
JUDICIAL ADVOCATES

Federal Litigation Consulting & Document Preparation

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Compassionate Release

Client Intake Questionnaire

IMPORTANT DISCLOSURE: Judicial Advocates is a federal litigation consulting and document preparation service. **We are not a law firm and are not licensed to practice law.** We do not provide legal advice. We provide research, consulting, litigation strategy, and document preparation services. No attorney-client relationship is created by the completion of this questionnaire or the retention of our services. We strongly recommend that all documents prepared by Judicial Advocates be reviewed by a licensed attorney prior to filing.

Date Completed: _____

Completed By: _____

Relationship to Client (if not the client): _____

QUICK START GUIDE — READ THIS FIRST

This questionnaire collects the information Judicial Advocates needs to prepare your motion for compassionate release under 18 U.S.C. § 3582(c)(1)(A). It is organized into **4 parts** so you can complete it in stages. You do not have to finish it in one sitting.

BEFORE YOU BEGIN, GATHER THESE DOCUMENTS:

- Judgment & Commitment Order (J&C)
- Pre-Sentence Report (PSR) — if available
- BOP medical records or Chronic Care notes
- BOP Program Review / Education transcripts
- Administrative Remedy (BP-8, BP-9, BP-10, BP-11) copies
- Compassionate Release request to Warden and Warden's response
- Letters of support from family, employers, or community members
- Release plan details (housing, employment, medical care commitments)

HOW THIS FORM IS ORGANIZED:

PART	SECTIONS	COVERS	EST. TIME
Part 1	I – III	Your Identity & Case Information	~10 min
Part 2	IV – VII	Medical, Family & Circumstances	~20 min
Part 3	VIII – X	Rehabilitation & Release Plan	~15 min
Part 4	XI – XIII	Legal Arguments & Certification	~15 min

ANSWER EVERY QUESTION HONESTLY. If you do not know the answer, write "Unknown." Do not leave questions blank — a blank answer tells us nothing, but "Unknown" or "N/A" tells us you read the question and it does not apply. The government and the court will review your record. If we are surprised by something you did not disclose, it damages your credibility and your case.

PART 1 OF 4: YOUR IDENTITY & CASE INFORMATION (~10 minutes)

SECTION I: CLIENT IDENTIFICATION

1. Full Legal Name (as on Judgment & Commitment Order):
2. Other Names Used (aliases, maiden name, AKAs):
3. Date of Birth:
4. Age:
5. SSN (last 4 digits):
6. Place of Birth:
7. BOP Register Number:
8. Current BOP Facility:
Mailing Address:
City/State/ZIP:

9. Race/Ethnicity:

White Black/African American Hispanic/Latino Asian
Native American/Alaska Native Pacific Islander Other
If Other, specify:

10. Citizenship:

U.S. Citizen Lawful Permanent Resident Non-Citizen

If non-citizen: an ICE detainer may affect release planning. We need to know this upfront.

SECTION II: FAMILY & EMERGENCY CONTACT

WHY WE ASK: We need a reliable contact who can provide documents, coordinate with us on your behalf, and receive case updates. Many clients are incarcerated with limited phone and email access — your family contact is often our primary communication channel.

Primary Contact

Full Name:
Relationship:
Phone:
Alternate Phone:
Email:

Mailing Address: _____

City/State/ZIP: _____

Authorized to receive case updates and documents?

Yes No

Secondary Contact (if available)

Full Name: _____

Relationship: _____

Phone: _____

Alternate Phone: _____

Email: _____

Mailing Address: _____

City/State/ZIP: _____

Authorized to receive case updates and documents?

Yes No

SECTION III: CRIMINAL CASE & CONVICTION INFORMATION

***WHY WE ASK:** Your compassionate release motion is filed before the same judge who sentenced you. We must know your exact case information, charges, and sentence to prepare a motion tailored to your specific circumstances and judicial history.*

11. Federal Criminal Case Number: _____

12. Federal District and Division: _____

13. Sentencing Judge: _____

Your motion goes to this judge. We research every judge's track record on compassionate release.

14. AUSA (Prosecutor) Name (if known): _____

15. Attorney at Sentencing: _____

16. Offense(s) of Conviction (list each count):

Count 1: _____

Count 2: _____

Count 3: _____

Count 4: _____

If more than 4 counts, continue on a separate sheet.

17. Was a firearm involved in the offense?

Yes No

18. Was the offense a crime of violence?

Yes No

WHY WE ASK: Firearms and violence flags directly affect your eligibility and how the court evaluates public safety under § 3553(a). If either applies, we must address it head-on in your motion.

19. Type of Plea:

Guilty Plea Plea Agreement (11(c)(1)(C)) Open Plea Trial Conviction

20. Did you cooperate with the government (§ 5K1.1 or Rule 35)?

Yes No

If yes, provide details. Cooperation is a powerful equitable factor for compassionate release.

21. Sentence Imposed:

Total Term of Imprisonment: _____ Supervised Release Term: _____
Mandatory Minimum (if any): _____

Date of Sentencing: _____ Guidelines Range: _____

22. Financial Obligations:

Restitution Amount: _____ Fine Amount: _____
Special Assessment: _____ Forfeiture: _____

WHY WE ASK: Under *Ellingburg v. United States* (2026), MVRA restitution is classified as criminal punishment. Outstanding financial obligations and their enforcement may be relevant to your motion, particularly in cases involving sentencing disparity or disproportionate punishment arguments.

23. Prior Criminal History:

Criminal History Category: _____ Criminal History Points: _____

List all prior convictions (federal and state):

1. _____

- 2. _____

- 3. _____

- 4. _____

If more than 4, continue on a separate sheet. Include dates, jurisdictions, and sentences.

24. Sentence Computation:

Projected Release Date:

Good Conduct Time Release Date:

Time Served to Date:

FSA Earned Time Credits (if any):

Percentage of sentence served is a key factor. Provide exact dates if available.

PART 2 OF 4: MEDICAL, FAMILY & CIRCUMSTANCES (~20 minutes)

SECTION IV: MEDICAL CONDITIONS & HEALTH

WHY WE ASK: Medical conditions are the most common and successful basis for compassionate release under § 1B1.13(b)(1). The court needs to understand your diagnoses, the severity and progression of your conditions, and whether BOP is providing adequate care. Be as specific as possible — include dates of diagnosis, medications, and any treatment failures.

25. Do you have any serious medical conditions?

- Yes No

26. List ALL current medical conditions and diagnoses:

1. Condition: _____
Date of Diagnosis: _____
2. Condition: _____
Date of Diagnosis: _____
3. Condition: _____
Date of Diagnosis: _____
4. Condition: _____
Date of Diagnosis: _____
5. Condition: _____
Date of Diagnosis: _____
6. Condition: _____
Date of Diagnosis: _____

If more than 6 conditions, continue on a separate sheet.

27. Current Medications (list all):

1. Medication: _____ Dosage: _____ For: _____
2. Medication: _____ Dosage: _____ For: _____
3. Medication: _____ Dosage: _____ For: _____

4. Medication: _____ Dosage: _____ For: _____

5. Medication: _____ Dosage: _____ For: _____

6. Medication: _____ Dosage: _____ For: _____

28. Have any of your conditions worsened during incarceration?

Yes No

If yes, explain which conditions and how:

29. Are you receiving adequate medical care at your current facility?

Yes No Partially

Explain (include delays, denials, missed appointments, or inadequate treatment):

***WHY WE ASK:** BOP medical vacancy rates exceed 22% nationally (BJS NCJ 310701). Documenting inadequate care strengthens your motion and supports the argument that community-based treatment would better serve your medical needs.*

30. Have you been hospitalized during incarceration?

Yes No

If yes, list dates, facility, and reason:

31. Do you have a terminal illness?

Yes No

SECTION V: FAMILY CIRCUMSTANCES

WHY WE ASK: Family circumstances are an independent basis for compassionate release under § 1B1.13(b)(3). The court can grant release if you are the only available caregiver for a minor child, an incapacitated spouse, or an incapacitated parent. Even if caregiving is not your primary argument, strong family ties demonstrate community support and reduce public safety concerns.

35. Marital Status:

- Married Divorced Separated Widowed
- Single Domestic Partner

Spouse/Partner Name: _____

36. Do you have minor children (under 18)?

- Yes No

If yes, list each child:

1. Name: _____	DOB: _____	Current Caregiver: _____
2. Name: _____	DOB: _____	Current Caregiver: _____
3. Name: _____	DOB: _____	Current Caregiver: _____
4. Name: _____	DOB: _____	Current Caregiver: _____

37. Are you the ONLY available caregiver for any of these children?

- Yes No

If yes, explain why no other caregiver is available:

WHY WE ASK: Under § 1B1.13(b)(3), if the other parent is deceased, incarcerated, or incapacitated, and you are the only available caregiver, this is a recognized extraordinary and compelling reason. The 11th Circuit has the strongest case law on family caregiver arguments.

38. Is your spouse or parent incapacitated and in need of a caregiver?

- Yes — Spouse Yes — Parent No

If yes, describe the incapacity and caregiving needs:

Name of incapacitated family member: _____

Current caregiver (if any): _____

39. How has your incarceration affected your family?

Describe the impact on children, spouse, parents, and family stability:

40. Family Members Who Will Support Your Release:

1. Name: _____	Relationship: _____	Phone/Email: _____
2. Name: _____	Relationship: _____	Phone/Email: _____
3. Name: _____	Relationship: _____	Phone/Email: _____
4. Name: _____	Relationship: _____	Phone/Email: _____

These individuals may be asked to provide letters of support or declarations.

SECTION VI: OTHER EXTRAORDINARY & COMPELLING REASONS

WHY WE ASK: Compassionate release is not limited to medical conditions and family caregiving. Under § 1B1.13(b)(5) and (b)(6), the court may consider sentencing disparities, changes in law, unusually long sentences, and other factors that individually or in combination constitute extraordinary and compelling reasons. This section captures everything else.

41. Has there been a change in law that would affect your sentence if sentenced today?

- Yes No Unsure

If yes, describe the change and how it would affect your sentence:

WHY WE ASK: Under § 1B1.13(b)(6), a change in law (including guideline amendments, statutory changes, or circuit rulings) that would produce a gross disparity between your current sentence and what you would receive today is an independent basis for relief.

42. Do you believe your sentence is unusually long compared to similar cases?

- Yes No Unsure

If yes, explain:

43. Were there any sentencing enhancements that you believe were improper?

- Yes No

If yes, identify each enhancement and why:

44. Has your co-defendant(s) received a significantly different sentence?

- Yes No N/A

If yes, provide co-defendant name(s), sentence(s), and case number(s):

**45. Are there any other extraordinary or compelling circumstances?
Describe anything not covered above that the court should consider:**

SECTION VII: ADMINISTRATIVE EXHAUSTION

CRITICAL: Under 18 U.S.C. § 3582(c)(1)(A), you must first request compassionate release from your Warden and either receive a denial or wait 30 days before filing in court. Failure to exhaust administrative remedies can result in dismissal of your motion.

46. Have you submitted a request for compassionate release to your Warden?

Yes No
 Date of Request: _____ Date of Response: _____

Warden's Response:

Granted Denied No Response (30+ days) Pending

Describe the Warden's stated reason for denial (if applicable):

47. Have you filed administrative remedies (BP-8, BP-9, BP-10, BP-11)?

Yes No

If yes, list each remedy filed, date, and result:

48. Do you have copies of your Warden request and response?

- Yes — Attached Yes — Will Send Separately No

WHY WE ASK: *We must prove exhaustion to the court. If you do not have copies, we may need to request them from BOP or reconstruct the record. Send whatever documentation you have.*

PART 3 OF 4: REHABILITATION & RELEASE PLAN (~15 minutes)

SECTION VIII: REHABILITATION & PROGRAMMING

WHY WE ASK: While rehabilitation alone is not an independent basis for compassionate release, the Supreme Court and the Sentencing Commission recognize it as a critical factor the court must consider. A strong rehabilitation record shows the court that you are not the same person who was sentenced, and that continued incarceration serves no penological purpose.

49. Educational Programs Completed:

- GED College Courses Vocational Training Literacy Program

List specific programs, certifications, and dates:

Horizontal lines for text entry.

50. Vocational Programs Completed:

List all vocational training, certificates, and skills acquired:

Horizontal lines for text entry.

51. RDAP (Residential Drug Abuse Program):

- Completed Currently Enrolled Applied/Waitlisted Not Applicable

Date Completed (if applicable):

Horizontal line for text entry.

52. Other Treatment Programs:

- Cognitive-Behavioral Anger Management Life Skills Parenting Financial Literacy Mental Health Treatment Religious/Faith-Based Mentoring Others Other

Describe additional programs and dates:

Horizontal lines for text entry.

53. Work Details / Employment While Incarcerated:

List all work assignments, positions held, and evaluations:

54. Institutional Conduct:

Have you received any disciplinary incidents (shots/write-ups)?

Yes No

If yes, list each incident — date, charge, severity, and outcome:

***WHY WE ASK:** The government will obtain your complete disciplinary record. If you have incidents, we need to know about them so we can address them proactively. Recent clean conduct after early incidents actually strengthens your rehabilitation narrative.*

55. FSA Earned Time Credits:

Earning Credits Not Eligible Unknown

Total Credits Earned: _____

PATTERN Risk Level:

Minimum Low Medium High

55% of BOP inmates are classified Minimum/Low risk. Your PATTERN score appears in your BOP records.

56. Awards, Recognitions, or Special Achievements:

List any awards, commendations, or recognition received:

SECTION IX: RELEASE PLAN

WHY WE ASK: *The court will not release you into a vacuum. A detailed, concrete release plan addressing housing, employment, medical care, and support systems demonstrates that you will be a stable, productive member of the community — and directly addresses the § 3553(a) public safety factor.*

Housing

57. Proposed Release Address: _____

City/State/ZIP: _____

Type of Residence:

- Own Home
- Family Home
- Rental
- Halfway House/RRC

Name of Person at Residence: _____

Relationship: _____

Employment

58. Do you have employment arranged upon release?

- Yes — Confirmed
- Yes — Tentative
- No — Seeking
- Retired/Disabled

Employer Name: _____

Position/Type of Work: _____

Employer Contact Name & Phone: _____

An employer letter of support is extremely persuasive. Ask your employer if they will provide one.

Medical Care

59. Do you have a medical care plan upon release?

- Yes
- No
- In Progress

Physician/Provider Name: _____

Facility/Clinic: _____

Health Insurance:

- Employer Insurance
- Medicare/Medicaid
- VA Benefits
- ACA Marketplace
- Will Apply
- None

Support System

60. Community Support:

- Family
- Church/Faith Community
- Support Groups

Mentor/Sponsor

Civic Organization

Other

Describe your community support network:

SECTION X: LETTERS OF SUPPORT

Letters of support are among the most persuasive evidence in a compassionate release motion. Judges read these carefully. We strongly recommend obtaining letters from family members, employers, clergy, community leaders, and anyone who can speak to your character and support your release plan. Each letter should be addressed to the Honorable [Judge Name].

61. Persons Who Will Provide Letters of Support:

Name	Relationship	Will Provide Letter?	Contact Info

62. Has the Warden or any BOP staff offered to provide a letter or statement?

Yes No

If yes, who and what have they indicated?

PART 4 OF 4: LEGAL ARGUMENTS & CERTIFICATION (~15 minutes)

SECTION XI: 18 U.S.C. § 3553(A) SENTENCING FACTORS

WHY WE ASK: Even if extraordinary and compelling reasons exist, the court must also find that the § 3553(a) sentencing factors support release. These include the nature of the offense, your history, public safety, deterrence, and the need for the sentence imposed. We use your answers to build the § 3553(a) argument in your motion.

Nature & Circumstances of the Offense

63. In your own words, describe what happened:

Multiple horizontal lines for text entry.

Be honest. The court already has the PSR and government's version. Your account should be consistent.

64. What was your role in the offense?

- Minor/Minimal Participant, Mid-Level, Organizer/Leader

Explain:

Multiple horizontal lines for text entry.

65. Was anyone physically harmed?

- Yes, No

If yes, explain: _____

Your History & Characteristics

66. What factors contributed to your criminal conduct?

- Substance Abuse, Mental Health, Financial Pressure, Coercion/Influence, Lack of Opportunity, Other

Explain:

67. Have you fully addressed these underlying factors?

Describe what you have done to address each factor:

Public Safety

68. Why would you NOT pose a danger to the community if released?

69. What has changed about you since your offense?

Deterrence

70. How has your experience affected your respect for the law?

SECTION XII: PRIOR LEGAL PROCEEDINGS

WHY WE ASK: *If you have previously filed for compassionate release, a § 2255 motion, or any other post-conviction relief, we must know. Filing a new motion without addressing prior denials is a common mistake that damages credibility. If circumstances have changed since a prior denial, that change IS the basis for a new motion.*

71. Have you previously filed a motion for compassionate release?

Yes No

Date Filed: _____

Result: _____

If denied, stated reason for denial:

What has changed since the prior denial?

72. Have you filed a § 2255 motion or any other post-conviction petition?

Yes No

If yes, describe (type of motion, date, case number, result):

73. Have you filed a direct appeal?

Yes No

Date: _____

Result: _____

74. Are there any pending legal matters (federal or state)?

Yes No

If yes, describe:

Printed Name: _____

ACKNOWLEDGMENT OF DISCLOSURE

I have read and understand the Important Disclosure on page 1 of this questionnaire. I understand that Judicial Advocates is not a law firm and does not provide legal advice.

Signature: _____

Date: _____

Printed Name: _____
