




U.S. Department of Justice  
Memorandum  
Federal Bureau of Prisons

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OCT 26 2020

MEMORANDUM FOR CHIEF EXECUTIVE OFFICERS

FROM: Kenneth Hyle, General Counsel/Assistant Director  
Office of General Counsel  
  
Andre Matevous, Assistant Director  
Correctional Programs Division

SUBJECT: **Motion for Compassionate Release**

Per Program Statement 5050.50, Compassionate Release/Reduction in Sentence, an inmate may file a request for a reduction in sentence with the sentencing court after receiving a BP-11 response, denial from the General Counsel, or the lapse of 30 days from the receipt of said request by the Warden.

The Courts have created a Pro Se Compassionate Release form for inmates who wish to seek this type of relief through their sentencing court. The form can be found on the Correctional Programs Branch Sallyport page under the title "Prose Motion for Sentence Reduction to the Court form for inmates."

Inmates seeking a compassionate release directly from the Courts may do so by mailing the completed form to their sentencing court. Inmates will acquire the form through a member of their unit team; however, the Bureau is not responsible for mailing this document.

If you have any questions or concerns, please do not hesitate to contact (b)(6); (b)(7)(C) Administrator, Correctional Programs Branch.

Use this form if you are asking the court (not the BOP) for compassionate release from prison. Please make sure the form is typed or neatly written. Once you complete the form, mail it to the clerk of the United States District Court where you were sentenced.

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**

The public can access electronic court files. 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.

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.)

D Yes

D 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?

D Yes

D No

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

D Yes

D 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?

D Yes, I submitted a request for compassionate release to the warden on \_\_\_\_\_.

D 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?

D Yes, my request was denied by the warden on (date): \_\_\_\_\_.

D No. I did not receive a response yet.

#### **ID. 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?**

D Yes.

D 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?

D Yes.

D 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?

D Yes.

D No.

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

D Yes.

D 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).

D I have been diagnosed with a terminal illness.

D 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.

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

D 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.

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

D There are other extraordinary and compelling reasons for my release.

Please explain below the basis for your request. If there is additional information regarding any of these issues 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 IV below, request that that attachment be sealed.

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**IV. ATTACHMENTS AND REQUEST TO SEAL**

Please list 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. A cover page for the submission of medical records and additional medical information is also included as an attachment to this motion. Again, you are not required to provide medical records and additional medical 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.

<b>Document</b>	<b>Attached?</b>		<b>Request to seal?</b>	
<u>Proposed Release Plan</u>	DYes	DNo	DYes	DNo
<u>Additional medical information</u>	DYes	DNo	DYes	DNo
<u> </u>	DYes		DYes	DNo
<u> </u>	DYes		DYes	DNo

**V. REQUEST FOR APPOINTMENT OF COUNSEL**

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

D Yes

D 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)

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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?

D Yes

D 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?

D Yes

D No

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

D Yes

D 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?

D Yes

D 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

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Name

---

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)

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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?

D Yes

D 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