

U.S. Department of Justice
United States Marshals Service

Personal History of Defendant

Taken into Federal custody by the following:

- Street Arrest (not from a correctional/detention facility)
- Custodial Arrest (from a correctional/detention facility)

- Writ Used (Must provide copy of writ) *ARREST WARRANT*
- Prior Federal Arrest or Safekeeper - Register #: _____
- Safekeeper Location: _____

BIOGRAPHICAL INFORMATION

Last Name: *EPSTEIN* First Name: *JEFFREY* Middle Name: *EDWARD*
 Sex: M F Transgender Pregnant: Y N Race: *W*
 Hair: *GRY* Eyes: *BLUE* Height: *6'11"* Weight: *185* DOB: *1/20/53*
 City of Birth: *BROOKLYN* State/Country of Birth: *NY* Citizenship: *Yes*
 FBI #: _____ State ID#: _____ Alien #: _____ SSN: _____
 Resident Address/City/State/ZIP: *9471st, New York, NY 10021*
 Home Phone: _____ Cell Phone: _____ Marital Status: *S*

COURT CASE

Agency: *NY FBI* Agency ORI: *NYFBI NY00*
 Agent Last Name: _____ First Name: _____
 Agent Phone #: _____ Arrest Date: *7/6/19*
 Location/Facility of Arrest: *Teterboro Airport, Bergen County, New Jersey*
 Court Docket #: _____ CR _____ AUSA(s) Assigned: _____

OFFENSE

NCIC Code	Charge Description	Title/Code
	<i>SEX TRAFFICKING CONSP</i>	<i>18 USC 371</i>

Known Detainers/Warrants: N Y - Agency: _____ (Must provide a copy of any detainers)

CAUTIONS AND MEDICAL

Long Term Medical Conditions (e.g., heart problems, diabetes, asthma, tuberculosis, HIV, AIDS, hepatitis, etc.): N Y
 Psychiatric/Emotionally Disturbed (e.g., mental health concerns, suicidal, etc.): N Y
 Injuries/Medical Ailments/Post-Op Recovery: N Y
 Do the above conditions require:
 Medical attention? N Y
 Medication? N Y
 Medical clearance by a licensed physician: N Y
 Is Defendant under the influence of drugs or alcohol: N Y
 Languages - English: N Y Limited
 Other Language: N Y - List: _____

Security Cautions:

- Current or former military
- Current or former public official
- Eligible for diplomatic immunity
- Threat to witness (Describe below)
- Current or former I.E/corrections
- Assault on I.E/corrections
- Leadership role
- CI (Describe below)
- Current or former intelligence
- SAM subject or candidate
- Separation needs (Describe below)
- Other (Describe below)

LAW ENFORCEMENT SENSITIVE

Remarks:

ALIASES

ALIAS Last Name	ALIAS First, MI	Remark	Date of Birth	SSN	State Driver's License

ASSOCIATES/ CO-DEFENDANTS/ RELATIVES/ CHILDREN/ SIGNIFICANT OTHER

Relationship	Last Name	First, MI	Register #	Resident Address, City, State, ZIP Code	Phone

MARKS

Scar/Mark/Tattoo (Specify)	Location	Description
N/A		

VEHICLES

Vehicle Year	Make	Model	Color(s)	Vehicle Style	State and Plate #	Registration Date	VIN

LICENSES

License Number	License State

MISCELLANEOUS NUMBERS

Miscellaneous Number	Type (Select from dropdown menu or type below)	Remarks (e.g., Issuing State or Country, etc.)

OCCUPATIONS

Occupation: <i>SELF EMPLOYED</i>	Company/Employer Name: <i>SOUTHWAN TRUST COMP.</i>	
Employment Address: <i>VIREN ISLANDS</i>	Phone: [REDACTED]	
Start Date:	End Date:	Point of Contact:

FINANCIAL

Bank Name	Account Type	Account #	Branch Address	Phone #

MILITARY

Branch	Rank	Entry Date	Discharge Date	Discharge Type	Military Occupation	Remarks
N/A						

REMARKS

Additional Information/Remarks/Continuation:

PROFILE

<p>Defendant Risks: *Requires remarks below</p> <p><input type="checkbox"/> Escaper</p> <p><input type="checkbox"/> Organized Crime*</p> <p><input type="checkbox"/> International Terrorist</p> <p><input type="checkbox"/> Gang Member*</p> <p><input type="checkbox"/> Multiple Defendants</p>	<p><input type="checkbox"/> Planned Murder</p> <p><input type="checkbox"/> Protected Witness</p> <p><input type="checkbox"/> Domestic Terrorist</p> <p><input type="checkbox"/> Significant Criminal History</p> <p><input type="checkbox"/> Death Penalty Case</p>	<p>Sex Offender:</p> <p><input type="checkbox"/> Arrest</p> <p><input type="checkbox"/> Registered</p> <p><input type="checkbox"/> Conviction</p> <p><input type="checkbox"/> Registration Violation</p>
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Criminal History (Select from dropdown menu or type offense below)	Arrest (#)	Conviction (#)
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Remarks (e.g., name of gang or criminal organization, etc.):

N/A

- Money Launderer Kingpin Violent Offender

INTERNET SOURCE

Internet Source	Remarks (e.g., email address, website address, username, etc.)

NOTICE TO ARRESTING AGENTS: As a courtesy, the USMS may temporarily hold an arrestee received by non-USMS personnel in the cellblock until the arresting agent(s) make arrangements for the prisoner's initial appearance before a United States Magistrate. A prisoner remains the responsibility of the arresting agency until remanded to the custody of the USMS by the courts. When a courtesy hold is allowed by the USMS to be housed in a USMS cellblock, a minimum of one agent from the arresting agency must be available to respond to the cellblock in order to address any issues with their prisoner (e.g., medical, disciplinary). If the arresting agency refuses to comply with USMS procedures, the courtesy hold may be refused. Meals are not provided by the USMS, and remain the responsibility of the arresting agent(s).

ARRESTEE PROCESSING CHECKLIST
For Arresting Officer Only

- USM-312 (Personal History of Defendant)
- Medical clearance (from licensed physician), if necessary
- Copy of Arrest Warrant, if issued
- Copy of Complaint, Information, or Indictment, if completed
- Copy of Detainer(s), if issued
- Copy of Writ, if applicable
- Correctional facility discharge papers, if applicable
- Correctional facility prisoner receipt, if applicable
- Correctional facility medical summary, if applicable

Prepared By - Name: [REDACTED]

Agency: NYPD-NYFBI-TFO

Cell Phone: [REDACTED] Date: 7/6/14

ARRESTEE PROCESSING CHECKLIST
For USMS Personnel Only

- Confirm all arresting agent documentation is completed and inserted into prisoner's file
- USM-312 (Personal History of Defendant) - *reviewed, signed and dated by intake DU SM DEO*
- USM-552 (Prisoner Medical Records Release Form) - *completed, signed and dated by intake DU SM DEO*
- USM-18 (Federal Prisoner Property Receipt) - *completed, signed and dated by intake DU SM DEO*
- USM-40/41 (Prisoner Remand) - *inserted into prisoner's file*
- USM-130 (Prisoner Custody Alert Notice), if applicable - *inserted into prisoner's file*
- FD-249 (Fingerprint Card) - *printed and inserted into prisoner's file*
- Prisoner Photograph (from Booking Package) - *printed and inserted into prisoner's file*

Reviewed By: _____

Badge #: _____ Date: _____

*Fmly. member (Brother)
MARK EPSTEIN*

