U.S. Department of Justice
United States Marshals Service

# FEDERAL PRISONER'S PROPERTY RECEIPT

*(Instructions on Reverse)*

ITEMS RECEIVED:

| | |
|---|---|
| NO PROPERTY NO PROPERTY NO PROPERTY | NO PROPERTY NO PROPERTY NO PROPERTY |
| NO PROPERTY NO PROPERTY NO PROPERTY | NO PROPERTY NO PROPERTY NO PROPERTY |
| NO PROPERTY NO PROPERTY NO PROPERTY | NO PROPERTY NO PROPERTY NO PROPERTY |
| NO PROPERTY NO PROPERTY NO PROPERTY | NO PROPERTY NO PROPERTY NO PROPERTY |
| NO PROPERTY NO PROPERTY NO PROPERTY | NO PROPERTY NO PROPERTY NO PROPERTY |

N/A

| | | |
|---|---|---|
| CELLBLOCK | | |
| INMATE NAME | MDC BROOKLYN | |
| INMATE SIGNATURE | | |

Original (White) - To Committing Officer
Duplicate (Yellow) - To Jailer
Triplicate (Blue) - To Prisoner
Quadruplicate (White) - Extra

FORM USM-15
(Rev 4/85)
Automated 01/01

SDNY_GM_00173142

EFTA_00194797

EFTA01305108

+ Add History

| Criminal History *(Select from dropdown menu or type offense below)* | Arrest (#) | Conviction (#) |
|---|---|---|
| - | | |

**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:** DET HARKINS
**Agency:** NYPD-NYFBI-TFO
**Cell Phone:** (516) 779-3968 **Date:** 7/6/19

**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 DUSM/DEO*
- ☐ USM-552 (Prisoner Medical Records Release Form) - *completed, signed and dated by intake DUSM/DEO*
- ☐ USM-18 (Federal Prisoner Property Receipt) - *completed signed and dated by intake DUSM/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
(917) 543-2432

# UNITED STATES DEPARTMENT OF JUSTICE
UNITED STATES MARSHALS SERVICE
SOUTHERN DISTRICT OF NEW YORK

## ARRESTEE INFORMATION

**Before any arrestee can be processed by the USMS any and all medical problems/conditions must be declared. This form must be completed for each arrestee and given to the responding USMS personnel before the arrestee will be received for processing.**

Arrestee name: JEFFREY EPSTEIN

Does arrestee have a prior federal arrest? Circle: (YES) NO

If yes, please list the arrestee's USMS number. _____

If you cannot identify USMS number, please provide arrest information (IE: date, arresting agency, location)

Arrestee's representation for this days proceeding: (Circle) Legal Aid CJA (retained) MARTY WEINBERG (617) 961-3472

If legal aid, has arrestee met with counsel? Circle: YES NO

Does the arrestee have any current detainers? Circle: YES (NO)

If yes, please list: _____

Doe arrestee have any long ter ..edical condition or conditions (to include: hea t problems d betes, asthma tuberculosis, HIV, AIDS, hepatitis etc.)? Circle: YES (NO)

Does arrestee require medication/medical attention for this condition? Circle: YES NO

Do you, as the arresting agent, currently possess at least one days dosage of the arrestee's medication? Circle: YES (NO)

Explain: _____

Does arrestee have/display/complain of any other medical ailments(IE: broken bones, open wounds etc.)? Circle: YES (NO)

Does arrestee require medication/medical attention for this condition? Circle: YES NO

Do you, as the arresting agent, currently possess at least one days dosage of the arrestee's medication? Circle: YES (NO)

Explain: _____

Is the arrestee a drug addict/user? Circle: YES (NO)

If yes, does this require any special medical program (IE: methadone treatment)? Explain: _____

Do you, as the arresting agent, if applicable, possess a medical clearance/fit for confinement letter from a healthcare professional? Circle: YES (NO) (Please attach)

## ARRESTEE PROCESSING CHECKLIST

*Please check when completed*

✓ 1. Have you completed any and all USMS paperwork.
To include: USMS 312 **(Please fill out all forms as completely as possible)**

✓ 2. Attached a photo of arrestee to paperwork.

✓ 3. Fingerprint cards
- *1 for USMS file
- *1 for the FBI for FPC classification

✓ 4. Filled out and attached the BOP-9.

NO 5. Strip searched arrestee.

Yes 6. Taken any and all property from the arrestee.

**ARRESTING AGENT:** SA AMANDA YOUNG (917) 692-0853

**AGENCY:** NY FBI - 290 C-20

**CONTACT # WHILE IN THIS BUILDING:** _____

*******NOTE TO ALL ARRESTING AGENTS*******

**Be advised, the USMS provides the COURTESY of holding and producing arrestee prior to the arrestee's magistrate court appearance. However, the arrestee is not considered a USMS prisoner until a U.S. Magistrate Judge REMANDS said arrestee to USMS custody. This means that as the arresting agent, you must be available at all times to respond to any and all matters concerning your arrestee, as you are the responsible party.**

*United States Marshals Service Policy and Procedures Manual 5.1-1.(a)*

SDNY_GM_00173144

EFTA_00194799

EFTA01305110

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: SELF Employed | Company/Employer Name: Southern Trust Comp.

Employment Address: VIRGIN ISLANDS | Phone: 340-775-2525

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**

**Defendant Risks:** **Requires remarks below*

- ☐ Escapee
- ☐ Organized Crime*
- ☐ International Terrorist
- ☐ Gang Member*
- ☐ Multiple Defendants
- ☐ Planned Murder
- ☐ Protected Witness
- ☐ Domestic Terrorist
- ☐ Significant Criminal History
- ☐ Death Penalty Case

**Sex Offender:**

- ☐ Arrest
- ☐ Registered
- ☐ Conviction
- ☐ Registration Violation

United States Marshals Service (USMS)

# PRISONER MEDICAL RECORDS RELEASE FORM

INSTRUCTIONS. Section I is to be completed by the USMS Intake Officer. Sections ii & iii are to be completed by the prisoner. Section II may be completed by the USMS Intake Officer if the prisoner is unable or unwilling, but Section III must be signed by the prisoner. If prisoner refuses to sign, note that in the signature block. All refusals should be immediately reported to the Office of Interagency Medical Services, Prisoner Services Division. The completed USM form 552 is to be retained in the prisoner's files.

## Section I - USMS Prisoner Information

| 1. Prisoner Name (Last, First, MI) | 2. USMS Prisoner |
|---|---|
| EPSTEIN, Jeffrey, E. | |

| 3. District Name | 4. District # | 5. Custody Date (Mo/Day/Yr) |
|---|---|---|
| SDNY | | 7/6/19 |

## Section II - Prisoner Personal Data And Medical Information

| 6. Date Of Birth (Mo/Day/Yr) | [redacted] |
|---|---|
| 1-20-53 | |

8. Medical Insurance Information

| A) Insurance Company Name | B) Policy Number | C) Medicare /Medicaid Coverage? |
|---|---|---|
| United Health Care | 854905597 member | ☒ Yes ☒ No |

| 9. Name Of Your Physician | 10. Phone Number |
|---|---|
| Dr. Miskowitz | (561) 346-6269 |

## Section III - Medical Consent And Records Release

I certify that the information I have provided above is true to the best of my knowledge.

I hereby authorize the United States Marshals Service to request, review, and have access to all medical records of care provided to me during the time that I am in the custody of that agency, and to all other medical records deemed necessary for the purposes of providing me with appropriate medical care, adjudicating medical bills for health care services provided to me while in the custody of the United States Marshals Service, and for infectious disease clearances.

| Signature of Prisoner | Date |
|---|---|
| X | 7/6/19 |

| Signature of USMS Intake Officer | Date |
|---|---|
| | |

Original--Prisoner File
Copy to District File
Copy Upon Transfer

Form USM-552
Rev. 6/98
Automated 08/01

SDNY_GM_00173146

EFTA_00194801

EFTA01305112

BP-S377.058 **PRISONER REMAND** CDFRM
FEB 04
**U.S. DEPARTMENT OF JUSTICE** **FEDERAL BUREAU OF PRISONS**

| | | | | | |
|---|---|---|---|---|---|
| ARRESTING OFFICER WILL COMPLETE ALL REQUIRED DATA ON THIS FORM PRIOR TO COMMITTING TO MCC/MDCs. | | | Register Number 76318054 | | PICTURE |
| Name: Last EPSTEIN | First Jeffrey | Middle EDWARD | | | |
| AKAs: | | | | | |
| Race (Check) __B X W __A __I | Sex (Check) X M __F | Ethnic Origin (Check) __Hispanic or __Other | D.O.B. 1/20/53 | SSN: [redacted] | FBI: INS: Other: |

CHARGES
CHECK CATEGORY OF CHARGES(S):
X FELONY _____ MISDEMEANOR _____ CIVIL CONTEMPT _____ MATERIAL WITNESS

OTHER

NARRATIVE: Title: 18 USC: 371 SEX TRAFFICKING CONSPIRACY
NARRATIVE: Title: 18 USC: 1591(a),(b)(2) SEX TRAFFICKING OF MINORS

Date of Offense: _____ Date of Arrest: 7-6-19 Place of Arrest: Bergen Cty, NJ

| State of Birth | Country of Birth | Citizenship | Current Address | Zip Code |
|---|---|---|---|---|
| NY | USA | Yes | 9 E 71 Street New York, NY | 10021 |

| Height Ft: 6 In: 00 | Weight 185 | Hair GRY | Eyes BLUE | Scars / Marks / Tattoos N/A |
|---|---|---|---|---|

| Injuries / Medication | Emergency Contact: (Name, Address, Phone Number) |
|---|---|
| N/A | MARK EPSTEIN (917) 543-2432 |

| Arraigned | Sentenced | Special Handling: __Y or X N Remarks: |
|---|---|---|
| __Y X N | __Y X N | |

| IN | IN | IN | IN | IN |
|---|---|---|---|---|

| Remanding Official (Name) Sign / Print | Agency/District | Phone/24 Hour Number |
|---|---|---|
| | | |

| OUT | OUT | OUT | OUT | OUT |
|---|---|---|---|---|

| Removing Official (Name) Sign / Print | Agency/District | Phone/24 Hour Number |
|---|---|---|
| | | |

**FOR BOP USE ONLY**

| Receiving Official (Name) Sign / Print | Date / Time | Releasing Official (Name) Sign / Print | Date / Time |
|---|---|---|---|
| | | | |

| Sentry Load Data: (Must Initial) | (OPTIONAL USE) | RIGHT THUMBPRINT |
|---|---|---|
| Name Search Completed by: _____ Clearance/Separate Checked by: _____ | ARS Code _____ Staff Init. _____ Add AKA's _____ Create Cash Account _____ Deposit Cash _____ Amt. _____ Detainers _____ Court _____ Clothing Bag # _____ | |

Original-for ISM as Remanding-Removal receipt; Copy-for Control as Removal Receipt (NCIC); Copy-For Removing Official; Copy-for Control as Remanding Receipt (Inmate); Copy-INS-Alien in Custody.

(This form may be replicated via WP) This form replaces BP-S377(58) and BP-377(58) of JUL 91

PRINTED ON RECYCLED PAPER

SDNY_GM_00173147

EFTA_00194802

EFTA01305113

Mod AO 442 (09/13) Arrest Warrant AUSA Name & Telno: Alison Moe, 212-637-2225

# UNITED STATES DISTRICT COURT

for the

Southern District of New York

United States of America
v.

Jeffrey Epstein
*Defendant*

Case No. **19 CRIM 490**

## ARREST WARRANT

To: Any authorized law enforcement officer

**YOU ARE COMMANDED** to arrest and bring before a United States magistrate judge without unnecessary delay
*(name of person to be arrested)* Jeffrey Epstein
who is accused of an offense or violation based on the following document filed with the court:

☒ Indictment ☐ Superseding Indictment ☐ Information ☐ Superseding Information ☐ Complaint
☐ Probation Violation Petition ☐ Supervised Release Violation Petition ☐ Violation Notice ☐ Order of the Court

This offense is briefly described as follows:

Title 18, United States Code, Section 371 (sex trafficking conspiracy)
Title 18, United States Code, Sections 1591(a), (b)(2), and (2) (sex trafficking of minors)

Date: 07/02/2019

*Issuing officer's signature*

City and state: New York, NY

The Honorable Barbara Moses, U.S. Magistrate Judge
*Printed name and title*

**Return**

This warrant was received on *(date)* _____, and the person was arrested on *(date)* _____
at *(city and state)* _____.

Date: _____

*Arresting officer's signature*

*Printed name and title*

SDNY_GM_00173148