

FEB 01 2021

U.S. DISTRICT COURT
W. DIST. OF N.C.

UNITED STATES DISTRICT COURT
FOR THE
Western DISTRICT OF North Carolina

UNITED STATES OF AMERICA

Case No. 2:13-cr-00019-MR-WCM
(write the number of your criminal
case)

v.

MOTION FOR SENTENCE
REDUCTION UNDER
18 U.S.C. § 3582(c)(1)(A)
(Compassionate Release)
(Pro Se Prisoner)

James Thomas Lifsey

Write your full name here.

NOTICE

The public can access electronic court files. Federal Rule of Criminal Procedure 49.1 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Does this motion include a request that any documents attached to this motion be filed under seal? (Documents filed under seal are not available to the public.)

Yes

No

If you answered yes, please list the documents in section IV of this form.

I. SENTENCE INFORMATION

Date of sentencing: 22 January 2015
Term of imprisonment imposed: 16 years
Approximate time served to date: 8 years 5 months
Projected release date: 25 July 2026
Length of Term of Supervised Release: Life

Have you filed an appeal in your case?

- Yes
- No

Are you subject to an order of deportation or an ICE detainer?

- Yes
- No

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES¹

18 U.S.C. § 3582(c)(1)(A) allows you to file this motion (1) after you have fully exhausted all administrative rights to appeal a failure of the Bureau of Prisons to bring a motion on your behalf, or (2) 30 days after the warden of your facility received your request that the warden make a motion on your behalf, whichever is earlier.

Please include copies of any written correspondence to and from the Bureau of Prisons related to your motion, including your written request to the Warden and records of any denial from the Bureau of Prisons.

¹ The requirements for this compassionate release motion being filed with the court differ from the requirements that you would use to submit a compassionate release request to the Bureau of Prisons. This form should only be used for a compassionate release motion made to the court. If you are submitting a compassionate release request to the Bureau of Prisons, please review and follow the Bureau of Prisons program statement.

Have you personally submitted your request for compassionate release to the Warden of the institution where you are incarcerated?

- Yes, I submitted a request for compassionate release to the warden on 5 April 2020.
- No, I did not submit a request for compassionate release to the warden.

If no, explain why not:

Was your request denied by the Warden?

- Yes, my request was denied by the warden on (date): 6 July 2020.
- No. I did not receive a response yet.

III. GROUNDS FOR RELEASE

Please use the checkboxes below to state the grounds for your request for compassionate release. Please select all grounds that apply to you. You may attach additional sheets if necessary to further describe the reasons supporting your motion. You may also attach any relevant exhibits. Exhibits may include medical records if your request is based on a medical condition, or a statement from a family member or sponsor.

A. Are you 70 years old or older?

- Yes.
- No.

If you answered no, go to Section B below. You do not need to fill out Section A.

If you answered yes, you may be eligible for release under 18 U.S.C. § 3582(c)(1)(A)(ii) if you meet two additional criteria. Please answer the following questions so the Court can determine if you are eligible for release under this section of the statute.

Have you served 30 years or more of imprisonment pursuant to a sentence imposed under 18 U.S.C. § 3559(c) for the offense or offenses for which you are imprisoned?

- Yes.
- No.

Has the Director of the Bureau of Prisons determined that you are not a danger to the safety of any other person or the community?

- Yes.
- No.

B. Do you believe there are other extraordinary and compelling reasons for your release?

- Yes.
- No.

If you answered "Yes," please check all boxes that apply so the Court can determine whether you are eligible for release under 18 U.S.C. § 3582(c)(1)(A)(i).

- I have been diagnosed with a terminal illness.
- I have a serious physical or medical condition; a serious functional or cognitive impairment; or deteriorating physical or mental health because of the aging process that substantially diminishes my ability to provide self-care within the environment of a correctional facility, and I am not expected to recover from this condition.
- I am 65 years old or older and I am experiencing a serious deterioration in physical or mental health because of the aging process.
- The caregiver of my minor child or children has died or become incapacitated and I am the only available caregiver for my child or children.
- My spouse or registered partner has become incapacitated and I am the only available caregiver for my spouse or registered partner.
- There are other extraordinary and compelling reasons for my release.

Please explain below the basis for your request. If there is additional information regarding any of these issues that you would like the Court to consider but which is confidential, you may include that information on a separate page, attach the page to this motion, and, in section IV below, request that that attachment be sealed.

The DOJ stated that an inmate who's medical conditions make them particularly vulnerable to COVID-19 as identified by the CDC, should be considered as having extraordinary and compelling reasons for release. I have medical conditions that make me vulnerable to COVID-19 as identified by the CDC such as hypertension and my age. Therefore I should be considered as having extraordinary and compelling reasons for release. Recently the facility I am housed at, has become a COVID hot spot with about half the prison sick and inmates being hospitalized and or dying.

IV. ATTACHMENTS AND REQUEST TO SEAL

Please list any documents you are attaching to this motion. A proposed release plan is included as an attachment. You are encouraged but not required to complete the proposed release plan. A cover page for the submission of medical records and additional medical information is also included as an attachment to this motion. Again, you are not required to provide medical records and additional medical information. For each document you are attaching to this motion, state whether you request that it be filed under seal because it includes confidential information.

Document	Attached?		Request to seal?	
<u>Proposed Release Plan</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<u>Additional medical information</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<u>Request to Warden</u>	<input checked="" type="checkbox"/> Yes		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	<input type="checkbox"/> No

V. REQUEST FOR APPOINTMENT OF COUNSEL

I do not have an attorney and I request an attorney be appointed to help me.

Yes

No

VI. MOVANT'S DECLARATION AND SIGNATURE

For the reasons stated in this motion, I move the court for a reduction in sentence (compassionate release) under 18 U.S.C. § 3582(c)(1)(A). I declare under penalty of perjury that the facts stated in this motion are true and correct.

24 January 2021

Date

James Thomas Litsey

Signature

James Thomas Litsey

Name

28609-058

Bureau of Prisons Register #

FCI Texarkana

Bureau of Prisons Facility

Federal Correctional Institution 4001 Leopard Drive Texarkana, TX 75501

Institution's Address

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

UNITED STATES DISTRICT COURT
FOR THE
Western DISTRICT OF North Carolina

UNITED STATES OF AMERICA

v.

Case No. 2:13-cr-00019-MR-WCM
(write the number of your criminal case)

James Thomas Litsey
Write your full name here.

PROPOSED RELEASE PLAN
In Support of Motion for Sentence Reduction Under 18 U.S.C. § 3582(c)(1)(A)

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If you provide information in this document that you believe should not be publicly available, you may request permission from the court to file the document under seal. If the request is granted, the document will be placed in the electronic court files but will not be available to the public.

Do you request that this document be filed under seal?

Yes

No

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

PROPOSED RELEASE PLAN

To the extent the following information is available to you, please include the information requested below. This information will assist the U.S. Probation and Pretrial Services Office to prepare for your release if your motion is granted.

A. Housing and Employment

Provide the full address where you intend to reside if you are released from prison:

202 IVY Knob Lane Hayesville, NC 28904

Provide the name and phone number of the property owner or renter of the address where you will reside if you are released from prison:

Doug Serra and Dora Serra
706-970-9404 706-970-9405

Provide the names (if under the age of 18, please use their initials only), ages, and relationship to you of any other residents living at the above listed address:

If you have employment secured, provide the name and address of your employer and describe your job duties:

List any additional housing or employment resources available to you:

My friends, Doug and Dora Serra have offered to help with housing and basic needs

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

B. Medical needs

Will you require ongoing medical care if you are released from prison?

Yes

No

Will you have access to health insurance if released?

Yes

No

If yes, provide the name of your insurance company and the last four digits of the policy number. If no, how do you plan to pay for your medical care?

Proceeds from employment and social security. Also I will
reapply for my lifetime health benefits through AT&T

If no, are you willing to apply for government medical services (Medicaid/Medicare)?

Yes

No

Do you have copies of your medical records documenting the condition(s) for which you are seeking release?

Yes

No

If yes, please include them with your motion. If no, where are the records located?

Chatuge Family Practice Hayesville, NC also
Ziyad Mugharbil Murphy, NC

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

Are you currently prescribed medication in the facility where you are incarcerated?

- Yes
- No

If yes, list all prescribed medication, dosage, and frequency:

See attached

Do you require durable medical equipment (e.g., wheelchair, walker, oxygen, prosthetic limbs, hospital bed)?

- Yes
- No

If yes, list equipment:

A walking cane

Do you require assistance with self-care such as bathing, walking, toileting?

- Yes
- No

If yes, please list the required assistance and how it will be provided:

Do you require assisted living?

- Yes
- No

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

If yes, please provide address of the anticipated home or facility and the source of funding to pay for it.

Are the people you are proposing to reside with aware of your medical needs?

Yes

No

Do you have other community support that can assist with your medical needs?

Yes

No

Provide their names, ages, and relationship to you. If the person is under the age of 18, please use their initials only:

Doug Serra 54, Friend

Dora Serra 52, Friend

Will you have transportation to and from your medical appointments?

Yes

No

Describe method of transportation:

Friend's vehicle until I obtain my own

ATTACHMENT TO MOTION FOR COMPASSIONATE RELEASE

SIGNATURE

I declare under penalty of perjury that the facts stated in this attachment are true and correct.

24 January 2021
Date

James Thomas Litsey
Signature

James Thomas Litsey
Name

28609-058
Bureau of Prisons Register #

FCI Texarkana
Bureau of Prisons Facility

Federal Correctional Institution 4001 Leopard Drive Texarkana, TX 75501
Institution's Address

28609 058

James Lifsey
#28600058 K2 13L
Federal Correctional Institution
P.O. Box 7000
Texarkana, TX 75505-7000
United States

SHREVEPORT LA 71102

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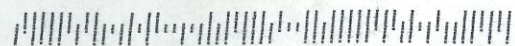
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TUE 26 JAN 2021 PM



RECEIVED
ASHEVILLE, NC
FEB 01 2021
U.S. DISTRICT COURT
W. DISTRICT OF NC

North Carolina Western District Court
Asheville Divisional Office
309 United States Courthouse
100 Otis Street
Asheville, NC 28801-2611