0A060 - K14

FRANKLIN COUNTY COMMON PLEAS COURT

State of Ohio

FELONY SENTENCING SHEET

Mahamed Waes — Defendant

12CR6016 — Case No.

Prison Sentence ((circle one on each count)

_____ **AGG. MURDER (spec.)** 25, 30, life, death

_____ **AGG. MURDER (no spec.)** 20, 25, 30, life

_____ **MURDER** 15 - life

_____ **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) _____

_____ **F-3** 1, 2, 3, 4, 5 years Count _____

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 Casino Gaming offense

Other Count(s) _____ Count 1

_____ **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) 2 - 10

Joint Recommendation: Yes _____ No _____

Institution: FCCC _____ ODRC _____

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 0

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

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

Community Control Sentence - Residential Sanctions

_____ CBCF Term _____

✓ FCCC Term 9 days

_____ Halfway House Term _____

_____ Alternative Release Facility (Inpatient Treatment, Other) Term _____

FACILITY: _____

Non-Residential Sanctions

_____ Day Reporting

_____ Home Incarceration w/electronic monitoring Term _____

_____ Community Service Hours _____

X D&A + MH Assessment Evaluation and any Recommended Treatment

_____ Drug Treatment

X Urine Screens

X Obtain/Maintain Employment and/or Employment Program

_____ Obtain GED

_____ Comply with Child Support Order and/or Employment Program

_____ Cognitive Behavior Program

Other Sanction: Stay away from Hollywood Casino

Level of Control Supervision

X Basic _____ Intensive

_____ Intensive Specialized (Circle One)

Mental Health Chemical Dependency Violence Prevention

Non-Support Gang Sex Offender

Total Term of Community Control

1 Months/Years

✓ Defendant notified of possible prison term of 6 months/years and more severe sanction in writing and orally.

Special Instructions to Clerk/Sheriff/Other:

9 days FCCC may be done on weekends TBD

Recommendation to the ODRC:

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: $ ~~0~~ NTA 3685.00 Mandatory *(YES / NO)*

Costs: $ ✓

Restitution: $ 250.00 Whom: victim

Arrearage: $ _____ Whom: _____

Total: $ _____

Judgment $ _____ (includes supervision costs)

Prosecutor: _____

Defense Counsel: _____

9-13-13 — Date

Judge

Original: Clerk of Courts; Copies: Probation Dept., Sheriff REV. 10/06