

**KANSAS SENTENCING GUIDELINES
PRESENTENCE INVESTIGATION REPORT
FACE SHEET
PLEASE USE FOR CRIMES COMMITTED ON
JULY 1, 2021 - JUNE 30, 2022**

Original Amended

1. Judicial District: _____

County and ORI number : _____

Case Number: _____ DV Case

Name: _____

A/K/A's: _____

Age: ____ K.B.I. No: _____

Sex: Male Female

Race: W B A.I. A

Ethnicity: Hispanic Non-Hispanic

Citizenship: U.S. Citizen of: _____

Detainer or Other Charges Pending? Yes No

Subject in Custody Awaiting Sentencing? Yes No

Begin _____ End _____ = _____ Days

Begin _____ End _____ = _____ Days

Begin _____ End _____ = _____ Days

DNA Sample Taken (K.S.A. 21-2511): Yes No

2. IF OFFENDER WAS UNDER 18 YEARS OF AGE WHEN CRIME(S) WAS COMMITTED AND WAS TRIED AS AN ADULT, OFFENDER WAS:

Adjudicated as an Adult Under K.S.A. 38-2347

Automatically Considered Adult Because of a Prior Felony

3. Names of Co-Defendants, if any: _____

4. Defense Attorney: _____

Type of Counsel Prior to Sentencing:

Retained Appointed Self

Waived Orally Waived in Writing

Prosecuting Attorney: _____

Sentencing Judge: _____

Date of Guilty Plea or Judgment: _____

Date of Sentencing: _____

5. Presentence Investigator: (Please Print)

Date Assigned: _____ Date Submitted: _____

Presentence Investigator's signature: _____

6. Primary Offense: _____

Attempt Conspiracy Solicitation

K.S.A. No. (including subsections): _____

Offense Date: _____ Count No.: _____

Offender Registration Required - Attach Supplement (Pg 8)
(K.S.A. 22-4902)

Criminal History Score: _____

Person Nonperson

Misdemeanor - Class _____

Felony: On-Grid - Severity Level _____ Nondrug Drug

Off-grid Nongrid (K.S.A. 21-6804(i))

If Grid Sentence: Mandatory Prison as per K.S.A. 21-5703

Presumptive Prison Presumptive Prison per Special Rule

Presumptive Probation Border Box

Range: Aggravated ____ Standard ____ Mitigated ____

Max. Good Time: (K.S.A. 21-6821) 15% 20%

Special Rules: Special Rule Applies - Attach Supplement (Pg 6)
Number _____ and Description: _____

If Drug Offense (Indicate statute for controlled substance):

65-4105 65-4107 65-4109 65-4111 65-4113

Name of Drug: _____

Amount: (Distribution Only) _____ w/in 1,000 ft of school

Firearm Finding (K.S.A. 21-6805(g)): 6 months

18 months

Drug Treatment: Mandatory With Court Finding

Not Eligible: Criminal History Residency

3rd or Subsequent Conviction Felony Possession

Very Low, Low, or Medium LS/CMI score

Low or Moderate WRNA score

Postrelease Supervision Duration: 12 months 24 months

36 months 60 months

Lifetime Postrelease (K.S.A. 22-3717(d)(1)(G)(i))

Lifetime Parole/Electronic Monitoring (K.S.A. 21-6604(r))

Probation Duration: 12 months 18 months 24 months

36 months Other: _____

DUI Post-Imprisonment Supervision: (12 months)

Court Services Community Corrections

Additional one month jail if child <18 in vehicle

2021 KANSAS SENTENCING GUIDELINES
PRESENTENCE INVESTIGATION REPORT - FACE SHEET SUPPLEMENTAL PAGE

CASE NO. _____

page 2

Additional Offense: _____

K.S.A. No. (including subsections): _____

Offense Date: _____ Count No.: _____

Offender Registration Required - Attach Supplement (Pg 8)
(K.S.A. 22-4902)

Criminal History Score: _____

- Person Nonperson
 Misdemeanor - Class _____
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2021 KANSAS SENTENCING GUIDELINES
PRESENTENCE INVESTIGATION REPORT - FACE SHEET SUPPLEMENTAL PAGE

CASE NO. _____

page 3

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2021 KANSAS SENTENCING GUIDELINES
PRESENTENCE INVESTIGATION REPORT
CURRENT OFFENSE INFORMATION

(This page only - NOT PUBLIC RECORD)

CASE NO. _____

page 4

1. OFFICIAL VERSION:

2. DEFENDANT'S VERSION: Defendant's Date of Birth: _____ Defendant's Social Security Number: _____

3. VICTIM'S INJURY / DAMAGE / STATEMENT(S):

| 4. RESTITUTION OWED TO: | | Total Restitution Owed: \$ _____ |
|-------------------------|------------------|----------------------------------|
| Amount | Name and Address | |
| \$ _____ | _____ | |
| \$ _____ | _____ | |
| \$ _____ | _____ | |
| \$ _____ | _____ | |
| \$ _____ | _____ | |
| \$ _____ | _____ | |
| \$ _____ | _____ | |

5. DEFENDANT'S FINANCIAL INFORMATION:

Is defendant employed? Yes No If so, Full time Part time

Does the defendant collect disability or any type of assistance? Yes No Amount per month \$ _____

Number of dependents: _____

Monthly household income: \$ _____

Estimated amount of bills per month: \$ _____

6. DEFENDANT'S ADDRESS: _____

6. **PLACEMENT OPTIONS:** This is a list of placement options and the presentence investigator's professional assessment of possible conditions should the court place the offender on probation or order some form of community sanction.

- COMMUNITY CORRECTIONS [Indicate the criteria from K.S.A. 75-5291 or Special Rule that qualifies the defendant for placement in Community Corrections.]
 - (a)(2)(A) Scored high, or very high on LS/CMI (a)(2)(A) Scored medium or high on WRNA
 - (a)(2)(B) Downward dispositional departure from presumptive prison sentence
 - (a)(2)(C) Convicted of offense severity level 7 or higher which requires registration
 - (a)(2)(F) Drug Treatment for up to 18 months (K.S.A. 21-6824 "SB 123")
 - (a)(2)(G) Sentenced pursuant to K.S.A. 8-1567 (DUI)
 - Special Rule Applies
- COURT SERVICES

7. **OFFICER'S ASSESSMENT OF CONDITIONS OF PROBATION:** K.S.A. 21-6607 [Check All That Apply.]

- Alcohol evaluation Drug evaluation Mental Health evaluation ADSAP Evaluation Domestic Violence Offender Assessment (K.S.A. 21-6604(p))
- In Patient Out Patient
 - Alcohol treatment Drug treatment Mental Health treatment (Follow recommendations of counselor)
- No possession or consumption of alcohol or illegal drugs
- At C.S.O. request and at defendant's own expense, submit to random: Breath test Blood test Urinalysis test
- Community Service Work: _____ Hours
- Gain employment Maintain employment
- Notify the C.S.O. of changes in employment, residence and phone number
- No contact with: Victim Co-defendant
- Educational program: G.E.D. Vocational Higher Education
- Register as an offender pursuant to the Kansas Offender Registration Act, K.S.A. 22-4901 *et. seq.* (**NO registration is required** for K.S.A. 21-5705(a)(2)-(a)(6) and **ALL** subsections)
- Attend a presentation by the Victim Impact Panel
- Submit to KBI DNA testing and be responsible for the cost of the test
- Curfew Restriction: _____
- Travel Restriction: _____
- Other: _____

8. **COSTS PROPOSED:**

| | | | |
|--|----------|---|-----------------|
| †Total Restitution (Please complete pg. 4 item #4) | \$ _____ | Children's Advocacy Center Assessment Fee | \$ _____ |
| KBI or Other Lab Fees | \$ _____ | BIDS Attorney Fee | \$ _____ |
| Court Costs (including surcharge) | \$ _____ | BIDS Application Fee | \$ _____ |
| *Fines to Human Trafficking Victim Assist. Fund | \$ _____ | Booking/fingerprint Fee | \$ _____ |
| *Total Fines (Excluding Human Trafficking Victim Assist. Fund) | \$ _____ | SB 123 Assessment Fee (\$175) | \$ _____ |
| DNA Database Fee (K.S.A. 21-2511 & 75-724) | \$ _____ | SB 123 Offender Reimbursement (at least \$125) | \$ _____ |
| Domestic Violence Special Program Fee | | Other Fees: (Lab, Medical, Witness, Court-Appointed Attorney, etc.) | \$ _____ |
| Domestic Violence Assessment/Recommendations | \$ _____ | Specify: _____ | \$ _____ |
| Community Corrections Fee | \$ _____ | | \$ _____ |
| Correctional Supv. Fee (Felony \$120/ Misd. \$60) | \$ _____ | | \$ _____ |
| | | | \$ _____ |
| | | | \$ _____ |
| | | | \$ _____ |
| | | TOTAL COSTS: | \$ _____ |

- † Restitution shall be ordered as per K.S.A. 22-3424 if convicted of Human Trafficking (K.S.A. 21-5426), Agg. Human Trafficking (K.S.A. 21-5426) or Commercial Exploitation of a Child (K.S.A. 21-6422).
- * \$250 of DUI fine shall be sent to Community Corrections Supervision Fund.
- * Fines to Human Trafficking Assistance Fund: \$2500-5000 for Human Trafficking (K.S.A. 21-5426), Promoting the Sale of Sexual Relations (K.S.A. 21-6420) or Commercial Sexual Exploitation of a Child (K.S.A. 21-6422); no less than \$5000 for Agg. Human Trafficking (K.S.A. 21-5426); and one-half of \$1200-5000 for Buying Sexual Relations (K.S.A. 21-6421).