

**United States District Court
for the Northern District of Texas**

Division

United States of America,
Plaintiff,

Place of Confinement

v.

Prisoner ID Number

Defendant.

Criminal Case Number

**Defendant's Motion and Questionnaire for Reduction of Sentence
Pursuant to 18 U.S.C. § 3582(c)**

Instructions - Read Carefully

1. This form motion should only be used when requesting that your sentence be reduced based upon Amendment 782 to USSG § 1B1.10 which is effective November 1, 2014. The Amendment reduces the base offense level in the drug quantity tables at USSG §§ 2D1.1 and 2D1.11 and retroactively applies to cases sentenced prior to November 1, 2014.
2. This motion must be legibly handwritten or typewritten. All questions must be briefly answered in the proper space on the form.
3. When the motion is fully completed, the original and two copies must be mailed to the Clerk of the United States District Court for the Northern District of Texas at the appropriate divisional office, whose address is:

Abilene Division
341 Pine St, Rm 2008
Abilene, TX 79601

Amarillo Division
205 SE 5th Ave, Rm 133
Amarillo, TX 79101

Dallas Division
1100 Commerce St, Rm 1452
Dallas, TX 75242

Fort Worth Division
501 W 10th St, Rm 310
Fort Worth, TX 76102

Lubbock Division
1205 Texas Ave, Rm 209
Lubbock, TX 79401

San Angelo Division
33 E Twohig Ave, Ste 202
San Angelo, TX 76903

Wichita Falls Division
501 W 10th St, Rm 310
Fort Worth, TX 76102

4. Questionnaires that do not follow these instructions will be returned, and the mistake will be identified.

Questionnaire

1. Name and location of court that entered the sentence that you are asking to reduce:

2. Date(s) of sentence and judgment of conviction:

3. Are you currently in prison for this sentence?

_____ **Yes** _____ **No**

4. If so, when is your projected date of release?

5. Some programs offered by the Bureau of Prisons (BOP), can reduce the length of time you would spend in custody. An example of one of these programs is completion of the Residential Drug Abuse Program. Are you participating in one of these programs and, if so, when will you complete the program?

6. Are you currently on supervised release? _____ **Yes** _____ **No**

7. Are you currently in prison because you violated your supervised release ?

_____ **Yes** _____ **No**

8. Is your case currently on appeal? _____ **Yes** _____ **No**

9. Offense(s) for which you were convicted (all counts):

10. Did your offense of conviction involve manufacture, distribution, dispensing, or possession with intent to manufacture, distribute, or dispense, a controlled substance?

_____ **Yes** _____ **No** _____ **Don't know**

11. In calculating the applicable sentencing guideline range, did the Court refer to the offense levels for controlled substances found in the drug quantity table of section 2D1.1(c) of the United States Sentencing Guidelines?

_____ **Yes** _____ **No** _____ **Don't know**

12. Was your sentence based on an agreement with the Government for a specific sentence?

_____ **Yes** _____ **No** _____ **Don't know**

13. List any good conduct that occurred after your original sentencing hearing that you would like the Court to know in deciding whether you should receive a sentence reduction (for example, participating in a drug treatment program, or completing your GED or another degree).

I pray that the Court grant me relief to which I may be entitled in this proceeding.

Respectfully submitted this _____, 201__.

Signature of Defendant

Printed Name

BOP No.

Federal Correctional Institution (if applicable)

Address

City, State & Zip Code