

United States District Court
Central District of Illinois

Case No. _____
(write the number of your criminal case)

TO BE FILED UNDER SEAL

UNITED STATES OF AMERICA

V.

(write your name here)

**MOTION FOR
SENTENCE REDUCTION
PURSUANT TO
18 U.S.C. § 3582(c)(1)(A)
(COMPASSIONATE RELEASE)
(Pro Se Prisoner)**

NOTICE

Federal Rule of Criminal Procedure 49.1 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

I. MOTION

I hereby move the court for a reduction in sentence (compassionate release) pursuant to 18 U.S.C. § 3582(c)(1)(A).

Indicate the reasons for your motion, select all that apply:

- Extraordinary and compelling reasons:
 - I have been diagnosed with a terminal illness.
 - I have either:
 - (I) a serious physical or medical condition, or
 - (II) a serious functional or cognitive impairment, or
 - (III) 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, from which I am not expected to recover.
 - I am (i) at least 65 years old; (ii) am experiencing a serious deterioration in physical or mental health because of the aging process; and (iii) have served at least 10 years or 75 percent of my term of imprisonment, whichever is less.
 - (i) 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; or (ii) My spouse or registered partner has become incapacitated and I am the only available caregiver for my spouse or registered partner.
 - Other: There exists an extraordinary and compelling reason other than, that falls short of, or in combination with, the reasons noted above.
- I meet *all* the following criteria:
 - I am 70 years or older;
 - I have 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 I am imprisoned; and
 - I have been determined by the Director of the Bureau of Prisons not to be a danger to the safety of any other person or the community, as provided under section 3142(g).

II. MOVANT'S INFORMATION

Name

Prisoner ID #

Bureau of Prisons Facility

Institutional Address

III. SENTENCE INFORMATION

Date of sentencing: _____
Term of imprisonment imposed: _____
Approximate time served to date: _____
Projected release date: _____
Length of Term of Supervised Release: _____

IV. EXHAUSTION OF ADMINISTRATIVE REMEDIES

WARNING: 18 U.S.C. § 3582(c)(1)(A) allows you to file this motion after you have “fully exhausted all administrative rights to appeal a failure of the Bureau of Prisons to bring a motion on the defendant’s behalf or the lapse of 30 days from the receipt of such a request by the warden of the defendant’s facility, whichever is earlier.” Your motion may be denied if do not meet these criteria.

Have you submitted your request for a sentence reduction to the warden of the institution where you are incarcerated? Yes (Date submitted: _____) No

If no, explain why not:

It has been 30 days since your request was received by the Warden and the Warden has not responded to your petition. Yes No

Was your request denied by the Warden? Yes (Date denied: _____) No

If yes, have you filed an appeal using the Administrative Remedy Procedure in a timely manner as required by 28 CFR part 542, subpart B? Yes No

Have you received a final administrative denial from either Bureau of Prisons General Counsel or the Director of the Bureau of Prisons? Yes No

V. STATEMENT SUPPORTING MOTION

Briefly describe the reasons supporting your motion. If you have checked “other” as your reason above, please describe your circumstances and how they apply here. Explain whether your circumstances were known to the court at the time of sentencing. Attach additional sheets if necessary, along with any relevant exhibits (to include medical records, if seeking release based on a medical condition).

VI. Medical Information

(Please fill out this section if seeking a release based on a medical condition, if not, please skip to section VII)

List any medical diagnoses, if any, that are the basis for your motion.

Will you require ongoing medical care if you are released from prison? Yes No

Do you have health insurance? Yes No

If yes, provide name of insurance company and policy number. If no, how do you plan to pay for your medical care?

If no, are you willing to apply for government services (i.e. 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?

Are you currently prescribed medication in the institution? Yes No

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

Do you require durable medical equipment (e.g. wheelchair, walker, oxygen, prosthetic limbs, hospital bed)? Yes No

If yes, list equipment.

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.

Do you require assisted living? Yes No
If yes, please provide address of the anticipated home/facility and source of funding to pay for it.

Do you have primary care arranged in the community? Yes No

Provide name and address of your primary care physician.

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 names, ages, and their relationship to you.

Will you have transportation to and from your medical appointments? Yes No
Describe method of transportation.

VII. RELEASE PLAN

Provide proposed address where you will reside if released from prison.

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

Provide names, ages, and relationship to you of any other residents living at the above listed address?

Do the residents of the home know you are proposing to reside with them? Yes No

Are they supportive of your request? Yes No

Are you physically and mentally able to maintain employment?

Yes No

Have you secured employment?

Yes No

Provide name and address of employer and job duties.

VIII. MOVANT'S SIGNATURE

Sign and date the motion.

Date

Movant's Signature

Print Name