

# MINNESOTA COURT RULES

1

JUVENILE COURT

## Form 17 – EJJ Adult Stayed Sentence

<b>State of Minnesota</b>		<b>District Court</b>																	
County <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>		Judicial District	Case Number																
State of Minnesota vs. _____, Defendant.		<b>CRIMINAL JUDGMENT / WARRANT OF COMMITMENT</b>																	
<b>TERMS AND CONDITIONS OF SENTENCE</b>		Date Pronounced: _____																	
Charge Resulting in Plea or Finding of Guilt	Minn. Stat. §	Count	Level of Offense																
Offense Date: _____	Non-Conviction Dispositions: Count Number(s): _____		<input type="checkbox"/> Dismissed <input type="checkbox"/> Acquitted																
<input type="checkbox"/> <b>FELONY LEVEL SENTENCE</b> <input type="checkbox"/> Imposition of sentence is stayed for _____ years, _____ months, and _____ days; <b>OR</b> <input type="checkbox"/> Commitment to the custody of the Commissioner of Corrections for _____ years, _____ months, and _____ days. The sentence consists of two parts: a minimum term of imprisonment equal to two-thirds (2/3) of the total executed sentence, and a maximum supervised release term equal to one-third (1/3) of the total executed sentence. <input type="checkbox"/> Execution of this sentence is stayed for _____ years, _____ months. <input type="checkbox"/> Execution of this sentence is stayed until the EJJ offender's 21 <sup>st</sup> birthday on the condition that the EJJ offender not violate the terms of the juvenile disposition and not commit a new offense. <input type="checkbox"/> Defendant shall pay a fine of \$_____, of which \$_____ is stayed for _____ years, _____ months. <input type="checkbox"/> Other _____																			
<input type="checkbox"/> <b>MISDEMEANOR</b> <input type="checkbox"/> <b>GROSS MISDEMEANOR LEVEL SENTENCE</b> <input type="checkbox"/> Stay of imposition for _____ years, _____ months; <b>OR</b> <input type="checkbox"/> Sentenced to jail for _____ days at this location: _____. In lieu of jail, may serve: _____. <input type="checkbox"/> Execution of this sentence is stayed for _____ years, _____ months. <input type="checkbox"/> Defendant shall pay a fine of \$_____, of which \$_____ is stayed for _____ years, _____ months.																			
<input type="checkbox"/> <b>JAIL CREDIT:</b> Credit for time spent in custody: _____ days. <input type="checkbox"/> <b>SENTENCE DEPARTURE:</b> Sentence departs from the presumptive sentence under the Minnesota Sentencing Guidelines. <b>Attach a departure report.</b> Send a copy of this form and the attached departure report to the Minnesota Sentencing Guidelines Commission. <input type="checkbox"/> <b>PROBATION:</b> The Defendant is placed on probation.																			
<b>FINANCIAL CONDITIONS</b> The following financial conditions also apply to Case# _____ Count(s) _____. Fine Imposed \$_____ Fine Stayed \$_____ Restitution jointly and severally with: _____  <table style="width: 100%;"> <tr><td><input type="checkbox"/> Restitution</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Surcharge</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Law Library</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Court Costs</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Chem Fee</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Other: _____</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Other: _____</td><td>\$ _____</td></tr> <tr><td><b>TOTAL</b></td><td><b>\$ _____</b></td></tr> </table>		<input type="checkbox"/> Restitution	\$ _____	<input type="checkbox"/> Surcharge	\$ _____	<input type="checkbox"/> Law Library	\$ _____	<input type="checkbox"/> Court Costs	\$ _____	<input type="checkbox"/> Chem Fee	\$ _____	<input type="checkbox"/> Other: _____	\$ _____	<input type="checkbox"/> Other: _____	\$ _____	<b>TOTAL</b>	<b>\$ _____</b>	<b>ADDITIONAL CONDITIONS</b> <input type="checkbox"/> _____ days in jail as a condition of a stayed sentence. In lieu of jail, defendant may: _____. <input type="checkbox"/> Commit no felonies, gross misdemeanors or misdemeanors. <input type="checkbox"/> No alcohol/illegal drug use. <input type="checkbox"/> Enforce with random drug testing. <input type="checkbox"/> Complete these evaluations/programs and follow recommendations: <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Chemical Dependency <input type="checkbox"/> Sex Offender <input type="checkbox"/> Psychological Evaluation/ Counseling <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> _____ hours community service by _____. <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	
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<b>TOTAL</b>	<b>\$ _____</b>																		
<b>COMMENTS:</b>		Sentencing Judge: _____ Date: _____ I understand the terms and conditions of my sentence: Defendant: _____ Date: _____																	

(Added effective November 14, 2003.)