

57588 - K99

JONATHAN E. BEER

10CR-04-2347

TIER III

Defendant

Case No.

Sentence ((circle one on each count))

Community Control Sentence - Residential Sanctions

AGG. MURDER (spec.) 25, 30, life, death
AGG. MURDER (no spec.) 20, 25, 30, life
MURDER 15 - life

___ CBCF Term ___
___ FCCC Term ___
___ Halfway House Term ___
___ Alternative Release Facility Term ___
(Inpatient Treatment, Other)

F-1 3, 4, 5, 6, 7, 8, 9, 10 years Count ___
Other Count(s) ___

F-2 2, 3, 4, 5, 6, 7, 8 years Count ___
Other Count(s) ___

X F-3 1, 2, 3, 4, 5 years Count 1
Other Count(s) ___

F-4 6, 7, 8, 9, 10, 11, 12, 13
14, 15, 16, 17, 18 months Count ___
Other Count(s) ___

F-4 (O.V.I.) 6, 7, 8, 9, 10, 11, 12, 13
14, 15, 16, 17, 18 months Count ___
Other Count(s) ___

F-5 6, 7, 8, 9, 10, 11, 12 months
Other Count(s) ___ Count ___

RVO/ MDO Additional 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 years
Consecutive to Count(s) ___

Mandatory Incarceration: (YES/NO) Count(s) ___

Additional consecutive years of actual incarceration for the
firearm: ___ years (1, 3, 5, 6) Count(s) ___

Count ___ Misdemeanor ___ Degree ___ Months

Count ___ Misdemeanor ___ Degree ___ Months

Nolle Count(s) ___

Joint Recommendation: Yes ___ No ___

Institution: FCCC ___ ODR XXV

Sentence concurrent with ___

Sentence consecutive with ___

BMV License (Suspension/Revocation) for a period of ___
to begin ___ (WITH / WITHOUT) work privileges.

Confiscate and Destroy Weapon(s) ___

Jail Time Credit 20MS

X Defendant notified of Post Release Control in writing and orally.

Appealable Sentence: If so, reasons stated on the record.

FACILITY: ___

Non-Residential Sanctions

___ Day Reporting
___ Home Incarceration w/electronic monitoring Term ___
___ Community Service Hours ___
___ Netcare Evaluation and any Recommended Treatment
___ Drug Treatment
___ Urine Screens
___ Obtain/Maintain Employment and/or Employment Program
___ Obtain GED
___ Comply with Child Support Order and/or Employment Program
___ Cognitive Behavior Program

Other Sanction: ___

Level of Control Supervision

___ Basic ___ Intensive
___ Intensive Specialized (Circle One)
Mental Health Chemical Dependency Violence Prevention
Non-Support Gang Sex Offender

Total Term of Community Control

___ Months/Years
Defendant notified of possible prison term of ___
months/years and more severe sanction in writing and orally.

Special Instructions to Clerk/Sheriff/Other:

Recommendation to the ODR:

The Court (approves, disapproves, makes no recommendation) of the
offender's placement in an intensive prison program or Transitional
Control.

Financial Sanctions

Defendant declared indigent: (YES / NO)

Fine: \$ ___ Mandatory (YES / NO)
Costs: \$ SUSPENDED DUE TO INCARCERATION

Restitution: \$ ___ Whom: ___

Arrearage: \$ ___ Whom: ___

Total: \$ ___

Judgment \$ ___ (includes supervision costs).

9-15-10

Date

[Signature]
Judge

Prosecutor: JENNIFER RANSON
Defense Counsel: ROBERT KRAPENC