



FAMM PROFILE FORM

DISCLAIMER: Families Against Mandatory Minimums (FAMM) does not provide legal representation, research, referrals, or advice. We cannot help you get a sentence reduction. What we can do is tell the stories of people affected by unjust sentencing laws. This form gives us information about your story so we can consider it for a potential FAMM profile. FAMM profiles are used to educate lawmakers, the media and the general public about the injustice of mandatory sentencing. Filling out this form does not mean that FAMM will profile your case or that you will receive media attention. Please answer all questions honestly. Write "don't know" if you do not know an answer.

We are currently seeking people who fit most or all of the following criteria:

- Serving a federal mandatory minimum sentence for a drug offense; a gun possession offense under federal laws 18 U.S.C 924(c), 924(e) or ACCA; or for other nonviolent offenses.
- Serving a state mandatory minimum sentence for a drug offense; school zone offense; or sentenced as a habitual offender.
- No or few prior convictions, none of which involved crimes of violence (e.g. agg. assault, robbery, murder, rape and other sex offenses).
- Accept responsibility for their role in the offense (we cannot profile prisoners who claim innocence).

PLEASE NOTE: We receive many profile forms. It could take up to six months to respond to you.

CONTACT INFORMATION

Name _____ Date of birth _____
 Prison ID# _____ Prison _____ Federal charge _____ State charge _____
 Address _____
 City _____ State _____ ZIP _____
 Email _____
 Citizenship: U.S. citizen Naturalized citizen Green card holder Visa holder Other
 Country of citizenship, if not U.S. _____

INFORMATION ABOUT CURRENT CONVICTION

List all charges you are currently incarcerated for _____
 Year and state in which offense occurred: _____ Judge's name _____ Court _____ County _____
 Date sentenced _____ Length of sentence (in years) _____
 Estimated release date _____ Did you receive a mandatory minimum? yes no
 Do you have an appeal/post-conviction motion pending in court? yes no
 Were you convicted for a school zone or other drug free/protected zone offense? yes no
 Type(s) of drug(s) involved _____ Weapons involved _____
 Your role in the offense (check all that apply) Mule/courier Driver Importer Exporter Supplier
 Cook/manufacturer/grower Street-level seller/dealer Provided safe house/drug storage facility User
 Leader/Organizer Managed/supervised others Sold drugs to supply drug habit
 Other _____
 Was a confidential informant involved? yes no At time of your arrest, were drugs found? yes no
 Did your codefendants/coconspirators get shorter sentences than you? yes no

SENTENCING FOR CURRENT CONVICTION

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

Did the judge give you a shorter sentence than the one required by law and/or the sentencing guidelines? ___ yes ___ no

Do you know why? _____

INFORMATION ABOUT PRIOR CONVICTIONS

Number of priors you have ___ 1-2 ___ 3-4 ___ 5 or more ___ Zero; this is my first conviction.

Prior offenses (list all, including dates they occurred) _____

Are you sentenced as an habitual/three strikes offender? ___ yes ___ no

PERSONAL INFORMATION

Number of children _____ Ages _____

Distance from prisoner, in miles _____ Who supports the family? _____

Who cares for children? _____ List any health problems _____

Did you have a substance abuse problem at the time of your offense? ___yes ___no Have you received treatment in prison? ___yes ___no

List classes/degrees you have completed in prison _____

I feel my current conviction was the result of my relationship with a drug user/dealer ___yes ___no

If yes, nature of that relationship _____

OUTSIDE CONTACTS

Lawyer/Public Defender _____

Phone _____

Email _____

When is the last time you communicated with your lawyer? _____

Other outside contact _____

Relation to you _____

Address _____

City, State, ZIP _____

Phone _____

Fax _____

Email _____

May we contact them to learn more about your case? ___yes ___no

CHECK IF DOCUMENTS ARE AVAILABLE:

Do not send legal documents unless we request them.

___ Presentence report (PSR or PSI)

___ Sentencing transcripts

___ Photo

___ Complaint/indictment

___ Criminal history report

___ Police reports

___ News clippings

PERSONAL STATEMENT On a separate sheet, please write a 1-2 page account of what happened to you, along with any other information you'd like us to know about you or consider.

RELEASE FORM

By signing below, I hereby release Families Against Mandatory Minimums, Families Against Mandatory Minimums Foundation, its employees, officers, and agents, and any and all third parties from any liability whatsoever, from any cause and for any reason, in connection with the release, dissemination, use, and publication of statements and information about me and the crimes for which I have been charged or convicted.

Signature _____ Date _____

