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

		Division	
United States of America,	ş		
Plaintiff,	§	Place of Confinement	
	§		
V.	§		
	§	Bureau of Prisons Inmate Number	
	§		
	§		
Defendant,		Criminal Case Number	
Defendant's Motion	and Questionna	ire for Reduction of Sentence	

## <u>Defendant's Motion and Questionnaire for Reduction of Sentence</u> <u>Pursuant to Section 404 of the First Step Act of 2018</u>

## **Instructions – Read Carefully**

- 1. This form motion should only be used when requesting that your sentence be reduced based upon Section 404 of the First Step Act of 2018, which became effective on December 21, 2018. Defendants are *eligible* for relief if: they were convicted for an offense involving crack cocaine / cocaine base; they were sentenced before June 21, 2012, when the Supreme Court decided <u>Dorsey v. United States</u>, 567 U.S. 260 (2012); they continue to serve a sentence that is not fully in accordance with the Fair Sentencing Act; and a court has not already rejected a previous motion under Section 404 of the First Step Act. The First Step Act does not require a court to reduce the sentence, even though the defendant may be eligible for a reduction.
- 2. The 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 where the defendant was convicted:

Abilene Division	Amarillo Division	Dallas Division
341 Pine St, Rm 2008	205 SE 5th Ave, Rm 133	1100 Commerce St, Rm 1452
Abilene, TX 79601	Amarillo, TX 79101	Dallas, TX 75242
Fort Worth Division	Lubbock Division	San Angelo Division
501 W 10th St, Rm 310	1205 Texas Ave, Rm 209	33 E Twohig Ave, Ste 202
Fort Worth, TX 76102	Lubbock, TX 79401	San Angelo, TX 76903
Wichita Falls Division 1000 Lamar St, Rm 203		

Wichita Falls, TX 76301

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

## Questionnaire

- 1. Name and location of the 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 from the Bureau of Prisons (BOP)?
- 5. Some programs offered by the 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?

\_\_\_\_\_ Yes \_\_\_\_\_ Date completed \_\_\_\_\_ No

- 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, or dispensing of crack cocaine / cocaine base or possession with intent to manufacture, distribute, or dispense crack cocaine / cocaine base?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Do not know

11. Were you sentenced prior to June 21, 2012?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Do not know

12. Have you previously filed a motion requesting a sentencing reduction under Section 404 of the First Step Act of 2018?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Do not know

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

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

Respectfully submitted on \_\_\_\_\_\_, 20\_\_\_\_\_

Signature of Defendant

Printed Name

BOP No.

Federal Correctional Institution (if applicable)

\_\_\_\_\_

\_\_\_\_\_

Address

City, State & Zip Code