

UNITED STATES DISTRICT COURT  
FOR THE  
DISTRICT OF \_\_\_\_\_

UNITED STATES OF AMERICA

Case No. \_\_\_\_\_

(Write the number of your  
criminal case.)

v.

**MOTION FOR SENTENCE  
REDUCTION UNDER  
18 U.S.C. § 3582(c)(1)(A)  
(Compassionate Release)**

\_\_\_\_\_  
Write your full name here.

(*Pro Se Inmate*)

**NOTICE**

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**I. DOCUMENTS AND REQUEST TO SEAL**

Does this motion include a request that any documents attached to this motion be filed under seal?  
(Documents filed under seal are not available to the public.)

Yes  No

**ATTACHMENTS**

If you answered "Yes," please list below the documents you request be filed under seal:

\_\_\_\_\_  
\_\_\_\_\_

Please list below any documents you are attaching to this motion. A proposed release plan is included as an attachment. You are encouraged, but not required, to complete the proposed release plan. Also, a cover page for the submission of medical records and additional medical information is included as an attachment to this motion, as well as a cover page for the submission of additional information (for example, information related to victim abuse under §1B1.13(b)(4)). Again, you are not required to provide medical records or this additional information. For each document you are attaching to this motion, state whether you request that it be filed under seal because it includes confidential information.

Document	Attached?	Request to Seal?
Proposed Release Plan	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Additional Medical Information	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Additional Information (e.g., victim abuse-related information under §1B1.13(b)(4))	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

**II. REQUEST FOR APPOINTMENT OF COUNSEL**

I request that an attorney be appointed to help me.

Yes  No

**III. SENTENCE INFORMATION**

Date of Sentencing: \_\_\_\_\_

Term of Imprisonment Imposed: \_\_\_\_\_

Approximate Time Served to Date: \_\_\_\_\_

Projected Release Date: \_\_\_\_\_

Length of Term of Supervised Release: \_\_\_\_\_

Have you filed an appeal in your case?

Yes  No

Are you subject to an order of deportation or an ICE detainer?

Yes  No

#### **IV. EXHAUSTION OF ADMINISTRATIVE REMEDIES<sup>1</sup>**

Title 18 U.S.C. § 3582(c)(1)(A) allows you to file this motion (1) after you have fully exhausted all administrative rights to appeal a failure of the Federal Bureau of Prisons (BOP) to bring a motion on your behalf or (2) 30 days after the warden of your facility received your request that the warden make a motion on your behalf, whichever is earlier.

Please include copies of any written correspondence to and from the BOP related to your motion, including your written request to the warden and records of any denial from the BOP.

Have you personally submitted your request for compassionate release to the warden of the institution where you are incarcerated?

- Yes, I submitted a request for compassionate release to the warden on (date) \_\_\_\_\_ .
- No, I did not submit a request for compassionate release to the warden.

If you answered “No,” please explain why not.

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Did the warden deny your request?

- Yes, the warden denied my request on (date) \_\_\_\_\_ .
- No, I did not submit a request for compassionate release to the warden.

#### **V. GROUNDS FOR RELEASE**

This section includes specific citations to sections of the U.S. Sentencing Guidelines, specifically the policy statement at §1B1.13 (Reduction in Term of Imprisonment Under 18 U.S.C. § 3582(c)(1)(A)), often referred to as “compassionate release.”

Please use the checkboxes below to state the grounds for your request for compassionate release. Please select all grounds that apply to you. You may attach additional sheets if necessary to further describe the reasons supporting your motion. You also may attach any relevant exhibits. Exhibits may include medical records if your request is based on a medical condition, or a statement from a family member or sponsor.

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<sup>1</sup> The requirements for filing this compassionate release motion with the court differ from the requirements for submitting a compassionate release request to the BOP. This form should be used only for a compassionate release motion made to the court. If you are submitting a compassionate release request to the BOP, please review and follow the BOP program statement.

**A. Are you at least 70 years old?**

Yes  No

If you answered “No,” go to Section B below. You do not need to fill out Section A.

If you answered “Yes,” you may be eligible for release under 18 U.S.C. § 3582(c)(1)(A)(ii) if you meet two additional criteria. *See* §1B1.13(a)(1)(B). Please answer the following questions so the court can determine if you are eligible for release under this section of the statute.

Have you served at least 30 years in prison pursuant to a sentence imposed under 18 U.S.C. § 3559(c) for the offense(s) for which you are currently imprisoned?

Yes  No

Has the Director of the BOP determined that you are not a danger to the safety of any other person or the community, as provided under 18 U.S.C. § 3142(g)?

Yes  No

**B. Do you believe there are other extraordinary and compelling reasons for your release?**

Yes  No

If you answered “Yes,” please check all boxes that apply so the court can determine whether you are eligible for release under 18 U.S.C. § 3582(c)(1)(A)(i). Section 3582(c)(1)(A) authorizes a court to reduce a defendant’s term of imprisonment if “extraordinary and compelling reasons” warrant a reduction and “such a reduction is consistent with applicable policy statements issued by the Sentencing Commission.”

I am suffering from a terminal illness. *See* §1B1.13(b)(1)(A).

I am suffering from:

- a serious physical or medical condition;
- a serious functional or cognitive impairment; or
- deterioration in my physical or mental health because of the aging process

that substantially diminishes my ability to provide self-care within the environment of a correctional facility, and I am not expected to recover from this condition. *See* §1B1.13(b)(1)(B).

- I am suffering from a medical condition that requires long-term or specialized medical care that is not being provided and without which I am at risk of serious deterioration in health or death. *See* §1B1.13(b)(1)(C).
- There is an ongoing outbreak of infectious disease or ongoing public health emergency affecting, or at imminent risk of affecting, my correctional facility that, due to personal health risk factors and custodial status, has caused me an increased risk of suffering severe medical complications or death as a result of exposure to the ongoing outbreak of infectious disease or the ongoing public health emergency, and such risk cannot be adequately mitigated in a timely manner. *See* §1B1.13(b)(1)(D).
- I am 65 years old or older; I am experiencing a serious deterioration in physical or mental health because of the aging process; and I have served at least 10 years or 75 percent of my term of imprisonment, whichever is less. *See* §1B1.13(b)(2).
- The caregiver of minor child/children or my child/children who is/are 18 years of age or older and incapable of self-care because of a mental or physical disability or mental condition has died or become incapacitated, and I am the only available caregiver for my child/children or adult disabled child/children. *See* §1B1.13(b)(3)(A).
- My spouse/registered partner, parent, immediate family member (child, spouse, registered partner, parent, grandchild, grandparent, or sibling), or someone whose relationship is similar to that of an immediate family member has become incapacitated, and I am the only available caregiver for them. *See* §1B1.13(b)(3)(B), (C), and (D).
- While serving this sentence, I was a victim of:
  - sexual abuse involving a “sexual act,” as defined in 18 U.S.C. § 2246(2); or
  - physical abuse resulting in “serious bodily injury”that was committed by or at the direction of a correctional officer, an employee, or contractor of the BOP or any other individual having custody or control over me. *See* §1B1.13(b)(4).
- There is another circumstance or combination of circumstances that, when considered by themselves or together with any of the reasons described above, are similar in gravity to the reasons described above. *See* §1B1.13(b)(5).
- I received an unusually long sentence, I have served at least 10 years of the term of imprisonment, and a change in the law (other than an amendment to the Guidelines Manual that has not been made retroactive) would produce a gross disparity between the sentence

being served and the sentence likely to be imposed on the date I filed this motion, after full consideration of my individualized circumstances. *See* §1B1.13(b)(6).

Please explain below the basis for your request. If there is additional information that you would like the court to consider but which is confidential, you may include that information on a separate page; attach the page to this motion; and, in Section I above, request that that attachment be sealed.

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**VI. PREVIOUSLY FILED MOTIONS**

Have you previously filed any motions for a reduction in sentence (compassionate release) under 18 U.S.C. § 3582(c)(1)(A) (in any court)?

Yes  No

If you answered “Yes,” were any of your previous motions granted?

Yes  No

If you have previously filed any motions for a reduction in sentence (compassionate release) under 18 U.S.C. § 3582(c)(1)(A), what about your circumstances or the law has changed since your other motion(s) that you believe now makes you eligible? Please provide details below.

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**VII. MOVANT’S DECLARATION AND SIGNATURE**

For the reasons stated in this motion, I move the court for a reduction in sentence (compassionate release) under 18 U.S.C. § 3582(c)(1)(A). I declare under penalty of perjury that the facts stated in this motion are true and correct.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Federal Bureau of Prisons Register No.

\_\_\_\_\_

Federal Bureau of Prisons Facility

\_\_\_\_\_

Institution’s Address

ATTACHMENT 1

UNITED STATES DISTRICT COURT  
FOR THE  
DISTRICT OF \_\_\_\_\_

UNITED STATES OF AMERICA

Case No. \_\_\_\_\_  
(Write the number of your criminal case.)

v.

\_\_\_\_\_  
Write your full name here.

**PROPOSED RELEASE PLAN**  
**In Support of Motion for Sentence Reduction Under 18 U.S.C. § 3582(c)(1)(A)**

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If you provide information in this document that you believe should not be publicly available, you may request permission from the court to file the document under seal. If the request is granted, the document will be placed in the electronic court files but will not be available to the public.

Do you request that this document be filed under seal?

Yes  No



ATTACHMENT 1

**PROPOSED RELEASE PLAN**

To the extent the following information is available to you, please include the information requested below. This information will help the U.S. Probation and Pretrial Services Office prepare for your release if your motion is granted.

**A. Housing and Employment**

Provide the full address where you intend to reside if you are released from prison.

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Provide the name and phone number of the property owner or renter of the address where you will reside if you are released from prison.

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Provide the names (if under the age of 18, please use only their initials), ages, and relationship to you of any other residents living at the above-listed address.

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Do you know where you will work if you are released? If so, please provide the name and address of the employer and describe your job duties. If you do not have a specific employer, please describe the type of work you plan to do upon release.

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List any additional housing or employment resources available to you.

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**B. Medical Needs**

Will you require ongoing medical care if you are released from prison?

Yes  No

ATTACHMENT 1

Will you have access to health insurance if released?

Yes  No

If yes, provide the name of your insurance company and the last four digits of the policy number.

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If no, how do you plan to pay for your medical care?

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If no, are you willing to apply for government medical services (Medicaid/Medicare)?

Yes  No

Do you have copies of your medical records documenting the condition(s) for which you are seeking release?

Yes  No

If yes, please include them with your motion.

If no, where are the records located?

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Are you prescribed medication in the facility where you are incarcerated?

Yes  No

If yes, list all prescribed medication, dosage, and frequency.

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Do you require durable medical equipment (e.g., wheelchair, walker, oxygen, prosthetic limbs, hospital bed)?

Yes  No

ATTACHMENT 1

If yes, list equipment required.

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Do you require assistance with self-care such as bathing, walking, toileting?

Yes  No

If yes, list the required assistance and how it will be provided.

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Do you require assisted living?

Yes  No

If yes, provide the address of the anticipated home or facility and the source of funding to pay for it.

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Are the people you are proposing to reside with aware of your medical needs?

Yes  No

Do you have other community support that can assist with your medical needs?

Yes  No

Provide their names, ages, and relationship to you. If the person is under the age of 18, please use only their initials.

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Will you have transportation to and from your medical appointments?

Yes  No

**ATTACHMENT 1**

Describe the method of transportation.

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**SIGNATURE**

I declare under penalty of perjury that the facts stated in this attachment are true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Federal Bureau of Prisons Register No.

\_\_\_\_\_  
Federal Bureau of Prisons Facility

\_\_\_\_\_  
Institution's Address

ATTACHMENT 2

UNITED STATES DISTRICT COURT  
FOR THE  
DISTRICT OF \_\_\_\_\_

UNITED STATES OF AMERICA

Case No. \_\_\_\_\_  
(Write the number of your criminal case.)

v.

\_\_\_\_\_  
Write your full name here.

**MEDICAL RECORDS AND ADDITIONAL MEDICAL INFORMATION**  
**In Support of Motion for Sentence Reduction Under 18 U.S.C. § 3582(c)(1)(A)**

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If you attach documents to this form that you believe should not be publicly available, you may request permission from the court to file those documents under seal. If the request is granted, the documents will be placed in the electronic court files but will not be available to the public.

Do you request that the attachments to this document be filed under seal?

Yes  No

ATTACHMENT 2

**MEDICAL RECORDS AND ADDITIONAL MEDICAL INFORMATION**

To the extent that you have medical records or additional medical information that supports your motion for compassionate release, please attach those records or that information to this document.

**SIGNATURE**

I declare under penalty of perjury that the facts stated in this attachment are true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Federal Bureau of Prisons Register No.

\_\_\_\_\_  
Federal Bureau of Prisons Facility

\_\_\_\_\_  
Institution's Address

ATTACHMENT 3

UNITED STATES DISTRICT COURT  
FOR THE  
DISTRICT OF \_\_\_\_\_

UNITED STATES OF AMERICA

Case No. \_\_\_\_\_  
(Write the number of your criminal case.)

v.

\_\_\_\_\_  
Write your full name here.

**COVER SHEET FOR ADDITIONAL INFORMATION**  
**In Support of Motion for Sentence Reduction Under 18 U.S.C. § 3582(c)(1)(A)**

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Do you request that the attachments to this document be filed under seal?

Yes  No

ATTACHMENT 3

**ADDITIONAL INFORMATION**

To the extent that you have additional information that supports your motion for compassionate release, please attach those records or that information to this document.

**SIGNATURE**

I declare under penalty of perjury that the facts stated in this attachment are true and correct.

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Date

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Signature

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Printed Name

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Federal Bureau of Prisons Register No.

---

Federal Bureau of Prisons Facility

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Institution's Address