



CASE SUMMARY

Name _____	<input type="checkbox"/> Federal Charge	<input type="checkbox"/> State Charge
ID# _____	Education _____	
Prison _____	Prisoner's Date of Birth _____	
Address _____	Ethnicity _____ Race _____	
City _____	US Citizen? <input type="checkbox"/> yes <input type="checkbox"/> no If not, what country? _____	
State _____ Zip _____		

OFFENSE

Year and state in which offense occurred _____

Type(s) of drug(s) _____

Weight _____

If not drugs, other charge _____

Were weapons involved in the offense? yes no
If yes, what type(s)? _____

Were you convicted for a weapons offense? yes no

Judge's name _____

Court _____ Date of sentencing _____

County _____

Estimated release date _____

Have you filed a direct appeal? yes no Date _____

Have you filed any post-conviction motions? yes no
Date _____

Was your sentence increased for weapons? yes no

Were you convicted/charged with conspiracy? yes no

SENTENCE

Length of sentence: years _____ months _____

Was the prisoner sentenced to a mandatory minimum sentence? yes no

Habitual offender/3 Strikes? yes no

FEDERAL ONLY

a. Original Guideline Level _____

b. Adjusted Guideline Level _____

c. Did you benefit from the safety valve? yes no

d. Did you receive a mitigating role adjustment? yes no

Was there a plea bargain? yes no

Trial? yes no

Forfeiture? yes no

If yes, what kind? criminal civil

Was a confidential informant involved? yes no

Did the informant get a shorter sentence? yes no

Were any drugs seized? yes no

Do you have any prior offense(s)? yes no

If yes, list offense(s) and year(s): _____

Did the judge depart from the mandatory sentence or guidelines? yes no

Explain: _____

SYMPATHETIC FACTORS

At sentencing, did the judge say he/she wished he/she didn't have to give you such a long sentence? yes no

Please include summary of statement. _____

List any health problems: _____

Do you have substance abuse problems? yes no
If yes, any treatment received? _____

DOCUMENTATION

Are any of the following available for reference, if necessary? (Please do not send unless requested.)

- Presentence report (PSR) Sentencing transcripts
 Media clippings Photo of prisoner/family

FAMILY

Number of children _____ ages _____

Family's distance from prisoner, in miles _____

Who supports family? _____

Who cares for children? _____

OUTSIDE CONTACTS

Name of lawyer(s)/public defender _____

Lawyer's telephone () _____

Contact on the outside authorized to provide additional facts about the case:

Name _____

Relation to prisoner _____

Address _____

City _____

State _____ Zip _____

Telephone (day) _____

Telephone (evening) _____

Fax _____

Email _____

On a separate sheet, please write a brief personal account of what happened (1-2 pages) and list any additional factors you believe may assist us in understanding your case.

RELEASE FORM

FAMM works to repeal mandatory minimum sentences by publicizing cases that dramatize the unfairness of these laws. FAMM does not employ attorneys to represent individual cases. It is essential that the facts represented by FAMM and reported in this summary be accurate. If you do not know an answer, write "don't know." There may be a risk that publicized cases might draw a critical reaction. If you do not want your case publicized, do not put your signature at the bottom of this form.



Families Against Mandatory Minimums

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I hereby release Families Against Mandatory Minimums, Families Against Mandatory Minimums Foundation, and any news organization from any liability whatsoever from any cause and for any reason, in connection with the release, dissemination, and publication of statements and information about me and the crimes for which I have been charged or convicted.

Prisoner's signature _____

Date _____

photo enclosed