



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

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 motion must be legibly handwritten or typewritten. All questions must be briefly answered in the proper space on the form.
2. 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
P.O. Box 1218
Abilene, TX 79604

Amarillo Division
205 E. 5th St, 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 East Twohig Ave, Rm 202
San Angelo, TX 76903

Wichita Falls Division
P.O. Box 1234
Wichita Falls, TX 76307

3. 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 from prison?

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

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

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

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

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

9. Did your offense of conviction involve cocaine base (crack cocaine)?

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

10. Did your offense of conviction involve crack cocaine plus other controlled substances (such as powder cocaine, methamphetamine, or marijuana)?

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

11. In calculating the applicable sentencing guideline range, did the Court refer to the offense levels for cocaine base (crack cocaine)?

_____ **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 _____ of _____, 200__.

Signature of Defendant

Printed Name

BOP No.

Federal Correctional Institution (if applicable)

Address

City, State & Zip Code