FILED
JUL 05 2023
Circuit Court
Crawford County

SENTENCING WORKSHEET

Defendant's Name: Bernadina Rae Ahal

Case No.: 22CF-CR00809-01 Judge/Division: Seay/Division I

A. Appearance Information

1. [X] State by: Mr. Paulus, Defendant in person and by: Mr. Armfield
2. [ ] State by: _____, Defendant knowingly and intelligently waives right to counsel and files written waiver.
3. [ ] State by: _____, Defendant by _____, all parties agree that Defendant need not be present.

B. Filing Information

1. [X] State files [X] information [ ] Amended information [ ] (by interlineation). Formal arraignment waived.
2. [ ] State enters Nolle Prosequi to Count(s) _____; Count(s) _____ are dismissed.

C. Plea Information

1. [X] Defendant ([X] withdraws plea of not guilty, and) enters plea of Guilty ([X] to Count(s) 1). Defendant is advised of rights and plea is held ([X] voluntary [ ] involuntary). Court find Defendant Guilty.
2. [ ] Defendant ([ ] withdraws plea of not guilty, and) enters plea of Guilty ([ ] to Count(s) _____). Defendant is advised of rights and plea is held ([ ] voluntary [ ] involuntary). Court declines plea agreement. After rights advisal, Defendant maintains plea of guilty. Court find Defendant Guilty.

Pre-Sentence Investigation Report [X] waived [ ] Order due on _____.

[ ] REVOCATION: Defendant appeared previously before this Court on _____.

[ ] Admits violations: _____

[ ] After hearing, was found to have violated conditions: _____

D. Allocution

Defendant has been informed of Verdict/Finding and asked whether (s)he has anything to say as to why Judgment should not be pronounced and finds that no evidence to the contrary has been shown or appears to the Court.

CHARGE: PCS	CHARGE:	CHARGE:
COUNT: 1	COUNT:	COUNT:
Sentence(s) SIS	Sentence(s)	Sentence(s)
[ ] Fine [ ] Jail [ ] DOC [ ] (SES)	[ ] Fine [ ] Jail [ ] DOC [ ] (SES)	[ ] Fine [ ] Jail [ ] DOC [ ] (SES)

I. FINE

SUSPENDED (SES) _____

Fine Amount: $ _____ Due By: _____

[ ] Additional Points [ ] Informed Defendant of rights 24.035/29.15

Fine Stay Amount: $ _____

Fine Stay Reason:

[ ] Probation [ ] Special Program

[ ] Public Service [ ] Other (specify below)

_____

Not an Official Court Document

II: County/City Jail (Jail)

☐ Suspended (SES) ☐ Informed Defendant of rights 24.035/29.15 ☐ Delivered Certified Copy of Judgment

Length of Sentence, Charge #1_____ Length of Sentence, Charge #2_____ Length of Sentence, Charge #3_____

☐ Concurrent ☐ Consecutive Case# and County_____ ☐ Additional Points

Incarceration Location:_____

III. Suspended Imposition of Sentence (SIS)

Probation Length 5yrs

Probation Type: ☒ Supervised ☐ Unsupervised ☐ Court Supervised by Judge ☐ Court Supervised by MPPS

Probation Supervision Agency: P+P

IV. Department of Corrections (DOC)

☐ Suspended Execution of Sentence (SES)

☐ Concurrent

☐ Authorize Additional Officer ☐ Additional Points ☐ Consecutive Case # and County_____

☐ Shock Report filed 559.115 ☐ Deliver Certified copy of Judgment ☐ Informed Defendant of rights 24.035/29.15

Length of Sentence, Charge #1_____ Length of Sentence, Charge #2_____ Length of Sentence, Charge #3_____

Probation Type: ☐ Supervised ☐ Unsupervised ☐ Court Supervised by Judge ☐ Court Supervised by MPPS

Probation Length:_____ 559.115 Report due:_____

Probation Supervision Agency:_____

Department of Corrections Programs:

- ☐ GENPOP- General Population 559.115.2
- ☐ REGDID- Regimented Discipline Program 217.378
- ☐ SEXOFF- Sex Offender Assessment 559.115
- ☐ SHOCK- Shock Incarceration 559.115
- ☐ SHOITC- Shock Institutional Treatment Center 559.115
- ☐ LTSA- Long Term Substance Abuse Program ITC 217.362
- ☐ COMMUN-Community Correction Intense Supv. 217.777
- ☐ DRGINS- Post Conviction Institutional Drug Treatment 217.785
- ☐ DRGTRG- Post Conviction Non-Institutional Drug Treatment 217.785
- ☐ DTHPNL- Death Penalty
- ☐ LIFENO- Life Without Parole
- ☐ LIFEPR- Life in Prison
- ☐ LIFESUP- Lifetime Supervision 217.735

Offender Codes:

- ☐ FOCLX- Class X Offender
- ☐ FODAN- Dangerous Offender
- ☐ FONOC- No Offender Code
- ☐ FO PDP- Prior, Dangerous, Persistent
- ☐ FOPPO- Prior & Persistent
- ☐ FOPSX- Persistent Sexual
- ☐ FOPED- Persistent Drug Offender
- ☐ FOPER- Persistent Offender
- ☐ FOPER- Persistent Misd. Offender
- ☐ FOPRD- Prior Drug Offender
- ☐ FOPRI- Prior Offender

Crime Victim's Compensation Fund Judgment ☐ $10 ☒ $46 ☐ $68 ☐ E_____

Judgment entered in favor of _____ in the amount of $_____ for restitution.

Not an Official Court Document

E. Additional Sentence Information

1. [ ] Work Release [ ] Granted [ ] Denied
2. [ ] Public Defender granted leave to withdraw after disposition.

OPTIONAL PROBATION CONDITIONS

[X] Undergo substance abuse evaluation and/or the REACT program and complete all follow up recommendations as directed by his/her probation officer.

[X] Defendant shall not consume alcoholic beverages nor enter establishments where alcohol is the major item offered for sale.

[X] Consent to blood, breath, urine or hair follicle tests as requested by probation supervisor or any other law enforcement officer and pay for same.

[ ] Attend and participate in a sex offender program

[X] Defendant shall consent to a search of his/her dwelling, motor vehicle, and person upon request of probation supervisor or any law enforcement officer.

[X] Defendant shall enroll in and attend regular GED class.

[ ] Defendant shall perform, within 24 months_____ hours of community service work satisfactorily and verify his/her hours with the probation supervisor.

[X] Defendant shall, at the discretion of his/her probation supervisor, serve a total of 120 days shock detention in the county jail and pay the board bill, therefore.

[ ] Defendant shall make restitution to_____ in the amount of $ _____ and additional prosecution restitution fees authorized by Missouri statute Section 559.100.2 payable according to a schedule to be provided by his/her probation supervisor.

[X] Defendant shall pay Court Costs, Jail Board Bill .and CVCF within [X] 12 months [ ] 24 months or [ ] Other _____ on a schedule to be provided by his/her probation officer.

[ ] Defendant shall be screened for Intensive Supervision Program/Electronic Monitoring Program and, if found acceptable, shall complete the Program as directed by his/her probation supervisor and pay for same if applicable.

[X] Defendant shall maintain full-time employment or be enrolled as a full-time student or be enrolled in vocational training.

[X] Defendant shall pay$ 300.00 to the [X] Crawford, [ ] Dent, [ ] Iron, [ ] Reynolds, [ ] Wayne County Law Enforcement Restitution Fund.

[X] Defendant shall pay costs of drug test at MSHP Forensic Lab in the amount of [X] $150.00, [ ] Other $_____

[X] Defendant shall complete 30 hours of community service work for each week the Defendant is unemployed at the discretion of his/her probation officer.

[ ] Defendant shall enter and successfully complete the Crawford County Alternative Court Program.

[ ] _____

[ ] _____

The Department of Probation and Parole is directed to maintain supervision.at a minimum of Intervention Level II (monthly). The Department of Probation and Parole is further ordered to supply the court with violation reports and all citations, regardless of their nature and severity.

SO ORDERED: Megan K Gray Date: 7/5/2023

Not an Official Court Document