Annotated section (T.C.A. §) 40-35-209, and it is utilized by trial judges of courts of record.

If the court defers proceedings against a qualified defendant and places the defendant on probation pursuant to T.C.A. § 40-35-313, the granting of judicial diversion will be reflected in the Order of Deferral (Judicial Diversion), which was created by Rule 17A. However, pursuant to Rule 17A, if an offender is granted judicial diversion, a Rule 17 uniform judgment document must be completed following the successful or unsuccessful completion of probation. Please refer to Rule 17A and its accompanying instruction manual for additional information regarding this issue.

DISTRIBUTION OF COMPLETED UNIFORM JUDGMENT DOCUMENT

The court clerk must forward the completed uniform judgment document to the agencies/entities listed below.

Tennessee Bureau of Investigation –TBI requires submission **ONLY IF** the offense is methamphetamine related, the defendant is found not guilty by reason of insanity or, as noted below, certain violent felonies are at issue. The TBI’s contact information is as follows:

If the offense is methamphetamine related, send the uniform judgment document to the following:

Tennessee Bureau of Investigation
Attn: Meth Registry
901 R.S. Gass Blvd.
Nashville, TN 37216

If the offender is found not guilty by reason of insanity, send the uniform judgment document to the following:

Tennessee Bureau of Investigation
Attn: TICS
901 R.S. Gass Blvd.
Nashville, TN 37216

Pursuant to T.C.A. § 40-35-321(e), if the person was arrested on or after January 1, 2008, for the commission of a violent felony as defined in T.C.A. § 40-35-321(e)(3), the clerk must notify the CODIS Unit of the TBI of the final disposition. The TBI provided clerks with a CODIS form for the purpose of transmitting this information, but many clerks have been submitting the judgment document instead of the CODIS form. If a clerk chooses to submit the judgment document for the purpose of complying with T.C.A. § 40-35-321, the document must include the arrest date. An arrest date line has been added to the judgment document for this purpose. The judgment document or CODIS form for these violent felonies must be submitted to the CODIS Unit of the TBI, and these submissions are **in addition** to the NGRI and Meth submissions noted above. The CODIS Unit’s contact information is below.

Connie Howard
CODIS Administrator
Tennessee Bureau of Investigation
901 R.S. Gass Boulevard
Nashville, TN 37216
QUESTIONS SHOULD BE SENT TO: TBI.CODIS@tn.gov

Tennessee Department of Correction – TDOC requires submission of all uniform judgment documents *which reflect convictions for felonies*.

Jail/Sheriff's Office – Consult with your local sheriff/jail to determine what, if any, uniform judgment documents must be submitted.

Administrative Office of the Courts – AOC requires submission of all uniform judgment documents *which reflect convictions for felonies*.

Board of Probation and Parole – The Board of Probation and Parole no longer exists. In 2012, BOPP and the Department of Correction merged. The Board of Parole is now an independent entity. Unless the probation officers say otherwise, you should continue to provide probation officers with judgment documents utilizing the same procedures you utilized prior to the TDOC/BOPP merger. **PLEASE NOTE** that probation officers need a copy of the judgment document **ONLY IF** the offender will be supervised by those officers.

Department of Health – DOH requires submission **ONLY IF** the box has been checked next to the sentence which states, "Pursuant to Title 68, Chapter 11, Part 10, the clerk shall forward this judgment to the Department of Health." This box appears immediately above the "Special Conditions" box. See T.C.A. § 68-11-1003 for details regarding the information you must provide to DOH. DOH's address is as follows:

Tennessee Department of Health
Elderly or Vulnerable Abuse Registry
227 French Landing, Suite 501
Heritage Place, Metro Center
Nashville, TN 37243

DIRECTIONS FOR COMPLETING A UNIFORM JUDGMENT DOCUMENT

IN THE CRIMINAL/CIRCUIT COURT FOR _____ COUNTY, TENNESSEE	
Case Number: _____	Count # _____ Counsel for the State: _____
Judicial District: _____	Judicial Division: _____ Counsel for the Defendant: _____

Blank line before "County": Insert the name of the county in which the case was disposed.

Case number: Insert the docket number.

Count #: If the indictment has multiple counts, insert the count number for the charge at issue. If it is a one-count indictment, insert "1" on this line.

Counsel for the State: Insert the name of the prosecutor who represented the State of Tennessee.

Judicial District: Insert the number of the judicial district in which the case was disposed.

Judicial Division: In some judicial districts, there are multiple divisions. For example, the Shelby County Criminal Courts have ten separate divisions. If the county in which the case was disposed has separate divisions, insert the division number. If the county does not have separate divisions, insert "N/A" on this line.

Counsel for the Defendant: Insert the name of the attorney who represented the defendant. If more than one attorney represented the defendant, insert the names of all attorneys. If the defendant represented himself, insert "Pro Se" on this line.

State of Tennessee	<input type="checkbox"/> Retained	<input type="checkbox"/> Pub Def Appt	<input type="checkbox"/> Private Atty Appt
vs.	<input type="checkbox"/> Counsel Waived <input type="checkbox"/> 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: _____	

Representation Issue: Indicate whether the defendant hired an attorney (Retained), was indigent and had a private attorney appointed by the court (Private Atty Appt), or was indigent and was represented by the public defender or an assistant public defender (Pub Def Appt). If the defendant represented himself, check the box next to "Pro Se." If this *pro se* defendant waived his right to counsel, check the box next to "Counsel Waived" in addition to checking the box next to "Pro Se."

Defendant: Insert the defendant's name.

Alias: If the defendant has any aliases, insert them on this line. If not, leave this line blank.

Date of Birth: Insert the day, month and year the defendant was born.

Sex: Indicate whether the defendant is male or female.

Race: Insert the defendant's race.

SSN: Insert the defendant's social security number. **PLEASE DO NOT REDACT THE SOCIAL SECURITY NUMBER WHEN YOU FORWARD THE JUDGMENT DOCUMENT TO THE REQUIRED AGENCIES.**

Driver License # and Issuing State: Insert the requested information. **HOWEVER**, you are only required to provide this information if the offense at issue is listed in T.C.A. § 39-17-436. If the offense is not listed in that statute, write "N/A" on these two lines.

State ID #: Insert the state identification number, which is assigned to the defendant by the arresting agency. This number is permanently assigned to the defendant and does not change with each arrest.

County Offender ID # (if applicable): Insert this number only if your county assigns a separate county offender number. If it does not, insert "N/A" on this line.

TOMIS/TDOC #: Insert the TOMIS identification number assigned by the Tennessee Department of Correction if it is available.

Relationship to Victim: Insert the nature of the relationship between the defendant and the victim. This information is necessary for Sex Offender Registry purposes.

Victim's Age: Insert the age of the victim **at the time of the offense**. This information is necessary for Sex Offender Registry purposes.

State Control #: Insert the state control number, which is assigned to the defendant by the arresting agency and applies only to the arrest at issue.

Arrest Date: Insert the date of the defendant's arrest.

Indictment Filing Date: Insert the date the Grand Jury returned a true bill.

JUDGMENT Original Amended Corrected

If this is the first uniform judgment document which has been completed for the defendant for the charge at issue, check the box next to "Original." If the original judgment did not accurately reflect the court's findings and the court is correcting the error(s) without notice to the defendant and a hearing, check the box next to "Corrected." Essentially, a corrected form would be used to correct an improper recording of the court's original judgment. If the original order is being altered to reflect a change which is a result of a hearing by the trial court or a ruling by an appellate court, check the box next to "Amended." An amended form would reflect a change in the judgment itself as opposed to correcting an error in the recording of the original judgment. **PLEASE NOTE: If you check "Amended" or "Corrected," please use the "Special Conditions" section of the form to explain how the amended/corrected judgment document differs from the original judgment document.**

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:

The relevant time period for this line is the date upon which the defendant entered a negotiated plea, the defendant was found guilty by a judge/jury, the case was dismissed, etc. Insert the day of the month on the line which appears before “day”; enter the month on the line before “20”; and add the last two numbers of the year on the line following “20”. For example, if the defendant entered a guilty plea on May 6, 2011, the line would appear as follows:

On the 6th day of May 2011, 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	

If the defendant entered a negotiated plea or the disposition of his indictment falls within the “Dismissed/Nolle Prosequi” category, check the box in front of **ONE** of the first four options. If the defendant had a bench trial or a jury trial which resulted in a verdict, mark the box next to “Jury Verdict” **OR** “Bench Trial” **AND ALSO** check the box which reflects the verdict of the judge or jury (Guilty **OR** Not Guilty **OR** Not Guilty by Reason of Insanity).

Indictment: Class (circle one) 1 st A B C D E <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Indicted Offense Name <u>AND TCA §</u> : _____
Amended Offense Name <u>AND TCA §</u> : _____
Offense Date: _____ County of Offense: _____
Conviction Offense Name <u>AND TCA §</u> : _____
Conviction: Class (circle one) 1 st 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: _____

Indictment: Class (circle one): Indicate that the person was indicted for first degree murder by circling “1st”. For any other offense, indicate whether the offense was a misdemeanor or felony by checking the appropriate box. Also, indicate whether the felony or misdemeanor at issue was Class A, B, C, D or E by circling the appropriate letter. For example, if the defendant was indicted for reckless homicide, which is a Class D felony, circle “D” and check the box next to “Felony.”

Indicted Offense Name AND TCA §: Insert the name of the offense for which the defendant was indicted as well as the Tennessee Code Annotated section which creates that offense. For example, if the defendant was indicted for reckless homicide, “Reckless homicide, 39-13-215” would be inserted on that line. For this line and the other lines which require an offense name and TCA section number,

abbreviations are acceptable as long as the reader can easily determine the offense and TCA section at issue. With regard to drug offenses, TOMIS (database utilized by TDOC) requires TDOC to identify cocaine and methamphetamine and to state whether the cocaine was less than or more than ½ gram. Therefore, the judgment form should include that information. With regard to other drug offenses, TOMIS merely requires the applicable TCA section/subsection and the drug’s schedule. Therefore, for offenses involving drugs other than cocaine and methamphetamine, it is not necessary to provide the name of the drug on the judgment form.

Amended Offense Name AND TCA §: If the indictment is amended pursuant to Rule 7 of the Tennessee Rules of Criminal Procedure, insert the name and Tennessee Code Annotated section for the amended offense.

Offense Date: Insert the date of the offense for which the defendant was indicted in the count at issue.

County of Offense: Insert the name of the county in which the offense at issue was committed.

Conviction Offense Name AND TCA §: Insert the name of the offense for which the defendant was convicted. This might be, but does not have to be, the same offense for which the defendant was indicted. Also, insert the applicable Tennessee Code Annotated section for the offense for which the defendant was convicted.

Conviction: Class (circle one): Indicate that the person was convicted of first degree murder by circling “1st”. For any other offense, indicate whether the offense for which the defendant was convicted was a misdemeanor or felony by checking the appropriate box. Also, indicate whether the felony or misdemeanor at issue was Class A, B, C, D or E by circling the appropriate letter. For example, if the defendant was convicted of reckless homicide, which is a Class D felony, circle “D” and check the box next to “Felony.”

Is this conviction offense methamphetamine related?: If the offense was methamphetamine related, check the “Yes” box. For all other offenses, check the “No” box.

Sentence Imposed Date: Insert the date the sentence was imposed.

Offender Status (Check One)	Release Eligibility (Check One)		
<input type="checkbox"/> Mitigated	<input type="checkbox"/> Mitigated 20%	<input type="checkbox"/> Agg Rob w/Prior 100%	<input type="checkbox"/> 1 st Degree Murder
<input type="checkbox"/> Standard	<input type="checkbox"/> Mitigated 30%	<input type="checkbox"/> Multiple Rapist 100%	<input type="checkbox"/> Drug Free Zone
<input type="checkbox"/> Multiple	<input type="checkbox"/> Standard 30%	<input type="checkbox"/> Child Rapist 100%	<input type="checkbox"/> Gang Related
<input type="checkbox"/> Persistent	<input type="checkbox"/> Multiple 35%	<input type="checkbox"/> Child Predator 100%	
<input type="checkbox"/> Career	<input type="checkbox"/> Persistent 45%	<input type="checkbox"/> Agg Rapist 100%	
<input type="checkbox"/> Repeat Violent	<input type="checkbox"/> Career 60%	<input type="checkbox"/> Mult 39-17-1324 100%	
	<input type="checkbox"/> Agg Rob 85%	<input type="checkbox"/> Att 1 st Degree Murder w/SBI 85%	
	<input type="checkbox"/> Violent 100%	<input type="checkbox"/> Agg Child Neglect/Endangerment 70%	
	<input type="checkbox"/> Repeat Viol 100%	<input type="checkbox"/> Agg Assault w/Death 75%	

FOR THE MAJORITY OF OFFENSES, YOU MUST CHECK ONE OPTION IN EACH OF THE TWO SECTIONS (OFFENDER STATUS AND RELEASE ELIGIBILITY) IN THIS BOX. AS NOTED BELOW, 1ST DEGREE MURDER, DRUG-FREE ZONE OFFENSES, AND GANG-RELATED OFFENSES ARE TREATED DIFFERENTLY, SO READ THE INSTRUCTIONS CAREFULLY.

In the first column (Offender Status), select **ONE** of the options, which will be based upon the court's finding regarding the defendant's status as a mitigated, standard, multiple, persistent, career, OR repeat violent offender. These classifications are based upon the defendant's criminal history and are explained in T.C.A. §§ 40-35-105 through 40-35-109. **EXCEPTION:** Nothing in this column should be checked if the defendant is convicted of first degree murder. As noted below, if the defendant is convicted of first degree murder, the only box that should be checked is the "1st Degree Murder" box which appears below "Release Eligibility (Check One)."

In the second and third columns, select **ONE** of the options to indicate what percentage of the defendant's sentence the court ordered him to serve before he will be eligible for release. **EXCEPTIONS:** If the defendant was convicted of first degree murder or an offense in a drug-free zone, or if the offense at issue is a criminal gang offense pursuant to T.C.A. § 40-35-121, refer to the applicable instructions below.

EXAMPLE: A defendant was convicted of aggravated robbery (T.C.A. § 39-13-402), which is a Class B felony, and the judge sentenced him to 10 years as a standard offender. In the first column (offender status), the "Standard" box would be checked. Pursuant to T.C.A. § 40-35-501(k)(1), the judge ordered the defendant to serve 85% of the sentence imposed by the court before the defendant will be eligible for release. In the second column (release eligibility), the "Agg Rob 85%" box would be checked.

FIRST DEGREE MURDER, DRUG FREE ZONE, AND GANG RELATED BOX: If the defendant is convicted of first degree murder, check only the box next to "1st Degree Murder." Do not check any other boxes. If the defendant is convicted of committing an offense in a drug-free zone, check the "Drug Free Zone" box AND ALSO check the appropriate box under "Offender Status (Check One)." If a defendant is convicted of a criminal gang offense (T.C.A. § 40-35-121), check the "Gang Related" box, check the appropriate box under "Offender Status (Check One)," AND check the appropriate box under "Release Eligibility (Check One)."

<p>Concurrent with:</p> <hr/> <p>Consecutive to:</p>

Indicate whether the defendant's sentence for the offense at issue in the judgment document will be run concurrently with or consecutively to his sentences for other offenses. Do so in any manner which makes the other offense easy to identify. If the other offense has a different docket number, for example, list the docket number and the offense name. If the other offense is contained within the same indictment as the current offense, list the count number and the offense name. If the defendant's sentence for the offense at issue in the judgment document is being run concurrently with or consecutively to a sentence for a conviction in a different county, note the county name in addition to noting the offense name and docket number. If no other offenses are at issue, write "N/A" in these boxes.

Pretrial Jail Credit Period(s):	
From _____	to _____

If the defendant is entitled to any pretrial jail credit pursuant to T.C.A. § 40-23-101, indicate the dates of incarceration on the lines provided. If the defendant is not entitled to any credit, insert “N/A” on the first line in this box.

Sentenced To:	<input type="checkbox"/> TDOC	<input type="checkbox"/> County Jail	<input type="checkbox"/> Workhouse
Sentence Length:	_____ Years	_____ Months	_____ Days _____ Hours
	<input type="checkbox"/> Life	<input type="checkbox"/> Life w/out Parole	<input type="checkbox"/> Death
Mandatory Minimum Sentence Length: _____ 39-17-417, 39-13-513, 39-13-514, or 39-17-432 in Prohibited Zone <i>or</i> _____ 55-10-401 DUI 4 th Offense <i>or</i> _____ 39-17-1324 Possession/Employment of Firearm <i>or</i> _____ 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:	<input type="checkbox"/> Sup Prob	<input type="checkbox"/> Unsup Prob	<input type="checkbox"/> Comm Corr (CHECK ONE BOX) _____ Years _____ Months _____ Days Effective: _____
WAS DRUG COURT ORDERED AS A CONDITION OF THE ALTERNATIVE SENTENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Sentenced To: Indicate whether the court sentenced the defendant to serve his sentence (or a portion thereof) at TDOC (Tennessee Department of Correction), the County Jail, or a Workhouse.

Sentence Length: **SEE THE EXAMPLE BELOW.** On the first line of the Sentence Length section, use the blank lines to indicate the number of years, months, days and/or hours to which the court sentenced the defendant. This is the total sentence, INCLUDING any period of incarceration as well as the period of any alternative sentence. If the court orders the defendant to serve the period of incarceration on the weekends, make note of this in the “Special Conditions” section at the bottom of the judgment document. If the defendant was sentenced to life imprisonment with the possibility of parole, life imprisonment without the possibility of parole, or death, indicate that sentence by checking the appropriate box.

Mandatory Minimum Sentence Length (part of the Sentence Length section): For certain offenses or offenses committed in certain locations, there is a mandatory minimum sentence. If one of the listed offenses/statutes is at issue for the defendant’s conviction, indicate the minimum period of incarceration on the appropriate line.

Period of incarceration to be served prior to release on probation or Community Corrections (part of the Sentence Length section): Indicate the number of months, days, and/or hours the court is requiring the defendant to serve in incarceration prior to being released on probation or Community Corrections. **SEE THE EXAMPLE BELOW.**

Minimum service prior to eligibility for work release, furlough, trusty status and rehabilitative programs (part of the Sentence Length section): Pursuant to T.C.A. § 40-35-302(d), “[i]n imposing a misdemeanor sentence, the court shall fix a percentage of the sentence that the defendant shall serve. After service of such percentage of the sentence, the defendant shall be eligible for consideration” for participation in the listed programs. The relevant percentages are listed in the statute, and they cannot exceed 75%. **PLEASE NOTE** that if “no percentage is expressed in the judgment, the percentage shall be considered

zero percent (0%).” **Therefore, if the judge fixes the percentage, it is very important to include it on the judgment document.**

Alternative Sentence: Indicate whether the court sentenced the defendant to a period of supervised probation (“Sup Prob” option), unsupervised probation (“Unsup Prob” option), or Community Corrections (“Comm Corr” option) by checking the appropriate box. If the court ordered an alternative sentence, indicate the period (years, months and/or days) on the blank lines. Indicate (by checking the appropriate box) whether the court ordered the defendant to participate in drug court as a condition of the alternative sentence. Finally, immediately after “Effective:” insert the date the period of probation or Community Corrections begins. **SEE THE EXAMPLE BELOW.**

Supervising Entity: See the comment below regarding including the name and/or contact information of the supervising entity in the “Special Conditions” box.

EXAMPLE: Assume the following: (1) The defendant was convicted of Class E felony theft of property pursuant to T.C.A. §§ 39-14-103, -105; (2) The court sentenced the defendant to serve 28 days in the county jail and one year on supervised probation; (3) The court ordered drug court as a condition of probation; and (4) The probationary period begins on December 31, 2012. The judgment document would be completed as indicated below. **PLEASE NOTE THAT IF THE PERIOD LISTED ON THE ALTERNATIVE SENTENCE LINE IS ADDED TO THE LINE WHICH INDICATES THE PERIOD OF INCARCERATION TO BE SERVED PRIOR TO RELEASE, IT WILL ALWAYS EQUAL THE PERIOD LISTED ON THE “SENTENCE LENGTH” LINE.**

Sentenced To:	<input type="checkbox"/> TDOC	<input checked="" type="checkbox"/> County Jail	<input type="checkbox"/> Workhouse
Sentence Length:	<u>1</u> Years	<u> </u> Months	<u>28</u> Days <u> </u> Hours
	<input type="checkbox"/> Life <input type="checkbox"/> Life w/out Parole <input type="checkbox"/> Death		
	Mandatory Minimum Sentence Length: <u> </u> 39-17-417, 39-13-513, 39-13-514, 39-17-432 (Prohibited Zone) or <u> </u> 55-10-401 DUI 4 th Offense or <u> </u> 39-17-1324 Possession/Employment of Firearm or <u> </u> 40-39-208, -211 Violation of Sex Offender Registry		
	Period of incarceration to be served prior to release on probation or Community Corrections: <u> </u> Months <u>28</u> Days <u> </u> Hours		
	Minimum service prior to eligibility for work release, furlough, trusty status and rehabilitative programs: <u> </u> % (Misdemeanor Only)		
Alternative Sentence:	<input checked="" type="checkbox"/> Sup Prob <input type="checkbox"/> Unsup Prob <input type="checkbox"/> Comm Corr (CHECK ONE BOX) <u>1</u> Years <u> </u> Months <u> </u> Days Effective: <u>12/31/12</u>		
	WAS DRUG COURT ORDERED AS A CONDITION OF THE ALTERNATIVE SENTENCE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Court Ordered Fees and Fines:	Costs to be Paid by
\$ <u> </u> Court Costs	<input type="checkbox"/> Defendant <input type="checkbox"/> State
\$ <u> </u> Fine Assessed	
\$ <u> </u> Traumatic Brain Injury Fund (68-55-301 et seq.)	
\$ <u> </u> Drug Testing Fund (TN Drug Control Act)	
\$ <u> </u> CICF	\$ <u> </u> Sex Offender Tax
\$ <u> </u> Other: <u> </u>	

Indicate whether the costs are to be paid by the defendant or the State of Tennessee by checking the appropriate box. Indicate the amount of each applicable fee/fine/cost ordered by the court by writing it on the appropriate line. “CICF” is the Criminal Injuries Compensation Fund.

Restitution: Victim Name _____ Address _____ _____ Total Amount \$ _____ Per Month \$ _____ <input type="checkbox"/> Unpaid Community Service: _____ Hours _____ Days _____ Weeks _____ Months

If the court orders the defendant to pay restitution and/or to perform unpaid community service, insert the requested information on the lines provided. See the comment below regarding use of the “Special Conditions” box if more than one victim is entitled to restitution.

<input type="checkbox"/> The Defendant having been found guilty is rendered infamous and ordered to provide a biological specimen for the purpose of DNA analysis. <input type="checkbox"/> Pursuant to 39-13-521 the defendant is ordered to provide a biological specimen for the purpose of HIV testing. <input type="checkbox"/> Pursuant to 39-13-524 the defendant is sentenced to community supervision for life following sentence expiration. <input type="checkbox"/> Pursuant to Title 68, Chapter 11, Part 10, the clerk shall forward this judgment to the Department of Health.
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Check **ALL** boxes which apply to the defendant and conviction at issue. **If the fourth box is checked, the judgment form must be forwarded to the Tennessee Department of Health at the address previously provided in this manual. See T.C.A. § 68-11-1003 for details regarding the information you must provide to DOH.**

Special Conditions

This “Special Conditions” section of the judgment form should be used to convey any portions of the court’s judgment which are not otherwise recorded in the pre-printed portions of the judgment form. This section can be used for the following purposes, among others: (1) If the court permits the defendant to serve his period of incarceration on the weekends, make note of that in this section of the document; (2) If this is an “Amended” or “Corrected” judgment form, use this section to explain how the amended/corrected document differs from the original form; (3) If a defendant is sentenced to an alternative sentence, the supervising entity’s name and/or contact information can be listed in this section; and (4) If there are multiple victims who will be receiving restitution and there is inadequate space to list all of the relevant information in the restitution box of this form, use the Special Conditions box to indicate that there is an attached form which sets out the relevant restitution information.

_____ 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.		

The judge should print his or her name on the “Judge’s Name” line and sign on the “Judge’s Signature” line. The date of entry of judgment should also be inserted. With regard to the remaining lines, T.C.A. § 40-35-209(e)(1) provides in relevant part that “[a]fter the defendant is sentenced, the district attorney

general shall complete and file within thirty (30) days the uniform judgment document for the conviction that is signed by all parties; but if not signed by the parties, the clerk shall make a copy of the document available to the parties before entry by the court . . .” Therefore, **if either party fails to sign the judgment document**, the clerk must sign the last line of the document, which indicates that a copy was made available to the party or parties who did not provide a signature.