

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)**

*(Pro Se Prisoner)*

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

**NOTICE**

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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

If you answered yes, please list the documents in section IV of this form.

**I. 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

**II. EXHAUSTION OF ADMINISTRATIVE REMEDIES<sup>1</sup>**

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 Bureau of Prisons 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 Bureau of Prisons related to your motion, including your written request to the Warden and records of any denial from the Bureau of Prisons.

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<sup>1</sup> The requirements for this compassionate release motion being filed with the court differ from the requirements that you would use to submit a compassionate release request to the Bureau of Prisons. This form should only be used for a compassionate release motion made to the court. If you are submitting a compassionate release request to the Bureau of Prisons, please review and follow the Bureau of Prisons program statement.

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 \_\_\_\_\_.
- No, I did not submit a request for compassionate release to the warden.

If no, explain why not:

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Was your request denied by the Warden?

- Yes, my request was denied by the warden on (date): \_\_\_\_\_.
- No. I did not receive a response yet.

### **III. GROUNDS FOR 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 may also 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.

#### **A. Are you 70 years old or older?**

- 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. 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 30 years or more of imprisonment pursuant to a sentence imposed under 18 U.S.C. § 3559(c) for the offense or offenses for which you are imprisoned?

Yes.

No.

Has the Director of the Bureau of Prisons determined that you are not a danger to the safety of any other person or the community?

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).

I have been diagnosed with a terminal illness.

I have a serious physical or medical condition; a serious functional or cognitive impairment; or deteriorating 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.

I am 65 years old or older and I am experiencing a serious deterioration in physical or mental health because of the aging process.

The caregiver of my minor child or children has died or become incapacitated and I am the only available caregiver for my child or children.

My spouse or registered partner has become incapacitated and I am the only available caregiver for my spouse or registered partner.

There are other extraordinary and compelling reasons for my release.



**V. REQUEST FOR APPOINTMENT OF COUNSEL**

I do not have an attorney and I request an attorney be appointed to help me.

Yes

No

**VI. 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.

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Date

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Signature

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Name

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Bureau of Prisons Register #

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Bureau of Prisons Facility

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Institution's Address

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

UNITED STATES DISTRICT COURT  
FOR THE

\_\_\_\_\_ DISTRICT OF \_\_\_\_\_

UNITED STATES OF AMERICA

v.

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

(write the number of your criminal case)

\_\_\_\_\_  
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 TO MOTION FOR COMPASSIONATE RELEASE

**PROPOSED RELEASE PLAN**

To the extent the following information is available to you, please include the information requested below. This information will assist the U.S. Probation and Pretrial Services Office to 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 their initials only), ages, and relationship to you of any other residents living at the above listed address:

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If you have employment secured, provide the name and address of your employer and describe your job duties:

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List any additional housing or employment resources available to you:

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ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

**B. Medical needs**

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

Yes

No

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. 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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ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

Are you currently 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

If yes, list equipment:

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

Yes

No

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

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Do you require assisted living?

Yes

No

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

If yes, please provide 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 their initials only:

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Will you have transportation to and from your medical appointments?

- Yes
- No

Describe method of transportation:

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ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

**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

---

Name

---

Bureau of Prisons Register #

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Bureau of Prisons Facility

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Institution's Address

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

Yes

No

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

**MEDICAL RECORDS AND ADDITIONAL MEDICAL INFORMATION**

To the extent you have medical records or additional medical information that support 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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Name

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Bureau of Prisons Register #

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Bureau of Prisons Facility

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Institution's Address