



# 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:

- Current conviction is for a state or federal nonviolent drug offense, or a gun possession offense under federal laws 18 U.S.C. § 924(c) or § 924(e) (ACCA).
- No or few (one or two) prior convictions, none of which involved crimes of violence (e.g., assault, murder, robbery, rape, sex offenses).
- Nonviolent drug offenders and/or those convicted of a school zone or other drug free/protected zone offense, especially those from the following states: Massachusetts, New Jersey, Florida, Virginia and Pennsylvania.
- Those who accept responsibility/admit guilt for their drug, gun or zone 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) \_\_\_\_\_ Age at sentencing \_\_\_\_\_  
 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 prisoner \_\_\_\_\_

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 \_\_\_\_\_

