

09/21/09  
OPSB003-XX

OFFENDER COP OBLIGATIONS  
CHANGE ORDER

TIME: 16:34:23  
PAGE: 1

OFFICER NUMBER: 07824  
OFFICER NAME: SLOANE, CARMEN

DOC NO: W35755 NAME: EPSTEIN, JEFFREY

STATUS: ACTIVE P/P

ACCT PFX	SEQ	CO	CASE NUMBER	PAYEE ID NUMBER	ACCT TYPE	ORIGINAL COP OBLIG.	PAYMENT SUR	SCHEDULE	CURRENT BALANCE	FINAL PYMNT DUE
01	001	50	0809381	10COUNT050	03 C	473.00	Y	0.00	0.00	03/23/10
01	001	50	0809381	33DCDRG000	09 <i>PO</i>	65.00	Y	10.00	65.00	03/23/10 <i>416</i>
01	001	50	0809381	33DCTRN001	24 C	24.00	Y	0.00	0.00	07/21/10
01	001			36STFLA001	11 O	600.00	Y	54.55	485.54	07/21/10

OFFICER: \_\_\_\_\_

DATE: 9-23-09

SUPERVISOR: \_\_\_\_\_

DATE: 9/22/09

CJIT: \_\_\_\_\_

DATE: 10/13/09

AS OF: 08/07/09

OPS0112-02

OFFENDER: EPSTEIN, JEFFREY

FLORIDA DEPARTMENT OF CORRECTIONS  
COURT ORDERED PAYMENTS OFFICE: LAKE WORTH  
OFFENDER FINANCIAL OBLIGATION AGREEMENT VERIFICATION DOCUMENT OFFICER: SLOANE, CARMEN  
DOC NO: W35755SUPERVISION BEGIN DATE: 07/22/09 SCHED TERM DATE: 07/21/10

PAGE: 1

PAYEE: DEPARTMENT OF CORRECTIONS DRUG TESTING  
PAYEE ID: 33DCDRG000  
PREFIX: 01  
ACCT SEQ: 001  
CASE NO: 0809381  
STATUS: SUSPENDED

FINAL PAYMENT DUE DATE: 03/23/10  
ORIGINAL AMOUNT OWED: \$65.00  
NET CHANGE: \$0.00DB  
TOTAL OBLIGATION: \$65.00DB  
PAID TO DATE: \$0.00  
BALANCE: \$65.00DB

PAYEE: DC OFFICER TRAINING/EQUIPMENT SURCHARGE  
PAYEE ID: 33DCTRN001  
PREFIX: 01  
ACCT SEQ: 001  
CASE NO: 0809381  
STATUS: DEFERRED

FINAL PAYMENT DUE DATE: 07/21/10  
ORIGINAL AMOUNT OWED: \$24.00  
NET CHANGE: \$0.00DB  
TOTAL OBLIGATION: \$24.00DB  
PAID TO DATE: \$0.00  
BALANCE: \$24.00DB

PAYEE: STATE OF FLORIDA COST OF SUPERVISION  
PAYEE ID: 36STFLA001  
PREFIX: 01  
ACCT SEQ: 001  
CASE NO:  
STATUS: OPEN

FINAL PAYMENT DUE DATE: 07/21/10  
ORIGINAL AMOUNT OWED: \$600.00  
NET CHANGE: \$0.00DB  
TOTAL OBLIGATION: \$600.00DB  
PAID TO DATE: \$0.00  
BALANCE: \$600.00DB

RECAP ORIGINAL OBLIGATIONS: \$689.00  
TOTAL SURCHARGE: \$27.56  
TOTAL NET CHANGE: \$0.00DB  
TOTAL PAYMENTS: \$0.00  
TOTAL BALANCE: \$716.56DB

ALL COPS PAYMENTS ARE TO BE MADE PAYABLE TO THE DEPARTMENT OF CORRECTIONS (DC), AND ARE TO BE IN GUARANTEED FORM OF PAYMENT SUCH AS A MONEY ORDER OR CASHIER'S CHECK. VISA AND MASTERCARD MAY BE ACCEPTED.

SURCHARGE DUE: \$2.98  
PAYMENTS DUE: \$74.55

REQUIRED PAYMENT: \$77.53

ARRESTED BY OFFICER: [REDACTED] DATE: 8-11-09

I UNDERSTAND MY SPECIAL CONDITION(S) TO FULFILL THIS FINANCIAL OBLIGATION(S) PRIOR TO MY SCHEDULED SUPERVISION TERMINATION DATE(S) AS ORDERED BY THE SENTENCING AUTHORITY, AND ACKNOWLEDGE RECEIPT OF A COPY OF THIS FINANCIAL OBLIGATION AGREEMENT. FAILURE TO COMPLY WITH THE TERMS OF THIS FINANCIAL OBLIGATION OF SUPERVISION.

OFFENDER: [REDACTED] DATE: 8-11-09

OFFENDER COP OBLIGATIONS  
CHANGE ORDER

OFFICER NUMBER: 07824  
OFFICER NAME: SLOANE, CARMEN

DOC NO: W35755 NAME: EPSTEIN, JEFFREY

STATUS: ACTIVE P/P

PFX	SEQ	CO	CASE NUMBER	PAYEE ID NUMBER	ACCT TYPE	ORIGINAL COP OBLIG.	PAYMENT SUR	SCHEDULE	CURRENT BALANCE	FINAL Pymnt Due
01	001	50	0809381	10COUNT050	03 S	473.00	Y	59.13	473.00	03/23/10
01	002	50	0809381	10COUNT050	03 S	473.00	Y	59.13	473.00	03/23/10
01	001	50	0809381	33DCDRG000	09 S	65.00	Y	10.00	65.00	03/23/10
01	001	50	0809381	33DCTRN001	24 D	24.00	Y	10.00	24.00	07/21/10
01	001			36STFLA001	11 O	600.00	Y	50.00	600.00	07/21/10

Delete entered in error  
604

OFFICER: [REDACTED] DATE: 7-24-09  
SUPERVISOR: [REDACTED] DATE: 7/24/09  
CJIT: [REDACTED] DATE: 7/24/09

Officer : 15-4  
 Date : 6-30-08

Court-Ordered Payment System  
**INPUT FORM**  
 FOR OP02 1 INITIAL ENTRY OF PAYEE

\*Offender Epstein, Jeff  
 \*DC # W35755

PAYEE TYPE CODE	PAYEE NAME*	PAYEE ADDRESS*	CONTACT PERSON/PHONE NUMBER	PAYEE ID# IF KNOWN	OFFCR INIT	SUPV INIT	DATA ENTRY INITIAL DATE
33	Drug Testing						
33	Training Fund			33DCDR600	GA	✓	H5 7/22/09
10	P.B. City Clerk			33DLTR001	GA	✓	
10	P.B. City Clerk			10COUNT050	GA	✓	
25	P.B. City Clerk (P.D. Fee)			10COUNT050	GA	✓	

FOR OP03 1 - OR - OP04 1 OR 2 INITIAL ENTRY OF PAYEE ACCOUNT

PFY*	SEQ*	CNTY CODE	CASE#	ACCT TYPE*	ORIGINAL OBLIGATION	MONTHLY PAYMENT SCHEDULE	FINAL PAY DUE DATE	CLAIM# POLICY# ATTENTION	S/D/H/PAYEE ACCOUNT?	CMNT CODE
50	2008	CF069	381A XXX MB							
01	001	50	08-09381	09	65.					
01	001	50	08-09381	24	24,					500
01	001	50	08-09381	03	473,					500
01	001	50	08-09381	03	473,					500
				26						500

FOR OP22 2 INITIAL ENTRY OF SUPERVISION FEE MONTHLY RATE  
 FOR OP24 2 INITIAL ENTRY OF PRC SUBSISTENCE DAILY RATE

T RATE F DATE	COS ADM	INIT RATE	Supv Length	OR	End Date	Reason	OFFCR INIT/ DATE	SUPV INIT/ DATE	DATA ENTRY INT. DATE

T RATE F DATE	EM	INIT RATE	Supv Length	OR	End Date	Reason	OFFCR INIT/ DATE	SUPV INIT/ DATE	DATA ENTRY INT. DATE

T RATE F DATE	RATE	PRC Length=364 Days-OR	END DATE	Reason	OFFCR INIT/ DATE	SUPV INIT/ DATE	DATA ENTRY INT. DATE
	\$6.00						
	\$0.00						

JR-FICER S/Dane  
DATE 7/24/09

COURT-ORDERED PAYMENT SYSTEM  
CHANGE FORM

Override Payment Undisbursed/Internal  
OP08 4 (Senior Clerk)

Change Original Obligation  
OP06 1 (Lead Clerical)

EM Rate Change  
OP22 2 (CJIT)

OFFENDER EPSH  
DOC # W35755

<p>Payee Name _____ Payee ID # _____ Pfx # _____ Seq # _____ Amount \$ _____ Comment Code _____</p> <p>Type Name _____ Payee ID # _____ Pfx # _____ Seq # _____ Amount \$ _____ Comment Code _____</p> <p>Officer Initials _____ Supervisor Initials _____ Senior Clerk Initials _____</p> <p><b>5</b></p>	<p>Payee Name <u>Clerk y Court</u> Payee ID # <u>2106091050</u> Pfx # _____ Seq # _____ Amount \$ _____ Comment Code _____</p> <p>Increase Obligation \$ _____ Decrease Obligation \$ <u>473.00</u> COS Balance _____ x .25 = \$ _____ Change Amount _____</p> <p>Officer Initials _____ Supervisor Initials _____ Lead Clerical Initials _____</p> <p><b>6</b></p>	<p>Effective Date _____ New Rate \$ _____ Number of Months New Rate in Effect _____</p> <p>End Date of New Rate _____ Function = R _____ Reason Code _____</p> <p>Officer Initials _____ Supervisor Initials _____ CJIT Initials _____</p> <p><b>7</b></p>	<p>Transfer Payment from One DC#/ Payee to Another (COPS Accounting)</p> <p>Amount of Payment \$ _____ Receipt Date _____</p> <p>FROM: DOC # _____ Payee ID # _____ Pfx # _____ Seq # _____</p> <p>TO: DOC # _____ Payee ID # _____ Pfx # _____ Seq # _____</p> <p>Officer Initials _____ Supervisor Initials _____ COPS Acting Initials _____</p> <p><b>8</b></p>
<p>Payee Name _____ Payee ID # _____ Pfx # _____ Seq # _____ Amount \$ _____ Comment Code _____</p> <p>Officer Initials _____ Supervisor Initials _____ Senior Clerk Initials _____</p> <p>Delete Override OP08 4 (Senior Clerk)</p>	<p>Payee Name _____ Payee ID # _____ Pfx # _____ Seq # _____ Amount \$ _____ Comment Code _____</p> <p>Increase Obligation \$ _____ Decrease Obligation \$ _____</p> <p>Officer Initials _____ Supervisor Initials _____ Lead Clerical Initials _____</p> <p>Change to Obligation Correction/Input Error OP06 1 (Lead Clerical)</p>	<p>Effective Date _____ New Rate \$ _____ Number of Months New Rate in Effect _____</p> <p>End Date of New Rate _____ Function = R _____ Reason Code _____</p> <p>Officer Initials _____ Supervisor Initials _____ CJIT Initials _____</p> <p>COS Rate Change OP22 2 (CJIT)</p>	<p>Refund/Overpayment to DC Payee (COPS Acctg Approval Request)</p> <p>Office Locator Code # _____ Offender Address: _____ City _____ Street Address _____ State Zip _____</p> <p>Officer Initials _____ Supervisor Initials _____ COPS Acting Initials _____</p>

**Search by**

Case ID     Name / Case ID  
 Citation     Name / Citation  
 Booking

**GO**

Desc: EPSTEIN, JEFFREY E  
 Case ID: 2008CF009381AXX    Division: W    Case Filed: 26-JUN-2008  
 Case Type: CF FELONY    Speedy Trial Dates: Waived  
 Court Type: CF FELONY    Demand:  
 Status: CLSD CLOSED CASE    Deadline: 14-JAN-2007

Docket    Parties    Hearings/Events    Sent/Assmnt    Charge Status    Arrest/Bonds    Related Cases

Date	Count	Sentence	Sentence Description	Sentence Text	Yr/Mnt/Day(s)
30-JUN-2008	1	PBJ	PALM BEACH COUNTY JAIL		6
30-JUN-2008	1	CFC	FELONY ORDER ASSE COSTS OAC		12
30-JUN-2008	1	CCI	COMMUNITY CONTROL I		12

**PAYMENT PLAN**

Plan No.	Scheduled Pay Amount	Balance Due

**ASSESSMENT**

Total	Balance Due
\$473.00	\$ .00

You are currently in CASE search mode...

**Exit**

STATE OF FLORIDA  
DEPARTMENT OF CORRECTIONS  
WRITTEN MONTHLY REPORT

Officer's Name: \_\_\_\_\_  
For Month Ending: \_\_\_\_\_  
Date/Time submitted: \_\_\_\_\_

YOUR NAME: Jeffrey Epstein  
DC#: W35755  
YOUR RESIDENCE ADDRESS: (include Name of  
Subdivision, Apartment Complex and Number,  
Mobile Home Park and Lot Number, if applicable):

358 El Brillo Way  
Palm Beach, FL 33480  
(Provide physical location - NOT Post Office Box)

TELEPHONE No. \_\_\_\_\_  
CELLULAR TELEPHONE No. \_\_\_\_\_  
PAGER No. \_\_\_\_\_

Vehicle Make/Model/Year/Tag #: \_\_\_\_\_

EMPLOYER: FSF  
SUPERVISOR'S NAME: Darren Indyke  
EMPLOYER'S ADDRESS:  
250 S. Australian Ave Suite 1404  
West Palm Beach, FL 33401

EMPLOYER'S TELEPHONE No. \_\_\_\_\_  
CELLULAR TELEPHONE No. \_\_\_\_\_  
PAGER No. \_\_\_\_\_  
EMPLOYER EMAIL: \_\_\_\_\_  
YOUR TOTAL MONEY EARNED MONTHLY:  
\$ 10K + (Gross Amount)

Full time  Part-time \_\_\_\_\_ Hours Worked \_\_\_\_\_  
Additional (2<sup>nd</sup>) employment information: \_\_\_\_\_

List full names, ages, and your relationship to all persons who resided at your residence during this month:

JL - 63 - SA - 31 - VC - 55, [REDACTED] - 25 yr/old, R.A, 26.  
STP 20 20

Have you consumed alcoholic beverages?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Have you used or bought illegal drugs or controlled substances?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Have you attended educational, vocational classes or mental health, drug, alcohol, therapy, or self-improvement programs? (If yes, circle which one)	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Have you been arrested or had any contact with law enforcement during the last month? If yes, explain what happened on separate sheet of paper, attached to report.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

If you went into debt for any reason, explain: \_\_\_\_\_  
If not working, give reason and source of income: \_\_\_\_\_  
If you have any questions or problems to discuss with your Officer, explain: \_\_\_\_\_

If monetary obligation owed, amount paid this month: \$ \_\_\_\_\_

Receipts are available through your probation officer. DO NOT SUBMIT CASH OR PERSONAL CHECKS!  
Make money order payable to the Department of Corrections.

If monetary obligation owed and no payment made, give reason and date when payment will be made: \_\_\_\_\_

Official Use Only  
Signature of Officer Received: \_\_\_\_\_  
Date WMR Received: JAN 05 2010  
Date WMR Due: 15-4  
Comments: \_\_\_\_\_

I certify the above to be true and complete:  
Your Signature: \_\_\_\_\_  
Mailing Address: same as above  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
(if applicable)

STATE OF FLORIDA  
DEPARTMENT OF CORRECTIONS  
WRITTEN MONTHLY REPORT

Officer's Name: \_\_\_\_\_  
For Month Ending: \_\_\_\_\_  
Date/Time submitted: \_\_\_\_\_

YOUR NAME: Jeff Epstein  
DC#: W35788

YOUR RESIDENCE ADDRESS: (include Name of  
Subdivision, Apartment Complex and Number,  
Mobile Home Park and Lot Number, if applicable):  
358 El Brillo  
Palm Beach FLORIDA

(Provide physical location - NOT Post Office Box)

TELEPHONE No. [REDACTED]

CELLULAR TELEPHONE No. [REDACTED]

PAGER No. \_\_\_\_\_

Vehicle Make/Model/Year/Tag #: \_\_\_\_\_

EMPLOYER: PCF

SUPERVISOR'S NAME: Dwyer

EMPLOYER'S ADDRESS:

201 Dunbar Ave  
Palm Beach 33480

EMPLOYER'S TELEPHONE No. [REDACTED]

CELLULAR TELEPHONE No. \_\_\_\_\_

PAGER No. \_\_\_\_\_

EMPLOYER EMAIL: \_\_\_\_\_

YOUR TOTAL MONEY EARNED MONTHLY:

\$ 410.00 (Gross Amount)

Full time  Part-time \_\_\_\_\_ Hours Worked \_\_\_\_\_

Additional (2<sup>nd</sup>) employment information: \_\_\_\_\_

List full names, ages, and your relationship to all persons who resided at your residence during this month:

Jan L. 63 - Friend - 54.30 - 2622 - [REDACTED] LT - 5/1/87, LF. JE - Staff  
Ad. 27 Friend Friend Friend

	YES	NO
Have you consumed alcoholic beverages?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you used or bought illegal drugs or controlled substances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you attended educational, vocational classes or mental health, drug, alcohol, therapy, or self-improvement programs? (If yes, circle which one)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been arrested or had any contact with law enforcement during the last month? If yes, explain what happened on separate sheet of paper, attached to report. If you went into debt for any reason, explain: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If not working, give reason and source of income: \_\_\_\_\_

If you have any questions or problems to discuss with your Officer, explain: \_\_\_\_\_

If monetary obligation owed, amount paid this month: \$ \_\_\_\_\_

Receipts are available through your probation officer. DO NOT SUBMIT CASH OR PERSONAL CHECKS!  
Make money order payable to the Department of Corrections.

If monetary obligation owed and no payment made, give reason and date when payment will be made: \_\_\_\_\_

**Official Use Only:**  
Signature of Officer Receiving Report: \_\_\_\_\_  
Date WMR Received: \_\_\_\_\_  
Date WMR Due: \_\_\_\_\_  
Comments: 2-3-20

I certify the above to be true and complete:  
Your Signature: \_\_\_\_\_  
Mailing Address: 358 El Brillo  
City: Palm Beach FL  
State: FL Zip: 33480  
E-Mail Address: JEFF@PCF.DUNBAR.AE  
(if applicable)

STATE OF FLORIDA  
DEPARTMENT OF CORRECTIONS  
WRITTEN MONTHLY REPORT

Officer's Name: CHINE  
For Month Ending: \_\_\_\_\_  
Date/Time submitted: \_\_\_\_\_

YOUR NAME: Jeffrey Epstein  
DC#: W35755  
YOUR RESIDENCE ADDRESS: (include Name of  
Subdivision, Apartment Complex and Number,  
Mobile Home Park and Lot Number, if applicable):  
358 E Brillo Way  
Palm Beach, FL 33480

(Provide physical location - NOT Post Office Box)  
TELEPHONE No. [REDACTED]  
CELLULAR TELEPHONE No. [REDACTED]  
PAGER No. \_\_\_\_\_

Vehicle Make/Model/Year/Tag #: \_\_\_\_\_

EMPLOYER: FSF  
SUPERVISOR'S NAME: Subica  
EMPLOYER'S ADDRESS:  
250 S. Australian Ave. Suite 1404  
West Palm Beach, FL 33401  
EMPLOYER'S TELEPHONE No. [REDACTED]  
CELLULAR TELEPHONE No. \_\_\_\_\_  
PAGER No. \_\_\_\_\_  
EMPLOYER EMAIL: \_\_\_\_\_  
YOUR TOTAL MONEY EARNED MONTHLY:  
\$ 710.00 (Gross Amount)  
Full time  Part-time \_\_\_\_\_ Hours Worked \_\_\_\_\_  
Additional (2<sup>nd</sup>) employment information: \_\_\_\_\_

List full names, ages, and your relationship to all persons who resided at your residence during this month:  
[REDACTED] SA - 31 Frat, 70 - Frat 22, JLB - 65, DL. Leysn 50

Have you consumed alcoholic beverages?  YES  NO  
Have you used or bought illegal drugs or controlled substances?  YES  NO  
Have you attended educational, vocational classes or mental health, drug, alcohol, therapy, or self-improvement programs?  YES  NO  
(If yes, circle which one)  
Have you been arrested or had any contact with law enforcement during the last month?  YES  NO  
If yes, explain what happened on separate sheet of paper, attached to report. \_\_\_\_\_  
If you went into debt for any reason, explain: \_\_\_\_\_  
If not working, give reason and source of income: \_\_\_\_\_  
If you have any questions or problems to discuss with your Officer, explain: \_\_\_\_\_

If monetary obligation owed, amount paid this month: \$ \_\_\_\_\_

Receipts are available through your probation officer. DO NOT SUBMIT CASH OR PERSONAL CHECKS!  
Make money order payable to the Department of Corrections.

If monetary obligation owed and no payment made, give reason and date when payment will be made: \_\_\_\_\_

Official Use Only:  
Signature of Officer Receiving Report: [REDACTED]  
Date WMR Received: \_\_\_\_\_  
Date WMR Due: \_\_\_\_\_  
Comments: 1035AM  
3/1/10

I certify the above to be true and complete:  
Your Signature: [Signature]  
Mailing Address: 358 E Brillo  
City: PP  
State: FL Zip: 33480  
E-Mail Address: \_\_\_\_\_  
(if applicable)

STATE OF FLORIDA  
DEPARTMENT OF CORRECTIONS  
WRITTEN MONTHLY REPORT

Officer's Name: \_\_\_\_\_  
For Month Ending: \_\_\_\_\_  
Date/Time submitted: \_\_\_\_\_

YOUR NAME: Jayla Epstein  
DC#: \_\_\_\_\_

YOUR RESIDENCE ADDRESS: (include Name of Subdivision, Apartment Complex and Number, Mobile Home Park and Lot Number, if applicable):  
358 EL BRILLO WAY  
PALM BEACH, FL 33480

(Provide physical location - NOT Post Office Box)

TELEPHONE No. \_\_\_\_\_

CELLULAR TELEPHONE No. \_\_\_\_\_

PAGER No. \_\_\_\_\_

Vehicle Make/Model/Year/Tag #: CAD/CASCADE/2005/QZ9-9GT

EMPLOYER: FLORIDA SCIENCE FOUNDATION

SUPERVISOR'S NAME: DARREN INDYKE

EMPLOYER'S ADDRESS: 250 AUSTRALIAN AVE N. #1404  
WPB, FL 33401

EMPLOYER'S TELEPHONE No. \_\_\_\_\_

CELLULAR TELEPHONE No. \_\_\_\_\_

PAGER No. \_\_\_\_\_

EMPLOYER EMAIL: \_\_\_\_\_

YOUR TOTAL MONEY EARNED MONTHLY: \$ \_\_\_\_\_ (Gross Amount)

Full time  Part-time \_\_\_\_\_ Hours Worked \_\_\_\_\_  
Additional (2<sup>nd</sup>) employment information: \_\_\_\_\_

List full names, ages, and your relationship to all persons who resided at your residence during this month:  
NO ONE - JUST RELEASED FROM PBSO CITY JAIL

Have you consumed alcoholic beverages?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you used or bought illegal drugs or controlled substances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you attended educational, vocational classes or mental health, drug, alcohol, therapy, or self-improvement programs? (If yes, circle which one)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been arrested or had any contact with law enforcement during the last month? If yes, explain what happened on separate sheet of paper, attached to report.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you went into debt for any reason, explain:	<u>JUST RELEASED</u>	

If not working, give reason and source of income: \_\_\_\_\_

If you have any questions or problems to discuss with your Officer, explain: \_\_\_\_\_

If monetary obligation owed, amount paid this month: \$ \_\_\_\_\_

Receipts are available through your probation officer. DO NOT SUBMIT CASH OR PERSONAL CHECKS!  
Make money order payable to the Department of Corrections.

If monetary obligation owed and no payment made, give reason and date when payment will be made: \_\_\_\_\_

Official Use Only:  
Signature of Officer Receiving Report: \_\_\_\_\_  
Date WMR Received: JUL 22 2009  
Date WMR Due: \_\_\_\_\_  
Comments: 15-4

I certify the above to be true and complete:  
Your Signature: \_\_\_\_\_  
Mailing Address: 358 EL BRILLO WAY  
City: PALM BEACH  
State: FL Zip: 33480  
E-Mail Address: \_\_\_\_\_  
(if applicable)

215

APPT. WITH OFFICER  
DUANE WILLIAMS @ 3:30

STATE OF FLORIDA  
DEPARTMENT OF CORRECTIONS  
WRITTEN MONTHLY REPORT

Officer's Name: \_\_\_\_\_  
For Month Ending: \_\_\_\_\_  
Date/Time submitted: \_\_\_\_\_

YOUR NAME: JEFFREY ERSTEIN

DC#: \_\_\_\_\_  
YOUR RESIDENCE ADDRESS: (include Name of  
Subdivision, Apartment Complex and Number,  
Mobile Home Park and Lot Number, if applicable):

PBSC STOCKADE

(Provide physical location - NOT Post Office Box)

TELEPHONE No. \_\_\_\_\_

CELLULAR TELEPHONE No. \_\_\_\_\_

PAGER No. \_\_\_\_\_

Vehicle Make/Model/Year/Tag #: \_\_\_\_\_  
\_\_\_\_\_

EMPLOYER: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMPLOYER'S TELEPHONE No. \_\_\_\_\_

CELLULAR TELEPHONE No. \_\_\_\_\_

PAGER No. \_\_\_\_\_

EMPLOYER EMAIL: \_\_\_\_\_

YOUR TOTAL MONEY EARNED MONTHLY:  
\$ \_\_\_\_\_ (Gross Amount)

Full time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours Worked \_\_\_\_\_  
Additional (2<sup>nd</sup>) employment information: \_\_\_\_\_

List full names, ages, and your relationship to all persons who resided at your residence during this month:

\_\_\_\_\_  
\_\_\_\_\_

Have you consumed alcoholic beverages?  YES  NO  
Have you used or bought illegal drugs or controlled substances?  YES  NO  
Have you attended educational, vocational classes or mental health, drug, alcohol, therapy, or self-improvement programs?  YES  NO  
(If yes, circle which one)  
Have you been arrested or had any contact with law enforcement during the last month?  YES  NO  
If yes, explain what happened on separate sheet of paper, attached to report.  
If you went into debt for any reason, explain: \_\_\_\_\_

If not working, give reason and source of income: \_\_\_\_\_

If you have any questions or problems to discuss with your Officer, explain: \_\_\_\_\_

If monetary obligation owed, amount paid this month: \$ \_\_\_\_\_

Receipts are available through your probation officer. DO NOT SUBMIT CASH OR PERSONAL CHECKS!  
Make money order payable to the Department of Corrections.

If monetary obligation owed and no payment made, give reason and date when payment will be made: \_\_\_\_\_

Official **RECEIVED**  
Signature of Officer Receiving Report: \_\_\_\_\_  
Date WMR Received: JUN 01 2009  
Date WMR Due: 15-4  
Comments: \_\_\_\_\_

I certify the above to be true and complete:  
Your Signature: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
(if applicable)

STATE OF FLORIDA  
DEPARTMENT OF CORRECTIONS  
**WRITTEN MONTHLY REPORT**

Officer's Name: \_\_\_\_\_  
For Month Ending: \_\_\_\_\_  
Date/Time submitted: \_\_\_\_\_

YOUR NAME: Jill Epstein  
DC#: \_\_\_\_\_

YOUR RESIDENCE ADDRESS: (include Name of Subdivision, Apartment Complex and Number, Mobile Home Park and Lot Number, if applicable):  
\_\_\_\_\_

35 E CC Blvd.  
PT 1 33740  
(Provide physical location - **NOT** Post Office Box)

TELEPHONE No. \_\_\_\_\_

CELLULAR TELEPHONE No. \_\_\_\_\_

PAGER No. \_\_\_\_\_

Vehicle Make/Model/Year/Tag #: \_\_\_\_\_

EMPLOYER: FSE

SUPERVISOR'S NAME: J. D. HICK

EMPLOYER'S ADDRESS: 251 E. 11th St.

EMPLOYER'S TELEPHONE No. \_\_\_\_\_

CELLULAR TELEPHONE No. \_\_\_\_\_

PAGER No. \_\_\_\_\_

EMPLOYER EMAIL: \_\_\_\_\_

YOUR TOTAL MONEY EARNED MONTHLY: \$ 12.00 (Gross Amount)  
Full time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours Worked \_\_\_\_\_  
Additional (2<sup>nd</sup>) employment information: \_\_\_\_\_

List full names, ages, and your relationship to all persons who resided at your residence during this month:

\_\_\_\_\_  
\_\_\_\_\_

Have you consumed alcoholic beverages?	YES <input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you used or bought illegal drugs or controlled substances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you attended educational, vocational classes or mental health, drug, alcohol, therapy, or self-improvement programs? (If yes, circle which one)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been arrested or had any contact with law enforcement during the last month? If yes, explain what happened on separate sheet of paper, attached to report. If you went into debt for any reason, explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If not working, give reason and source of income: \_\_\_\_\_

If you have any questions or problems to discuss with your Officer, explain: \_\_\_\_\_

If monetary obligation owed, amount paid this month: \$ \_\_\_\_\_

Receipts are available through your probation officer. **DO NOT SUBMIT CASH OR PERSONAL CHECKS!**  
Make money order payable to the Department of Corrections.

If monetary obligation owed and no payment made, give reason and date when payment will be made: \_\_\_\_\_

Signature of Officer: \_\_\_\_\_  
Date WMR Received: AUG 04 2009  
Date WMR Due: \_\_\_\_\_  
Comments: 15-4

Official Use Only:  
**RECEIVED**  
AUG 04 2009

I certify the above to be true and complete:  
Your Signature: \_\_\_\_\_  
Mailing Address: 251 E. 11th St.  
City: Palm Beach  
State: FL Zip: 33480  
E-Mail Address: Jill.Epstein@fla.gov (if applicable)

STATE OF FLORIDA  
DEPARTMENT OF CORRECTIONS  
**WRITTEN MONTHLY REPORT**

Officer's Name: \_\_\_\_\_  
For Month Ending: \_\_\_\_\_  
Date/Time submitted: \_\_\_\_\_

YOUR NAME: Telly Gorton  
DC#: W35755

YOUR RESIDENCE ADDRESS: (include Name of Subdivision, Apartment Complex and Number, Mobile Home Park and Lot Number, if applicable):

358 CL Brills  
Palm Bch 33480  
(Provide physical location - NOT Post Office Box)

TELEPHONE No. \_\_\_\_\_  
CELLULAR TELEPHONE No. \_\_\_\_\_  
PAGER No. \_\_\_\_\_

Vehicle Make/Model/Year/Tag #: \_\_\_\_\_

EMPLOYER: FSF

SUPERVISOR'S NAME: F207102  
EMPLOYER'S ADDRESS:

250 Augustine  
West Palm

EMPLOYER'S TELEPHONE No. \_\_\_\_\_  
CELLULAR TELEPHONE No. \_\_\_\_\_

PAGER No. \_\_\_\_\_  
EMPLOYER EMAIL: \_\_\_\_\_  
YOUR TOTAL MONEY EARNED MONTHLY:  
\$ 10,000 (Gross Amount)

Full time  Part-time \_\_\_\_\_ Hours Worked \_\_\_\_\_  
Additional (2<sup>nd</sup>) employment information: \_\_\_\_\_

List full names, ages, and your relationship to all persons who resided at your residence during this month:

\_\_\_\_\_  
\_\_\_\_\_

	YES	NO
Have you consumed alcoholic beverages?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you used or bought illegal drugs or controlled substances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you attended educational, vocational classes or mental health, drug, alcohol, therapy, or self-improvement programs? (If yes, circle which one)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been arrested or had any contact with law enforcement during the last month? If yes, explain what happened on separate sheet of paper, attached to report.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

If you went into debt for any reason, explain: \_\_\_\_\_

If not working, give reason and source of income: \_\_\_\_\_

If you have any questions or problems to discuss with your Officer, explain: \_\_\_\_\_

If monetary obligation owed, amount paid this month: \$ \_\_\_\_\_

Receipts are available through your probation officer. **DO NOT SUBMIT CASH OR PERSONAL CHECKS!**  
Make money order payable to the Department of Corrections.

If monetary obligation owed and no payment made, give reason and date when payment will be made: \_\_\_\_\_

Signature of Officer Receiving Report: \_\_\_\_\_  
Date WMR Received: SEP 01 2009  
Date WMR Due: \_\_\_\_\_  
Comments: 15-4

I certify the above to be true and complete:  
Your Signature: \_\_\_\_\_  
Mailing Address: 358 CL Brills  
City: PBch F  
State: FL Zip: 33480  
E-Mail Address: \_\_\_\_\_

STATE OF FLORIDA  
DEPARTMENT OF CORRECTIONS  
WRITTEN MONTHLY REPORT

Officer's Name: \_\_\_\_\_  
For Month Ending: \_\_\_\_\_  
Date/Time submitted: \_\_\_\_\_

YOUR NAME: Jeff Epstein  
DC#: W35755

YOUR RESIDENCE ADDRESS: (include Name of  
Subdivision, Apartment Complex and Number,  
Mobile Home Park and Lot Number, if applicable):

358 SE Bill. Way, Polk Blvd  
33480

(Provide physical location - NOT Post Office Box)

TELEPHONE No. \_\_\_\_\_

CELLULAR TELEPHONE No. \_\_\_\_\_

PAGER No. \_\_\_\_\_

Vehicle Make/Model/Year/Tag #: \_\_\_\_\_

EMPLOYER: FSE

SUPERVISOR'S NAME: INOC...

EMPLOYER'S ADDRESS:

250 Aurora Ave

EMPLOYER'S TELEPHONE No. \_\_\_\_\_

CELLULAR TELEPHONE No. \_\_\_\_\_

PAGER No. \_\_\_\_\_

EMPLOYER EMAIL: \_\_\_\_\_

YOUR TOTAL MONEY EARNED MONTHLY:

\$ 10,000 (Gross Amount)

Full time  Part-time \_\_\_\_\_ Hours Worked \_\_\_\_\_

Additional (2<sup>nd</sup>) employment information: \_\_\_\_\_

List full names, ages, and your relationship to all persons who resided at your residence during this month:

[Redacted] Girl/nd 24 yr old

Have you consumed alcoholic beverages? YES  NO

Have you used or bought illegal drugs or controlled substances? YES  NO

Have you attended educational, vocational classes or mental health, drug, alcohol, therapy, or self-improvement programs? YES  NO

(If yes, circle which one)

Have you been arrested or had any contact with law enforcement during the last month? YES  NO

If yes, explain what happened on separate sheet of paper, attached to report.

If you went into debt for any reason, explain: \_\_\_\_\_

If not working, give reason and source of income: \_\_\_\_\_

If you have any questions or problems to discuss with your Officer, explain: \_\_\_\_\_

If monetary obligation owed, amount paid this month: \$ \_\_\_\_\_

Receipts are available through your probation officer. DO NOT SUBMIT CASH OR PERSONAL CHECKS!  
Make money order payable to the Department of Corrections.

If monetary obligation owed and no payment made, give reason and date when payment will be made: \_\_\_\_\_

Official Use Only:

Signature of Officer Receiving Report: \_\_\_\_\_

Date WMR Received: \_\_\_\_\_

Date WMR Due: \_\_\_\_\_

Comments: \_\_\_\_\_

10-6-09  
8:10 AM

I certify the above to be true and complete:

Your Signature: \_\_\_\_\_

Mailing Address: 358 SE Bill

City: Polk Blvd

State: FL Zip: 33480

E-Mail Address: \_\_\_\_\_  
(if applicable)

Officer Sloane,

As you are already aware, though I was in 100% compliance with your instructions,, regarding my ability to walk to work, and perfectly on schedule. I was stopped by captain Frick of the palm beach police and told I was in violation of my probation. He said that he had spoken to your supervisor, that he had my schedule in his hand , and was going to arrest me for a violation of probation. I was on the corner of south Ocean Blvd, and Clarke avenue ,, on my way to the north bridge, on my way to work. I understand that he told you that I was one quarter to a half mile off of my route. That is a total fabrication. A simple check of the map shows it is in a direct line to the office. He eventually agreed with that assessment. Only after speaking indirectly to you. He then asked that he be given a copy of my schedule, so that his force could monitor my probation. I understand that request was denied.

STATE OF FLORIDA  
DEPARTMENT OF CORRECTIONS  
**WRITTEN MONTHLY REPORT**

Officer's Name: \_\_\_\_\_  
For Month Ending: \_\_\_\_\_  
Date/Time submitted: \_\_\_\_\_

YOUR NAME: Jeff Epstein  
DC#: W35713  
YOUR RESIDENCE ADDRESS: (include Name of Subdivision, Apartment Complex and Number, Mobile Home Park and Lot Number, if applicable): \_\_\_\_\_

EMPLOYER: FSF  
SUPERVISOR'S NAME: INDYKE  
EMPLOYER'S ADDRESS: 250 Australian Way WPB

(Provide physical location - NOT Post Office Box)  
TELEPHONE No. \_\_\_\_\_  
CELLULAR TELEPHONE No. \_\_\_\_\_  
PAGER No. \_\_\_\_\_

EMPLOYER'S TELEPHONE No. \_\_\_\_\_  
CELLULAR TELEPHONE No. \_\_\_\_\_  
PAGER No. \_\_\_\_\_  
EMPLOYER EMAIL: \_\_\_\_\_  
YOUR TOTAL MONEY EARNED MONTHLY: \$ 910,000 (Gross Amount)

Vehicle Make/Model/Year/Tag #: \_\_\_\_\_

Full time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours Worked \_\_\_\_\_  
Additional (2<sup>nd</sup>) employment information: \_\_\_\_\_

List full names, ages, and your relationship to all persons who resided at your residence during this month:  
[Redacted] - 5-1/2

Have you consumed alcoholic beverages? YES  NO   
Have you used or bought illegal drugs or controlled substances? YES  NO   
Have you attended educational, vocational classes or mental health, drug, alcohol, therapy, or self-improvement programs? (If yes, circle which one) YES  NO   
Have you been arrested or had any contact with law enforcement during the last month? YES  NO   
If yes, explain what happened on separate sheet of paper, attached to report. Lawyer Special re Identity Theft  
If you went into debt for any reason, explain: \_\_\_\_\_  
If not working, give reason and source of income: \_\_\_\_\_  
If you have any questions or problems to discuss with your Officer, explain: \_\_\_\_\_

If monetary obligation owed, amount paid this month: \$ \_\_\_\_\_

Receipts are available through your probation officer. DO NOT SUBMIT CASH OR PERSONAL CHECKS!  
Make money order payable to the Department of Corrections.

If monetary obligation owed and no payment made, give reason and date when payment will be made: \_\_\_\_\_

**Official Use Only:**  
Signature of Officer Receiving Report: \_\_\_\_\_  
Date WMR Received: \_\_\_\_\_  
Date WMR Due: \_\_\_\_\_  
Comments: CS 11-3-09 8:10

I certify the above to be true and complete:  
Your Signature: \_\_\_\_\_  
Mailing Address: 358 Lee Blvd.  
City: North Beach  
State: FL Zip: 33410  
E-Mail Address: \_\_\_\_\_  
(if applicable)

STATE OF FLORIDA  
DEPARTMENT OF CORRECTIONS  
WRITTEN MONTHLY REPORT

Officer's Name: \_\_\_\_\_  
For Month Ending: \_\_\_\_\_  
Date/Time submitted: \_\_\_\_\_

YOUR NAME: Jeffrey Epstein  
DC#: W35755

YOUR RESIDENCE ADDRESS: (include Name of  
Subdivision, Apartment Complex and Number,  
Mobile Home Park and Lot Number, if applicable):

358 El Brilloway  
Palm Beach, FL 33480  
(Provide physical location - NOT Post Office Box)

TELEPHONE No. \_\_\_\_\_

CELLULAR TELEPHONE No. \_\_\_\_\_

PAGER No. \_\_\_\_\_

Vehicle Make/Model/Year/Tag #: \_\_\_\_\_

EMPLOYER: FSF

SUPERVISOR'S NAME: Darren Indyke

EMPLOYER'S ADDRESS:  
250 S. Australian Ave Suite 404  
West Palm Beach, FL 33401

EMPLOYER'S TELEPHONE No. \_\_\_\_\_

CELLULAR TELEPHONE No. \_\_\_\_\_

PAGER No. \_\_\_\_\_

EMPLOYER EMAIL: \_\_\_\_\_

YOUR TOTAL MONEY EARNED MONTHLY:  
\$ 10,000 + (Gross Amount)

Full time  Part-time \_\_\_\_\_ Hours Worked \_\_\_\_\_  
Additional (2<sup>nd</sup>) employment information: \_\_\_\_\_

List full names, ages, and your relationship to all persons who resided at your residence during this month:  
\_\_\_\_\_, Age 24, Girl-Friend

Have you consumed alcoholic beverages? YES  NO   
Have you used or bought illegal drugs or controlled substances? YES  NO   
Have you attended educational, vocational classes or mental health, drug, alcohol, therapy, or self-improvement programs? (If yes, circle which one) YES  NO   
Have you been ~~arrested~~ or had any contact with law enforcement during the last month? police YES  NO   
If yes, explain what happened on separate sheet of paper, attached to report: came to house for false fire alarm  
If you went into debt for any reason, explain: \_\_\_\_\_

If not working, give reason and source of income: \_\_\_\_\_

If you have any questions or problems to discuss with your Officer, explain: \_\_\_\_\_

If monetary obligation owed, amount paid this month: \$ \_\_\_\_\_

Receipts are available through your probation officer. DO NOT SUBMIT CASH OR PERSONAL CHECKS!  
Make money order payable to the Department of Corrections.

If monetary obligation owed and no payment made, give reason and date when payment will be made: \_\_\_\_\_

**Official Use Only:**  
Signature of Officer Receiving Report: \_\_\_\_\_  
Date WMR Received: \_\_\_\_\_  
Date WMR Due: \_\_\_\_\_  
Comments: 12-15-04

I certify the above to be true and complete:  
Your Signature: \_\_\_\_\_  
Mailing Address: 358 El Brilloway  
City: Palm Beach  
State: FL Zip: 33480  
E-Mail Address: \_\_\_\_\_  
(if applicable)

MONDAY/LUNES  
Day/Día

7-27  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

*Handwritten notes:*  
 - 8:00: office  
 - 4:00: office  
 - 6:00 pm: Home

WEDNESDAY/MIÉRCOLES  
Day/Día

7-22  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

*Handwritten notes:*  
 - 4:00: Home

TUESDAY/MARTES  
Day/Día

7-28  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

*Handwritten notes:*  
 - 7:30: Leave Home for Probet  
 - 8:00: Probet  
 - 9:00: Home

THURSDAY/JUEVES  
Day/Día

7-23  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

*Handwritten notes:*  
 - 10:30: Leave Home for Probet  
 - 12:30: Leave Home for Work  
 - 3:30: Home

**DEPARTMENT OF CORRECTIONS**

**COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG**

**ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIAL**

**OFFENDER SCHEDULE/ ITINERARIO DEL OFENSOR**

Sch [Redacted] : 2:45  
7-22-09  
 (Officer's Signature/Date)

Offender/DC# Villa, Gaster W35755  
 Home Address/Dirección Domiciliaria: 358 E. Billie Palm Beach, FLORIDA  
 Telephone/Tele. de Casa: [Redacted]  
 Cell Ph/Tele. Celular: [Redacted]  
 Employer/Patrono: FLORIDA Science Fundt  
 Work Address/Dirección del Trabajo: 250 Australian P.B.  
 Work phone/Tele. del Trabajo#: [Redacted]  
 Pager/Buscador # \_\_\_\_\_

Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

**FRIDAY/VIERNES** 7-24  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT / MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING / MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00		
2:00		<u>Leave for office</u>
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		<u>8:30 Home</u>
9:00		
10:00		
11:00		

**SATURDAY/SABADO** 7-25  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		<u>Leave for office</u>
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		<u>Home</u>
7:00		
8:00		
9:00		
10:00		
11:00		

**SUNDAY/DOMINGO** 7-26  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		<u>Leave for office</u>
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		<u>Home</u>
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES July 27 Aug 3  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	office	
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00	HOME	
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES July 29.  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00	office	
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00	Colonial 300 - Attorney	
8:00	HOME	
9:00		
10:00		
11:00		

TUESDAY/MARTES July 28  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	7:30 Probation	
8:00		
9:00	office	
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00	office	
2:00		
3:00		
4:00	Home	
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00	<del>Colonial 300 Attorney</del>	
8:00	HOME	
9:00		
10:00		
11:00		

THURSDAY/JUEVES July 30  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00	on LEAVE HOME.	
9:00	office	
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00	office	
8:00	HOME	
9:00		
10:00		
11:00		

**DEPARTMENT OF CORRECTIONS**

**COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY  
ACTIVITY LOG**

**ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS  
DEL OFENSOR DE ARRESTO RESIDENCIAL**

**OFFENDER SCHEDULE/ ITINERARIO DEL OFENSOR**

Sch [Redacted] 7:50 am  
 (Officer's Signature/Date) [Redacted] 7-28-09  
 Offender/DC# Jettrey Apton W35750  
 Home Address/Dirección Domiciliaria: 358 El Billo  
Pda Bad Florida  
 Telephone/Tele. de Casa: [Redacted]  
 Cell Ph/Tele. Celular: [Redacted]  
 Employer/Patrono: FSP  
 Work Address/Dirección del Trabajo: 250 Austin  
Suite 1404  
 Work phone/Tele. del Trabajo#: [Redacted]  
 Pager/Buscador # \_\_\_\_\_  
 Comments/Instructions/Rules/Restrictions - *Comentario/Instrucciones/Reglas/Restricciones:*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo entendido y creo."  
8/4/09

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)  
[Signature]

**SATURDAY/SABADO** Aug 1  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm	<u>office</u>	
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00	<u>Home.</u>	
10:00		
11:00		

**FRIDAY/VIERNES** July 31  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm	<u>office</u>	
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00	<u>COLONIA 300</u>	
9:00		
10:00	<u>Home.</u>	
11:00		

**SUNDAY/DOMINGO** Aug 2  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm	<u>office</u>	
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00	<u>Home</u>	
11:00		

MONDAY/LUNES

Day/Día

8/10

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES

Day/Día

8/15

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES

Day/Día

8/11

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES

Day/Día

8/16

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**DEPARTMENT OF CORRECTIONS**

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY  
ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS  
DEL OFENSOR DE ARRESTO RESIDENCIAL

**OFFENDER SCHEDULE/ ITINERARIO DEL OFENSOR**

By: 8:13  
8-4-09  
(Officer's Signature/Date)  
Offender/DC# Tety Gpderic W35755  
Home Address/Dirección Domiciliaria: 3586 Bill  
Park Bend  
Telephone/Tele. de Casa: [REDACTED]  
Cell Ph/Tele. Celular: \_\_\_\_\_  
Employer/Patrono: FSE  
Work Address/Dirección del Trabajo: 20 Avenida  
Suite 1704  
Work phone/Tele. del Trabajo#: [REDACTED]  
Pager/Buscador # \_\_\_\_\_

Comments/Instructions/Rules/Restrictions - Comentario/In-  
strucciones/Reglas/Restricciones:

**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the  
best of my knowledge and belief." "Certifico que este horario  
es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

**SATURDAY/SABADO** 8/18  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00	X work	
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm	X	
7:00		
8:00		
9:00		
10:00		
11:00		

**FRIDAY/VIERNES** 8/17

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**SUNDAY/DOMINGO** 8/15  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00	X work	
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00	X	
9:00		
10:00		
11:00		

MONDAY/LUNES  
Day/Día

8/17  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00	4	
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES  
Day/Día

9/12  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES  
Day/Día

8/18  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES  
Day/Día

9/13  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIAL

**OFFENDER SCHEDULE / ITINERARIO DEL OFENSOR**

Offender/DC# [Redacted] 8:15  
 (Officer's Signature/Date) 8-11-08

Offender/DC# Telly Gordon W3575

Home Address/Dirección Domiciliaria: 308 CCB

Telephone/Tele. de Casa: [Redacted]

Cell Ph/Tele. Celular: [Redacted]

Employer/Patrono: FSP

Work Address/Dirección del Trabajo: 2nd Avenue  
 V.P. 1424, P.B.

Work phone/Tele. del Trabajo#: [Redacted]

Pager/Buscador # [Redacted]

Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:

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**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha) 8/18/07

FRIDAY/VIERNES

8/14

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON / TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING / NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO

8/16

SATURDAY/SABADO 8/16  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00	300 Clair	
9:00		
10:00		
11:00		
AFTERNOON / TARDE		
12:00 pm		
1:00		
2:00	hm	
3:00		
4:00		
5:00		
EVENING / NOCHE		
6:00 pm		
7:00		
8:00		
9:00	300 Clair	
10:00		
11:00		

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON / TARDE		
12:00 pm		
1:00		
2:00	300 Clair!	
3:00		
4:00		
5:00		
EVENING / NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES  
Day/Día

8/24  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00	Pr	
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES  
Day/Día

8/19  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES  
Day/Día

8/25  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	Probatia	
8:00		
9:00	Jim Dyeit	
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES  
Day/Día

8/20  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00	Bon Chngd	Lunch
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**DEPARTMENT OF CORRECTIONS**

**COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY  
ACTIVITY LOG**

**ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS  
DEL OFENSOR DE ARRESTO RESIDENCIAL**

**OFFENDER SCHEDULE/ ITINERARIO DEL OFENSOR**

by: 8-18-09  
 (Officer's Signature/Date) 8:WA  
 Offender/DC# W35755  
 Home Address/Dirección Domiciliaria: 388 a mile  
 Telephone/Tele. de Casa: [REDACTED]  
 Cell Ph/Tele. Celular: [REDACTED]  
 Employer/Patrono: EST  
 Work Address/Dirección del Trabajo: 200 Austin  
 Work phone/Tele. del Trabajo#: [REDACTED]  
 Pager/Buscador #: [REDACTED]  
 Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo entendido y creo."

[Signature] 8/22/09  
 (Offender's Signature/Date)/(Firma del Ofensor/Fecha)

**SATURDAY/SABADO**

Day/Día: \_\_\_\_\_ Date/Fecha: 8/22

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**FRIDAY/VIERNES**

Day/Día: \_\_\_\_\_ Date/Fecha: 8/21

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**SUNDAY/DOMINGO**

Day/Día: \_\_\_\_\_ Date/Fecha: 8/23

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES

Day/Día

8/31

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES

Day/Día

8/26

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES

Day/Día

9/1

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES

Day/Día

8/27

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
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3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**DEPARTMENT OF CORRECTIONS**  
**COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY**  
**ACTIVITY LOG**

**ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS**  
**DEL OFENSOR DE ARRESTO RESIDENCIAL**

**OFFENDER SCHEDULE/ ITINERARIO DEL OFENSOR**

By: 16:45 to 8/25/09  
 (Officer's Signature/Date)  
 Offender/DC# M/Sperio W35755  
 Home Address/Dirección Domiciliaria: 358 EL Brilló  
Palm Beach 33480  
 Telephone/Tele. de Casa: [REDACTED]  
 Cell Ph/Tele. Celular: [REDACTED]  
 Employer/Patrono: FSF  
 Work Address/Dirección del Trabajo: 250 Australia  
WPA 1404  
 Work phone/Tele. del Trabajo#: [REDACTED]  
 Pager/Buscador #: [REDACTED]  
 Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:

**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

**SATURDAY/SABADO** 8/25  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**FRIDAY/VIERNES** 8/28  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**SUNDAY/DOMINGO** 8/30  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES

Day/Día

1/7

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00	leave 8:20	
9:00		home
10:00		all
11:00		day
AFTERNOON/TARDE		
12:00 pm		
1:00	office	
2:00		
3:00		
4:00		
5:00	leave 5	
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES

Day/Día

1/2

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00	leave 8:20	
9:00	office	Deposit
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00	office	
4:00		
5:00	leave 5	
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES

Day/Día

1/8

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	Proctor	
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES

Day/Día

1/3

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00	leave 8:30	
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00	Depo	LAWYERS
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00	office	
8:00	leave 9	
9:00		
10:00		
11:00		

**DEPARTMENT OF CORRECTIONS**

**COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY  
ACTIVITY LOG**

**ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS  
DEL OFENSOR DE ARRESTO RESIDENCIAL**

**OFFENDER SCHEDULE / ITINERARIO DEL OFENSOR**

Schedule/Calendar By: 9/1/09 9149A  
 (Officer's Signature/Date)  
 Offender/DC# W35755 J/L/Gusti  
 Home Address/Dirección Domiciliaria:  
350 EL BORN Path B PA 3048  
 Telephone/Tele. de Casa: [Redacted]  
 Cell Ph/Tele. Celular: [Redacted]  
 Employer/Patrono: FSF  
 Work Address/Dirección del Trabajo: 250 Australia  
West Palm 1404  
 Work phone/Tele. del Trabajo#: [Redacted]  
 Pager/Buscador #: [Redacted]  
 Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:

**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

**SATURDAY/SABADO** 9/5  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00	<u>leave 10:30</u>	
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00	<u>Office</u>	
2:00		
3:00		
4:00		
5:00	<u>leave 5</u>	
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**FRIDAY/VIERNES** 9/4  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm	<u>11:30 Leave to PBT</u>	
1:00	<u>Office</u>	
2:00		
3:00	<u>PBT</u>	<u>Airport Meeting</u>
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm	<u>Office</u>	
7:00		
8:00	<u>Leave 7</u>	
9:00		
10:00		
11:00		

**SUNDAY/DOMINGO** 9/6  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES

Day/Día

1/2

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00	Leve 8:20	
9:00	↑	
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00	office	
2:00		
3:00		
4:00		
5:00	Leve 5	
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES

Day/Día

9/2

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00	Leve 8:30	
9:00	↑	Depositor
10:00	office	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00	office	
4:00		
5:00	Leve 5	
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES

Day/Día

5/8

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	Probetin	
8:00	↓	
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES

Day/Día

9/3

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00	Leve 8:30	
9:00	↑	
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00	Depo LAWYERS	
3:00		
4:00		
5:00	↓	
EVENING/ NOCHE		
6:00 pm		
7:00	office	
8:00	Leve 9	
9:00		
10:00		
11:00		

**DEPARTMENT OF CORRECTIONS**

**COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY  
ACTIVITY LOG**

**ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS  
DEL OFENSOR DE ARRESTO RESIDENCIAL**

**OFFENDER SCHEDULE/ ITINERARIO DEL OFENSOR**

Sc [redacted] d By: 9/1/09 9:49a  
 (Officer's Signature/Date)  
 Offender/DC# W35755 J/1/1/09 G. Sisti.  
 Home Address/Dirección Domiciliaria:  
 350 EL BETH Pk B PA 3345  
 Telephone/Tele. de Casa: [redacted]  
 Cell Ph/Tele. Celular: [redacted]  
 Employer/Patrono: FST  
 Work Address/Dirección del Trabajo: 250 Australia  
 West Palm 1404  
 Work phone/Tele. del Trabajo#: [redacted]  
 Pager/Buscador #  
 Comments/Instructions/Rules/Restrictions - Comentario/In-  
 strucciones/Reglas/Restricciones:

**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

**SATURDAY/SABADO** 9/5  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00	leave 10:30	
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00	leave 5	
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**FRIDAY/VIERNES** 9/4  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00	Leave to PBT	
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**SUNDAY/DOMINGO** 9/6  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES

Day/Día

9/21

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

*Handwritten notes for Monday: "Leave for work" with an arrow pointing up from 10:00 to 11:00. "Hm" with an arrow pointing down from 8:00 to 9:00.*

WEDNESDAY/MIERCOLES

Day/Día

9/16

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

*Handwritten notes for Wednesday: "Leave for" with an arrow pointing up from 10:00 to 11:00. "5:30" with an arrow pointing down from 5:00 to 6:00.*

TUESDAY/MARTES

Day/Día

9/22

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

*Handwritten notes for Tuesday: "RE-union" at 7:00. "Mediate Matrix" at 10:00. "PBCalves 1655 #706" at 1:00. "Mediation" at 2:00. "Hm" at 3:00. "Hm" at 7:00.*

THURSDAY/JUEVES

Day/Día

9/17

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

*Handwritten notes for Thursday: "Leave for Office" with an arrow pointing up from 10:00 to 11:00. "Don't - Depo" with an arrow pointing down from 1:00 to 2:00. "Hm" at 3:00. "Hm" at 6:00.*

**DEPARTMENT OF CORRECTIONS**

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY  
ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS  
DEL OFENSOR DE ARRESTO RESIDENCIAL

**OFFENDER SCHEDULE/ITINERARIO DEL OFENSOR**

S [Redacted] By: 8:30 AM  
(Officer's Signature/Date) 9-15-09

Offender/DC# W35705 Phy Exer.

Home Address/Dirección Domiciliaria  
358 E. Brill. Ph. Bay Region

Telephone/Tele. de Casa: [Redacted]

Cell Ph/Tele. Celular: [Redacted]

Employer/Patrono: \_\_\_\_\_

Work Address/Dirección del Trabajo: 27th Avenue

Work phone/Tele. del Trabajo#: [Redacted]

Pager/Buscador # \_\_\_\_\_

Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

**FRIDAY/VIERNES** 9/11

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		<u>Commuter work</u>
10:00		
11:00		
AFTERNOON / TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING / NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**SATURDAY/SABADO** 9/12

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		<u>Commuter work</u>
10:00		
11:00		
AFTERNOON / TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING / NOCHE		
6:00 pm		<u>Home</u>
7:00		
8:00		
9:00		
10:00		
11:00		

**SUNDAY/DOMINGO** 9/13

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		<u>Commuter work</u>
10:00		
11:00		
AFTERNOON / TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING / NOCHE		
6:00 pm		<u>Home</u>
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES

Day/Día

9/28

Date/Fecha

TUESDAY/MARTES

Day/Día

9/29

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		LEAVE FOR PROBATION
8:00		
9:00		
10:00		10:30 MEDICATION
11:00		
AFTERNOON/ TARDE		
12:00 pm		FROM RECTOR LOPEZ BLDG.
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES

Day/Día

9/23

Date/Fecha

THURSDAY/JUEVES

Day/Día

9/24

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		Possible Dep's
11:00		
AFTERNOON/ TARDE		
12:00 pm		PLA..?
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIAL

**OFFENDER SCHEDULE/ ITINERARIO DEL OFENSOR**

Offender/DC# W 3778 Pyle Sybil

Home Address/Dirección Domiciliaria: 358 EL TRILLO

Telephone/Tele. de Casa: [REDACTED]

Cell Ph/Tele. Celular: [REDACTED]

Employer/Patrono: \_\_\_\_\_

Work Address/Dirección del Trabajo: 250 Avenue West Palm Beach

Work phone/Tele. del Trabajo#: [REDACTED]

Pager/Buscador # \_\_\_\_\_

Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:

**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

FRIDAY/VIERNES 9/25

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		LEAVE PM
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		MIAMI - Back
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		Home
9:00		
10:00		
11:00		

SATURDAY/SABADO 9/26

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO 9/27

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES 10/5  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES 10/6  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 9/30  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 10/1  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**DEPARTMENT OF CORRECTIONS**

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY  
ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS  
DEL OFENSOR DE ARRESTO RESIDENCIAL

**OFFENDER SCHEDULE/ ITINERARIO DEL OFENSOR**

[Redacted] 8:22  
9-29-09  
 (Officer's Signature/Date)  
 Offender/DC# Jeffy Spidew 430522  
 Home Address/Dirección Domiciliaria: 358 ELBStb  
John Paul Roman  
 Telephone/Tele. de Casa: [Redacted]  
 Cell Ph/Tele. Celular: [Redacted]  
 Employer/Patrono: \_\_\_\_\_  
 Work Address/Dirección del Trabajo: 258 Augusta  
 \_\_\_\_\_  
 Work phone/Tele. del Trabajo#: [Redacted]  
 Pager/Buscador # \_\_\_\_\_  
 Comments/Instructions/Rules/Restrictions - Comentario/In-  
 strucciones/Reglas/Restricciones:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

**SATURDAY/SABADO** 10/3

Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**FRIDAY/VIERNES** 10/2

Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**SUNDAY/DOMINGO** 10/4

Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES  
Day/Día

10/16  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00	Office - bus for	
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm	Home	
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES  
Day/Día

10/15  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	Prabhatin	
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm	Phomes Kuff + Co	
1:00	Office Furniture	
2:00		
3:00	Office	
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES  
Day/Día

10/7  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES  
Day/Día

10/8  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00	Jack Goldberg's off	
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00	Depo	
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**DEPARTMENT OF CORRECTIONS**

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY  
ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS  
DEL OFENSOR DE ARRESTO RESIDENCIAL

**OFFENDER SCHEDULE / ITINERARIO DEL OFENSOR**

Schedule: 10-6-09  
 (Officer's Signature/Date) 8:10a  
 Offender/DC# Jelly Epstein W385A  
 Home Address/Dirección Domiciliaria: 358 Gu Brillo  
Palm Beach Florida  
 Telephone/Tele. de Casa: [Redacted]  
 Cell Ph/Tele. Celular: [Redacted]  
 Employer/Patrono: FSF  
 Work Address/Dirección del Trabajo: 200 Australia  
Palm Beach  
 Work phone/Tele. del Trabajo#: [Redacted]  
 Pager/Buscador #: [Redacted]  
 Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:

**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date) / (Firma del Ofensor/Fecha)

**SATURDAY/SABADO** 10/6/09  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	Leave for work	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**FRIDAY/VIERNES** 10/5  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**SUNDAY/DOMINGO** 10/5  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm	Leave for work	
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES 1/15/15  
Day/Día Date/Fecha

TUESDAY/MARTES 1/16/15  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	↑ to 10 work	
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00	↓ to 7 Home	
8:00		
9:00		
10:00		
11:00		

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	↑ to 10 work	
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm	↓ to 7 Home	
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 1/16/15  
Day/Día Date/Fecha

THURSDAY/JUEVES 1/15/15  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	↑ leave 10 work	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00	↓ to 7 Home	
8:00		
9:00		
10:00		
11:00		

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	↑ Leave for work	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm	↓ Home	
7:00		
8:00		
9:00		
10:00		
11:00		

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIAL

**OFFENDER SCHEDULE / ITINERARIO DEL OFENSOR**

8:26  
10-13-09

(Officer's Signature/Date)

Offender/DC#: **Jeffrey Epstein W35755**

Home Address/Dirección Domiciliaria: **358 El Brilloway Palm Beach FL 33480**

Telephone/Tele. de Casa: [Redacted]

Cell Ph/Tele. Celular: [Redacted]

Employer/Patrono: **FSF**

Work Address/Dirección del Trabajo: **250 S. Australian Ave. West Palm Beach**

Work phone/Tele. del Trabajo#: [Redacted]

Pager/Buscador #: [Redacted]

Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:

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**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

**FRIDAY/VIERNES** 10/16

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		↑ Leave for work
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		↓ Home
8:00		
9:00		
10:00		
11:00		

**SATURDAY/SABADO** 10/17

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		↑ work
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		↓ Home
9:00		
10:00		
11:00		

**SUNDAY/DOMINGO** 10/18

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		↑ Leave for Home
2:00		
3:00		
4:00		↓ Home
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES 10/27  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

*Handwritten notes: "Learn for work" with an arrow pointing from 10:00 to 11:00. "hr 8" with an arrow pointing from 7:00 to 8:00.*

WEDNESDAY/MIERCOLES 10/29  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

*Handwritten notes: "Arrive Home Dept" with an arrow pointing from 10:00 to 11:00. "office" with an arrow pointing from 12:00 pm to 1:00 pm. "hr 8" with an arrow pointing from 7:00 to 8:00.*

TUESDAY/MARTES 10/28  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

*Handwritten notes: "PROBATION" with an arrow pointing from 7:00 to 8:00. "hr 8" with an arrow pointing from 7:00 to 8:00.*

THURSDAY/JUEVES 10/22  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

*Handwritten notes: "hr 10" with an arrow pointing from 10:00 to 11:00. "office" with an arrow pointing from 12:00 pm to 1:00 pm. "hr 8" with an arrow pointing from 7:00 to 8:00.*

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIAL

OFFENDER SCHEDULE/ ITINERARIO DEL OFENSOR

Sch [Redacted] 8:04A  
 (Officer's Signature/Date) 10-20-09

Offender/DC# Jeffrey Epstein W35755

Home Address/Dirección Domiciliaria: 358 El Brillow Way  
 Palm Beach FL 33480

Telephone/Tele. de Casa [Redacted]

Cell Ph/Tele. Celular: [Redacted]

Employer/Patrono: FSF

Work Address/Dirección del Trabajo:  
 250 S. Australian Ave West Palm Beach

Work phone/Tele. del Trabajo#: [Redacted]

Pager/Buscador # [Redacted]

Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:

HOURLY ACCOUNTING/HORARIO

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que éste horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO 10/24  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

FRIDAY/VIERNES 10/24  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO 10/26  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES

Day/Día

Date/Fecha

1/2

TUESDAY/MARTES

Day/Día

Date/Fecha

1/3

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		Leave Home
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		Classes
8:00		Ray Black
9:00		
10:00		
11:00		to 11:30

WEDNESDAY/MIERCOLES

Day/Día

Date/Fecha

10/28

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		Proration
8:00		
9:00		
10:00		
11:00		to 11:00
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		office
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		to Home
9:00		
10:00		
11:00		

THURSDAY/JUEVES

Day/Día

Date/Fecha

10/29

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		Leave for work
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		office
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		to Home
7:00		
8:00		
9:00		
10:00		
11:00		

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		Leave for work
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		office
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		to Home
8:00		
9:00		
10:00		
11:00		

**DEPARTMENT OF CORRECTIONS**

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY  
ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS  
DEL OFENSOR DE ARRESTO RESIDENCIAL

**OFFENDER SCHEDULE/ ITINERARIO DEL OFENSOR**

Sch [Redacted] 8:15  
10-27-09

(Officer's Signature/Date)

Offender/DC# Jeffrey Epstein W35755

Home Address/Dirección Domiciliaria: 358 El Brilloway  
Palm Beach, FL 33480

Telephone/Tele. de Casa [Redacted]

Cell Ph/Tele. Celular: [Redacted]

Employer/Patrono: FSF

Work Address/Dirección del Trabajo:  
250 S. Australian Ave. West Palm Beach

Work phone/Tele. del Trabajo#: [Redacted]

Pager/Buscador # [Redacted]

Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:

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**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que éste horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

**SATURDAY/SABADO** 10/31  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

*Handwritten notes for Saturday:*  
 - 10:00: leave at 1030  
 - 12:00 pm: house hnt  
 - 1:00: PB/monday  
 - 6:00 pm: hmb

**FRIDAY/VIERNES** 11/3  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

*Handwritten notes for Friday:*  
 - 10:00: leave for work  
 - 12:00 pm: h/0  
 - 3:00: to Rest  
 - 7:00: Home

**SUNDAY/DOMINGO** 11/1  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

*Handwritten notes for Sunday:*  
 - 12:00 pm: leave for work  
 - 3:00: h/0  
 - 4:00: Home

MONDAY/LUNES

Day/Día

11/9

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		Leave to work
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES

Day/Día

11/4

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		Leave to work
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES

Day/Día

11/3

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		PROBATION
8:00		
9:00		
10:00		In FBI
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		Home
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES

Day/Día

11/5

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		heli - WPB Air
3:00		
4:00		Dr. Kest - lab work
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		Home
8:00		
9:00		
10:00		
11:00		

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIAL

OFFENDER SCHEDULE/ ITINERARIO DEL OFENSOR

S [Redacted] 11-3-09  
8110

(Officer's Signature/Date)

Offender/DC# **Jeffrey Epstein W35755**

Home Address/Dirección Domiciliaria: **358 El Brilloway Palm Beach FL 33480**

Telephone/Tele. de Casa [Redacted]

Cell Ph/Tele. Celular: [Redacted]

Employer/Patrono: **FSF**

Work Address/Dirección del Trabajo:  
**250 S. Australian Ave West Palm Beach**

Work phone/Tele. del Trabajo#: [Redacted]

Pager/Buscador # \_\_\_\_\_

Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:

HOURLY ACCOUNTING/HORARIO

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo entendido y creo"

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO 11/3  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

FRIDAY/VIERNES 11/6  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO 11/8  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES

Day/Día

Date/Fecha 11/11

TUESDAY/MARTES

Day/Día

Date/Fecha 11/17

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		PROBATION
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		office Attorney - Bagan
4:00		
5:00		Home
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES

Day/Día

Date/Fecha 11/11

THURSDAY/JUEVES

Day/Día

Date/Fecha 11/11

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIAL

OFFENDER SCHEDULE / ITINERARIO DEL OFENSOR

Sch [Redacted] 8:10  
 (Officer's Signature/Date) 11-10-09  
 Offender/DC# Jeffrey Epstein W35755  
 Home Address/Dirección Domiciliaria: 358 El Brillio Way  
 Palm Beach, FL 33480  
 Telephone/Tele. de Casa [Redacted]  
 Cell Ph/Tele. Celular: [Redacted]  
 Employer/Patrono: FSF  
 Work Address/Dirección del Trabajo:  
 250 S. Australian Ave West Palm Beach  
 Work phone/Tele. del Trabajo#: [Redacted]  
 Pager/Buscador # [Redacted]  
 Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:

HOURLY ACCOUNTING/HORARIO

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO 11/11  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

FRIDAY/VIERNES 11/13  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO 11/15  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES 11/23  
Day/Día Date/Fecha

TUESDAY/MARTES 11/24  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		Leave for work
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		Home
9:00		
10:00		
11:00		

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		PROBATION
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		3:30 Ad Formy Sargan & Oliver EVENING/ NOCHE
6:00 pm		6:30
7:00		Home
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 11/18  
Day/Día Date/Fecha

THURSDAY/JUEVES 11/19  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		Leave for office
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		Home
8:00		
9:00		
10:00		
11:00		

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		Leave for office
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		Home
8:00		
9:00		
10:00		
11:00		

**DEPARTMENT OF CORRECTIONS**

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY  
ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS  
DEL OFENSOR DE ARRESTO RESIDENCIAL

**OFFENDER SCHEDULE/ITINERARIO DEL OFENSOR**

Officer's Signature/Date: [Redacted] 8:12 11-17-09

Offender/DC#: **Jeffrey Epstein W35755**

Home Address/Dirección Domiciliaria: **358 El Brillow Way Palm Beach FL 33480**

Telephone/Tele. de Casa: [Redacted]

Cell Ph/Tele. Celular: [Redacted]

Employer/Patrono: **FSF**

Work Address/Dirección del Trabajo: **250 S. Australian Ave West Palm Beach**

Work phone/Tele. del Trabajo#: [Redacted]

Pager/Buscador #: [Redacted]

Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:

---

**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

**FRIDAY/VIERNES** 11/20

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		Leave for work
11:00		
AFTERNOON / TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING / NOCHE		
6:00 pm		
7:00		Home
8:00		
9:00		
10:00		
11:00		

**SATURDAY/SABADO** 11/21

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		Leave for work
11:00		
AFTERNOON / TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING / NOCHE		
6:00 pm		
7:00		Home
8:00		
9:00		
10:00		
11:00		

**SUNDAY/DOMINGO** 11/22

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		Leave for work
11:00		
AFTERNOON / TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING / NOCHE		
6:00 pm		
7:00		Home
8:00		
9:00		
10:00		
11:00		

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

**OFFENDER SCHEDULE / ITINERARIO DEL OFENSOR**

Sched: [Redacted] 8:19A  
12-1-09

(Officer's Signature/Date)

Offender/DC: Jeffrey Epstein W35755

Home Address/Dirección Domiciliaria: 353 El Brillante Way  
Palm Beach FL 33480

Telephone/Tele. de Casa: [Redacted]

Cell Piv/Tele. Celular: [Redacted]

Employer/Patrono: FSP

Work Address/Dirección del Trabajo: 250 S. Australian Ave. West Palm Beach

Work phone/Tele. del Trabajo: [Redacted]

Pager/Buscador #: [Redacted]

Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:

**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date) (Firma del Ofensor/Fecha)

12-02-09  
12-28-09

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIAL

FRIDAY/VIERNES 12/1

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON / TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING / NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

*Handwritten notes: "Dign" with an arrow pointing up from 9:00 to 11:00. "H.W." with an arrow pointing down from 12:00 to 1:00. "H.W." with an arrow pointing down from 8:00 to 9:00.*

SATURDAY/SABADO 12/1

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON / TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING / NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

*Handwritten notes: "A.A." with an arrow pointing up from 9:00 to 11:00. "M" with an arrow pointing down from 12:00 to 1:00. "M" with an arrow pointing down from 2:00 to 3:00.*

SUNDAY/DOMINGO 12/6

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON / TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING / NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

*Handwritten notes: "H.W." with an arrow pointing down from 12:00 to 1:00. "H.W." with an arrow pointing down from 2:00 to 3:00. "H.W." with an arrow pointing down from 8:00 to 9:00. "H.W." with an arrow pointing down from 10:00 to 11:00.*

MONDAY/LUNES 12-7  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 12/2  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES 12-8  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	PROBATION	
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm	Home	
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 12/3  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

11:45 Home

MONDAY/LUNES 12-7  
Day/Día Date/Fecha

TUESDAY/MARTES 12-8  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00	Home	
9:00		
10:00		
11:00		

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	PROBATION	
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm	Home	
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 12/2  
Day/Día Date/Fecha

THURSDAY/JUEVES 12/3  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

11:45 Home

DEPARTMENT OF CORRECTIONS  
COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY  
ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS  
DEL OFENSOR DE ARRESTO RESIDENCIAL

**OFFENDER SCHEDULE/ ITINERARIO DEL OFENSOR**

Sch [Redacted] 8:19 AM  
/12-1-09  
(Officer's Signature/Date)  
Offender/DC# Jeffrey Epstein W35755  
Home Address/Dirección Domiciliaria: 358 El Brillio Way  
Palm Beach, FL 33480  
Telephone/Tele. de Casa [Redacted]  
Cell Ph/Tele. Celular: [Redacted]  
Employer/Patrono: FSP  
Work Address/Dirección del Trabajo:  
250 S. Australian Ave West Palm Beach  
Work phone/Tele. del Trabajo [Redacted]  
Pager/Buscador # [Redacted]  
Comments/Instructions/Rules/Restrictions - Comentario/In-  
strucciones/Reglas/Restricciones:

**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the  
best of my knowledge and belief." "Certifico que este horario  
es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO 12/1  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

FRIDAY/VIERNES 12/4  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO 12/6  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DEPARTMENT OF CORRECTIONS  
 COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIAL

12-09-09  
 to  
 12-15-09

**OFFENDER SCHEDULE/ITINERARIO DEL OFENSOR**

Set [redacted] at: 8:09  
 12-8-09  
 (Officer's Signature/Date)

Offender/DC#: Jeffrey Epstein W35755

Home Address/Dirección Domiciliaria: 358 El Brillante Way  
 Palm Beach FL 33480

Telephone/Tele. de Casa: [redacted]

Cell Ph/Tele. Celular: [redacted]

Employer/Patrono: FSP

Work Address/Dirección del Trabajo: 250 S. Australian Ave. West Palm Beach

Work phone/Tele. del Trabajo: [redacted]

Pages/Buscador #: [redacted]

Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:

**HOURLY ACCOUNTING/HORARIO**  
 "I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según mi entendimiento." (Offender's Signature/Date) [Signature] (Fecha del Ofensor/Fecha)

FRIDAY/VIERNES 12/11

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON / TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING / NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO 12/13

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON / TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING / NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SATURDAY/SABADO 12/12

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON / TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING / NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES 12/14  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIÉRCOLES 12/16  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES 12/15  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 12/10  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

02-03-10  
to  
02-09-10

DEPARTMENT OF CORRECTIONS  
COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIAL

**OFFENDER SCHEDULE/ITINERARIO DEL OFENSOR**

S [redacted] By: \_\_\_\_\_  
(Officer's Signature/Date)

Offender/DC# 623-955 J Epstein

Home Address/Dirección Domiciliaria: 385 CL 6th St, San Jose, CA

Telephone/Tele. de Casa: [redacted]

Cell Ph/Tele. Celular: [redacted]

Employer/Patrono: ESF

Work Address/Dirección del Trabajo: 200 Dumbarton Ave, CA

Work phone/Tele. del Trabajo#: [redacted]

Pager/Buscador #: \_\_\_\_\_

Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones: \_\_\_\_\_

**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief. Certifico que este horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

**SATURDAY/VIERNES** 2-6

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
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11:00		
AFTERNOON/ TARDE		
12:00 pm		
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5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**FRIDAY/VIERNES** 2-5

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
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11:00		
AFTERNOON/ TARDE		
12:00 pm		
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5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**SUNDAY/DOMINGO** 2-7

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
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11:00		
AFTERNOON/ TARDE		
12:00 pm		
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5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES 2-8  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
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11:00		
AFTERNOON/TARDE		
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5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 2-3  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
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AFTERNOON/TARDE		
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EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES 2-9  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
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11:00		
AFTERNOON/TARDE		
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EVENING/ NOCHE		
6:00 pm		
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9:00		
10:00		
11:00		

THURSDAY/JUEVES 2-4  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
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AFTERNOON/TARDE		
12:00 pm		
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5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES  
Day/Día

12/21  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	↑ 10	
11:00		
AFTERNOON/TARDE		
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3:00		
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5:00		
EVENING/ NOCHE		
6:00 pm		
7:00	↓ 7	
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIÉRCOLES  
Day/Día

12/16  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
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10:00	↑ 10	
11:00		
AFTERNOON/TARDE		
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3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00	↓ 7	
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES  
Day/Día

12/21  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
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3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	↑ 10	ROBOTW
8:00		
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10:00	↑ 10	
11:00		
AFTERNOON/TARDE		
12:00 pm		
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5:00		
EVENING/ NOCHE		
6:00 pm		
7:00	↓ 7	
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES  
Day/Día

12/17  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	↑ 10	
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AFTERNOON/TARDE		
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EVENING/ NOCHE		
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**DEPARTMENT OF CORRECTIONS**

**COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY  
ACTIVITY LOG**

**ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS  
DEL OFENSOR DE ARRESTO RESIDENCIAL**

**OFFENDER SCHEDULE/ ITINERARIO DEL OFENSOR**

Offender/DC#: Jeffrey Epstein W35755  
 Home Address/Dirección Domiciliaria: 358 El Brillow Way Palm Beach FL 33480  
 Telephone/Tele. de Casa: [Redacted]  
 Cell Ph/Tele. Celular: [Redacted]  
 Employer/Patrono: FSF  
 Work Address/Dirección del Trabajo: 250 S. Australian Ave West Palm Beach  
 Work phone/Tele. del Trabajo#: [Redacted]  
 Pager/Buscador #: [Redacted]

Comments/Instructions/Rules/Restrictions - *Comentario/Instrucciones/Reglas/Restricciones:*

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**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que éste horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

**FRIDAY/VIERNES** 12/10

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
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5:00		
MORNING / MAÑANA		
6:00 am		
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AFTERNOON / TARDE		
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EVENING / NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**SUNDAY/DOMINGO** 12/11

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
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11:00		
AFTERNOON / TARDE		
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3:00		
4:00		
5:00		
EVENING / NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		

**SATURDAY/SABADO** 12/11

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
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AFTERNOON / TARDE		
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EVENING / NOCHE		
6:00 pm		
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10:00		

CANDICE TUKINS DEPARTMENT OF CORRECTIONS  
 COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIAL

12-23-09  
 to  
 12-29-09

**OFFENDER SCHEDULE / ITINERARIO DEL OFENSOR**

Approved: [Signature] 3:10 AM 12/23/09

Offender/DC: Jeffrey Epstein W35755

Home Address/Dirección Domiciliaria: 358 El Brillante Way Palm Beach FL 33460

Telephone/Tele. de Casa: [Redacted]

Cell Ph/Tele. Celular: [Redacted]

Employer/Patrono: EGF

Work Address/Dirección del Trabajo: 250 S. Australian Ave West Palm Beach

Work phone/Tele. del Trabajo#: [Redacted]

Pager/Buscador #: [Redacted]

Comments/Instrucciones/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:

**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo conocimiento y creencia."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO 12/26

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
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11:00		
AFTERNOON / TARDE		
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4:00		
5:00		
EVENING / NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

FRIDAY/VIERNES 12/25

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON / TARDE		
12:00 pm		
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4:00		
5:00		
EVENING / NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO 12/27

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
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11:00		
AFTERNOON / TARDE		
12:00 pm		
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5:00		
EVENING / NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES 11/28  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	↑ 10	
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00	office	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00	↓ 8	
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 12/23  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	↑ 10-11	Shy. state
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00	office	
2:00		
3:00		
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5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES 11/21  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	↑ 7	Prison
8:00		
9:00		
10:00	↑ 10	
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00	office	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00	↓ 8	
9:00		
10:00		
11:00		

THURSDAY/JUEVES 12/24  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	↑ 10	
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00	office	
2:00		
3:00		
4:00		
5:00	↓ 5	
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES

Day/Día

1/4 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	↑ 10	
11:00		
AFTERNOON/TARDE		
12:00 pm		
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2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00	↓ 7	
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES

Day/Día

1/5 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	PROBATION	
8:00		
9:00		
10:00	Marble 10th	
11:00	PB80 to Registrar	
AFTERNOON/ TARDE		
12:00 pm		
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5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES

Day/Día

12/30 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
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10:00		
11:00	↑ 11	
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00	↓ 12	
3:00		
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5:00		
EVENING/ NOCHE		
6:00 pm		
7:00	↓ 7	
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES

Day/Día

12/31 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
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MORNING/ MAÑANA		
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AFTERNOON/ TARDE		
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EVENING/ NOCHE		
6:00 pm		
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9:00		
10:00		
11:00		

# DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY  
ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS  
DEL OFENSOR DE ARRESTO RESIDENCIAL

<b>OFFENDER SCHEDULE / ITINERARIO DEL OFENSOR</b>	
Schedule/Programa:	8:10AM 12/29/09
Officer's Signature/Date:	<i>[Signature]</i>
Offender/DC#:	Jeffrey Epstein W35755
Home Address/Dirección Domiciliaria:	358 El Brillow Way Palm Beach FL 33480
Telephone/Tele. de Casa:	[Redacted]
Cell Ph/Tele. Celular:	[Redacted]
Employer/Patrono:	FSF
Work Address/Dirección del Trabajo:	250 S. Australian Ave West Palm Beach
Work phone/Tele. del Trabajo#:	[Redacted]
Pager/Buscador #:	[Redacted]
Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:	
<b>HOURLY ACCOUNTING / HORARIO</b>	
"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo entendido y creo."	
(Offender's Signature/Date)/(Firma del Ofensor/Fecha)	

**SATURDAY/SABADO** 1/2  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
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MORNING / MAÑANA		
6:00 am		
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11:00		
AFTERNOON / TARDE		
12:00 pm		
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5:00		
EVENING / NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**FRIDAY/VIERNES** 1/1  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
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AFTERNOON / TARDE		
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EVENING / NOCHE		
6:00 pm		
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9:00		
10:00		
11:00		

**SUNDAY/DOMINGO** 1/3  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
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MORNING / MAÑANA		
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AFTERNOON / TARDE		
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5:00		
EVENING / NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES

Day/Día

1/11

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
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8:00		
9:00		
10:00	10	
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00	g/kc	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00	8	
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIÉRCOLES

Day/Día

1/6

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am	Lea for Airport	
7:00	NY	
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00	NY	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES

Day/Día

1/12

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	Pragati	
8:00		
9:00		
10:00	10	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00	2:00 - meet with	
3:00		attoms -
4:00		Critz
5:00	Home	
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES

Day/Día

1/7

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00	Leaves NY for	
3:00	VI	
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am	VI	
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00	Home	9:30
10:00		
11:00		

**DEPARTMENT OF CORRECTIONS**

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY  
ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS  
DEL OFENSOR DE ARRESTO RESIDENCIAL

**OFFENDER SCHEDULE / ITINERARIO DEL OFENSOR**

Offender/DC#: **Jeffrey Epstein W35755**  
 Home Address/Dirección Domiciliaria: **358 El Brillow Way Palm Beach, FL 33480**  
 Telephone/Tele. de Casa: [Redacted]  
 Cell Ph/Tele. Celular: [Redacted]  
 Employer/Patrono: **ESF**  
 Work Address/Dirección del Trabajo: **250 S. Australian Ave. West Palm Beach**  
 Work phone/Tele. del Trabajo#: [Redacted]  
 Pager/Buscador #: [Redacted]

Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:

**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que éste horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

**SATURDAY/SABADO**

Day/Día: \_\_\_\_\_ Date/Fecha: **1/5**

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**FRIDAY/VIERNES**

Day/Día: \_\_\_\_\_ Date/Fecha: **1/8**

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**SUNDAY/DOMINGO**

Day/Día: \_\_\_\_\_ Date/Fecha: **1/10**

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES  
Day/Día

1/10  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES  
Day/Día

1/11  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	Prasatiw	
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00	3:30 - Critton	
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm	Home	
7:00	6:30 Home	
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES  
Day/Día

1/13  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES  
Day/Día

1/14  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**DEPARTMENT OF CORRECTIONS**

**COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY  
ACTIVITY LOG**

**ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS  
DEL OFENSOR DE ARRESTO RESIDENCIAL**

**OFFENDER SCHEDULE / ITINERARIO DEL OFENSOR**

Schedule: 8:11 am  
1-12-2010  
(Officer's Signature/Date)

Offender/DC#: Jeffrey Epstein W35755

Home Address/Dirección Domiciliaria: 358 El Brillo Way  
Palm Beach, FL 33480

Telephone/Tele. de Casa: \_\_\_\_\_

Cell Ph/Tele. Celular: \_\_\_\_\_

Employer/Patrono: FSF

Work Address/Dirección del Trabajo: 250 S. Australian Ave. West Palm Beach

Work phone/Tele. del Trabajo#: \_\_\_\_\_

Pager/Buscador #: \_\_\_\_\_

Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

**SATURDAY/SABADO** 1/16  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**FRIDAY/VIERNES** 1/15  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**SUNDAY/DOMINGO** 1/17  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES

Day/Día

Date/Fecha

1/25

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIÉRCOLES

Day/Día

Date/Fecha

1/20

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES

Day/Día

Date/Fecha

1/26

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES

Day/Día

Date/Fecha

1/26

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIAL

OFFENDER SCHEDULE/ ITINERARIO DEL OFENSOR

Sch [Redacted] 8:00 a  
 (Officer's Signature/Date) 1-19-2010

Offender/DC# Jeffrey Epstein W35755

Home Address/Dirección Domiciliaria: 358 El Brilloway Palm Beach, FL 33480

Telephone/Tele. de Casa [Redacted]

Cell Ph/Tele. Celular: [Redacted]

Employer/Patrono: FSF

Work Address/Dirección del Trabajo: 250 S. Australian Ave, West Palm Beach

Work phone/Tele. del Trabajo#: [Redacted]

Pager/Buscador # [Redacted]

Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:

HOURLY ACCOUNTING/HORARIO

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO 1/23  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	↑ 10	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00	↓ 5	
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

FRIDAY/VIERNES 1/22  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	work	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00	n.o	
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00	Home	
10:00		
11:00		

SUNDAY/DOMINGO 1/24  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	10	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00	5	
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES 2/15  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am	Leave	
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00	NH	
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00	in VE	
10:00		
11:00		

WEDNESDAY/MIERCOLES 2/10  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES 2/16  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00	9:30 Home	
10:00		
11:00		

THURSDAY/JUEVES 2/11  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00	Meeting with Scott Link at Esperante	
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm	12:30 Meeting at Josephsburgs office	
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00	Home	
9:00		
10:00		
11:00		

**DEPARTMENT OF CORRECTIONS**

**COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY  
ACTIVITY LOG**

**ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS  
DEL OFENSOR DE ARRESTO RESIDENCIAL**

**OFFENDER SCHEDULE/ITINERARIO DEL OFENSOR**

Schedule/Program: 8:15 am  
2-9-2010

(Officer's Signature/Date)

Offender/DC# Jeffrey Epstein W35755

Home Address/Dirección Domiciliaria: 358 El Brillow Way  
Palm Beach FL 33480

Telephone/Tele. de Casa: [REDACTED]

Cell Ph/Tele. Celular: [REDACTED]

Employer/Patrono: FSF

Work Address/Dirección del Trabajo:  
250 S. Australian Ave West Palm Beach

Work phone/Tele. del Trabajo#: [REDACTED]

Paget/Buscador #: [REDACTED]

Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:

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**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que éste horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

**FRIDAY/VIERNES** 2/12

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		Mark Buckstein meeting in Boca
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**SUNDAY/DOMINGO** 2/14

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**SATURDAY/SABADO** 2/13

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES  
Day/Día

2/15  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am	leave	
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00	N4	
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00	in V.I.	
10:00		
11:00		

WEDNESDAY/MIÉRCOLES  
Day/Día

2/10  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES  
Day/Día

2/16  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00	9:30 Home	
10:00		
11:00		

THURSDAY/JUEVES  
Day/Día

2/11  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm	12:30 Meeting at Josephsburgs office	
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIAL

**OFFENDER SCHEDULE/ ITINERARIO DEL OFENSOR**

Start Time: 8:15 am  
 Date: 2-9-2010

(Officer's Signature/Date)  
 Offender/DC# Jeffrey Epstein W35755  
 Home Address/Dirección Domiciliaria: 358 El Brillo Way Palm Beach, FL 33480  
 Telephone/Tele. de Casa: [Redacted]  
 Cell Ph/Tele. Celular: [Redacted]  
 Employer/Patrono: FSF  
 Work Address/Dirección del Trabajo: 250 S. Australian Ave West Palm Beach  
 Work phone/Tele. del Trabajo#: [Redacted]  
 Pager/Buscador #: [Redacted]

Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HOURLY ACCOUNTING/HORARIO**  
 "I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo entendido y creo."  
 (Offender's Signature/Date)/(Firma del Ofensor/Fecha)

FRIDAY/VIERNES 2/12  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		Mark Buckstein meeting in <del>the</del> Boca
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SATURDAY/SABADO 2/13  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO 2/14  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES

Day/Día

2/12

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00	Miami	Lept
2:00	to DFL	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES

Day/Día

2/13

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES

Day/Día

2/17

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00	Arrive 9:30	Depo US Lept
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00	Depo Lept	West Rail Point B
3:00		
4:00		Sub 300
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES

Day/Día

2/18

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**DEPARTMENT OF CORRECTIONS**

**COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY  
ACTIVITY LOG**

**ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS  
DEL OFENSOR DE ARRESTO RESIDENCIAL**

**OFFENDER SCHEDULE/ ITINERARIO DEL OFENSOR**

Schedule/Itinerario: 2/15/10  
 (Officer's Signature/Date)  
 Offender/DC# Jeffrey Epstein W35755  
 Home Address/Dirección Domiciliaria: 358 El Brillow Way Palm Beach FL 33480  
 Telephone/Tele. de Casa: [Redacted]  
 Cell Ph/Tele. Celular: [Redacted]  
 Employer/Patrono: FSF  
 Work Address/Dirección del Trabajo: 250 S. Australian Ave West Palm Beach  
 Work phone/Tele. del Trabajo# [Redacted]  
 Pager/Buscador # [Redacted]  
 Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:

**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date) [Signature] 2/15/10

**SATURDAY/SABADO**

Day/Día: \_\_\_\_\_ Date/Fecha: \_\_\_\_\_

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**FRIDAY/VIERNES**

Day/Día: \_\_\_\_\_ Date/Fecha: 2/19

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT / MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING / MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**SUNDAY/DOMINGO**

Day/Día: \_\_\_\_\_ Date/Fecha: 2/21

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES  
Day/Día

3/1  
Date/Fecha

me/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	REPORT TO PROBATION	
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES  
Day/Día

2/24  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES  
Day/Día

3/2  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES  
Day/Día

2/25  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**DEPARTMENT OF CORRECTIONS**

**COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY  
ACTIVITY LOG**

**ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS  
DEL OFENSOR DE ARRESTO RESIDENCIAL**

**OFFENDER SCHEDULE/ ITINERARIO DEL OFENSOR**

Approved By: 114AM 2/23/16

(Offender's Signature/Date)

Offender/DC# Jeffrey Epstein W35755

Home Address/Dirección Domiciliaria: 358 El Brillow Way Palm Beach FL 33480

Telephone/Tele. de Casa \_\_\_\_\_

Cell Ph/Tele. Celular: \_\_\_\_\_

Employer/Patrono: FSF

Work Address/Dirección del Trabajo: 250 S. Australian Ave West Palm Beach

Work phone/Tele. del Trabajo# \_\_\_\_\_

Pager/Buscador # \_\_\_\_\_

Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:

**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que éste horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

**SATURDAY/SABADO** 2/27  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**FRIDAY/VIERNES** 2/26  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**SUNDAY/DOMINGO** 2/28  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES 3/8  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		

TUESDAY/MARTES 3/9  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 3/3  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 3/4  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

# DEPARTMENT OF CORRECTIONS

## COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

## ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIAL

**OFFENDER SCHEDULE/ITINERARIO DEL OFENSOR**

Approved By: 3/1/10 1035AM

(Officer's Signature/Date)

Offender/DC# Jeffrey Epstein W35755

Home Address/Dirección Domiciliaria: 358 El Brillow Way  
Palm Beach, FL 33480

Telephone/Tele. de Casa: [REDACTED]

Cell Ph/Tele. Celular: [REDACTED]

Employer/Patrono: FSF

Work Address/Dirección del Trabajo:  
250 S. Australian Ave. West Palm Beach

Work phone/Tele. del Trabajo#: [REDACTED]

Pager/Buscador #: [REDACTED]

Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:

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**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

**SATURDAY/SABADO** 3/6  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00	<u>Miami</u>	<u>Verdant 612-345-9876</u>
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**FRIDAY/VIERNES** 3/6  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
1:00		
2:00		
3:00	<u>leave H Boca</u>	
4:00		
5:00		
<b>MORNING/ MAÑANA</b>		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
<b>AFTERNOON/ TARDE</b>		
12:00 pm		
1:00	<u>V.F.</u>	
2:00		
3:00		
4:00		
5:00		
<b>EVENING/ NOCHE</b>		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00	<u>11:31 PBF</u>	

**SUNDAY/DOMINGO** 3/7  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
<b>MIDNIGHT/ MEDIA NOCHE</b>		
12:00 am		
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<b>MORNING/ MAÑANA</b>		
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<b>AFTERNOON/ TARDE</b>		
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<b>EVENING/ NOCHE</b>		
6:00 pm		
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MONDAY/LUNES  
Day/Día

3/10

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
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WEDNESDAY/MIÉRCOLES  
Day/Día

3/9

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
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TUESDAY/MARTES  
Day/Día

3/11

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
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THURSDAY/JUEVES  
Day/Día

3/10

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
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DEPARTMENT OF CORRECTIO

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIAL

OFFENDER SCHEDULE / ITINERARIO DEL OFENSOR

Approved By: 3/9/16 9:30AM

(Officer's Signature/Date)

Offender/DC# Jeffrey Epstein W35755

Home Address/Dirección Domiciliaria: 358 El Brillo Way Palm Beach, FL 33480

Telephone/Tele. de Casa

Cell Ph/Tele. Celular:

Employer/Patrono: FSP

Work Address/Dirección del Trabajo: 250 S. Australian Ave. West Palm Beach

Work phone/Tele. del Trabajo#

Pager/Buscador #

Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:

HOURLY ACCOUNTING/HORARIO

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO

Day/Día - Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
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MORNING/ MAÑANA		
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EVENING/ NOCHE		
6:00 pm		
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11:00		

FRIDAY/VIERNES

Day/Día - Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
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MORNING/ MAÑANA		
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SUNDAY/DOMINGO

Day/Día - Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
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COMMUNITY CONTROL OFFENDER SCHEDULE  
ACTIVITY LOG

FLORIDA DEPARTMENT OF CORRECTIONS  
ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS  
DEL OFENSOR DE ARRESTO RESIDENCIAL

03-17-10

03-23-10

**OFFENDER SCHEDULE / ITINERARIO DEL OFENSOR**

Approved By: 3/16/10 5:15 PM

(Offender's Signature/Date)

Offender/DC#: Jeffrey Epstein W35755

Home Address/Dirección Domiciliaria: 353 El Brilloway Palm Beach FL 33410

Telephone/Tele. de Casa: [REDACTED]

Cell Ph/Tele. Celular: [REDACTED]

Employer/Patrono: FSE

Work Address/Dirección del Trabajo: 250 S. Australian Ave West Palm Beach

Work phone/Tele. del Trabajo: [REDACTED]

Pager/Buscador #: [REDACTED]

Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:

**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según lo entiendo y creo."

(Offender's Signature/Date/Firma del Ofensor/Fecha)

FRIDAY/VIERNES 3/19

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
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MORNING / MAÑANA		
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AFTERNOON / TARDE		
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EVENING / NOCHE		
6:00 pm		
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11:00		

SATURDAY/SABADO 3/20

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
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5:00		
MORNING / MAÑANA		
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AFTERNOON / TARDE		
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EVENING / NOCHE		
6:00 pm		
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10:00		
11:00		

SUNDAY/DOMINGO 3/21

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
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MORNING / MAÑANA		
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EVENING / NOCHE		
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11:00		

MONDAY/LUNES 3/12  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
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MORNING/ MAÑANA		
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EVENING/ NOCHE		
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TUESDAY/MARTES 3/13  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
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MORNING/ MAÑANA		
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EVENING/ NOCHE		
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WEDNESDAY/MIERCOLES 3/14  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
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MORNING/ MAÑANA		
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THURSDAY/JUEVES 3/18  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
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MORNING/ MAÑANA		
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DEPARTMENT OF CORRECTIONS  
 COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG . . . ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIAL

03-24-10  
 03-30-10

**SCHEDULE/ITINERARIO DEL OFENSOR**

Approved By: 8/23/10 5:50 PM

(Officer Signature/Date)

Offender/DC# Jeffrey Epstein W35755

Home Address/Dirección Domiciliaria 358 El Brilloway Palm Beach FL 33480

Telephone/Tele. de Casa

Cell Ph/Tele. Celular:

Employer/Patrono: ESF

Work Address/Dirección del Trabajo: 250 S. Australian Ave. West Palm Beach

Work phone/Tele. del Trabajo:

Pager/Buscador #

Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:

**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

**SATURDAY/SABADO** 3/27

Time/Hora	Location/Localización	Activity/Aktividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
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**FRIDAY/VIERNES** 3/26

Time/Hora	Location/Localización	Activity/Aktividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
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**SUNDAY/DOMINGO** 3/28

Time/Hora	Location/Localización	Activity/Aktividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
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MONDAY/LUNES 3/29  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
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MORNING/ MAÑANA		
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TUESDAY/MARTES 3/30  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
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WEDNESDAY/MIERCOLES 3/29  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
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THURSDAY/JUEVES 3/4  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
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MONDAY/LUNES 3/29  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
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TUESDAY/MARTES 3/30  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
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WEDNESDAY/MIERCOLES 3/29  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
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THURSDAY/JUEVES 3/29  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
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# DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG      ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIAL

## OFFENDER SCHEDULE / ITINERARIO DEL OFENSOR

Approved By: 3/23/10 550PM

(Officer's Signature/Date)

Offender/DC# Jeffrey Epstein W35755

Home Address/Dirección Domiciliaria: 358 El Brillow Way Palm Beach FL 33480

Telephone/Tele. de Casa

Cell Ph/Tele. Celular:

Employer/Patrono: FSF

Work Address/Dirección del Trabajo:

250 S. Australian Ave. West Palm Beach

Work phone/Tele. del Trabajo#:

Pager/Buscador #

Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:

### HOURLY ACCOUNTING/HORARIO

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que éste horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO 3/27

Day/Día

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
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EVENING/ NOCHE		
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*Handwritten notes on Saturday table: 11:30, Sports Audit, H. Dept, 5*

FRIDAY/VIERNES 3/26

Day/Día

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
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EVENING/ NOCHE		
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*Handwritten notes on Friday table: NY, NY*

SUNDAY/DOMINGO 3/28

Day/Día

Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
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EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

*Handwritten notes on Sunday table: H. Dept*

**9:00am 2/11 (Thursday)**

Scott Link

222 Lakeview Avenue, Suite 1250

Esperante

West Palm Beach, Fl 33401

[REDACTED]

**12:30pm 2/11 (Thursday)**

Robert Josefsberg, Esq.

25 West Flagler Street, Suite 800

Miami, FL 33130

[REDACTED]

**1:00pm 2/12 (Friday)**

Mark Buckstein

2424 N. Federal Highway, Suite 451

Boca Raton, Fl 33431

[REDACTED]

MONDAY/LUNES  
Day/Día

4/6  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

*Handwritten notes:* A vertical double-headed arrow spans from 9:00 am to 11:00 pm. In the afternoon section, "11:00 Medication" and "Pills" are written vertically.

TUESDAY/MARTES  
Day/Día

4/6  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

*Handwritten notes:* A vertical double-headed arrow spans from 10:00 am to 11:00 pm. In the afternoon section, "Pills" is written vertically. In the evening section, "Prophylaxis" is written.

WEDNESDAY/MIERCOLES  
Day/Día

3/31  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

*Handwritten notes:* A vertical double-headed arrow spans from 12:00 pm to 5:00 pm. In the evening section, "CAR - Home" and "ACROSS FROM" are written with arrows pointing to the right.

THURSDAY/JUEVES  
Day/Día

4/1  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

*Handwritten notes:* A vertical double-headed arrow spans from 9:00 am to 11:00 pm. In the afternoon section, "Office" is written vertically.

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIAL

OFFENDER SCHEDULE / ITINERARIO DEL OFENSOR

Approved By: 3/30/10 545 PM

(Offender's Signature/Date)

Offender/DC#: Jeffrey Epstein W35755

Home Address/Dirección Domiciliaria: 358 El Brilloway Palm Beach, FL 33480

Telephone/Tele. de Casa: [REDACTED]

Cell Ph/Tele. Celular: [REDACTED]

Employer/Patrono: FSF

Work Address/Dirección del Trabajo: 250 S. Australian Ave. West Palm Beach

Work phone/Tele. del Trabajo#: [REDACTED]

Pager/Buscador #: [REDACTED]

Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:

HOURLY ACCOUNTING/HORARIO

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO 4/3  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

FRIDAY/VIERNES 4/2  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO 4/4  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		



MONDAY/LUNES 4/6  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

*Handwritten notes: A vertical double-headed arrow spans from 9:00 to 11:00. In the afternoon section, there is a vertical double-headed arrow from 1:00 to 5:00 with the text "Hos Noham Pablo" written next to it.*

WEDNESDAY/MIÉRCOLES 3/31  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
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4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

*Handwritten notes: A vertical double-headed arrow spans from 12:00 pm to 5:00 pm. In the evening section, there is a vertical double-headed arrow from 7:00 to 9:00 with the text "CAR - How ACROSS FROM" written next to it.*

TUESDAY/MARTES 4/6  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
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3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

*Handwritten notes: A vertical double-headed arrow spans from 10:00 to 11:00. In the afternoon section, there is a vertical double-headed arrow from 1:00 to 5:00 with the text "Hos" written next to it. In the evening section, there is a vertical double-headed arrow from 6:00 to 7:00 with the text "Pablo" written next to it.*

THURSDAY/JUEVES 4/1  
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
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8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
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2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

*Handwritten notes: A vertical double-headed arrow spans from 9:00 to 11:00. In the afternoon section, there is a vertical double-headed arrow from 1:00 to 5:00 with the text "Hos" written next to it.*

04-07-10  
to  
04-13-10

- DEPARTMENT OF CORRECTIONS -  
COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG      ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIAL

**OFFENDER SCHEDULE/ITINERARIO DEL OFENSOR**

Approved By: 4:05 PM 4/10/10  
(Officer's Signature/Date)

Offender/DC# Jeffrey Epstein W35755

Home Address/Dirección Domiciliaria 303 El Brillio Way Palm Beach FL 33480

Telephone/Tele. de Casa: \_\_\_\_\_

Cell Ph/Tele. Celular: \_\_\_\_\_

Employer/Patrono: FST

Work Address/Dirección del Trabajo: 250 S. Australian Ave. West Palm Beach

Work phone/Tele. del Trabajo: \_\_\_\_\_

Pager/Buscador #: \_\_\_\_\_

Comments/Instructions/Rules/Restrictions - Comentario/instrucciones/Reglas/Restricciones:

---

**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

**FRIDAY/VIERNES** 4/9

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON / TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING / NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**SATURDAY/SABADO** 4/10

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON / TARDE		
12:00 pm		
1:00		
2:00		
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5:00		
EVENING / NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**SUNDAY/DOMINGO** 4/11

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON / TARDE		
12:00 pm		
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4:00		
5:00		
EVENING / NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES  
Day/Día

4/12/  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/MAÑANA		
6:00 am		
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11:00		
AFTERNOON/TARDE		
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EVENING/NOCHE		
6:00 pm		
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8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES  
Day/Día

4/12/  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/MAÑANA		
6:00 am		
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AFTERNOON/TARDE		
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5:00		
EVENING/NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES  
Day/Día

4/13/  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
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4:00		
5:00		
EVENING/NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES  
Day/Día

4/12/  
Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/MAÑANA		
6:00 am		
7:00		
8:00		
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11:00		
AFTERNOON/TARDE		
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5:00		
EVENING/NOCHE		
6:00 pm		
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8:00		
9:00		
10:00		
11:00		

04-14-10  
to  
04-20-10

DEPARTMENT OF CORRECTIONS  
COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG  
ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIAL

**OFFENDER SCHEDULE/ITINERARIO DEL OFENSOR**

Approved By: 4/13/10 550PM

Signature/Date: [Redacted]

Offender/DC #: Jeffrey Epstein W35755

Home Address/Dirección Domiciliaria: 358 El Brillido Way Palm Beach FL 33460

Telephone/Tele. de Casa: [Redacted]

Cell Ph/Tele. Celular: [Redacted]

Employer/Patrono: FSE

Work Address/Dirección del Trabajo: 250 S. Australian Ave West Palm Beach

Work phone/Tele. del Trabajo: [Redacted]

Pager/Buscador #: [Redacted]

Comments/Instructions/Rules/Restrictions - Comentario/Instrucciones/Reglas/Restricciones:

---

**HOURLY ACCOUNTING/HORARIO**

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según tengo entendido y creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

FRIDAY/VIERNES 4/16

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON / TARDE		
12:00 pm		
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2:00		
3:00		
4:00		
5:00		
EVENING / NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SATURDAY/SABADO 4/17

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON / TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING / NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO 4/18

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON / TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING / NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES 4/15  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
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11:00		
AFTERNOON/TARDE		
12:00 pm		
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2:00	MARJ	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 4/14  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00	444 Ratsoul	
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00	Dopo	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00	FT located 600 South	
8:00	Legal	Isabel Pita
9:00		
10:00		
11:00		

TUESDAY/MARTES 4/15  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	NA	
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 4/16  
 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
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3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

**Sloane, Carmen**

---

**From:** Eva Dubin [REDACTED]  
**Sent:** Monday, November 16, 2009 5:29 PM  
**To:** Sloane, Carmen  
**Subject:** Regarding Jeffrey Epstein

Dear Officer Sloane,

We are the parents of three children [REDACTED] and [REDACTED]. They are all under the age of 18. I am aware that Jeffrey Epstein is a registered sex offender and had plead guilty to soliciting for prostitution, and procuring a minor for prostitution. I am 100% comfortable with Jeffrey Epstein around my children. I, Eva Dubin, am an internist, and have known Jeffrey for over 20 years. Please feel free to contact us at [REDACTED]

Sincerely,

Eva and Glenn Dubin

---

Windows 7: I wanted simpler, now it's simpler. I'm a rock star.

New User? Sign Up | Sign In | Help

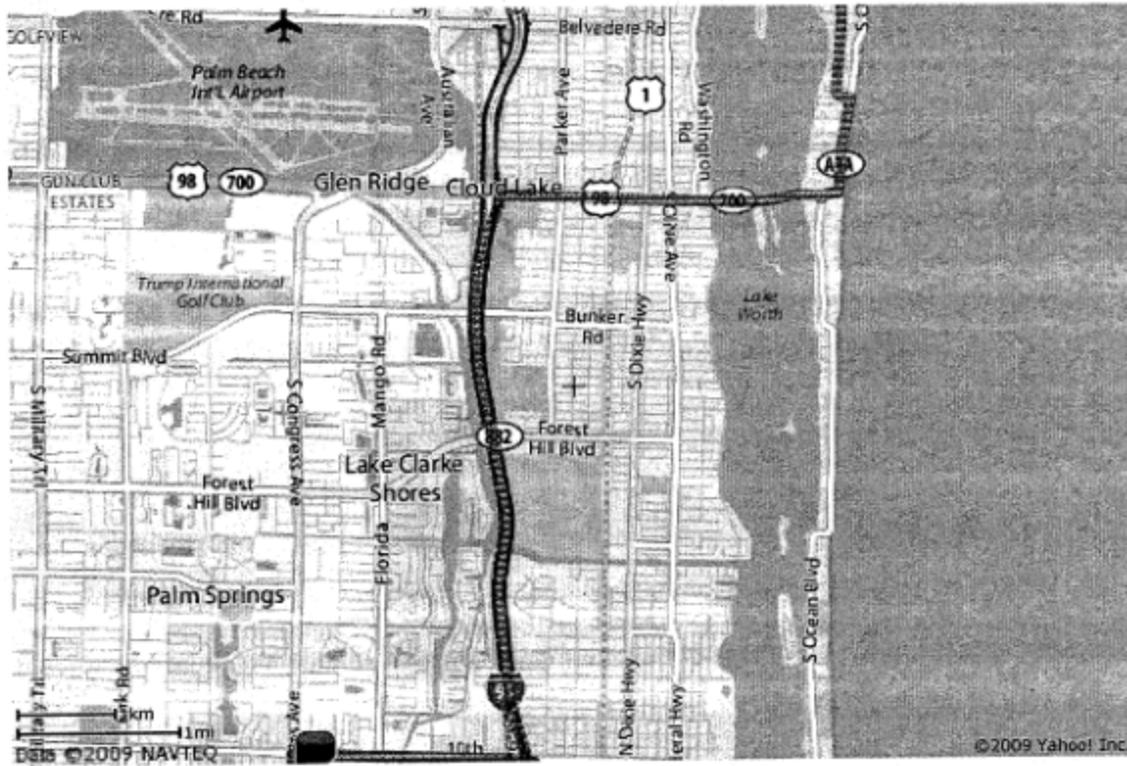
Get the New, Safer IE8

Yahoo! Mail



# YAHOO! LOCAL Maps

When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.



**A 3444 S Congress Ave, Lake Worth, FL, 33461**

1. Start at 3444 S CONGRESS AVE, LAKE WORTH going toward 10TH AVE N - go 0.2 mi
2. Turn **R** on 10TH AVE N - go 1.4 mi
3. Turn **L** to take ramp onto I-95 N toward W PALM BCH - go 3.0 mi
4. Take exit #68/SOUTHERN BLVD - go 0.4 mi
5. Turn **R** on SOUTHERN BLVD(US-98 E) - go 1.9 mi
6. Turn **L** on S OCEAN BLVD(SR-A1A) - go 0.7 mi
7. Turn **L** on S COUNTY RD(SR-A1A) - go 0.7 mi
8. Turn **L** on EL BRILLO WAY
9. Arrive at 258 EL BRILLO WAY, PALM BEACH, on the **L**

**B 258 EL Brillo Way, Palm Beach, FL 33480**

Total Distance: 8.27 mi, Total Travel Time: 18 mins

DATE TIME TYP NARRATIVE

04/06/09 1130 TC

DWILLIAMS

05/05/09 9901 CN

ON THIS DATE RECIEVED COURT ORDER CORRECTING SCRIVENER'S ERROR STATING THAT COMMUNITY CONTROL SPECIAL CONDITION # 26 TO BE SUPERVISED BY DOC BY MEANS OF E/M DEVICE D AND SPECIAL CONDITION #27 E/M 24 NOURS PER DAY PER BE DELETE -D. DWILLIAMS

07/22/09 0850 TC

RECEIVED PHONE CALL FROM CAPTAIN GEORGE FRICK, HEAD OF CRIMINAL INVESTIGATIONS FOR THE PALM BEACH POLICE DEPARTMENT WANTING TO KNOW THE SPECIFICS OF WHAT HOUSE ARREST (COMMUNITY CONTROL). I EXPLAINED THAT HE WILL HAVE TO FILL OUT A SCHEDULE EACH WEEK WHICH WILL BE APPROVED BY HIS OFFICER. THAT HE IS REQUIRED TO STAY WITHIN THE WALLS OF

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A DATE TIME TYP NARRATIVE

\_ 07/22/09 0850 TC

HIS RESIDENCE AT ALL TIMES WHEN HOME. HE ASKED IF THE SUBJECT WAS ALLOWED TO STOP A RESTUARANT ON THE WAY HOME FROM WORK AND I TOLD HIM NO. HE HAS TO GO STRAIGHT HOME. I TOLD HIM IF HE HAD ANY OTHER QUESTIONS HE COULD CALL MR WILLIAMS OR ME. BGLADSTONE

\_ 07/22/09 1215 TC

CALLED AND LEFT MESSAGE WITH A WOMEN WHO ANSWERED THE PHONE. WHEN ASKED WHEN THE DEFT WOULD BE BACK SHE STATED HE WAS TAKING A SWIM. ADVISED TO HAVE DEFT CALL THIS OFFICER AS SOON AS POSSIBLE. CS. '

\_ 07/22/09 1445 OP INSTRUCTED/DELIVERED CONDITIONS OF SUPERVISION; NOTIFIED OFFENDER OF EXPECTATIONS WHILE ON SUPERVISION & CONSEQUENCES OF FAILING TO COMPLY WITH CONDITIONS OF SUPERVISION; REVIEWED

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A DATE TIME TYP NARRATIVE

\_ 07/22/09 1445 OP INSTRUCTED/DELIVERED CONDITIONS OF SUPERVISION;  
 NOTIFIED OFFENDER OF EXPECTATIONS WHILE ON  
 SUPERVISION & CONSEQUENCES OF FAILING TO COMPLY  
 WITH CONDITIONS OF SUPERVISION; REVIEWED  
 GRIEVANCE PROCESS, AFTER HOURS CONTACT PROCEDURE,  
 FIREARMS/WEAPONS/EXPLOSIVES, CRIMINAL  
 REGISTRATION, DRUG TESTING, EMPLOYER NOTIFICATION,  
 INVOLVEMENT IN CRIME ACCOUNTS, RESTORATION OF  
 CIVIL RIGHTS & HIPAA.  
 WRITTEN MONTHLY REPORT RECEIVED FOR CURRENT MONTH.  
 DEFT HAD BEEN INSTRUCTED ON INTAKE PAPERWORK AT THE  
 PBCJ. REINSTRUCTED ON ORDERS AND HOW TO FILL OUT  
 COMM CONTROL SCHEDULE. DEFT STATED SEVERAL TIMES  
 THAT HE WAS GOING TO COMPLY WITH ALL THE CONDITIONS OF  
 SUPERVISION. PHOTO WAS TAKEN AND RAPID ID WAS CONDUCTED

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A DATE TIME TYP NARRATIVE

\_ 07/22/09 1445 OP INSTRUCTED/DELIVERED CONDITIONS OF SUPERVISION;  
 NOTIFIED OFFENDER OF EXPECTATIONS WHILE ON  
 SUPERVISION & CONSEQUENCES OF FAILING TO COMPLY  
 WITH CONDITIONS OF SUPERVISION; REVIEWED  
 GRIEVANCE PROCESS, AFTER HOURS CONTACT PROCEDURE,  
 FIREARMS/WEAPONS/EXPLOSIVES, CRIMINAL  
 REGISTRATION, DRUG TESTING, EMPLOYER NOTIFICATION,  
 INVOLVEMENT IN CRIME ACCOUNTS, RESTORATION OF  
 CIVIL RIGHTS & HIPAA.  
 SHOWED NO OUTSTANDING WARRANTS. PER DRIVER AND  
 VEHICLE INFORMATION DATABASE - CONDITIONAL MESSAGE -  
 STATES SEXUAL OFFENDER. INSTRUCTED DEFT TO BRING IN  
 REGISTRATION FORM AND ID NEXT TUES. INSTRUCTED ON  
 COMMUNITY CONTROL GUIDELINES. DEFT READ AND SIGNED  
 NOTICE OF RESPONSIBILITIES BOTH A AND B FORMS. CSLOANE.

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A DATE TIME TYP NARRATIVE  
\_ 07/22/09 1821 HP WALK THROUGH VISUAL INSPECTION CONDUCTED  
NO VIOLATIONS FOUND. CS.  
\_ 07/22/09 1822 FC  
DEFT'S GIRLFRIEND, ASSISTANT AND PARALEGAL.  
DEFT HAS WACKENHUT SECURITY IN FRONT OF HIS RESIDENCE  
24 HOURS A DAY.  
\_ 07/22/09 9901 G1 INTAKE NEW CASE  
NEW OFFICER IS GLADSTONE, BART E  
\_ 07/22/09 9902 TR TRANSFER WITHIN FLA.  
NEW OFFICER IS SLOANE, CARMEN  
\_ 07/22/09 9903 RC NO NEW ARREST  
\_ 07/24/09 0930 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.  
PROTECTED HEALTH INFORMATION DISCLOSED  
DISCUSSED THE RULES OF COMM CONTROL AND ANSWERED  
ANY QUESTIONS DEFT HAD. DEFT STATES THAT HE NEEDS TO

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^ DATE TIME TYP NARRATIVE

\_ 07/24/09 0930 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.  
 SWIM FOR HEALTH REASON, HE STATED HE HAS ██████████  
 AND SWIMMING GIVES HIM RELIF FROM THE PAIN. THE  
 SWIMMING ISSUE HAS BEEN ADDRESSED AND THE DEFT'S  
 ATTORNEY WILL BE TAKING BACK TO COURT FOR COURT PERMISSION.  
 DEFT'S BODY GUARD IGOR HAS WEAPON PERMIT TO CARRY  
 A WEAPON. ADVISED THAT I WOULD BE DISCUSSING THE  
 GUN ISSUE WITH MY SUPERVISOR AND WE WILL DETERMINE IF  
 THE BODY GUARD WILL BE ABLE TO HAVE HIS GUN WHILE  
 LIVING THERE. THE DEFT IS AWARE OF WHAT IS EXCEPTED  
 FROM HIM WHILE ON COMMUNITY CONTROL. CS.

\_ 07/24/09 0931 FC  
 DEFT'S GIRLFRIEND, BODY GUARD, AND HOUSE MANAGER.  
 WACKENHUT SECURITY IN FRONT OF THE DEFT'S RESIDENCE. CS.

\_ 07/24/09 9901 CN PROTECTED HEALTH INFORMATION DISCLOSED

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A DATE TIME TYP NARRATIVE

\_ 07/24/09 9901 CN PROTECTED HEALTH INFORMATION DISCLOSED  
HAND DELIVERED TO THE PROBATION IN A ENVELOPE  
WITH PROTECTED BY HIPPA WRITTEN ON IT. INSIDE ENVELOPE  
IS A LETTER FROM HIS DOCTOR AND OTHER HEALTH  
PROTECTED INFORMATION. CS.

\_ 07/27/09 1045 OC  
DEFT'S GIRLFRIEND CAME IN TO PICK UP EXTRA COMM CONTROL  
SCHEDULE. CS.

\_ 07/28/09 0750 OP WRITTEN MONTHLY REPORT RECEIVED FOR CURRENT MONTH.  
DEFT SUBMITTED PROOF OF EMPLOYMENT - CERTIFICATE OF  
INCORPORATION FOR THE C.O.U.Q. FOUNDATION AND  
FINANCIAL TRUST COMPANY, INC. SUBMITTED OLD CC SCHEDULE  
AND NEW SCHEDULE APPROVED. CS.

\_ 07/28/09 1535 TP  
CALLED DEFT - INSTRUCTED HE IS NOT TO HAVE ANY

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A. DATE TIME TYP NARRATIVE

\_ 07/28/09 1535 TP

WEAPONS ON HIS PROPERTY. IF WEAPONS ARE FOUND, HE  
COULD BE A POSSIBLE VIOLATION. ALSO ADVISED THAT  
HE WOULD NEED A COURT-ORDER TO SWIM IN HIS POOL. CS.

\_ 07/28/09 9901 EN

DEFT IS SELF EMPLOYMENT - PROVIDED DOCUMENTATION OF BOTH  
FINANCIAL COMPANY AND CHARITABLE ORGANIZATIONS. CS.

\_ 07/28/09 9902 EV

VEIFIED THROUGH DOCUMENTS PROVIDED BY DEFT. CS.

\_ 08/04/09 0813 OP

OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED  
WRITTEN MONTHLY REPORT RECEIVED FOR CURRENT MONTH.  
COMPLETED OT23, INSTRUCTED TO MAKE PAYMENTS. CS.

\_ 08/05/09 1015 HP

HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.  
DEFT STATED THAT HIS DOCTOR WANTED TO PUT HIM IN  
THE LAKE WORTH POOL FOR THERAPY. ADVISED THIS OFFICER

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A. DATE TIME TYP NARRATIVE

\_ 08/05/09 1015 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.  
WOULD CHECK ON IT. CS.  
PROTECTED HEALTH INFORMATION DISCLOSED

\_ 08/05/09 1016 FC  
SECURITY GUARD, PARALEGAL AND GIRLFRIEND. CS.

\_ 08/05/09 1130 TP  
CALLED AND ADVISED ACCORDING TO THE CA, HIS ATTORNEY  
HAS TO TAKE IT BACK TO COURT IF HE WANTS TO GO INTO THE  
POOL. CS.

\_ 08/07/09 1015 TC  
CALLED STATE ATTORNEY'S OFFICE DIV W - AND LEFT MESSAGE  
RE: SPECIAL CONDITION - OF MANDATORY PUBLIC SERVICE.  
CS.

\_ 08/11/09 0814 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED  
INSTRUCTED ON OFOA. CS.

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DORB079

OFFENDER CONTACT/COMMENT SUMMARY

PAGE: 011

DC NO: W35755

NAME: EPSTEIN, JEFFREY

SUPV LVL: CC7

TERM DT: 07/21/2010

STAT:01 ACTIVE

OFFICER: 24398-ELKINS, CANDICE CUR.LOC: 154 LAKE WORTH

A. DATE TIME TYP NARRATIVE

\_ 08/12/09 0805 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.  
DEFT WORKING IN HIS HOME OFFICE. CS.

\_ 08/17/09 1550 TC

SPOKE WITH DIV W - CALLED REGARDING  
THE SPECIAL CONDITION OF "MANDATORY PUBLIC SERVICE"  
THIS OFFICER EXPLAINED THAT THERE WERE NO PUBLIC  
SERVICE HOURS ORDERED AND WANT TO CLARIFY WANT  
WAS MEANT - SHE STATED THAT ASST. STATE ATTORNEY DOES  
NOT WORK WITH THE STATE ANYMORE AND THE CASE WAS  
CLOSED. SHE STATED PROBATION WOULD HAVE TO TAKE IT  
BACK TO COURT TO CLARIFY THE CONDITION. CS.

\_ 08/17/09 1600 CN

CALLED AND LEFT MESSAGE WITH DEFT'S ATTORNEY -  
REGARDING CLARIFICATION. CS.

\_ 08/18/09 0800 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED

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A. DATE TIME TYP NARRATIVE

- 08/18/09 0800 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED ADVISED DEFT THAT THIS OFFICER NEEDED CLARIFICATION REGARDING CONDITION OF MANDATORY PUBLIC SERVICE. ADVISED A MESSAGE WAS LEFT FOR HIS ATTORNEY. CS.

- 08/19/09 0831 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.

- 08/19/09 1640 TC

RECIEVED A PHONE CALL FROM CAPTAIN GEORGE FRICK OF THE PALM BEACH ONE OF HIS OFFICERS JUST SAW THE SUBJECT WALKING DOWN A1A. HE ASKED WHAT THEY COULD DO I EXPLAINED THAT THEY COULD ARREST THE SUBJECT FOR VIOLATION OF COMMUNITY CONTROL IF THEY CATCH HIM DOING THAT. I GAVE THEM THE STATUTE NUMBER TO ARREST HIM AND EMAILED HIM A COPY OF THE SUBJECT'S ORDERS. CAPTAIN FRICK CALLED AGAIN ABOUT 5 MINUTES LATER TO SAY THEY HAVE MR. EPSTEIN WITH THEM RIGHT NOW. HE TOLD THEM THAT MS. SLOANE GAVE HIM PERMISSION TO WALK FROM HIS HOUSE

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DATE TIME TYP NARRATIVE

08/19/09 1640 TC

TO HIS OFFICE SINCE HE DOES NOT HAVE A DRIVERS LICENSE. I CONFIRMED WITH MS. SLOANE THAT THIS IS TRUE AND THAT HE WAS SCHEDULED TO BE AT WORK. BGLADSTONE

08/20/09 0830 TC

RECEIVED A CALLED FROM CAPT FICK OF THE PALM BEACH POLICE DEPARTMENT. HE HAS REQUESTED DEFT'S CC SCHEDULE. CS.

08/20/09 0915 TC

CALLED AND SPOKE TO THE DEFT REGARDING WHAT HAPPEN YESTERDAY. HE STATED HE WAS WALKING TO WORK AND THE PALM BEACH POLICE DEPARTMENT STOP TO QUESTION HIM ABOUT BEING OUT OF HIS RESIDENCE. ADVISED THAT THIS OFFICER WAS CALLED TO CLARIFY HIS SCHEDULE. INSTRUCTED THAT HE IS TO TAKE THE DIRECT ROUTE TO HIS OFFICE AND THAT HE

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DATE TIME TYP NARRATIVE

08/20/09 0915 TC

NEEDS TO BE MORE SPECIFIC ON HIS SCHEDULE. DEFT AGREED. CS.

08/20/09 0945 TC

ASST STATE ATTORNEY BARBARA BURNS CALLED - SHE ADVISED THAT SHE WAS TOLD THAT THE DEFT WAS ARRESTED ON A VOP. ADVISED THAT THE DEFT WAS NOT ARRESTED BUT WAS QUESTIONED BY THE PALM BEACH POLICE DEPARTMENT. DEFT WAS WALKING TO WORK, BUT HAD PERMISSION TO GO OR BE AT WORK AT THE TIME HE WAS STOP BY THE PALM BEACH POLICE DEPARTMENT. CS.

08/20/09 1430 TC

CALLED AND SPOKE WITH CAPT FICK - ADVISED THAT IT WAS GOING TO BE TOO DIFFCULT TO PROVIDE HIM WITH A COPY OF THE DEFT'S SCHEDULE EVERY WEEK DUE TO THE

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DATE TIME TYP NARRATIVE

08/20/09 1430 TC

FACT THAT THESE SCHEDULE SOMETIMES CHANGE DURING THE WEEK AND IT WOULD BE DIFFCULT TO KEEP HIM UPDATED ON ANY CHANGES AND THE SCHEDULE THAT HE WOULD RECEIVE ON TUE, MIGHT NOT BE ACCURATE IF CHANGES ARE MADE DURING THAT WEEK. CS.

08/21/09 0950 CN

EMAILED CAPT FRICK OF THE PALM BEACH POLICE DEPARTMENT CONTACT #S. CS.

08/22/09 0840 FC

SECURTIY GUARD. CS.

08/22/09 0841 HP

ADVISED DEFT THAT HE WILL BE REPORTING TO OFFICER HILL THE NEXT TWO WEEK. INSTRUCTED TO CARRY HIS SCHEDULE WITH HIM AT ALL TIME. OFFICER HILL WILL

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DATE TIME TYP NARRATIVE

08/22/09 0841 HP

INSTRUCT AGAIN ON TUE AND HAVE HIM SIGN A LETTER THAT STATES HE IS TO CARRY HIS SCHEDULE WITH HIM AT ALL TIMES. DEFT EXPLAINED TO THIS OFFICER THE ROUTE HE TAKES TO WORK - ACCORDING TO WHAT HE SAID - THE ROUTE LOOKS LIKE IT IS THE DIRECT ROUTE TO HIS OFFICE. DEFT EXPLAINED THAT HE TAKES THE 2ND BRIDGE OVER TO GET TO HIS OFFICE. HIS OFFICE IS LOCATED CLOSER TO THE 2ND PALM BEACH BRIDGE. CS.

08/25/09 1114 OP

OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED SUB REPORTED TO PROBATION. SUB INSTRUCTED ON CARRYING HIS SCHEDULE WITH HIM AT ALL TIMES. SUB SIGNED FORM VERIFYING INSTRUCTION. THEN THE SUB ASKED IF HE WAS THE ONLY ONE TO HAVE TO DO THIS? THIS OFFICER INFORMED SUB THAT ALL CC CASE OFFENDERS ARE REQUIRED TO CARRY THEIR SCHEDULES WITH THEM

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A. DATE TIME TYP NARRATIVE

08/25/09 1114 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED  
FURTHER MORE THAT BY NOT HAVING HIS SCHEDULE COULD CAUSE  
ISSUES IF REQUESTED TO PRODUCE HIS SCHEDULE AND HE COULD NOT  
BECAUSE HE DID NOT HAVE IT ON HIS PERSON. THIS OFFICER ADVIS  
ADVISED THE SUB TO CARRY THE COPY IN HIS BILLFOLD. SUB THEN  
ASKED ABOUT A CONTACT NUMBER IN CASE OF AN EMERGENCY. WHEN  
ASKED TO DEFINE EMERGENCY BY THIS OFFICER SUB STATED MEDICAL  
TYPE OF EMERGENCIES, THIS OFFICER REMINDED THE SUB OF THE  
FORM OFFICER SLOAN GAVE HIM WITH A CONTACT NUMBER TO CALL  
IN CASE OF SUCH EMERGENCIES BETWEEN THE HOURS OF 5PM TO 8AM  
MONDAY THRU FRIDAY AND 24 HOURS ON THE WEEKEND. ANYTHING  
THAT HAPPENS MONDAY THRU FRIDAY BETWEEN 8AM TO 5PM TO CALL  
THE PROBATION OFFICE. SUB SCHEDULE WAS APPROVED AFTER SOME  
CHANGES TO WHICH THE SUB BROUGHT TO THIS OFFICER'S ATTENTION  
THE SUB STATED THAT HE WAS INFORMED TO NOT KEEP LATE OFFICE

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A. DATE TIME TYP NARRATIVE

\_ 08/25/09 1114 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED HOURS SO HE DECIDED TO BREAK UP THE HOURS OF WORK AND HOME SUB WAS QUESTIONED ON WHY HE WOULD WORK LATE ON SUNDAY AND AN HOUR EXTRA ON THAT SAME DAY, THE SUB THEN DECIDED TO NOT WORK LATE ON SUNDAY. SCHEDULE WAS APPROVED AND SIGNED AFTER THIS.CHILL

\_ 08/26/09 1210 TC RECEIVED PHONE CALL FROM CAPTAIN FRICK FROM PALM BEACH POLICE DEPARTMENT THAT HE WAS INFORMED THAT THE SUBJECT IS IN NEW YORK CITY AS WE SPEAK. HE WAS INFORMED BY THE ASST. US ATTORNEY. I CALLED CPSO CONRAD HILL WHO IS SUPERVISING THE OFFENDER WHILE CPSO SLOANE IS ON ANNUAL AND HE IS GOING TO THE SUBJECT'S OFFICE TO VERIFY HE IS THERE. HE IS SCHEDULED TO BE AT THE OFFICE FROM 9AM TILL 1PM TODAY. BGLADSTONE

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A. DATE TIME TYP NARRATIVE

- 08/26/09 1230 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.  
OFFICER MADE CONTACT WITH SUB AT HIS RESIDENCE. SUB WAS SCHE SCHEDULED TO BE AT WORK AT 250 S. AUSTRALIAN BLVD, BUT DID NOT GO DUE TO NOT HAVING A DRIVER. THIS OFFICER INFORMED SUB TO CONTACT OFFICE ON DAYS HE IS NOT GOING TO WORK AND STAYING HOME. THIS OFFICER MADE ATTEMPT TO CONTACT THE SUB AT HIS LISTED EMPLOYMENT OFFICE, BUT WAS UNABLE TO AFTER THE OFFICER WENT TO THE 250 ADDRESS. THE OFFENDER'S OFFICE IS STILL IN THE SAME BUILDING AND SUITE THE NAME OF THE OFFICE IS NOT ON THE DOOR.CHILL
- 09/01/09 0930 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED OFFENDER REPORTED TO COMMUNITY CONTROL PLEASE READ CN AND TC CASENOTES. CHILL
- 09/01/09 1039 TC OFFICER CONTACTED ATTY ROY BLACK OF BLACK, SREBNICK,

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A. DATE TIME TYP NARRATIVE

\_ 09/01/09 1039 TC

KORNSPAN, STUMPF. THIS OFFICER CONTACTED MR. BLACK IN REGARD TO A LETTER WITH HIS SIGNATURE ON IT STATING THAT THE OFFEND OFFENDER WAS TO MEET WITH HIM AT HIS MIAMI OFFICE FOR A DEPOSITION ON SEPT 2, 2009. THIS OFFICER SPOKE WITH ATTY BLA BLACK WHO WOULD NOT DISCLOSE WHETHER OR NOT THIS WAS ACCURAT ACCURATE BUT ONLY STATE THAT THE OFFENDER WAS COMING TO HIS OFFICE TO TALK TO HIM. THIS OFFICER NOTIFIED MR. BLACK THAT THIS WAS NOT ACCEPTABLE DUE TO THE FACT THAT THE CURRENT SUPERVISION THAT THE OFFENDER WAS ON DID NOT PRETAIN TO ANY CONVERSTAION WITH HIS SELF AND THE OFFENDER BEING THAT THE ATTY FOR THIS CASE WAS JACK GOLDBERGER, ESQ. AND NOT HIM ALSO THAT DUE TO THE FACT THAT THE OFFENDER WAS ON COMMUNITY CONTROL HE WAS NOT ALLOWED TO JUST GO TALK TO AN ATTY IN ANOTHER COUNTY WITH OUT JUSTIFIABLE REASON, AT

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A. DATE TIME TYP NARRATIVE

\_ 09/01/09 1039 TC

THIS POINT MR. BLACK BECAME SOMEWHAT DEMEANING TO THIS OFFICER BY STATING THAT HE DID NOT HAVE TO DISCLOSE THE PURPOSE OF THE MEETING WITH THE OFFENDER AND HIMSELF TO A STATE EMPLOYEE/ STATE OFFICER WHO IS SUPERVISING THE OFFENDER.. AT THIS POINT THE ATTY WAS PUT ON HOLD WHILE THIS OFFICER REVIEWED THE FILE AND SPOKE WITH HIS SUPERVISOR. UPON REVIEW OF THE OFFENDER'S FILE HE DOES NOT HAVE ANY SC THAT ALLOWS HIM TO TRAVEL TO ANOTHER COUNTY FOR ANY UNRELATED MEETINGS TO HIS CURRENT SUPERVISION, THIS WAS MADE

\_ 09/01/09 1041 CN

\_ 09/03/09 1750 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.

\_ 09/07/09 1100 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.

DISCUSSED THE PAST 2 WEEKS - DEFT STATES HE SIGNED THE INTERSTATE COMPACT AGREEMENT. CS

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A. DATE TIME TYP NARRATIVE

- 09/07/09 1101 FC HOME COLLATERAL - SPOUSE/SIGNIFICANT OTHER.  
DEFT'S GIRLFRIEND - [REDACTED] AND BOYGUARY IGOR. CS.

- 09/08/09 0815 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED

- 09/11/09 9901 CN  
RE: SORR - DEFT'S RESIDENCE HAS BEEN VERIFIED AND  
HE HAS PROVIDED PROOF OF SEX OFFENDER REGISTRATION.  
CS.

- 09/15/09 0001 DT DRUG TEST NEGATIVE

- 09/15/09 0002 OP DRUG TEST NEGATIVE

- 09/15/09 0830 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED  
DEFT DRUG TESTED, ISP COMPLETED. CS.

- 09/15/09 1916 HP WALK THROUGH VISUAL INSPECTION CONDUCTED

- 09/18/09 0800 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.  
SPOKE WITH DEFT. HE ADVISED THAT HE HAD RAN INTO  
ONE OF THE VICTIMS WHILE HE WAS LEAVING HIS OFFICE.

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\_ 09/18/09 0800 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.  
THE VICTIM WAS IN THE OFFICE BUILDING WITH HER  
ATTORNEY (ADAM HOROWITZ - [REDACTED]) SHE WAS GOING  
TO BE DISPOSED. CS.

\_ 09/18/09 1519 CN  
RECEIVED A EMAIL FROM THE CIRCUIT ADM. MRS BAKER  
WITH AN ATTACHED. THE ATTACHED WAS A DECLARATION  
BY THE VICTIMS ATTORNEY FILED IN THE FEDERAL  
COURT SHOWING THAT THE DEFT HAD CONTACT WITH THE  
VICTIM. CS.

\_ 09/18/09 1520 CN  
FILE HAS BEEN REVIEWED - THE COURTS DID NOT ORDER  
NO CONTACT WITH THE VICTIMS. THIS OFFICER WILL  
REVIEW THAT COURT FILE. CS.

\_ 09/18/09 1600 TP

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A. DATE TIME TYP NARRATIVE

\_ 09/18/09 1600 TP

CALL THAT DEFT. DEFT EXPLAINED THAT HE WAS AT HIS OFFICE BUILDING TO WATCH THAT DEPO ON VIDEO. HE STATED THAT DEPO WAS TO START AT 1:00PM. HE DECEIDED TO SET UP THE VIDEO AT HIS HOME. UPON LEAVING THE OFFICE BUILDING HE RAN INTO ONE OF THE VICTIMS AND HER ATTORNEY. HE STATED HIS ATTORNEY ALSO FILE A MOTION IN THE FEDERAL COURTS. CS.

\_ 09/18/09 1615 TC

CALL AND SPOKE WITH ATTORNEY HOROWITZ [REDACTED] AND ADVISED THAT THIS OFFICER NEEDED TO FURTHER INVESTIGATED RE: ANY CONTACT ORDER AND WILL GET BACK TO HIM ON MONDAY. CS.

\_ 09/18/09 9901 IR COMPLETED INITIAL REVIEW

\_ 09/21/09 0800 CN

F4=RETURN TO PREVIOUS SCREEN

F1=MAIN MENU F6=SCREENS F7=REPORTS

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AC I=PP76/U=PP76/T=PP78

DATE	TIME	TYP	NARRATIVE
09/21/09	0800	CN	WENT TO THE PALM BEACH COUNTY CLERK OF COURT - REVIEWED DEFT'S FILE. DID NOT HAVE A "NO CONTACT WITH THE VICTIMS ORDERS". CONFERED WITH MRS BAKER. CS
09/21/09	1030	TC	CALLED ADAM HOROWITZ - ATTORNEY FOR ONE OF THE VICTIMS. ADVISED THAT THERE IS NO ORDER STATED HE IS NOT TO HAVE CONTACT WITH THE VICTIMS IN HIS CRIMINAL CASE. THE ATTORNEY ADVISED THAT IT WAS IN THE TRANSCRIPTS AND HE WAS GOING TO EMAIL IT TO THIS OFFICER. CS.
09/21/09	9901	A3	SENTENCE STRUCTURE, INDIVIDUALIZED SUPERVISION PLAN AND COURT ORDERED PAYMENT SYSTEM AUDITED.
09/21/09	9902	SA	SUPERVISION ORDERS AUDITED
09/21/09	9903	SS	SENTENCE STRUCTURE AUDITED
09/21/09	9904	P3	OP03 AUDIT COMPLETED

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A DATE TIME TYP NARRATIVE

\_ 09/22/09 0819 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED  
SPOKE ABOUT HIM RUN INTO THE VICTIM ON THE  
DAY OF THE DISPO. ADVISED THAT ATTORNEY HOROWITZ  
EMAILED THE CRIMINAL COURT TRANSCRIPT THAT STATES  
NO VICTIM CONTACT - ADVISED THAT THIS WOULD BE  
INVESTIGATED. CS.

\_ 09/29/09 0822 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED  
DEFT SET FOR ANOTHER DEPO VIA VIDEO, HE STATED THEY  
WERE GOING TO REQUEST THROUGH THE COURTS THAT HE IS  
ABLE TO BE PRESENT AT THESE DEPOS. DEFT ASKED IF  
HE IS ABLE TO SWIM IN HIS POOL. THIS OFFICER ADVISED  
THAT AFTER CONFERRING WITH THE CIRCUIT ADM IN THE PAST  
HE IS NOT TO SWIM IN HIS POOL. CSLOANE

\_ 10/01/09 1925 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.  
PROTECTED HEALTH INFORMATION DISCLOSED

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A	DATE	TIME	TYP	NARRATIVE
-	10/01/09	1925	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED. DEFT STATED HE WAS GOING TO HAVE A MRI TOMORROW. CSLOANE
-	10/02/09	0750	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.
-	10/06/09	0810	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED WRITTEN MONTHLY REPORT RECEIVED FOR CURRENT MONTH. DEFT SIGNED THE HALLOWEEN RULES. CSLOANE.
-	10/13/09	0826	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED
-	10/14/09	0741	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.
-	10/16/09	9901	RR	RE-REVIEW
-	10/17/09	2025	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.
-	10/17/09	2026	FC	HOUSE STAFF. CSLOANE
-	10/20/09	0804	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED ADVISED THAT STATE ATTORNEY HAS NOT SET COURT DATE

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## A. DATE TIME TYP NARRATIVE

\_ 10/20/09 0804 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED  
REGARDING - NO CONTACT ORDER AND MANDATORY PUBLIC  
SERVICE. CS.

\_ 10/23/09 0850 TP

RETURNED DEFT'S CALLED - DEFT STATES HIS HOUSE WAS  
BROKEN INTO EARLY THURSDAY MORNING 10-22 AT AROUND  
3:15AM - AT THE BEGINNING OF DEFT'S SUPERVISION, WACKEN  
HUT SECURITY WAS THERE 24 HOURS A DAY. THE DEFT  
SCALED BACK THE SECURITY TO 9:00PM TO 9:00AM A COUPLE  
OF MONTHS AGO. DEFT STATED WACKENHUT MADE A REPORT.  
ADVISED DEFT TO MAKE A POLICE REPORT. DEFT STATED HE  
WAS ADVISED BY HIS ATTORNEY NOT TO MAKE THE POLICE  
REPORT BECAUSE OF THE MEDIA. DEFT STATED THAT HE DOES NOT  
BELIEVE ANYTHING WAS STOLEN. CSLOANE

\_ 10/23/09 1040 CN

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AC DATE . TIME TYP NARRATIVE

\_ 10/23/09 1040 CN

RECEIVED AGREED ORDER SIGNED BY JUDGE COLBATH -  
STATED THE SPECIAL CONDITION OF "MANDATORY PUBLIC  
SERVICE" IS DELETED. CSLOANE

\_ 10/26/09 0800 HP

HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.  
DEFT SHOWED THIS OFFICER WERE THERE WAS AN  
ATTEMPT TO BREAK IN ON BOTH HIS SLIDING GLASS DOORS -  
ONE THAT LEADS INTO HIS HOME OFFICE AND THE OTHER  
DOOR LEADS TO HIS HOME. DEFT STATES HE MIGHT  
MOVE. INSTRUCTED TO ADVISE THIS OFFICER OF HIS NEW  
ADDRESS BEFORE HE MOVES. CSLOANE.

\_ 10/27/09 0815 OP

OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED  
DEFT ADVISED THAT HE WOULD GOING TO LOOK FOR A NEW  
HOUSE IN PALM BEACH DUE TO THE BREAK-IN. CSLOANE

\_ 10/30/09 1015 TC

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AC DATE TIME TYP NARRATIVE

\_ 10/30/09 1015 TC

RECEIVED A CALLED REQUESTING DEFT'S FILE. THE PERSON STATED SHE WAS A CITIZEN AND DID WANT TO GIVE HER NAME. SHE STATED WHEN SHE PICKS UP THE PAPERWORK THIS OFFICER WOULD KNOW WHO SHE IS. THIS OFFICER ADVISED THAT RECORDS COULD NOT BE GIVEN TO HER TODAY AND WOULD HAVE TO BE APPROVED BY THE CIRCUIT ADM. THE CALLER DID NOT SEEM TO LIKE THIS RESPONSE AND ASKED FOR THE CIRCUIT ADM. #. CSLOANE.

\_ 10/30/09 1130 TP

SPOKE WITH DEFT - HE STATED HE RECEIVED A CALLED FROM THE THE POSTAL INSPECTOR'S OFFICE REGARDING SOMEONE USING HIS ID AND POSSIBLE FRAUD. CSLOANE.

\_ 11/02/09 1103 HP

\_ 11/02/09 1104 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.

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AC DATE TIME TYP NARRATIVE

\_ 11/03/09 0810 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED  
WRITTEN MONTHLY REPORT RECEIVED FOR CURRENT MONTH.  
CSLOANE

\_ 11/09/09 0746 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.

\_ 11/10/09 0810 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED  
WEEKLY ACTIVITY RPT & SCHEDULE RECEIVED/REVIEWED.  
NO INCONSISTENCIES FOUND.  
CSLOANE

\_ 11/10/09 1330 CN

RECEIVED AN EMAIL FROM ASST. STATE ATTORNEY BARBARA  
BURNS WANTING TO KNOW IF THE DEFT HAD PERMISSION TO  
BE FLYING IN A HELICOPTER. ADVISED THAT HE HAD PERMISSION  
TO GO TO PALM BEACH AIRPORT TO CUSTOMIZE HIS  
HELICOPTER. ALSO ADVISED THAT HE WAS GIVEN PERMISSION  
TO SEE HIS ATTORNEY IN MIAMI AND HE WENT IN A HELICOPTER.

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\_ 11/10/09 1330 CN

ADVISED TO GIVE DATES, AND HIS PAST SCHEDULES CAN BE CHECKED. SHE ALSO STATED IN THE EMAIL - RE: NO VICTIM CONTACT ORDER. YES THERE WAS A NO CONTACT REQUIRMENT BUT IT NEVER GOT FILED IN WRITING. SHE HAS PREPARED ONE AND SENT IT TO THE DEFT'S ATTORNEY FOR THE DEFT TO SIGN. CSLOANE.

\_ 11/17/09 0812 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED WEEKLY ACTIVITY RPT & SCHEDULE RECEIVED/REVIEWED. NO INCONSISTENCIES FOUND. CSLOANE

\_ 11/18/09 0750 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.

\_ 11/23/09 1152 TC

RECEIVED AN EMAIL FROM EVA DUBIN - SHE STATED SHE WILL BE VISITING THE DEFT ON THE THANKSGIVING HOLIDAYS

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\_ 11/23/09 1152 TC

AND HAS 3 MINOR CHILDREN. THIS OFFICER SPOKE WITH MRS DUBIN TO MAKE SURE SHE WAS AWARE OF THE CHARGES AND THE SPECIAL CONDITON HE HAS ON PROBATION. SHE ASSURED THIS OFFICER THAT HER CHILDREN WILL NOT BE ALONE WITH THE DEFT. THIS OFFICER APPROVED THE VISIT. CSLOANE.

\_ 11/24/09 0827 OP

OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED WEEKLY ACTIVITY RPT & SCHEDULE RECEIVED/REVIEWED. NO INCONSISTENCIES FOUND. CSLOANE

\_ 11/26/09 0813 HP

HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.

\_ 11/30/09 1609 FP

OFFENDER IN COURT

S APPEARED IN CRT TODAY IN REGARDS TO A REQUEST TO TRAVEL FOR LEGAL MATTERS. S'S REQUEST WAS GRANTED IN PART. S GRANTED PERMISSION TO TRAVEL ON 12/3 BUT DENIED AS TO 12/12/09.

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DORB079

OFFENDER CONTACT/COMMENT SUMMARY

PAGE: 034

DC NO: W35755

NAME: EPSTEIN, JEFFREY

SUPV LVL: CC7

TERM DT: 07/21/2010

STAT:01 ACTIVE

OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

AC DATE TIME TYP NARRATIVE

\_ 11/30/09 1609 FP OFFENDER IN COURT

S'S ASSIGNED OFFICER NOTIFIED OF CRT APPEARANCE. S'S OFFCR  
ALSO PROVIDED COPY OF NO CONTACT ORDER FROM 11/18/09.SYARNS

\_ 11/30/09 9901 CN

DEFT WAS IN COURT TODAY - COURTS ALLOWING DEFT TO  
TRAVEL TO NEW YORK FOR 1 DAY ON DECEMBER 3. CSLOANE.\_ 12/01/09 0819 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED  
WEEKLY ACTIVITY RPT & SCHEDULE RECEIVED/REVIEWED.  
NO INCONSISTENCIES FOUND.WRITTEN MONTHLY REPORT RECEIVED FOR CURRENT MONTH.  
DEFT WAS GIVEN PERMISSION BY THE COURTS TO TRAVEL  
FOR 1 DAY (DEC 3) TO NEW YORK. DEFT PROVIDED  
ITINERARY - PLACED IN FILE. CSLOANE.\_ 12/02/09 0803 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.  
INSTRUCTED DEFT TO CALL ON FRIDAY TO ADVISE THAT HE

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\_ 12/02/09 0803 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.  
IS BACK IN PALM BEACH COUNTY. CSLOANE

\_ 12/04/09 0831 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.  
VERIFIED THAT DEFT WAS BACK FROM NEW YORK. DEFT STATED  
HE ARRIVED AT THE PBI AT APPROX. 11:15 PM LAST NIGHT.  
DEFT STATES HE DID NOT GET EVERYTHING HE NEEDED TO  
ACCOMPLISHED DONE AND WILL BE GOING BACK TO COURT FOR  
TO REQUEST ANOTHER TRAVEL DATE. ADVISED TO KEEP THIS  
OFFICER INFORMED. CSLOANE.

\_ 12/08/09 0809 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED  
DEFT STATES HE WILL BE GOING TO COURT ON MONDAY -  
TO ASK FOR TRAVEL. CSLOANE.

\_ 12/15/09 0805 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED  
DEFT STATED HIS ATTORNEY WILL BE SPEAKING TO  
THE ASST. STATE ATTORNEY REGARDING MORE TRAVEL.

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\_ 12/18/09 0830 FP

WASN'T.THAT SHE WAS TOLD BY HER BOSS THAT THEY WOULD BE INVESTIGATING THE SITUATION. THIS OFFICER STATED THAT I SHOULD BE INFORMED OF THE SITUATION, SO THE CASE CAN BE SUPERVISER ACCORDINGLY. SHE ALSO STATED THAT THE WITNESS WAS NOT COMING FORTH. THIS OFFICER INFORMED BOTH SUPERVISOR GAINES AND OFFICE SUPERVISOR BARETT. THIS OFFICER ADVISED THE ASST. STATE ATTORNEY THAT THIS OFFICER NEEDS TO BE INFORMED REGARDING INFORMATION CONCERNING THE DEFT. IF THE STATE NEEDED EXTRA CONTACT OR SURVELLIANCE ON THIS CASE THEY SHOULD INFORM THIS OFFICER. THIS OFFICER IS NOT ABLE TO SUPERVISOR THE CASE PROPERLY IF PERTINENT INFORMATION IS BEING WITHHELD FROM THIS OFFICER. CSLOANE

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AC DATE TIME TYP NARRATIVE

\_ 12/15/09 0805 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED STATES COURT DATE SET FOR FRIDAY. CSLOANE.

\_ 12/16/09 1842 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.

\_ 12/16/09 1843 FC

\_ 12/18/09 0830 FP

DEFT'S ATTORNEY ADVISED THAT DEFT WAS IN THE CAFE ON THE 1ST FLOOR OF THE COURTHOUSE. ATTORNEY GOLDBERG STATED THE DEFT DID NOT HAVE TO BE PRESENT. THIS OFFICER LATER MET WITH THE DEFT AT THE CAFE. THE DEFT'S TRAVEL WAS APPROVED BY THE COURTS. DEFT CAN TRAVEL FOR OVER NIGHT AND RETURN THE NEXT DAY. THIS OFFICER DEFERRED TO THE COURT REGARDING TRAVEL. THIS OFFICER WAS INFORMING THE ASST. STATE ATTORNEY BARBARA BURNS THAT THE DEFT WAS IN COMPLIANCE WITH HIS SUPERVISION. SHE MADE A COMMENT THAT MAYBE HE

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AC DATE TIME TYP NARRATIVE

\_ 12/18/09 1030 CN

SPOKE WITH OFFENDER REGARDING HIS OBLIGATION TO NOTIFY MS. SLOANE BEFORE TRAVELING AND IF SHE IS UNAVAILABLE TO NOTIFY OFFICER OF THE DAY.ALSO, REMINDED HIM HE IS EXPECTED TO CALL IMMEDIATELY IF THERE IS A DELAY WITH HIS TRAVEL BACK FROM HIS TRIP.

DURING THE HOLIDAY PERIOD AND WILL AS ALWAYS FOLLOW HIS SCHEDULE AND BE AT HOME OR WORK.OFFENDER EXPRESSED A DESIRE TO COMPLETE SUPERVISION AND GO ON WITH HIS LIFE;WRITER TOLD OFFENDER WE'RE HERE TO ENFORCE THE CONDITIONS OF SUPERVISION AND TO ASSIT HIM IN COMPLETING SUPERVISION.W.GAINES

\_ 12/18/09 2017 TP

PHONED OFFENDER TO VERIFY WRITER WAS AT HIS GATE ENTRANCE AND TO COME OUT.W.GAINES

\_ 12/18/09 2020 HP HOME PERSONAL - VERIFIED NEW RESIDENCE.

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AC- DATE TIME TYP NARRATIVE

\_ 12/22/09 0810 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED

\_ 12/29/09 0810 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED

\_ 12/30/09 1242 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.

\_ 01/01/10 0815 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.

\_ 01/05/10 0830 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED

WEEKLY ACTIVITY RPT & SCHEDULE RECEIVED/REVIEWED.

NO INCONSISTENCIES FOUND.

WRITTEN MONTHLY REPORT RECEIVED FOR CURRENT MONTH.

ISSUED TRAVEL PERMIT - DEFT WAS APPROVED BY THE COURTS

TO TRAVEL FOR OVER NIGHT STAYS. DEFT TO TRAVEL TO

NEW YORK ON 1-6-10 AND GO TO THE US VIRGIN ISLAND

FROM NEW YORK ON 1-7-10. ITINERARY WAS EMAILED TO

THIS OFFICER FROM DEFT'S ASSISTANT. CSLOANE.

\_ 01/05/10 1030 OP

PICKED UP TRAVEL PERMIT. PRIOR TO PICKING UP TRAVEL

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Ac DATE TIME TYP NARRATIVE

\_ 01/05/10 1030 OP

PERMIT - DEFT WENT TO REGISTER AT THE PBSO. COPY REGISTRATION FORM FOR FILE. CSLOANE.

\_ 01/08/10 0720 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.

\_ 01/11/10 0000 CN

DEFT ADVISED ON 1-8-10 THAT HE WILL BE TRAVELING TO NEW YORK ON THE 13TH AND TO THE US VIGIRN ISLANDS ON 1-15. INSTRUCTED TO PROVIDE ITINERARY FOR BOTH TRAVEL DATES. THE DEFT HAS BEEN GIVING PERMISSION TO TRAVEL BY THE COURTS. CSLOANE.

\_ 01/12/10 0811 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED WEEKLY ACTIVITY RPT & SCHEDULE RECEIVED/REVIEWED. NO INCONSISTENCIES FOUND. ISSUED TRAVEL PERMIT. CSLOANE

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Ac DATE TIME TYP NARRATIVE

\_ 01/12/10 1540 TP

OFFENDER PHONED ADVISING THAT THE POWER IS OUT AT HIS RESIDENCE,AND IS EXPECTED TO BE OUT UNTIL MIDNIGHT. SINCE THE TEMPERATURE WILL BE IN THE 40'S OR 50'S HE WANTS TO TRAVEL TO NEW YORK TWELVE HOURS EARLIER TODAY.W.GAINES

\_ 01/12/10 1645 OP

S REPORTED AND PICKED UP TRAVEL PERMIT TO LEAVE AT 8:30 PM. FROM PBIA. DWILLIAMS

\_ 01/14/10 0730 HP

HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED. STATES HE WAS ABLE TO GET A LOT ACCOMPLISHED IN NEW YORK. CSLOANE.

\_ 01/14/10 0800 FC

VERIFIED WITH WAKENHUT OFFICER THAT DEFT WAS HOME PRIOR TO 12:00 AM ON 1-13. CSLOANE.

\_ 01/19/10 0800 OP

OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED

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DORB079

OFFENDER CONTACT/COMMENT SUMMARY

PAGE: 042

DC NO: W35755

NAME: EPSTEIN, JEFFREY

SUPV LVL: CC7

TERM DT: 07/21/2010

STAT:01 ACTIVE

OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

AC DATE TIME TYP NARRATIVE

01/19/10 0800 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED DEFT STATES HE WILL BE TRAVELING NEXT WEEK - INSTRUCTED TO HAVE ITINERARY EMAILED. CSLOANE.

01/19/10 1857 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.

01/24/10 0935 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.

01/25/10 0820 TP

SUBJ CALLED AND REQUESTED PERMISSION TO ATTEND A 9:00 AM MEETING. SUBJ STATED THAT THE MEETING ISN'T ON HIS CURRENT SCHEDULE. I ADVISED SUBJ THAT THIS OD CAN'T AUTHORIZE A SCHEDULE CHANGE. G GREEN

01/25/10 0920 TP

SPOKE WITH OFFENDER TO CLARIFIED HE IS HAVING A MEETING OR DEPOSITION;NEED TO GO IN EARLY AT 9:30AM TODAY FOR DEPOSITIO OFFENDER ADVISED DEPOSITION WILL BE ALL DAY.W.GAINES

01/26/10 0816 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED

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PP79 0 W35755 01262010 0816

P150BZ4 04/08/10 10.18.11

DORB079

OFFENDER CONTACT/COMMENT SUMMARY

PAGE: 043

DC NO: W35755

NAME: EPSTEIN, JEFFREY

SUPV LVL: CC7

TERM DT: 07/21/2010

STAT:01 ACTIVE

OFFICER: 24398-ELKINS, CANDICE CUR.LOC: 154 LAKE WORTH

AC DATE TIME TYP NARRATIVE

\_ 01/26/10 0816 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED  
DEFT STATES HE WILL NOT BE TRAVELING THIS WEEK.  
TRAVEL PERMIT CANCELLED. CSLOANE.

\_ 01/27/10 0600 CN

CONDUCTED SURVEILLANCE FROM 6:30AM - 7:50AM -  
NO VIOALTIONS NOTED. CSLOANE.

\_ 01/30/10 0900 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.

\_ 02/03/10 0815 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED  
WEEKLY ACTIVITY RPT & SCHEDULE RECEIVED/REVIEWED.  
NO INCONSISTENCIES FOUND.

DEFT TRAVELING TO THE US VIRGIN ISLANDS TOMORROW -  
TRAVEL PERMIT APPROVED. DEFT STATED HIS BACK WAS  
HURTING AND WANT TO STOP AT WALGREEN FOR SOME  
BENGAY - STOP APPROVED. CSLOANE.

\_ 02/04/10 9901 CN

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\_ 02/04/10 9901 CN

DEFT DID NOT TRAVEL TO THE US VIRGIN ISLANDS -  
NEW PERMIT APPROVED FOR TRAVEL TO THE US VIRGIN ISLANDS  
ON 2-5 RETURNING THE SAME DAY. CSLOANE.

\_ 02/08/10 0821 HP

HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.  
DEFT STATES HE CALLED THE EMERGENCY # TO LET THEM  
KNOW THAT HE WAS BACK FROM HIS TRIP. HE WAS INSTRUCTED  
TO CALL THE NUMBER BY SUPERVISOR GAINES. HE STATED  
HE SPOKE WITH SGT. JOHNSON. CSLOANE.

\_ 02/09/10 0815 OP

OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED

\_ 02/10/10 1035 HP

HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.

\_ 02/11/10 9901 TR

TRANSFER WITHIN FLA.

NEW OFFICER IS ELKINS,CANDICE D

\_ 02/12/10 1624 CN

P.O.RECEIVED ITINERARY FROM PREVIOUS OFC SLOANE REGARDING

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\_ 02/12/10 1624 CN

S'S TRAVEL TO ST.THOMAS ON BUSINESS/TRAVEL HAS BEEN APPROVED AND WILL BE READY FOR PICK-UP WHEN S REPORTS IN ON MON.CELKINS

\_ 02/14/10 1849 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.

\_ 02/15/10 0900 OP

S REPORTED GAVE TRAVEL PERMIT THAT WAS ALREADY APPROVED, S SIGNED WAIVER OF EXTRADITION AND I APPROVED SCHEDULE/TM

\_ 02/17/10 0851 TP

P.O.RECEIVED PHONECALL FROM S THAT HE HAD RETURN BACK FROM HIS TRIP LAST NIGHT-S ASKED IF WE RECEIVED NEW ITINERARY FOR 2/18-2/19/THIS OFC STATED THAT WE DID RECEIVE IT AND IT WILL BE READY AROUND 3PM TODAY/S WILL BE TRAVELING TO NEW JERSEY.CELKINS

\_ 02/17/10 1420 CN

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\_ 02/17/10 1420 CN

TRAVEL PERMIT APPROVED AND WAS EMAILED TO S'S STAFF ATTN:  
STORY COWLES.CELKINS

\_ 02/22/10 1840 TP

P.O.RECEIVES PHONECALL FROM S'S ASSNT. STORY COWLES THAT S  
WILL BE TRAVELING TOMM FOR LEGAL ISSUES TO NY/STORY  
APLOGIZED FOR IT BEING LAST MIN AND STATED ITIENERARY IS  
BEING SENT NOW TO THIS OFC'S WORK EMAIL/S IS SET TO LEAVE  
TOMM AND RETURN ON 2/24.CELKINS

\_ 02/22/10 2112 HP

HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.  
WALK THROUGH VISUAL INSPECTION CONDUCTED  
THIS OFC CONDUCTED A WALK-THRU WITH OFC WILLIAMS/S SHOWED  
THESE OFC HIS WHOLE HOUSE/NO PROBLEMS.CELKINS

\_ 02/23/10 1114 OP

OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED  
S WAS REINSTRUCTED ON HIS ORDERS/S WAS GIVEN TRAVEL PERMIT

F4=RETURN TO PREVIOUS SCREEN

F1=MAIN MENU

F6=SCREENS

F7=REPORTS

F2=1ST PAGE

F3=PGDN

F12=IT05

AC I=PP76/U=PP76/T=PP78

DORB079

OFFENDER CONTACT/COMMENT SUMMARY

PAGE: 047

DC NO: W35755

NAME: EPSTEIN, JEFFREY

SUPV LVL: CC7

TERM DT: 07/21/2010

STAT:01 ACTIVE

OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

AC DATE TIME TYP NARRATIVE

\_ 02/23/10 1114 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED  
TO TRAVEL TO NY AND WILL RETURN ON 2/24-S MADE AWARE TO CALL  
THIS OFC ONCE HE RETURNS.CELKINS

\_ 02/24/10 1545 CN

P.O.RECEIVES EMAIL FROM S'S ASSTN THAT HE WILL BE TRAVELING  
ON 3/2-3/3 TO NEW YORK FOR DRS APPT AND LEGAL MTGS AND  
ALSO ON 3/5 TO THE VIRGIN ISLANDS FOR BUSINESS MTGS/P.O.  
TO GET ITENERARY READY AND HAVE SUP LOOK OVER/P.O.MADE PHONE  
CALL TO S'S ASSTN THAT S IS TO REPORT ON MON@ 1030AM  
CELKINS

\_ 03/01/10 1036 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED  
WRITTEN MONTHLY REPORT RECEIVED FOR CURRENT MONTH.  
S REPORTED IN AND WAS GIVEN TRAVEL PERMITS/THIS OFC ALSO  
GOT THE HOME PHONE# TO THE NEW YORK ADDRESS TO VERIFY S  
IS ABIDING BY SCHEDULE FOR FUTURE.CELKINS

F4=RETURN TO PREVIOUS SCREEN

F1=MAIN MENU F6=SCREENS F7=REPORTS

F2=1ST PAGE F3=PGDN F12=IT05

AC I=PP76/U=PP76/T=PP78

PP79 0 W35755 03012010 1458

P150BZ4 04/08/10 10.18.27

DORB079

OFFENDER CONTACT/COMMENT SUMMARY

PAGE: 048

DC NO: W35755

NAME: EPSTEIN, JEFFREY

SUPV LVL: CC7

TERM DT: 07/21/2010

STAT:01 ACTIVE

OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

AC DATE TIME TYP NARRATIVE

\_ 03/01/10 1458 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.  
\_ 03/09/10 0930 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED  
S EXPRESSED THAT HE MAY BE GOING FOR EARLY TERMINATION/S  
ASKED HOW DOES HE GO ABOUT THAT/S MADE AWARE THAT HE HAS TO  
CONTACT HIS ATTORNEY AND THEY SET A MOTION AS THIS OFC WILL  
NOT RECOMMEND EARLY TERM/SUP WILLIE GAINES WAS PRESENT  
DURING THIS CONVERSATION.CELKINS  
\_ 03/11/10 1622 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.  
\_ 03/11/10 9901 HV HOME PERSONAL - VERIFIED NEW RESIDENCE.  
\_ 03/14/10 1324 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.  
\_ 03/14/10 9901 HV HOME PERSONAL - VERIFIED NEW RESIDENCE.  
\_ 03/16/10 1715 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED  
\_ 03/17/10 1350 CN  
P.O.RECEIVED ITINERARY FROM S'S ASSTN REGARDING S'S TRAVEL  
FROM 3/25-3/26 AND ON 3/22-TRAVEL WAS APPROVED BY SUP/S

F4=RETURN TO PREVIOUS SCREEN

F1=MAIN MENU F6=SCREENS F7=REPORTS

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AC I=PP76/U=PP76/T=PP78

AC DATE TIME TYP NARRATIVE

\_ 03/17/10 1350 CN

MADE AWARE IT IS READY FOR PICKUP ON FRI.CELKINS

\_ 03/19/10 1301 EV EPS - EMPLOYMENT PERSONAL SECONDARY JOB

\_ 03/19/10 1301 FP EMPLOYMENT COLLATERAL - SUPERVISOR/OWNER CONTACTED

NO PROBLEMS

THIS OFC WENT TO S'S EMPLOYMENT/S WAS ON LUNCH FROM HIS DISPO/S WORKS ON 14TH FLOOR/S STATED HIS HOME WAS BROKEN INTO THIS PAST WEEKEND-S SAYS THAT THEY NOTIFIED THE POLICE AND HE HAS A POLICE REPORT/S SAYS THAT HE THINKING ABOUT CALLING MY SUP AND NOTIFYING HIM/P.O.SAID THAT WAS FINE CELKINS

\_ 03/19/10 9901 CN

RECEIVED CALL FROM OFFENDER THAT SOMEONE ATTEMPTED TO BREAK INTO HIS RESIDENCE AROUND 10:30PM ON 3-17-10 AND THE PALM BEACH POLICE DEPARTMENT HAS BEEN NOTIFIED.W.GAINES

F4=RETURN TO PREVIOUS SCREEN

F1=MAIN MENU F6=SCREENS F7=REPORTS

F2=1ST PAGE F3=PGDN F12=IT05

AC I=PP76/U=PP76/T=PP78

AC DATE TIME TYP NARRATIVE

\_ 03/23/10 1750 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED  
S WAS GIVEN TRAVEL PERMIT FOR 3/25-26 AND 3/29-30.CLEKINS

\_ 03/24/10 1120 CN

P.O.RECEIVES PHONECALL FROM A [REDACTED] THAT SHE  
WAS WRITING A BOOK ON S/SHE WENT ON TO SAY THAT SHE HAD  
HIS PHONE# BUT IT WAS NOW DISCONNECTED AND SHE WANTED TO  
KNOW IF I HAD A CURRENT ONE/BECAUSE OF S'S STATUS THIS OFC  
DID NOT GIVE OUT HIS PHONE#/THIS OFC TOLD MS. [REDACTED] THAT  
SHE COULD NOT GET THE # FROM ME AS HER WRITING A BOOK HAS  
NOTHING TO DO WITH A COURTORDER GIVING ME PERMISSION TO  
RELEASE HIS INFORMATION.CELKINS

\_ 03/25/10 0920 CN

BARBARA BURNS PHONED REGARDING THE OFFENDER'S REQUEST FOR  
EARLY TERM; THE DEPARTMENT OF CORRECTIONS WILL OBJECT  
TO THE EARLY TERMINATION.W.GAINES

F4=RETURN TO PREVIOUS SCREEN

F1=MAIN MENU F6=SCREENS F7=REPORTS

F2=1ST PAGE F3=PGDN F12=IT05

AC I=PP76/U=PP76/T=PP78

DORB079

OFFENDER CONTACT/COMMENT SUMMARY

PAGE: 051

DC NO: W35755

NAME: EPSTEIN, JEFFREY

SUPV LVL: CC7

TERM DT: 07/21/2010

STAT:01 ACTIVE

OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

DATE	TIME	TYP	NARRATIVE
03/30/10	1812	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED S WANTED TO SPEAK WITH SUP GAINES REGARDING EARLY TERM/NO PROBLEMS.CELKINS
03/30/10	2128	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.
03/31/10	1545	TP	
			OFFENDER PHONED TO ADVISE THAT HIS ATTORNEY WILL BE BEFORE THE COURT ON MONDAY APRIL 5,2010 TO MODIFY HIS ORDER TO TRAVEL OUT OF STATE FOR MORE THAN ONE NIGHT FOR BUISNESS NOTICE WILL BE SENT BY ATTORNEY.W.GAINES
04/01/10	1600	OP	WRITTEN MONTHLY REPORT RECEIVED FOR CURRENT MONTH. S CAME IN AND RECEIVED SIGNED TRAVEL FOR HIM TO TRAVEL TO NEW YORK FOR 4/7&4/8-COPY OF TRAVEL PERMIT WAS EMAILED TO INTERSTATE COMPACT.CELKINS
04/06/10	1805	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED S TO TRAVEL TO NY TOMM AND RETURN ON 4/8-NO PROBLEMS.CELKINS

F4=RETURN TO PREVIOUS SCREEN

F1=MAIN MENU F6=SCREENS F7=REPORTS

F2=1ST PAGE F3=PGDN F12=IT05

AC I=PP76/U=PP76/T=PP78

PP79 0 W35755 04062010 1805

P150BZ4 04/08/10 10.18.42

DORB079

OFFENDER CONTACT/COMMENT SUMMARY

PAGE: 052

DC NO: W35755

NAME: EPSTEIN, JEFFREY

SUPV LVL: CC7

TERM DT: 07/21/2010

STAT:01 ACTIVE

OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

AC DATE TIME TYP NARRATIVE

\_ 04/06/10 1805 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED  
WEEKLY ACTIVITY RPT & SCHEDULE RECEIVED/REVIEWED.  
NO INCONSISTENCIES FOUND.

\_ 04/06/10 2010 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.  
S HOME.CELKINS

DISPLAY COMPLETE - F4=RETURN  
F2=1ST PAGE F12=IT05

F1=MAIN MENU F6=SCREENS F7=REPORTS  
AC I=PP76/U=PP76/T=PP78

A DATE TIME TYP NARRATIVE

\_ 07/15/08 9901 CN

RECEIVED PALM BEACH POLICE INVESTIGATIVE REPORT FROM ASA BEHAVOLEK. FORWARDED IT TO OFC D WILLIAMS 15-4. WBARTELS

\_ 07/30/08 9901 FP

SAW S AT THE STOCKADE INSTRUCTED HIM ON ORDER OF COMMUNITY CONTROL I. S STATED HIS RELEASE DATE IS JULY 22, 2009. S WAS INSTRUCTED TO REPORT TO LAKE WORTH OFFICE IMMEDIATELY UPON RELEASE. S WAS INSTRUCTED TO REGISTER AS A SEX OFFENDER W/IN 48 HOURS OF RELEASE. DWILLIAMS

\_ 02/27/09 9901 FC

WENT TO THE STOCKADE DEPUTY STATED S IS STILL IN CUSTODY AT THE STOCKADE. DWILLIAMS

\_ 04/06/09 1130 TC

SPOKE TO DEPUTY BRAZER FROM PBSO INMATE RECORD AND HE ADVISE THE S IS IN CUSTODY WITH A TENTATIVE RELEASE DATE OF 9/24/09

F4=RETURN TO PREVIOUS SCREEN

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Sloane, Carmen

From: Story Cowles [REDACTED]  
Sent: Wednesday, November 11, 2009 11:14 AM  
To: Sloane, Carmen  
Subject: Schedule for Mr. Epstein

Re: Helicopter flights

Good Morning Officer Sloane,  
Our records indicate that Mr. Epstein has only taken one helicopter flight which was on September 14th to Miami. The other flight that he took was on August 27th to visit Sikorski Helicopters. That trip Mr. Epstein flew on a small plane, he had a helicopter standing by. Yesterday, November 10th, Mr. Epstein took a flight simulator for a helicopter. There was no actual time spent in the air.

Story

flew from PBI  
WPB -  
to Sikorski

→ easier

-8-27- given permission  
-11-10- given permission

North Palm Beach

IN THE CIRCUIT COURT OF THE FIFTEENTH  
JUDICIAL CIRCUIT IN AND FOR PALM BEACH  
COUNTY, FLORIDA - CRIMINAL DIVISION

CASE NO: 2008 CF 9381 AX 143

STATE OF FLORIDA

vs.

Jeffrey Epstein  
Defendant.

**FILED**

Circuit Criminal Department

DEC 18 2009

SHARON R. BOCK  
Clerk & Comptroller  
Palm Beach County

Agreed  
ORDER ON MOTION D's Motion for travel

THIS MATTER comes before the Court upon D's motion for travel.  
The Court, having been made aware that both counsel have agreed to said motion.  
Accordingly, it is hereby:

ORDERED and ADJUDGED that D's motion is granted under  
the following conditions: D's travel is weekdays only, no weekend;  
his travel on any trip may include 1 overnight only. The  
D's travel must be reviewed and approved by the D's probation  
Officer Perrin ~~Stoan~~ 48 hours in advance

DONE and ORDERED in Chambers, West Palm Beach, Palm Beach County,  
Florida, this \_\_\_\_\_ day of 12/18/09

[Signature]  
Circuit Court Judge

IN THE CIRCUIT COURT OF THE FIFTEENTH  
JUDICIAL CIRCUIT, IN AND FOR PALM BEACH  
COUNTY, FLORIDA

CASE NO.: 2008CF009381A

STATE OF FLORIDA

**NOTICE OF HEARING**

vs.

JEFFREY EPSTEIN,

Defendant.

---

TO: Barbara Burns, Esquire  
State Attorney's Office  
401 North Dixie Highway  
West Palm Beach, Florida 33401

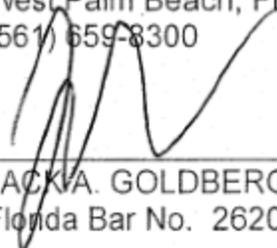
Carmen Sloane  
Department of Corrections  
3444 South Congress Avenue  
Lake Worth, Florida 33461

PLEASE TAKE NOTICE that the undersigned has called up for hearing the  
following:

JUDGE: Jeffrey Colbath  
DATE: December 18, 2009  
TIME: 8:30 a.m.  
PLACE: Room 11-F Palm Beach County Courthouse  
MATTER: Motion to Authorize Travel

I HEREBY CERTIFY that a true and correct copy of the foregoing Notice of Hearing  
has been furnished by fax and mail to the above-named addressee on this 16<sup>th</sup> day of  
December, 2009.

ATTERBURY, GOLDBERGER & WEISS, P.A.  
250 Australian Avenue South  
Suite 1400  
West Palm Beach, FL 33401  
(561) 659-8300

  
\_\_\_\_\_  
JACK A. GOLDBERGER, ESQ.  
Florida Bar No. 262013

IN THE CIRCUIT COURT OF THE FIFTEENTH  
JUDICIAL CIRCUIT, IN AND FOR PALM BEACH  
COUNTY, FLORIDA

CASE NO. 2008CF009381A

STATE OF FLORIDA

vs.

JEFFREY EPSTEIN,

Defendant.

---

**MOTION FOR AUTHORIZATION TO TRAVEL**

COMES NOW the Defendant, JEFFREY EPSTEIN, by and through his undersigned attorney and moves this Honorable Court to enter an Order authorizing the Defendant's travel for business purposes related to ongoing litigation. In support thereof the Defendant would state as follows:

1. The Defendant has been on community control since July 22, 2009.
2. The Defendant has been in complete compliance with his conditions of community control since being placed on supervision.
3. The Defendant was given permission to travel to New York on December 3, 2009 for the purposes of meeting with his attorney, Harry Susman.
4. After being granted permission, the Defendant arranged his travel plans with his community control officer, Carmen Sloane, and traveled to New York in complete compliance with the rules set forth by his community control officer.
5. The Defendant needs to travel out of state for additional meetings with his attorneys to continue to review documents. See letter from Harry Susman attached hereto as Exhibit "A".
6. Given the Defendant's complete compliance with the terms of supervision since being placed on community control on July 22, 2009, the Defendant's community control

IN THE CIRCUIT COURT OF THE FIFTEENTH  
JUDICIAL CIRCUIT IN AND FOR PALM BEACH  
COUNTY, FLORIDA - CRIMINAL DIVISION

CASE NO: 2008 CF 9381 AX 144

STATE OF FLORIDA

vs.

Jeffrey Epstein  
Defendant.

FILED

Circuit Criminal Department

DEC 18 2009

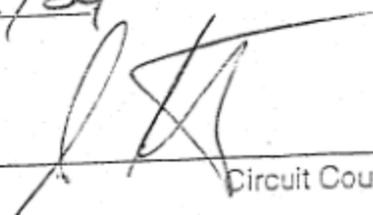
SHARON R. BOCK  
Clerk & Comptroller  
Palm Beach County

Agreed  
ORDER ON MOTION D's Motion for travel

THIS MATTER comes before the Court upon D's motion for travel.  
The Court, having been made aware that both counsel have agreed to said motion.  
Accordingly, it is hereby:

ORDERED and ADJUDGED that D's motion is granted under  
the following conditions: D's travel is weekdays only, no weekend;  
his travel on any trip may include 1 overnight only. The  
D's travel must be reviewed and approved by the D's probation  
Officer Carmen ~~Stoan~~ Sloan 48 hours in advance

DONE and ORDERED in Chambers, West Palm Beach, Palm Beach County,  
Florida, this \_\_\_\_\_ day of \_\_\_\_\_ 12/18/09

  
Circuit Court Judge

IN THE CIRCUIT COURT OF THE FIFTEENTH  
JUDICIAL CIRCUIT, IN AND FOR PALM BEACH  
COUNTY, FLORIDA

CASE NO.: 2008CF009381A

STATE OF FLORIDA

**NOTICE OF HEARING**

vs.

JEFFREY EPSTEIN,

Defendant.

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TO: Barbara Burns, Esquire  
State Attorney's Office  
401 North Dixie Highway  
West Palm Beach, Florida 33401

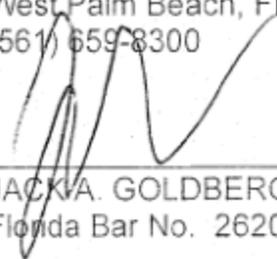
Carmen Sloane  
Department of Corrections  
3444 South Congress Avenue  
Lake Worth, Florida 33461

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December, 2009.

ATTERBURY, GOLDBERGER & WEISS, P.A.  
250 Australian Avenue South  
Suite 1400  
West Palm Beach, FL 33401  
(561) 659-8300



---

JACK A. GOLDBERGER, ESQ.  
Florida Bar No. 262013

IN THE CIRCUIT COURT OF THE FIFTEENTH  
JUDICIAL CIRCUIT, IN AND FOR PALM BEACH  
COUNTY, FLORIDA

CASE NO. 2008CF009381A

STATE OF FLORIDA

vs.

JEFFREY EPSTEIN,

Defendant.

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**MOTION FOR AUTHORIZATION TO TRAVEL**

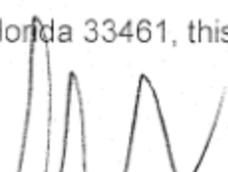
COMES NOW the Defendant, JEFFREY EPSTEIN, by and through his undersigned attorney and moves this Honorable Court to enter an Order authorizing the Defendant's travel for business purposes related to ongoing litigation. In support thereof the Defendant would state as follows:

1. The Defendant has been on community control since July 22, 2009.
2. The Defendant has been in complete compliance with his conditions of community control since being placed on supervision.
3. The Defendant was given permission to travel to New York on December 3, 2009 for the purposes of meeting with his attorney, Harry Susman.
4. After being granted permission, the Defendant arranged his travel plans with his community control officer, Carmen Sloane, and traveled to New York in complete compliance with the rules set forth by his community control officer.
5. The Defendant needs to travel out of state for additional meetings with his attorneys to continue to review documents. See letter from Harry Susman attached hereto as Exhibit "A".
6. Given the Defendant's complete compliance with the terms of supervision since being placed on community control on July 22, 2009, the Defendant's community control

officer, Carmen Sloane, has no objection to the Defendant being given permission to travel for purposes related to his ongoing litigation as long as the dates and times of travel are cleared in advance and approved by his community control officer.

WHEREFORE, the Defendant moves this Honorable Court to enter an Order authorizing the Defendant to travel for business purposes related to ongoing litigation as long as it is approved in advance by his community control officer.

I HEREBY CERTIFY that a copy of the foregoing has been furnished by fax and mail to Barbara Burns, Esquire, State Attorney's Office, 401 North Dixie Highway, West Palm Beach, Florida 33401 and to Carmen Sloane, Department of Corrections, 3444 South Congress Avenue, Lake Worth, Florida 33461, this 16<sup>th</sup> day of December, 2009.



---

JACK A. GOLDBERGER, ESQ.  
Atterbury, Goldberger & Weiss, P.A.  
250 Australian Avenue South  
Suite 1400  
West Palm Beach, Florida 33401  
(561) 659-08300  
Florida Bar No. 262013

ATTERBURY, GOLDBERGER & WEISS, P.A.  
250 Australian Avenue South  
Suite 1400  
West Palm Beach, Florida 33401  
(561) 659-8300  
Fax: (561) 835-8691

**FAX TRANSMITTAL COVER SHEET**

DATE: December 16, 2009  
TO: Carmen Sloane  
434-3972  
FROM: Jack Goldberger  
REMARKS: State v. Jeffrey Epstein  
Motion to Authorize Travel  
TOTAL PAGES: 5 including cover sheet

**\*\*\* PLEASE NOTE - CONFIDENTIALITY WARNING \*\*\***

**THIS MESSAGE IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW.** If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the above address via the U.S. Postal Mail Service. Thank you for your cooperation.

IN THE CIRCUIT COURT OF THE FIFTEENTH  
JUDICIAL CIRCUIT, IN AND FOR PALM BEACH  
COUNTY, FLORIDA

CASE NO.: 2008CF009381A

STATE OF FLORIDA

NOTICE OF HEARING

vs.

JEFFREY EPSTEIN,

Defendant.

---

TO: Barbara Burns, Esquire  
State Attorney's Office  
401 North Dixie Highway  
West Palm Beach, Florida 33401

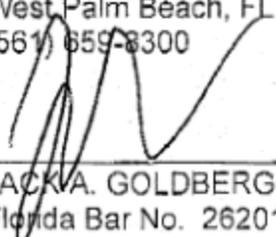
Carmen Sloane  
Department of Corrections  
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December, 2009.

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250 Australian Avenue South  
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(561) 659-8300



---

JACK A. GOLDBERGER, ESQ.  
Florida Bar No. 262013

IN THE CIRCUIT COURT OF THE FIFTEENTH  
JUDICIAL CIRCUIT, IN AND FOR PALM BEACH  
COUNTY, FLORIDA

CASE NO. 2008CF009381A

STATE OF FLORIDA

vs.

JEFFREY EPSTEIN,

Defendant.

---

MOTION FOR AUTHORIZATION TO TRAVEL

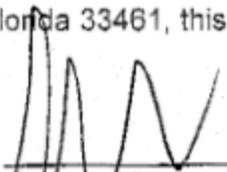
COMES NOW the Defendant, JEFFREY EPSTEIN, by and through his undersigned attorney and moves this Honorable Court to enter an Order authorizing the Defendant's travel for business purposes related to ongoing litigation. In support thereof the Defendant would state as follows:

1. The Defendant has been on community control since July 22, 2009.
2. The Defendant has been in complete compliance with his conditions of community control since being placed on supervision.
3. The Defendant was given permission to travel to New York on December 3, 2009 for the purposes of meeting with his attorney, Harry Susman.
4. After being granted permission, the Defendant arranged his travel plans with his community control officer, Carmen Sloane, and traveled to New York in complete compliance with the rules set forth by his community control officer.
5. The Defendant needs to travel out of state for additional meetings with his attorneys to continue to review documents. See letter from Harry Susman attached hereto as Exhibit "A".
6. Given the Defendant's complete compliance with the terms of supervision since being placed on community control on July 22, 2009, the Defendant's community control

officer, Carmen Sloane, has no objection to the Defendant being given permission to travel for purposes related to his ongoing litigation as long as the dates and times of travel are cleared in advance and approved by his community control officer.

WHEREFORE, the Defendant moves this Honorable Court to enter an Order authorizing the Defendant to travel for business purposes related to ongoing litigation as long as it is approved in advance by his community control officer.

I HEREBY CERTIFY that a copy of the foregoing has been furnished by fax and mail to Barbara Burns, Esquire, State Attorney's Office, 401 North Dixie Highway, West Palm Beach, Florida 33401 and to Carmen Sloane, Department of Corrections, 3444 South Congress Avenue, Lake Worth, Florida 33461, this 16<sup>th</sup> day of December, 2009.



---

JACK A. GOLDBERGER, ESQ.  
Atterbury, Goldberger & Weiss, P.A.  
250 Australian Avenue South  
Suite 1400  
West Palm Beach, Florida 33401  
(561) 659-08300  
Florida Bar No. 262013

Stare

IN THE CIRCUIT COURT OF THE FIFTEENTH  
JUDICIAL CIRCUIT IN AND FOR PALM BEACH  
COUNTY, FLORIDA - CRIMINAL DIVISION

CASE NO: 2008 CE 009381 A

STATE OF FLORIDA

vs.

Jeffrey Epstein  
Defendant.

**FILED**  
Circuit Criminal Department  
NOV 30 2009  
SHARON R. BOCK  
Clerk & Comptroller  
Palm Beach County

ORDER ON MOTION to Authorize travel

THIS MATTER comes before the Court upon D's motion to Authorize travel  
The Court, having been made aware that both counsel have agreed to said motion.  
Accordingly, it is hereby:

ORDERED and ADJUDGED that D's motion granted as to  
travel on Dec. 3 - denied as to travel on  
Dec. 12

DONE and ORDERED in Chambers, West Palm Beach, Palm Beach County,  
Florida, this \_\_\_\_\_ day of \_\_\_\_\_,

[Signature] 11/30/09  
Circuit Court Judge

IN THE CIRCUIT COURT OF THE FIFTEENTH  
JUDICIAL CIRCUIT, IN AND FOR PALM BEACH  
COUNTY, FLORIDA

CASE NO.: 2008CF009381A

STATE OF FLORIDA

NOTICE OF HEARING

vs.

JEFFREY EPSTEIN,

Defendant.

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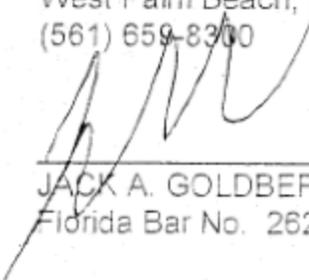
TO: Barbara Burns, Esquire  
State Attorney's Office  
401 North Dixie Highway  
West Palm Beach, Florida 33401

PLEASE TAKE NOTICE that the undersigned has called up for hearing the  
following:

JUDGE: Jeffrey Colbath  
DATE: November 30, 2009  
TIME: 8:30 a.m.  
PLACE: Room 11-F Palm Beach County Courthouse  
MATTER: Motion for Travel

I HEREBY CERTIFY that a true and correct copy of the foregoing Notice of Hearing  
has been furnished by mail to the above-named addressee on this 19<sup>th</sup> day of November,  
2009.

ATTERBURY, GOLDBERGER & WEISS, P.A.  
250 Australian Avenue South  
Suite 1400  
West Palm Beach, FL 33401  
(561) 659-8300



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JACK A. GOLDBERGER, ESQ.  
Florida Bar No. 262013

IN THE CIRCUIT COURT OF THE FIFTEENTH  
JUDICIAL CIRCUIT, IN AND FOR PALM BEACH  
COUNTY, FLORIDA

CASE NO. 2008CF009381A

STATE OF FLORIDA

vs.

JEFFREY EPSTEIN,

Defendant.

---

MOTION FOR AUTHORIZATION TO TRAVEL

COMES NOW the Defendant, JEFFREY EPSTEIN, by and through his undersigned attorney and moves this Honorable Court to enter an Order authorizing the Defendant to travel to New York on December 3, 2009 and December 12, 2009. In support thereof the Defendant would state as follows:

1. The Defendant has been on community control since July 22, 2009.
- 2 The Defendant has been in complete compliance with his conditions of community control since being placed on supervision.
- 3 At a hearing on November 18, 2009 concerning the status of a No Contact Order, the Defendant, through counsel, requested this Honorable Court to allow the Defendant to travel for business purposes as long as he received the prior approval of his probation officer. The Court denied the motion at that time without prejudice and indicated that when there is a specific business trip planned for the Defendant to bring the matter back before the Court and it would be considered.
- 4 The Defendant desires to travel to New York on December 3, 2009 and to return to West Palm Beach on the same date. The purpose of the meeting is for the Defendant to meet with his attorney, Stephen Susman at the Law Office of Davis Polk and Wardwell, located at 450 Lexington Avenue, New York, New York 10017. The purpose of the meeting

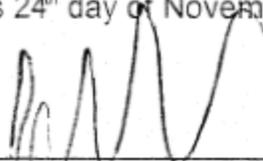
is for Mr. Epstein and his attorney to review documents at the Davis Polk Law Offices. Attached hereto as Exhibit "A" is a letter from the Defendant's civil counsel, Stephen Susman, confirming the need for the meeting to take place at the Davis Polk Law Office in New York.

5 The Defendant would travel to New York on the morning of December 3, 2009 and would return to West Palm Beach on the evening of December 3, 2009. The Defendant would confirm the specific times of his travel with his probation officer prior to travel.

6. The Defendant also needs to travel to New York on December 12, 2009 for a meeting with a governmental official from a foreign country. Once again, the Defendant would travel to New York on the morning of December 12, 2009 and would return the evening of December 12, 2009. The Defendant would once again confirm the specific travel times with his probation officer prior to travel.

WHEREFORE, the Defendant moves this Honorable Court to enter an Order authorizing the Defendant to travel for the day on December 3, 2009 and December 12, 2009.

I HEREBY CERTIFY that a copy of the foregoing has been furnished by mail to Barbara Burns, Esquire, State Attorney's Office, 401 North Dixie Highway, West Palm Beach, Florida 33401 and to Carmen Sloane, Department of Corrections, 423 Fern Street, West Palm Beach, Florida 33401, this 24<sup>th</sup> day of November, 2009.



---

JACK A. GOLDBERGER, ESQ.  
Atterbury, Goldberger & Weiss, P.A.  
250 Australian Avenue South  
Suite 1400  
West Palm Beach, Florida 33401  
(561) 659-08300  
Florida Bar No. 262013

IN THE CIRCUIT COURT OF THE FIFTEENTH  
JUDICIAL CIRCUIT IN AND FOR PALM BEACH  
COUNTY, FLORIDA - CRIMINAL DIVISION

CASE NO: 2008 CK 009381 A

STATE OF FLORIDA

vs.

Jeffrey Epstein  
Defendant.

**FILED**  
Circuit Criminal Department  
NOV 30 2009  
SHARON R. BOCK  
Clerk & Controller  
Palm Beach County

ORDER ON MOTION to Authorize travel

THIS MATTER comes before the Court upon D's motion to Authorize travel

The Court, having been made aware that both counsel have agreed to said motion.

Accordingly, it is hereby:

ORDERED and ADJUDGED that D's motion granted as to  
travel on Dec. 3 - denied as to travel on  
Dec. 12

DONE and ORDERED in Chambers, West Palm Beach, Palm Beach County,  
Florida, this \_\_\_\_\_ day of \_\_\_\_\_.

[Signature] 11/30/09  
Circuit Court Judge

IN THE CIRCUIT COURT OF THE FIFTEENTH  
JUDICIAL CIRCUIT, IN AND FOR PALM BEACH  
COUNTY, FLORIDA

CASE NO. 2008CF009381A

STATE OF FLORIDA

vs.

JEFFREY EPSTEIN,

Defendant.  
\_\_\_\_\_ /

**ORIGINAL FILED**  
Circuit Criminal Department

NOV 25 2009

SHARON R. BOCK  
Clerk & Comptroller  
Palm Beach County

**MOTION FOR AUTHORIZATION TO TRAVEL**

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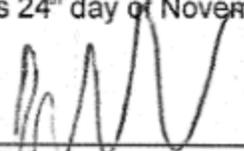
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Florida Bar No. 262013



ATTERBURY, GOLDBERGER & WEISS, P.A.  
250 Australian Avenue South  
Suite 1400  
West Palm Beach, Florida 33401  
(561) 659-8300  
Fax: (561) 835-8691

**FAX TRANSMITTAL COVER SHEET**

DATE: November 25 2009  
TO: Carmen Sloane  
837-5278  
FROM: Jack Goldberger  
REMARKS: State vs. Jeffrey Epstein  
Motion to Authorize Travel & Notice of Hearing  
TOTAL PAGES: 5, including cover sheet

**\*\*\* PLEASE NOTE - CONFIDENTIALITY WARNING \*\*\***

THIS MESSAGE IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the above address via the U.S. Postal Mail Service. Thank you for your cooperation.

IN THE CIRCUIT COURT OF THE FIFTEENTH  
JUDICIAL CIRCUIT, IN AND FOR PALM BEACH  
COUNTY, FLORIDA

CASE NO.: 2008CF009381A

STATE OF FLORIDA

NOTICE OF HEARING

vs.

JEFFREY EPSTEIN,

Defendant.

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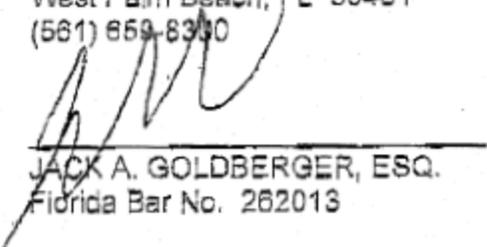
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\_\_\_\_\_  
JACK A. GOLDBERGER, ESQ.  
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IN THE CIRCUIT COURT OF THE FIFTEENTH  
JUDICIAL CIRCUIT, IN AND FOR PALM BEACH  
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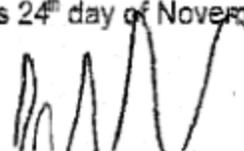
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West Palm Beach, Florida 33401  
(561) 659-08300  
Florida Bar No. 262013

State of Florida  
Department of Corrections - Community Corrections  
**TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST**

Name: Jeffrey Epstein DC#: W35755 Date: 3/23/2010

Probation  Community Control  Drug Offender Probation  Sex Offender  Post Release  Pretrial Intervention  
Offense: Procure Person Under Age of 18 for Prostitution  Felony  Misdemeanor  
Sentence Length: 12 months Community Control Termination Date: 7-21-2010

TRAVEL PERMIT ( \*Provisional  \*Temporary)

Purpose of Trip: Business- Legal Meetings

Name(s), address and telephone number of destination:  
Residence -9 East 71<sup>st</sup> St., New York, NY / Legal meetings- 1345 Avenue of Americas, 46<sup>th</sup> floor New York, NY / DRS appt. - 629 Park Avenue, New York, NY

Departure Date: 3/25/2010 Return Date: 3/26/2010 Method of Travel: Private Plane

Accompanied By: Staff Relationship: \_\_\_\_\_

Comments/Instructions: Contact Probation Officer on next business day upon return.

Contact your probation officer upon return or as instructed.  
 Report any contact with law enforcement to your probation officer immediately.  
 Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor.

Approved by: \_\_\_\_\_ Phone (Office/After Hours): \_\_\_\_\_

Officer: Candice Elkins Supervisor: Willie Gaines \_\_\_\_\_

INTRASTATE TRANSFER REQUEST

Proposed Residence: \_\_\_\_\_  
Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Proposed Employment: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

**REPORTING INSTRUCTIONS:** \_\_\_\_\_

*\*Provisional Travel Permit: Permission for non-sex offender to return to the state offender was living in at the time of sentencing.  
\*Temporary Travel Permit: Permission for visits out of state for a period not to exceed thirty (30) days.*

**WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)**

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: \_\_\_\_\_

Witness: \_\_\_\_\_ 3/23/10



State of Florida  
Department of Corrections - Community Corrections  
**TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST**

Name: Jeffrey Epstein DC#: W35755 Date: 3/23/2010

Probation  Community Control  Drug Offender Probation  Sex Offender  Post Release  Pretrial Intervention  
Offense: Procure Person Under Age of 18 for Prostitution  Felony  Misdemeanor  
Sentence Length: 12 months Community Control Termination Date: 7-21-2010

TRAVEL PERMIT ( \*Provisional  \*Temporary)

Purpose of Trip: Business- Legal Meetings

Name(s), address and telephone number of destination:  
Residence - Little St. James /Office- 6100 Red Hook Quarters #B3

Departure Date: 3/29/2010 Return Date: 3/30/2010 Method of Travel: Private Plane

Accompanied By: Staff Relationship: \_\_\_\_\_

Comments/Instructions: Contact Probation Officer on next business day upon return.

Contact your probation officer upon return or as instructed.  
 Report any contact with law enforcement to your probation officer immediately.  
 Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor.

Approved by: \_\_\_\_\_ Phone (Office/After Hours): \_\_\_\_\_  
Officer: Candice Elkins Supervisor: Willie Gaines

INTRASTATE TRANSFER REQUEST

Proposed Residence: \_\_\_\_\_  
Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Proposed Employment: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

**REPORTING INSTRUCTIONS:** \_\_\_\_\_

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Offender: \_\_\_\_\_  
Witness: \_\_\_\_\_ 3/23/10



**Schedule for Thursday (3/25/10)**

6:00am Leave 358 El Brillo Way for Galaxy Aviaiton at Palm Beach International Airport  
7:00am Take off from Palm Beach International Airport for Teterboro Airport, NJ  
11:00am Arrive at residence (9E. 71<sup>st</sup> St. New York, NY 10021)  
2:30pm Leave residence for Doctor  
3:00pm Doctor appointment at 629 Park Avenue  
5:00pm Back at Residence (9 E. 71<sup>st</sup> St)

**Schedule for Friday (3/26/10)**

10:00am Leave residence for legal meeting  
10:30am Legal meeting at Stephen Susman's office (1345 Avenue of the Americas, 46<sup>th</sup> Floor)  
2:00pm Return to residence (9 E. 71<sup>st</sup> St)  
6:00pm Leave for Teterboro airport, NJ  
7:00pm Take off from Teterboro airport for Boca Raton Airport  
11:00pm Back at 358 El Brillo way

**Schedule for 3/29:**

3:00am

Leave 358 El Brillo way for Boca Raton Airport

4:00am

Wheels up from Boca Raton Airport for St. Thomas airport

7:00am

Land in St. Thomas

8:00am

Residence (Little St. James)

1:30pm

Leave residence for office

2:00-5:00pm

Office (6100 Red Hook Quarters, Suite B3)

5:30pm

Residence (Little St. James)

**Schedule for 3/30:**

8:30am

Leave residence for office

9:00- 10:00am

Office (6100 Red Hook Quarters, Suite B3)

10:30am

Residence (Little St. James)

1:15pm

Leave residence for STT via helicopter

2:00pm

Wheels up from STT for PBI

5:00pm

Land at PBI and go to probation office to meet with officer Elkins

State of Florida  
Department of Corrections - Community Corrections  
**TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST**

Name: <u>Jeffrey Epstein</u>		DC#: <u>W35755</u>	Date: <u>3/17/2010</u>
<input type="checkbox"/> Probation		<input checked="" type="checkbox"/> Community Control	<input type="checkbox"/> Drug Offender Probation
<input type="checkbox"/> Sex Offender		<input type="checkbox"/> Post Release	<input type="checkbox"/> Pretrial Intervention
Offense: <u>Procure Person Under Age of 18 for Prostitution</u>		<input checked="" type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor
Sentence Length: <u>12 months Community Control</u>		Termination Date: <u>7-21-2010</u>	
<input checked="" type="checkbox"/> TRAVEL PERMIT ( <input type="checkbox"/> *Provisional <input type="checkbox"/> *Temporary)			
Purpose of Trip: <u>Business- Legal Meetings</u>			
Name(s), address and telephone number of destination: <u>Residence -9 East 71<sup>st</sup> St., New York, NY / Legal meetings- 1345 Avenue of Americas, 46<sup>th</sup> floor New York, NY / DRS appt. - 44 East 67<sup>th</sup> St., New York, NY</u>			
Departure Date: <u>3/25/2010</u>		Return Date: <u>3/26/2010</u>	Method of Travel: <u>Private Plane</u>
Accompanied By: <u>Staff</u>		Relationship: _____	
Comments/Instructions: <u>Contact Probation Officer on next business day upon return.</u>			
<input checked="" type="checkbox"/> Contact your probation officer upon return or as instructed.			
<input checked="" type="checkbox"/> Report any contact with law enforcement to your probation officer immediately.			
<input checked="" type="checkbox"/> Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor.			
Approved by: _____		Phone (Office/After Hours): _____	
Officer: <u>Candice Elkins</u>		Supervisor: <u>Willie Gaines</u>	
<input type="checkbox"/> INTRASTATE TRANSFER REQUEST			
Proposed Residence: _____			
Relation: _____		Phone: _____	
Proposed Employment: _____			
Supervisor: _____		Phone: _____	
REPORTING INSTRUCTIONS: _____			
<small>*Provisional Travel Permit: Permission for non-sex offender to return to the state offender was living in at the time of sentencing. *Temporary Travel Permit: Permission for visits out of state for a period not to exceed thirty (30) days.</small>			

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Offender: \_\_\_\_\_

Witness: \_\_\_\_\_



State of Florida  
Department of Corrections - Community Corrections  
**TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST**

Name: Jeffrey Epstein DC#: W35755 Date: 3/17/2010

Probation  Community Control  Drug Offender Probation  Sex Offender  Post Release  Pretrial Intervention

Offense: Procure Person Under Age of 18 for Prostitution  Felony  Misdemeanor

Sentence Length: 12 months Community Control Termination Date: 7-21-2010

TRAVEL PERMIT ( \*Provisional  \*Temporary)

Purpose of Trip: Business- Legal Meetings

Name(s), address and telephone number of destination:  
Residence - Little St. James /Office- 6100 Red Hook Quarters #B3

Leave and Arrive: 6am- 10:30am Office: 11am-12pm Leave and Arrive: 5pm-6pm Home@ 10:30pm

Departure Date: 3/22/2010 Return Date: 3/22/2010 Method of Travel: Private Plane

Accompanied By: Staff Relationship: \_\_\_\_\_

Comments/Instructions: Contact Probation Officer on next business day upon return.

Contact your probation officer upon return or as instructed.  
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Approved by: \_\_\_\_\_ Phone (Office/After Hours): \_\_\_\_\_

Officer: Candice Elkins Supervisor: Willie Gaines

INTRASTATE TRANSFER REQUEST

Proposed Residence: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Proposed Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

**REPORTING INSTRUCTIONS:** \_\_\_\_\_

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Offender: \_\_\_\_\_  
Witness: \_\_\_\_\_



**Schedule for Thursday (3/25/10)**

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11:00am Arrive at residence (9E. 71<sup>st</sup> St. New York, NY 10021)  
2:30pm Leave residence for Doctor  
3:00pm Doctor appointment at 629 Park Avenue  
5:00pm Back at Residence (9 E. 71<sup>st</sup> St)

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10:00am Leave residence for legal meeting  
10:30am Legal meeting at Stephen Susman's office (1345 Avenue of the Americas, 46<sup>th</sup> Floor)  
2:00pm Return to residence (9 E. 71<sup>st</sup> St)  
7:00pm Leave for Teterboro airport, NJ  
8:00pm Take off from Teterboro airport for PBI  
11:00pm Back at 358 El Brillo way

**Schedule for 3/22:**

6:00am	Leave 358 El Brillo way for galaxy Aviation at Palm Beach International Airport
7:00am	Wheels up from PBI to St. Thomas (STT)
10:30 am	Land at St. Thomas
11:00am-12:00pm	Office (6100 Red Hook Quarters, Suite B3)
12:30-5:00pm	Residence (Little St. James)
5:00pm	Leave for STT via helicopter
6:00pm	Wheels up from STT for PBI
10:30pm	Back at 358 El Brillo way

State of Florida  
Department of Corrections - Community Corrections  
**TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST**

Name: Jeffrey Epstein DC#: W35755 Date: 3/1/2010  
 Probation  Community Control  Drug Offender Probation  Sex Offender  Post Release  Pretrial Intervention  
Offense: Procure Person Under Age of 18 for Prostitution  Felony  Misdemeanor  
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Name(s), address and telephone number of destination:  
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Departure Date: 3/5/2010 Return Date: 3/5/2010 Method of Travel: Private Plane  
Accompanied By: Staff Relationship: \_\_\_\_\_

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Approved by: \_\_\_\_\_ Phone (Office/After Hours): \_\_\_\_\_  
Officer: Candice Elkins Supervisor: Willie Gaines 3/1/10

INTRASTATE TRANSFER REQUEST  
Proposed Residence: \_\_\_\_\_  
Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Proposed Employment: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

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*\*Temporary Travel Permit:* Permission for visits out of state for a period not to exceed thirty (30) days.

**WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)**

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: \_\_\_\_\_  
Witness: \_\_\_\_\_



State of Florida  
Department of Corrections - Community Corrections  
**TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST**

Name: Jeffrey Epstein DC#: W35755 Date: 3/1/2010

Probation  Community Control  Drug Offender Probation  Sex Offender  Post Release  Pretrial Intervention  
Offense: Procure Person Under Age of 18 for Prostitution  Felony  Misdemeanor  
Sentence Length: 12 months Community Control Termination Date: 7-21-2010

TRAVEL PERMIT ( \*Provisional  \*Temporary)

Purpose of Trip: Business- Legal Meetings

Name(s), address and telephone number of destination:

Residence - 9 East 71<sup>st</sup> St., New York, NY / Legal meetings- 153 East 53<sup>rd</sup> St., New York, NY & 1285 Avenue of the Americas, New York, NY / DRS appt. - 44 East 67<sup>th</sup> St., New York, NY

Departure Date: 3/2/2010 Return Date: 3/3/2010 Method of Travel: Private Plane

Accompanied By: Staff Relationship: \_\_\_\_\_

Comments/Instructions: Contact Probation Officer on next business day upon return.

- Contact your probation officer upon return or as instructed.
- Report any contact with law enforcement to your probation officer immediately.
- Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor.

Approved by: \_\_\_\_\_ Phone (Office/After Hours): \_\_\_\_\_

Officer: Candice Elkins Supervisor: Willie Gaines 3/1/10

INTRASTATE TRANSFER REQUEST

Proposed Residence: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Proposed Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

REPORTING INSTRUCTIONS: \_\_\_\_\_

*\*Provisional Travel Permit:* Permission for non-sex offender to return to the state offender was living in at the time of sentencing.

*\*Temporary Travel Permit:* Permission for visits out of state for a period not to exceed thirty (30) days.

**WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)**

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: \_\_\_\_\_

Witness: \_\_\_\_\_

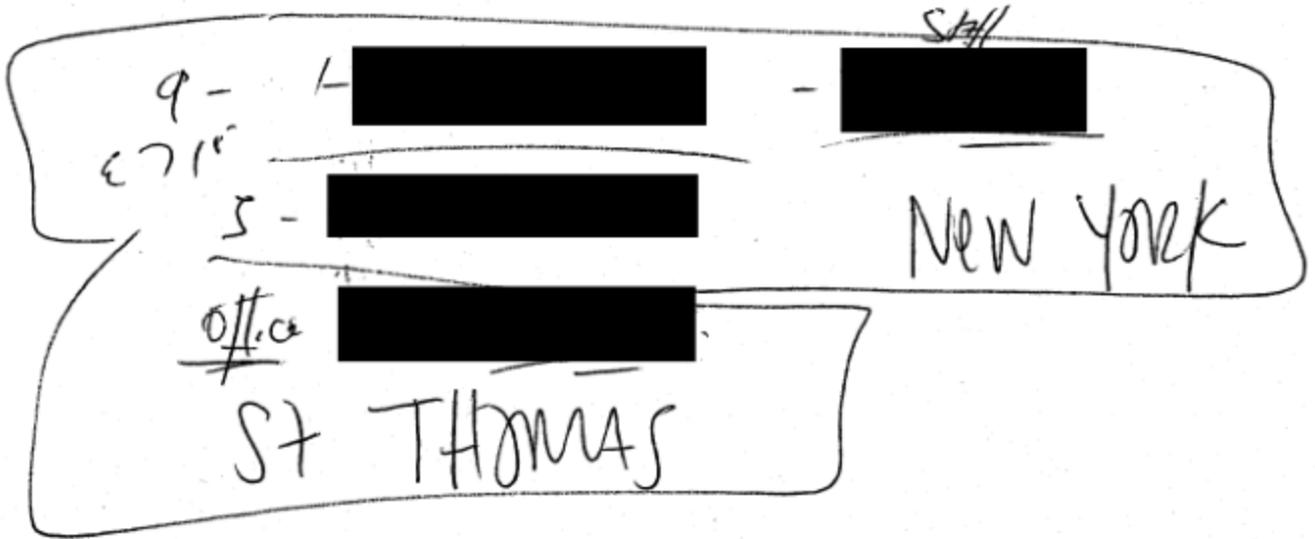


DC3-220 (Revised 8/31/09)  
Original: DC Offender File  
Copy: Offender  
Copy: Interstate Compact (for applicable Out-of-State Travel Only)

EFTA01625625

**Schedule for 3/5:**

2:30am Leave 358 El Brillo way for Boca Raton Airport  
3:30am Wheels up from Boca Raton Airport for St. Thomas airport  
7:00am Land in St. Thomas  
9:00-10:30am Office (6100 Red Hook Quarters, Suite B3)  
11:00am-5:00pm Residence (Little St. James)  
5:00pm Leave for STT via helicopter  
6:00pm Wheels up from STT for PBI  
9:30pm Back at 358 El Brillo way



Schedule for 3/2:

6:00am Leave 358 El Brillo way for Palm Beach International Airport  
7:00am Wheels up from PBI for Teterboro Airport, NJ  
11:00am Arrive at Residence (9 E. 71<sup>st</sup> St, New York, NY)  
1:00-4:00pm Legal meetings at Kirkland & Ellis (153 East 53rd Street, New York, NY)  
4:30pm Back at residence

Schedule for 3/3:

8:30am Doctor appointment with Dr. Merrell (44 East 67<sup>th</sup> St, New York, NY)  
11:15am Second appointment with Dr. Merrell (Merrell (44 East 67<sup>th</sup> St, New York, NY)  
1:00-4:00pm Legal meetings at Paul Weiss office ( 1285 Avenue of the Americas , New York, NY)  
4:30pm Back at residence  
6:30pm Leave residence for Teterboro Airport, NJ  
7:30pm Wheels up from Teterboro Airport, NJ for Boca Raton Airport  
11:00pm 358 El Brillo Way

State of Florida  
Department of Corrections - Community Corrections  
**TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST**

Name: Jeffrey Epstein DC#: W35755 Date: 2/23/2010

Probation  Community Control  Drug Offender Probation  Sex Offender  Post Release  Pretrial Intervention  
Offense: Procure Person Under Age of 18 for Prostitution  Felony  Misdemeanor  
Sentence Length: 12 months Community Control Termination Date: 7-21-2010

TRAVEL PERMIT ( \*Provisional  \*Temporary)

Purpose of Trip: Business- Legal Meetings  
Name(s), address and telephone number of destination: Residence - 9 East 71<sup>st</sup> St., New York, NY

Departure Date: 2-23-10 Return Date: 2-24-10 Method of Travel: Private Plane  
Accompanied By: Staff Relationship: \_\_\_\_\_

Comments/Instructions: Contact Probation Officer on next business day upon return.

Contact your probation officer upon return or as instructed.  
 Report any contact with law enforcement to your probation officer immediately.  
 Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor.

Approved by: \_\_\_\_\_ Phone (Office/After Hours): \_\_\_\_\_  
Officer: Candice Elkins Supervisor: Willie Gaines

INTRASTATE TRANSFER REQUEST

Proposed Residence: \_\_\_\_\_  
Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Proposed Employment: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

**REPORTING INSTRUCTIONS:** \_\_\_\_\_

*\*Provisional Travel Permit: Permission for non-sex offender to return to the state offender was living in at the time of sentencing.  
\*Temporary Travel Permit: Permission for visits out of state for a period not to exceed thirty (30) days.*

**WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)**

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: \_\_\_\_\_

Witness: \_\_\_\_\_



Schedule for 2/23:

12:00pm

Wheels up from Palm Beach International Airport for  
Teterboro Airport, NJ

3:00pm

Arrive at residence (9 E. 71<sup>st</sup> St)

7:00-10:30pm

Meeting at The Intercontinental Hotel (111 East 48th  
St)

11:00pm

Residence (9 E. 71<sup>st</sup> St, NY)

Schedule for 2/24:

11:00am

Appointment with Dr. Dean

1:00-4:00pm

Legal meetings at Stephen Susmans office (654 Madison  
Avenue, New York, NY)

7:00pm

Leave residence for Teterboro Airport

8:00pm

Wheels up from Teterboro Airport, NJ for Palm Beach  
International Airport

11:00pm

358 El Brillo Way

State of Florida  
Department of Corrections - Community Corrections  
**TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST**

Name: Jeffrey Epstein DC#: W35755 Date: 2/17/2010

Probation  Community Control  Drug Offender Probation  Sex Offender  Post Release  Pretrial Intervention  
Offense: Procure Person Under Age of 18 for Prostitution  Felony  Misdemeanor  
Sentence Length: 12 months Community Control Termination Date: 7-21-2010

TRAVEL PERMIT ( \*Provisional  \*Temporary)

Purpose of Trip: Business- Legal Meetings

Name(s), address and telephone number of destination: Residence - 9 East 71<sup>st</sup> St., New York, NY

Departure Date: 2-18-10 Return Date: 2-19-10 Method of Travel: Private Plane

Accompanied By: Staff Relationship: \_\_\_\_\_

Comments/Instructions: Contact Probation Officer on next business day upon return.

Contact your probation officer upon return or as instructed.  
 Report any contact with law enforcement to your probation officer immediately.  
 Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor.

Approved by: \_\_\_\_\_ Phone (Office/After Hours): \_\_\_\_\_  
Officer: Candice Elkins Supervisor: Willie Gaines

INTRASTATE TRANSFER REQUEST

Proposed Residence: \_\_\_\_\_  
Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Proposed Employment: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

**REPORTING INSTRUCTIONS:** \_\_\_\_\_

*\*Provisional Travel Permit: Permission for non-sex offender to return to the state offender was living in at the time of sentencing.  
\*Temporary Travel Permit: Permission for visits out of state for a period not to exceed thirty (30) days.*

**WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)**

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: \_\_\_\_\_

Witness: \_\_\_\_\_

*EMAILED TO ASSTN:  
STACY COMES  
ON 2/17/10*



**Schedule for Thursday (2/18/10)**

6:00am Leave 358 El Brillo Way for Galaxy Aviation at Palm Beach International Airport  
7:00am Take off from Palm Beach International Airport for Teterboro Airport, NJ  
11:00am Dr. Dean  
2:00pm Legal meetings at Stephen Susman's office (654 Madison Ave, 6<sup>th</sup> floor)  
4:30pm Residence

**Schedule for Friday (2/19/10)**

11:00am Dr. Magnani - ~~D~~  
1:00pm Legal Meetings at Stephen Susman's office (654 Madison Ave, 6<sup>th</sup> floor)  
4:00pm Back at residence (9 E. 71<sup>st</sup> St)  
7:00pm Leave for Teterboro airport, NJ  
8:00pm Take off from Teterboro airport for PBI  
11:00pm Back at 358 El Brillo way

State of Florida  
Department of Corrections - Community Corrections  
**TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST**

Name: Jeffrey Epstein DC#: W35755 Date: 2-12-10

Probation  Community Control  Drug Offender Probation  Sex Offender  Post Release  Pretrial Intervention

Offense: Procure Person Under Age of 18 for Prostitution  Felony  Misdemeanor

Sentence Length: 12 months Community Control Termination Date: 7-21-2010

TRAVEL PERMIT ( \*Provisional  \*Temporary)

Purpose of Trip: Business

Name(s), address and telephone number of destination: Residence - 6100 Red Hook Quarters, Suite B3 and Little St. James

Departure Date: 2-16-10 Return Date: 2-17-10 Method of Travel: Private Plane

Accompanied By: Staff Relationship: \_\_\_\_\_

Comments/Instructions: Contact Probation Officer on next business day upon return.

- Contact your probation officer upon return or as instructed.
- Report any contact with law enforcement to your probation officer immediately.
- Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor.

Approved by: \_\_\_\_\_ Phone (Office/After Hours): \_\_\_\_\_

Officer: Candice Elkins Supervisor: Willie Gaines

INTRASTATE TRANSFER REQUEST

Proposed Residence: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Proposed Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

REPORTING INSTRUCTIONS: \_\_\_\_\_

*\*Provisional Travel Permit:* Permission for non-sex offender to return to the state offender was living in at the time of sentencing.

*\*Temporary Travel Permit:* Permission for visits out of state for a period not to exceed thirty (30) days.

**WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)**

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: \_\_\_\_\_

Witness: \_\_\_\_\_



**Schedule for 2/16:**

6:00am Leave 358 El Brillo Way for Palm Beach International  
Airport (PBI)  
7:00am Wheels up from PBI for St. Thomas Airport (STT)  
11:00am Residence (Little St. James)  
1:30pm Leave residence for office  
2:00-5:00pm Office (6100 Red Hook Quarters, Suite B3)  
5:30pm Residence (Little St. James)

**Schedule for 2/17:**

10:30am Leave residence for office  
11:00am - 2:00pm Office (6100 Red Hook Quarters, Suite B3)  
2:30pm Residence (Little St. James)  
5:00pm Leave residence for STT via helicopter  
6:00pm Wheels up from STT for PBI  
9:30pm Back at 358 El Brillo way

State of Florida  
Department of Corrections - Community Corrections  
**TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST**

me: Jeffrey Epstein DC#: W35755 Date: 2-10-10  
 Probation  Community Control  Drug Offender Probation  Sex Offender  Post Release  Pretrial Intervention  
Offense: Procure Person Under Age of 18 for Prostitution  Felony  Misdemeanor  
Sentence Length: 12 months Community Control Termination Date: 7-21-2010

TRAVEL PERMIT ( \*Provisional  \*Temporary)  
Purpose of Trip: Business  
Name(s), address and telephone number of destination: Residence - 9 E. 71<sup>st</sup> St. New York and Little St. James  
Departure Date: 2-15-10 Return Date: 2-16-10 Method of Travel: Private Plane  
Accompanied By: Staff Relationship: \_\_\_\_\_  
Comments/Instructions: Contact Probation Officer on next business day upon return.  
 Contact your probation officer upon return or as instructed.  
 Report any contact with law enforcement to your probation officer immediately.  
 Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor.  
Approved by: \_\_\_\_\_ Phone (Office/After Hours): \_\_\_\_\_  
Officer: Carmen Sloane Supervisor: Willie Gaines

INTRASTATE TRANSFER REQUEST  
Proposed Residence: \_\_\_\_\_  
Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Proposed Employment: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
REPORTING INSTRUCTIONS: \_\_\_\_\_  
*\*Provisional Travel Permit: Permission for non-sex offender to return to the state offender was living in at the time of sentencing.  
\*Temporary Travel Permit: Permission for visits out of state for a period not to exceed thirty (30) days.*

**WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)**  
I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: \_\_\_\_\_

Witness: \_\_\_\_\_



## **Epstein Schedule for 2/15 and 2/16**

### **Schedule for Monday February 15<sup>th</sup>**

6:00am Leave 358 El Brillo way for Galaxy Aviation at Palm Beach International Airport  
7:00am Wheels up from PBI to Teterboro Airport, NJ  
10:30am-11:30am Dr. Calakos (454 W. 58<sup>th</sup> St, New York)  
12:00pm 9 E. 71<sup>st</sup> St, New York (residence)  
1:30pm Leave residence for Stephen Susman's office  
2:00-4:30pm Meeting at Stephen Susman's office (654 Madison Ave, 6<sup>th</sup> floor)  
5:00pm Residence  
7:00pm Leave residence for Teterboro Airport, NJ  
8:00pm Wheels up from Teterboro Airport for St. Thomas Airport, USVI (STT)

### **Schedule for Tuesday February 16<sup>th</sup>**

1:00am Land at St. Thomas Airport, USVI (STT)  
1:30am Residence (Little St. James)  
10:30am Leave residence for office  
11:00am-2:00pm Office (6100 Red Hook Quarters, Suite B3)  
2:30-5:00pm Residence (Little St. James)  
5:00pm Leave for STT via helicopter  
6:00pm Wheels up from STT for PBI  
9:30pm Back at 358 El Brillo way

State of Florida  
Department of Corrections - Community Corrections  
**TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST**

Name: Jeffrey Epstein DC#: W35755 Date: 2-4-10

Probation  Community Control  Drug Offender Probation  Sex Offender  Post Release  Pretrial Intervention

Offense: Procure Person Under Age of 18 for Prostitution  Felony  Misdemeanor

Sentence Length: 12 months Community Control Termination Date: 7-21-2010

TRAVEL PERMIT ( \*Provisional  \*Temporary)

Purpose of Trip: Business

Name(s), address and telephone number of destination: Residence - Little St. James

Departure Date: 2-5-10 Return Date: 2-5-10 Method of Travel: Private Plane

Accompanied By: Staff Relationship: \_\_\_\_\_

Comments/Instructions: **Contact Probation Officer on next business day upon return.**

- Contact your probation officer upon return or as instructed.
- Report any contact with law enforcement to your probation officer immediately.
- Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor.

Approved by: \_\_\_\_\_ Phone (Office/After Hours): \_\_\_\_\_

Officer: Carmen Sloane Supervisor: Willie Gaines

INTRASTATE TRANSFER REQUEST

Proposed Residence: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Proposed Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

REPORTING INSTRUCTIONS: \_\_\_\_\_

*\*Provisional Travel Permit: Permission for non-sex offender to return to the state offender was living in at the time of sentencing.*

*\*Temporary Travel Permit: Permission for visits out of state for a period not to exceed thirty (30) days.*

**WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)**

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: \_\_\_\_\_

Witness: \_\_\_\_\_

*Latex  
to  
on 2-4-10*



**Schedule for 2/4/10:**

6:00am	Leave 358 El Brillo way for galaxy Aviation at Palm Beach International Airport
7:00am	Wheels up from PBI to St. Thomas (STT)
10:30 am	Land at St. Thomas
11:00am-12:00pm	Office (6100 Red Hook Quarters, Suite B3)
12:30-5:00pm	Residence (Little St. James)
5:00pm	Leave for STT via helicopter
6:00pm	Wheels up from STT for PBI
9:30pm	Back at 358 El Brillo way

State of Florida  
 Department of Corrections - Community Corrections  
**TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST**

Name: Jeffrey Epstein DC#: W35755 Date: 1-28-10  
 Probation  Community Control  Drug Offender Probation  Sex Offender  Post Release  Pretrial Intervention  
 Offense: Procure Person Under Age of 18 for Prostitution  Felony  Misdemeanor  
 Sentence Length: 12 months Community Control Termination Date: 7-21-2010

TRAVEL PERMIT ( \*Provisional  \*Temporary)

Purpose of Trip: Business

Name(s), address and telephone number of destination: Residence - Little St. James

Departure Date: 2-4-10 Return Date: 2-4-10 Method of Travel: Private Plane

Accompanied By: Staff Relationship: \_\_\_\_\_

Comments/Instructions: Contact Probation Officer on next business day upon return.

- Contact your probation officer upon return or as instructed.
- Report any contact with law enforcement to your probation officer immediately.
- Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor of the \_\_\_\_\_

Approved by: \_\_\_\_\_ Phone (Office/After Hours): \_\_\_\_\_  
 Officer: Carmen Sloane Supervisor: Willie Gaines

INTRASTATE TRANSFER REQUEST

Proposed Residence: \_\_\_\_\_  
 Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Proposed Employment: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

REPORTING INSTRUCTIONS: \_\_\_\_\_

*\*Provisional Travel Permit: Permission for non-sex offender to return to the state offender was living in at the time of sentencing.  
 \*Temporary Travel Permit: Permission for visits out of state for a period not to exceed thirty (30) days.*

**WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)**

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: \_\_\_\_\_

Witness: \_\_\_\_\_

Did not travel -  
 Reissued Travel Permit for  
 2-5-2010



Schedule for Thursday (2/4/10):

3:00am	Leave 358 El Brillo way for Boca Raton Airport
4:00am	Take off from Boca Raton Airport for St. Thomas Aitport, USVI
8:00am	Arrive at St. Thomas Airport (STT)
8:30am-12:00pm	Residence (Little St. James)
12:30-3:00pm	Meetings at FTC (6100 Red Hook Quarters, Suite B3)
3:30pm	Residence
4:30pm	Leave residence for St. Thomas Airport via helicopter
5:00pm	Take off from St. Thomas for Palm Beach International Airport
8:00pm	Arrive at Palm Beach International Airport
9:00pm	358 El Brillo Way

State of Florida  
Department of Corrections - Community Corrections  
**TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST**

Name: Jeffrey Epstein DC#: W35755 Date: 1-22-10

Probation  Community Control  Drug Offender Probation  Sex Offender  Post Release  Pretrial Intervention  
Offense: Procure Person Under Age of 18 for Prostitution  Felony  Misdemeanor  
Sentence Length: 12 months Community Control Termination Date: 7-21-2010

TRAVEL PERMIT ( \*Provisional  \*Temporary)

Purpose of Trip: Business

Name(s), address and telephone number of destination: Residence - Little St. James and Office - 6100 Red Hook Quarters, Suite B3, US Virgin Islands

Departure Date: 1-27-10 Return Date: 1-28-10 Method of Travel: Private Plane

Accompanied By: Staff Relationship: \_\_\_\_\_

Comments/Instructions: Contact Probation Officer on next business day upon return.

- Contact your probation officer upon return or as instructed.
- Report any contact with law enforcement to your probation officer immediately.
- Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor.

Approved by: \_\_\_\_\_ Phone (Office/After Hours): \_\_\_\_\_

Officer: Carmen Sloane Supervisor: Willie Gaines

INTRASTATE TRANSFER REQUEST

Proposed Residence: \_\_\_\_\_  
Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Proposed Employment: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

REPORTING INSTRUCTIONS: \_\_\_\_\_

*\*Provisional Travel Permit:* Permission for non-sex offender to return to the state offender was living in at the time of sentencing.  
*\*Temporary Travel Permit:* Permission for visits out of state for a period not to exceed thirty (30) days.

**WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)**

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: \_\_\_\_\_

Witness: \_\_\_\_\_



**Schedule for Wednesday (1/27/10)**

6:00am Leave 358 El Brillo Way for Galaxy Aviation at Palm Beach International Airport  
7:00am Take off from Palm Beach International Airport for St. Thomas Airport  
10:30-11:30am Offender Registration office  
11:30am-12:30pm Legal meetings at office (6100 Red Hook Quarters, suite B3)  
12:30pm Leave office for Residence (Little St. James)

**Schedule for Thursday (1/28/10)**

10:30am Meeting at Residence  
11:00am-1:00pm Office (6100 Red Hook Quarters, suite B3)  
1:00 Leave office for residence (Little St. James)  
4:30pm Leave for St. Thomas airport (STT) via helicopter  
6:00pm Take off from St. Thomas Airport for Palm Beach International Airport  
9:00pm Back at 358 El Brillo way

State of Florida  
 Department of Corrections - Community Corrections  
**TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST**

Name: Jeffrey Epstein DC#: W35755 Date: 1-22-10

Probation  Community Control  Drug Offender Probation  Sex Offender  Post Release  Pretrial Intervention  
 Offense: Procure Person Under Age of 18 for Prostitution  Felony  Misdemeanor  
 Sentence Length: 12 months Community Control Termination Date: 7-21-2010

TRAVEL PERMIT ( \*Provisional  \*Temporary)

Purpose of Trip: Business

Name(s), address and telephone number of destination: Residence - 9 East 71<sup>st</sup> Street, New York, New York.

Departure Date: 2-4-10 Return Date: 2-5-10 Method of Travel: Private Plane

Accompanied By: Staff Relationship: \_\_\_\_\_

Comments/Instructions: Contact Probation Officer on next business day upon return.

- Contact your probation officer upon return or as instructed.
- Report any contact with law enforcement to your probation officer immediately.
- Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor.

Approved by: \_\_\_\_\_ Phone (Office/After Hours): \_\_\_\_\_

Officer: Carmen Sloane Supervisor: Willie Gaines

INTRASTATE TRANSFER REQUEST

Proposed Residence: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Proposed Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

REPORTING INSTRUCTIONS: \_\_\_\_\_

*\*Provisional Travel Permit: Permission for non-sex offender to return to the state offender was living in at the time of sentencing.  
 \*Temporary Travel Permit: Permission for visits out of state for a period not to exceed thirty (30) days.*

**WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)**

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: \_\_\_\_\_

Witness: \_\_\_\_\_



**Schedule for Thursday (2/4/10)**

6:00am Leave 358 El Brillo Way for Galaxy Aviaiton at Palm Beach International Airport  
7:00am Take off from Palm Beach International Airport for Teterboro Airport, NJ  
11:00am Arrive at 9 E. 71<sup>st</sup> St, New York, NY  
11:30pm Leave 9 E. 71<sup>st</sup> St  
12:00-1:00pm Dentist appointment at Dr. Magnani's on the 4th at 7 W. 51st St. 7th floor  
1:30-5:00pm Legal Meetings at Stephen Susman's office (654 Madison Ave, 6<sup>th</sup> floor)  
5:30pm Back at 9 E. 71<sup>st</sup> St,

**Schedule for Friday (2/5/10)**

11:30am Leave 9 E. 71<sup>st</sup> St  
12:00-3:00pm Legal Meetings at Stephen Susman's office (654 Madison Ave, 6<sup>th</sup> floor)  
3:30pm Back at 9 E. 71<sup>st</sup> St  
7:30pm Leave for Teterboro airport, NJ  
8:30pm Take off from Teterboro airport for PBI  
11:45pm Back at 358 El Brillo way

State of Florida  
Department of Corrections - Community Corrections  
**TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST**

Name: Jeffrey Epstein DC#: W35755 Date: 1-28-10

Probation  Community Control  Drug Offender Probation  Sex Offender  Post Release  Pretrial Intervention  
Offense: Procure Person Under Age of 18 for Prostitution  Felony  Misdemeanor  
Sentence Length: 12 months Community Control Termination Date: 7-21-2010

TRAVEL PERMIT ( \*Provisional  \*Temporary)

Purpose of Trip: Business

Name(s), address and telephone number of destination: Residence - 9 E. 71<sup>st</sup> St. New York

Departure Date: 2-1-10 Return Date: 2-2-10 Method of Travel: Private Plane

Accompanied By: Staff Relationship: \_\_\_\_\_

Comments/Instructions: Contact Probation Officer on next business day upon return.

- Contact your probation officer upon return or as instructed.
- Report any contact with law enforcement to your probation officer immediately.
- Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor

Approved by: \_\_\_\_\_ Phone (Office/After Hours): \_\_\_\_\_

Officer: Carmen Sloane Supervisor: Willie Gaines

INTRASTATE TRANSFER REQUEST

Proposed Residence: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Proposed Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

REPORTING INSTRUCTIONS: \_\_\_\_\_

*\*Provisional Travel Permit:* Permission for non-sex offender to return to the state offender was living in at the time of sentencing.

*\*Temporary Travel Permit:* Permission for visits out of state for a period not to exceed thirty (30) days.

**WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)**

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: \_\_\_\_\_

Witness: \_\_\_\_\_



Schedule for Monday (2/1/10):

6:00am Leave 358 El Brillo way for Galaxy Aviation at Palm Beach International Airport  
7:00am Take off from Palm Beach International for Teterboro Airport, NJ  
11:00am Arrive at 9 E. 71<sup>st</sup> St, NY (Residence)  
1:00pm Leave 9 E. 71<sup>st</sup> St for Stephen Susman's office (654 Madison Avenue)  
2:00-5:00pm Legal Meetings at Stephen Susman's office  
6:00pm Back at 9E, 71<sup>st</sup> St

Schedule for Tuesday (2/2/10):

9:15am Leave 9 E. 71<sup>st</sup> for Dr. Magnani (Dentist) (7 West 51<sup>st</sup> St)  
9:45-11:45am Appointment at Dr. Magnani  
12:45pm Back at 9 E. 71<sup>st</sup> St  
2:00-4:00pm Legal Meetings at Stephen Susman's office  
5:00pm Back at 9 E. 71<sup>st</sup> St  
7:00pm Leave 9 E. 71<sup>st</sup> St for Teterboro Airport, NJ  
8:00pm Take off from Teterboro, NJ for Boca Raton Airport  
10:30pm Arrive at Boca Raton Airport  
11:30pm 358 El Brillo Way

State of Florida  
 Department of Corrections - Community Corrections  
**TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST**

Name: Jeffrey Epstein DC#: W35755 Date: 1-12-10  
 Probation  Community Control  Drug Offender Probation  Sex Offender  Post Release  Pretrial Intervention  
 Offense: Procure Person Under Age of 18 for Prostitution  Felony  Misdemeanor  
 Sentence Length: 12 months Community Control Termination Date: 7-21-2010

TRAVEL PERMIT ( \*Provisional  \*Temporary)

Purpose of Trip: Business

Name(s), address and telephone number of destination: Residence - 9 East 71<sup>st</sup> Street, New York, New York

Departure Date: 1-13-10 Return Date: 1-14-10 Method of Travel: Private Plane

Accompanied By: Staff Relationship: \_\_\_\_\_

Comments/Instructions: **Will be leaving Palm Beach County on 1-13-10 at 6:00 am and returning on 1-14-10 at 2:00 am. Contact Probation Officer on next business day upon return.**

- Contact your probation officer upon return or as instructed.
- Report any contact with law enforcement to your probation officer immediately.
- Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor of \_\_\_\_\_

Approved by: \_\_\_\_\_ Phone (Office/After Hours): \_\_\_\_\_  
 Officer: Carmen Sloane Supervisor: Willie Gaines

INTRASTATE TRANSFER REQUEST

Proposed Residence: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relation: \_\_\_\_\_  
 Proposed Employment: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_

**REPORTING INSTRUCTIONS:** \_\_\_\_\_

*\*Provisional Travel Permit:* Permission for non-sex offender to return to the state offender was living in at the time of sentencing.  
*\*Temporary Travel Permit:* Permission for visits out of state for a period not to exceed thirty (30) days.

**WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)**

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: \_\_\_\_\_

Witness: \_\_\_\_\_



**Schedule for 1/13/10:**

6am	Leave 358 El Brillo way for Galaxy Aviation at Palm Beach International Airport
7am	Wheels up from PBI to Teterboro Airport, NJ
11am	Arrive at 9E. 71 <sup>st</sup> St, New York, NY
1:30pm	Leave 9 E. 71 <sup>st</sup> St for Stephen Susman's office (654 Madison Ave, 6 <sup>th</sup> floor)
2-5pm	Meetings at Stephen Susman's office
5:30pm	9E. 71 <sup>st</sup> St
10pm	Leave 9 E. 71 <sup>st</sup> St for Teterboro Airport
11pm	Wheels up from Teterboro to PBI
2am (1/14/10)	Arrive back at 358 El Brillo way

State of Florida  
 Department of Corrections - Community Corrections  
**TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST**

Name: Jeffrey Epstein DC#: W35755 Date: 1-12-10  
 Probation  Community Control  Drug Offender Probation  Sex Offender  Post Release  Pretrial Intervention  
 Offense: Procure Person Under Age of 18 for Prostitution  Felony  Misdemeanor  
 Sentence Length: 12 months Community Control Termination Date: 7-21-2010

TRAVEL PERMIT ( \*Provisional  \*Temporary)

Purpose of Trip: Business  
 Name(s), address and telephone number of destination: Residence - Little St. James and Office - 6100 Red Hook Quarters, Suite B3, US Virgin Islands  
 Departure Date: 1-15-10 Return Date: 1-15-10 Method of Travel: Private Plane  
 Accompanied By: Staff Relationship: \_\_\_\_\_

Comments/Instructions: Will be leaving Palm Beach County on 1-15-10 at 6:00 am and returning on 1-15-10 at 9:00 pm. Contact Probation Officer on next business day upon return.

- Contact your probation officer upon return or as instructed.
- Report any contact with law enforcement to your probation officer immediately.
- Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor of \_\_\_\_\_

Approved by: \_\_\_\_\_ Phone (Office/After Hours): \_\_\_\_\_  
 Officer: Carmen Sloane Supervisor: Willie Gaines

INTRASTATE TRANSFER REQUEST

Proposed Residence: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relation: \_\_\_\_\_  
 Proposed Employment: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_

**REPORTING INSTRUCTIONS:** \_\_\_\_\_

*\*Provisional Travel Permit:* Permission for non-sex offender to return to the state offender was living in at the time of sentencing.  
*\*Temporary Travel Permit:* Permission for visits out of state for a period not to exceed thirty (30) days.

**WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)**

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: \_\_\_\_\_  
 Witness: \_\_\_\_\_



Schedule for 1/15/10:

6am	Leave 358 El Brillo way for galaxy Aviation at Palm Beach International Airport
7am	Wheels up from PBI to St. Thomas (STT)
10:30 am	Land at St. Thomas
11-11:30am	DMV in St. Thomas
12-1pm	Office (6100 Red Hook Quarters, Suite B3)
1:30-5pm	Residence (Little St. James)
5pm	Leave for STT via helicopter
6pm	Wheels up from STT for PBI
9pm	Arrive back at 358 El Brillo way

State of Florida  
Department of Corrections - Community Corrections  
**TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST**

Name: Jeffrey Epstein DC#: W35755 Date: 1-12-10  
 Probation  Community Control  Drug Offender Probation  Sex Offender  Post Release  Pretrial Intervention  
Offense: Procure Person Under Age of 18 for Prostitution  Felony  Misdemeanor  
Sentence Length: 12 months Community Control Termination Date: 7-21-2010

TRAVEL PERMIT ( \*Provisional  \*Temporary)

Purpose of Trip: Business

Name(s), address and telephone number of destination: Residence - 9 East 71<sup>st</sup> Street, New York, New York

Departure Date: 1-12-10 Return Date: 1-14-10 Method of Travel: Private Plane

Accompanied By: Staff Relationship: \_\_\_\_\_

Comments/Instructions: Will be leaving Palm Beach County on 1-12-10 at 6:00 pm and returning on 1-14-10 at 2:00 am. Contact Probation Officer on next business day upon return.

- Contact your probation officer upon return or as instructed.
- Report any contact with law enforcement to your probation officer immediately.
- Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor of the second degree.

Approved by: DUANE WILLIAMS Phone (Office/After Hours): \_\_\_\_\_  
Officer: Carmen Sloane Supervisor: Willie Gaines

INTRASTATE TRANSFER REQUEST

Proposed Residence: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Proposed Employment: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

REPORTING INSTRUCTIONS: \_\_\_\_\_

\*Provisional Travel Permit: Permission for non-sex offender to return to the state offender was living in at the time of sentencing.  
\*Temporary Travel Permit: Permission for visits out of state for a period not to exceed thirty (30) days.

**WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)**

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: \_\_\_\_\_

Witness: \_\_\_\_\_



State of Florida  
Department of Corrections - Community Corrections  
**TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST**

Name: Jeffrey Epstein DC#: W35755 Date: 1-12-10  
 Probation  Community Control  Drug Offender Probation  Sex Offender  Post Release  Pretrial Intervention  
Offense: Procure Person Under Age of 18 for Prostitution  Felony  Misdemeanor  
Sentence Length: 12 months Community Control Termination Date: 7-21-2010

TRAVEL PERMIT ( \*Provisional  \*Temporary)

Purpose of Trip: Business

Name(s), address and telephone number of destination: Residence - 9 East 71<sup>st</sup> Street, New York, New York

Departure Date: 1-13-10 Return Date: 1-14-10 Method of Travel: Private Plane

Accompanied By: Staff Relationship: \_\_\_\_\_

Comments/Instructions: **Will be leaving Palm Beach County on 1-13-10 at 6:00 am and returning on 1-14-10 at 2:00 am. Contact Probation Officer on next business day upon return.**

- Contact your probation officer upon return or as instructed.
- Report any contact with law enforcement to your probation officer immediately.
- Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor of \_\_\_\_\_

Approved by: \_\_\_\_\_ Phone (Office/After Hours): \_\_\_\_\_

Officer: Carmen Sloane Supervisor: Willie Gaines

INTRASTATE TRANSFER REQUEST

Proposed Residence: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation: \_\_\_\_\_

Proposed Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

REPORTING INSTRUCTIONS: \_\_\_\_\_

*\*Provisional Travel Permit: Permission for non-sex offender to return to the state offender was living in at the time of sentencing.  
\*Temporary Travel Permit: Permission for visits out of state for a period not to exceed thirty (30) days.*

**WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)**

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: \_\_\_\_\_

Witness: \_\_\_\_\_



**Sloane, Carmen**

---

**From:** Eva Dubin [REDACTED]  
**Sent:** Monday, November 16, 2009 5:29 PM  
**To:** Sloane, Carmen  
**Subject:** Regarding Jeffrey Epstein

Dear Officer Sloane,

We are the parents of three children, [REDACTED], [REDACTED], and [REDACTED]. They are all under the age of 18. I am aware that Jeffrey Epstein is a registered sex offender and had plead guilty to soliciting for prostitution, and procuring a minor for prostitution. I am 100% comfortable with Jeffrey Epstein around my children. I, Eva Dubin, am an internist, and have known Jeffrey for over 20 years. Please feel free to contact us at 212-287-4977.

Sincerely,

Eva and Glenn Dubin

---

Windows 7: I wanted simpler, now it's simpler. I'm a rock star.

State of Florida  
Department of Corrections - Community Corrections  
**TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST**

Name: Jeffrey Epstein DC#: W35755 Date: 1-5-10  
 Probation  Community Control  Drug Offender Probation  Sex Offender  Post Release  Pretrial Intervention  
Offense: Procure Person Under Age of 18 for Prostitution  Felony  Misdemeanor  
Sentence Length: 12 months Community Control Termination Date: 7-21-2010

TRAVEL PERMIT ( \*Provisional  \*Temporary)

Purpose of Trip: Business

Name(s), address and telephone number of destination: Residence - 9 East 71<sup>st</sup> Street, New York, New York, Residence - Little St. James, US Virgin Island.

Departure Date: 1-6-10 Return Date: 1-7-10 Method of Travel: Private Plane

Accompanied By: Staff Relationship: \_\_\_\_\_

Comments/Instructions: **Will be leaving Palm Beach County on 1-6-10 at 6:00 am and returning on 1-7-10 at 9:30pm. Contact Probation Officer on next business day upon return.**

- Contact your probation officer upon return or as instructed.
- Report any contact with law enforcement to your probation officer immediately.
- Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor.

Approved by: \_\_\_\_\_ Phone (Office/After Hours): \_\_\_\_\_

Officer: Carmen Sloane Supervisor: Willie Gaines

INTRASTATE TRANSFER REQUEST

Proposed Residence: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Proposed Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

REPORTING INSTRUCTIONS: \_\_\_\_\_

*\*Provisional Travel Permit: Permission for non-sex offender to return to the state offender was living in at the time of sentencing.  
\*Temporary Travel Permit: Permission for visits out of state for a period not to exceed thirty (30) days.*

**WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)**

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: \_\_\_\_\_

Witness: \_\_\_\_\_



## Sloane, Carmen

---

**From:** Story Cowles [REDACTED]  
**Sent:** Tuesday, January 05, 2010 8:41 AM  
**To:** Sloane, Carmen  
**Subject:** Schedule For Wednesday and Thursday

### Schedule for 01/06/10:

6am - Leave 358 El Brillo way for Galaxy Aviation at Palm Beach International Airport 7am  
- Take off from PBI 10:15am - Land at Teterboro Airport, NJ and go straight to 9 E. 71st St  
12-12:45pm - Meeting at Doctor Stephen Victors office (30 East 76th St., 6th floor) 1pm -  
Back at 9 E. 71st St 2-5pm - Legal Meeting at Stephen Susman's office (654 Madison Avenue,  
5th floor) 5pm - Head back to 9 E. 71st St

### Schedule for 01/07/10:

2:15am - Leave 9 E. 71st St for Teterboro Airport, NJ 3am - Take off from Teterboro  
Airport, NJ 7:20am - Land at Cyril E. King airport in St. Thomas 8am - DMV in St. Thomas  
9am - Meeting at Maria Hodges office (1340 Taarneberg) 10-11am - 6100 Red Hook Quarters  
(Office)  
11-4:15 - Little St. James  
4:15 - Depart Little St. James by helicopter to Cyril E. King airport in St Thomas 5pm -  
Pre clear customs in Cyril E. King airport in St Thomas 6:10pm - Take off from Cyril E.  
King airport in St Thomas for PBI 9:30pm - Home at 358 El Brillo way

State of Florida  
Department of Corrections - Community Corrections  
**TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST**

Name: Jeffrey Epstein DC#: W35755 Date: 11-30-09  
 Probation  Community Control  Drug Offender Probation  Sex Offender  Post Release  Pretrial Intervention  
Offense: Procure Person Under Age of 18 for Prostitution  Felony  Misdemeanor  
Sentence Length: 12 months Community Control Termination Date: 7-21-2010

TRAVEL PERMIT ( \*Provisional  \*Temporary)

Purpose of Trip: Business  
Name(s), address and telephone number of destination: Residence - 9 East 71<sup>st</sup> Street, New York, New York and Law of office of Davis & Pulk - 450 Lexington Ave, New York, New York  
Departure Date: 12-03-09 Return Date: 12-03-09 Method of Travel: Private Plane  
Accompanied By: Staff Relationship: \_\_\_\_\_

Comments/Instructions: Will be leaving Palm Beach County at 12:01am and returning at 11:45pm. Contact Probation Officer on next business day upon return.  
4:00 Am  
 Contact your probation officer upon return or as instructed.  
 Report any contact with law enforcement to your probation officer immediately.  
 Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor of \_\_\_\_\_

Approved by: \_\_\_\_\_ Phone (Office/At Home): \_\_\_\_\_  
Officer: Carmen Sloane Supervisor: Wine Games

INTRASTATE TRANSFER REQUEST

Proposed Residence: \_\_\_\_\_  
Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Proposed Employment: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

REPORTING INSTRUCTIONS: \_\_\_\_\_

\*Provisional Travel Permit: Permission for non-sex offender to return to the state offender was living in at the time of sentencing.  
\*Temporary Travel Permit: Permission for visits out of state for a period not to exceed thirty (30) days.

**WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)**

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: \_\_\_\_\_  
Witness: \_\_\_\_\_



### **Schedule for 12/3**

- 4:15am - Leave 358 El Brillo Way for airport
- 5am - Depart to NYC
- 9am - Arrive at house
- 1:30pm - Depart house for meeting with Steven Susman
- 2pm - Meeting with Steve Susman
- 2:45pm - Leave Steve Susmans office for meeting with Davis Polk
- 3pm - Meeting with Davis Polk
- 5:30pm - Leave meeting with Davis Polk for house
- 7:30pm - Leave house for airport
- 8pm - Depart for PBI

Home address in New York City:  
9 E. 71<sup>st</sup> St.  
New York, NY 10021

Steve Susman's address:  
654 Madison Ave  
New York, NY 10065

Davis Polk's address:  
450 Lexington Avenue  
New York, NY 10017

State of Florida  
Department of Corrections - Community Corrections  
Travel Permit

\*Provisional       \*Temporary      Date: 9/1/09  
 Probation/Pre-Trial       Parole/Post Release       Community Control       Sex Offender

Full Name: Jeffery Epstein      DC No.: W35755  
Address: 350 El-Brillo      Other State: \_\_\_\_\_  
City/State/Zip: Palm Beach, Fl 33480      OS No.: \_\_\_\_\_

Name(s), address and telephone number of destination: Roy Black 305-371-6422 201 S Biscayne Blvd. Miami, FL 33131

Purpose of Trip: prepare for case  
Departure Date: 9/1/09      Return Date: 9/1/09      Method of Travel: Car  
Accompanied By: Security      Relationship: Driver  
Offense: Procure Person Under Age of 18 For Prostitution       Felony       Misdemeanor  
Sentence Length: 12      Termination Date: 7/21/2010

Comments/Instructions: **You are to return directly to your residence from your attorneys office. While at your attorneys office you are to remained confined to your attorneys office while outside of the Palm Beach County. Contact the probation office upon return for your visit.**

- Contact your probation officer upon return or as instructed.
- Report any contact with law enforcement to your probation officer immediately.
- Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor of the second degree.

Approved by: \_\_\_\_\_ Office Name: 15-4  
Officer: \_\_\_\_\_ Address: 3444 S. Congress Ave Palm Springs, FL 33461  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

**FOR OUT OF STATE TRAVEL ONLY**

\*Rules, Section 4-106  
**Provisional Travel Permit:** In emergency situations a provisional travel permit may be issued by a state allowing an offender to go to another state before completion of an investigation and formal acceptance.  
**Temporary Travel Permit:** A state may issue a temporary travel permit for visits out of the state for a period not to exceed thirty (30) days.

DOB: 1/28/53 Race/Sex: W/M Hair: Grey Eyes: Blue Height: 6'0" Weight: 180lb

**Waiver of Extradition**

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: \_\_\_\_\_  
Witness: \_\_\_\_\_  
Witness: \_\_\_\_\_



DC3-220 (Revised 6-01)  
Original: DC Offender File  
Copy: Offender  
Copy: Interstate Compact (for Out-of-State Travel Only)

44

1 IN THE CIRCUIT COURT OF THE  
2 FIFTEENTH JUDICIAL CIRCUIT  
3 IN AND FOR PALM BEACH COUNTY, FLORIDA  
4 CRIMINAL DIVISION

5 STATE OF FLORIDA )  
6 vs ) CASE NO. 06 CF9454AMB  
7 JEFFREY EPSTEIN ) 08 9381CFAMB  
8 Defendant. )

9 PLEA CONFERENCE

10  
11 PRESIDING: HONORABLE DEBORAH DALE PUCILLO

12 APPEARANCES:

13 ON BEHALF OF THE STATE:  
14 BARRY E. KRISCHER, ESQUIRE  
15 State Attorney  
16 401 North Dixie Highway  
17 West Palm Beach, Florida 33401  
18 By: LANNA BELOHLAVEK, ESQUIRE  
19 Assistant State Attorney

20 ON BEHALF OF THE DEFENDANT:  
21 ATTERBURY, GOLDBERGER & WEISS, P.A.  
22 250 Australian Avenue South  
23 Suite 1400  
24 West Palm Beach, Florida 33401  
25 By: JACK GOLDBERGER, ESQUIRE

**CERTIFIED COPY**

23 June 30, 2008  
24 Palm Beach County Courthouse  
25 West Palm Beach, Florida 33401  
Beginning at 8:40 o'clock, a.m.

PHYLLIS A. DAMES, OFFICIAL COURT REPORTER

1 regularly congregate?

2 MS. BELOHLAVEK: I personally do not  
3 know.

4 THE COURT: Neither do I, which is  
5 why I'm asking. Has that been  
6 investigated?

7 MR. GOLDBERGER: We have done our due  
8 diligence, for what it's worth, there is a  
9 residential street. There are not children  
10 congregating on that street. We think the  
11 address applies, if it doesn't, we fully  
12 recognize that he can't live there.

13 THE COURT: Okay. D is, you shall  
14 not have any contact with the victim, are  
15 there more than one victim?

16 MS. BELOHLAVEK: There's several.

17 THE COURT: Several, all of the  
18 victims. So this should be plural. I'm  
19 making that plural. You are not to have  
20 any contact direct or indirect, and in this  
21 day and age I find it necessary to go over  
22 exactly what we mean by indirect. By  
23 indirect, we mean no text messages, no  
24 e-mail, no Face Book, no My Space, no  
25 telephone calls, no voice mails, no

1 messages through carrier pigeon, no  
2 messages through third parties, no hey  
3 would you tell so and so for me, no having  
4 a friend, acquaintance or stranger approach  
5 any of these victims with a message of any  
6 sort from you, is that clear?

7 THE DEFENDANT: Yes, ma'am

8 THE COURT: And then it states,  
9 unless approved by the victim, the  
10 therapist and the sentencing court. Okay.

11 THE DEFENDANT: I understand.

12 THE COURT: And the sentencing court.  
13 So, if there is a desire which, I would  
14 think would be a bit strange to have  
15 contact with any of the victims the court  
16 must approve it.

17 MS. BELOHLAVEK: Correct.

18 THE COURT: If the victim was under  
19 the age of 18, which was the case, you  
20 shall not until you have successfully  
21 attended and completed the sex offender  
22 program. So, is this sex offender program  
23 becoming a condition of probation?

24 MS. BELOHLAVEK: That is not. I  
25 don't believe I circled that one.

PHYLLIS A. DAMES, OFFICIAL COURT REPORTER

**EXHIBIT A**  
to  
**Plaintiffs Jane Doe 101 and Jane Doe 102's**  
**Motion for No-Contact Order**

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

CASE NO.: 08-CV-80119-MARRA/JOHNSON

JANE DOE NO. 2,

Plaintiff,

vs.

JEFFREY EPSTEIN,

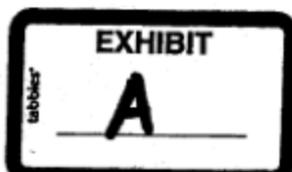
Defendant.

Related Cases:

08-80232, 08-80380, 08-80381, 08-80994,  
08-80993, 08-80811, 08-80893, 09-80469,  
09-80591, 09-80656, 09-80802, 09-81092,

**DECLARATION OF ADAM D. HOROWITZ**

1. My name is Adam D. Horowitz. I am an attorney for Jane Doe No. 4.
2. The deposition of Jane Doe No. 4 was scheduled for September 16, 2009 at 1:00 p.m. at 350 Australian Ave. South, Suite 115, West Palm Beach, Florida. On the day before the deposition, the undersigned and counsel for Jeffrey Epstein entered into a written stipulation in which it was agreed that "Jeffrey Epstein will not attend tomorrow's deposition of Jane Doe No. 4 (in the absence of a court order permitting him to attend)." It was further agreed that Jeffrey Epstein may listen in to the deposition by telephone or view a videofeed of the deposition, but under no circumstances would he "be seen by our client."
3. While Jane Doe No. 4 and I were in the lobby of 350 Australian Ave South at approximately 1:00 p.m. for her deposition on September 16, 2009, we crossed paths with Jeffrey Epstein and someone who appeared to be his bodyguard. Jeffrey Epstein stopped

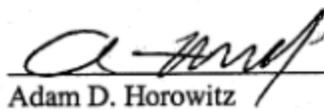


walking and began to stare at and intimidate Jane Doe No. 4. Jane Doe No. 4 was terrified, began crying and ran outside the building. Jeffrey Epstein smirked at her and walked away.

4. As a result of this incident, Jane Doe began crying uncontrollably and was unable to proceed with her deposition.

Under penalties of perjury I declare that I have read the foregoing Declaration and the facts stated in it are true.

Dated: September 17, 2009

  
Adam D. Horowitz

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

CASE NO.: 08-CV-80119-MARRA-JOHNSON

JANE DOE NO. 2,

Plaintiff,

v.

JEFFREY EPSTEIN,

Defendant.

---

Related Cases:

08-80232, 08-80380, 08-80381, 08-80994,  
08-80993, 08-80811, 08-80893, 09-80469,  
09-80581, 09-80656, 09-80802, 09-81092.

---

**DEFENDANT'S, JEFFREY EPSTEIN, MOTION FOR SANCTIONS AND  
TO COMPEL DEPOSITION OF JANE DOE NO. 4 AND MEMORANDUM IN  
SUPPORT THEREOF**

Defendant, JEFFREY EPSTEIN, by and through his undersigned attorneys, moves this court for an order granting sanctions pursuant to Rule 30(d)(2) and (3)(A) and (C) (referencing Rule 37(a)(5)), Federal Rules of Civil Procedure and compelling the deposition of Jane Doe No. 4 within fifteen (15) days and as grounds therefore would state:

1. On August 16, 2009, the deposition of Jane Doe No. 4 was noticed for September 16, 2009 to begin at 1:00 p.m. Plaintiff's counsel had advised that Jane Doe No. 4 could not appear for a deposition prior to that time of day, i.e. 1:00 p.m.

2. The deposition was originally set at the offices of the undersigned, but Plaintiff's counsel requested that it be moved to the court reporter's office. The court reporter is Prose Court Reporting located at 250 Australian Avenue South, Suite 115, West Palm Beach, FL 33401.

3. The undersigned's office began attempting to set the deposition of Jane Doe No. 4 on July 21, 2009. Because of the number of attorneys who would be attending (based on the court's consolidation order) coordinating the video deposition creates logistical problems.

4. On August 27, 2009, the undersigned wrote a letter to counsel for the Plaintiff indicating that Mr. Epstein would be present at the deposition. A copy of that letter is attached as **Exhibit 1**.

5. Some 13 days later, counsel for Jane Doe No. 4 filed a motion for protective order on September 9, 2009 attempting to prohibit Mr. Epstein's presence at the deposition. The Defendant immediately filed a response (an Emergency Motion) on September 11, 2009 requesting that the court enter an order allowing Epstein, the Defendant in this matter, to attend the deposition. This is common procedure. See **Exhibit 2, without exhibits**. As of the date of the deposition, the court had not ruled on these motions.

6. On Monday, counsel for Jane Doe No. 4 and the undersigned spoke, an agreement was reached that the deposition would proceed as scheduled, and that Mr. Epstein would not be in attendance other than by telephone or other means. See **Exhibit 3**.

7. The deposition was originally scheduled on the 15<sup>th</sup> Floor and moved by Prose to a larger ground floor to accommodate the number of people who were to attend

8. The undersigned and his partner, Mark T. Luttier, had scheduled a meeting with Mr. Epstein for approximately an hour prior to the deposition. It is well known through multiple newspaper articles that Mr. Epstein's office at the Florida Science Foundation is located on the 14<sup>th</sup> Floor in the same building as the court reporter and Mr. Epstein's criminal attorney, Mr. Goldberger. As well, had the court issued an order prior to the deposition that would have allowed Mr. Epstein to attend, he was readily available.

9. As of 1:00 p.m., no order had been received from the court, so Epstein's attorneys, in good faith, decided that Epstein would not attend the deposition (as per the agreement), if we chose to proceed, which we were doing. The undersigned and Mr. Luttier specifically waited until just after 1:00 o'clock, the time that the deposition was to start, prior to leaving with Mr. Epstein. Counsel instructed Mr. Epstein to leave the building. Clearly, Defendant and his counsel simply wish to have meaningful discovery.

10. The undersigned and Mr. Luttier exited the elevator heading toward the deposition room and Mr. Epstein and his driver, Igor Zinoviev exited in separate elevator at the same time and turned to depart from through the front entrance such that he could go to his home to watch the deposition and assist counsel, from a video feed.

11. Completely unbeknownst and unexpected by anyone, apparently the Plaintiff and her attorney(s) were at the front door where Mr. Epstein was intending to exit. Upon seeing two women, one who might be the Plaintiff, Mr. Epstein immediately made a left turn and exited through a separate set of doors to the garage area. See affidavit of Jeffrey Epstein and Igor Zinoviev, **Exhibit 4 and 5, respectively.**

12. The entire incident was completely unknown to the undersigned and Mr. Luttier until Adam Horowitz, Esq. came in and announced that the deposition was not going to take place in that Mr. Epstein and his client saw one another, she was upset and therefore the deposition was cancelled from his perspective.

13. The undersigned and his partner, Mr. Luttier, had a court reporter and a videographer present. Additionally, Mr. Hill on behalf of C.M.A., Adam Langino on behalf of B.B., William Berger on behalf of three Plaintiffs were present for the deposition.

14. Any suggestion that the chance “visual” between Mr. Epstein and Jane Doe No. 4 was “pre-planned” would be absurd, disingenuous and false. The undersigned counsel went out of his way to make certain Mr. Epstein would not be in the building after the time the deposition was set to begin. Had the Plaintiff and her counsel been in the deposition room at the appointed time, no visual contact would have occurred.

15. It is possible that Plaintiff’s counsel, by filing their motion for protective order on September 9, 2009 and then advising the undersigned on September 14, 2009 that the deposition would not go forward unless the undersigned agreed to exclude Mr. Epstein from the deposition, were not prepared and/or did not want to proceed with the deposition.

16. The unilateral termination of the deposition was unnecessary, inappropriate and a substantial waste of attorney time and the costs related to the deposition (court reporter and videographer). (See **Affidavit of Robert D. Critton, Jr., Mark T. Luttier and Deposition Transcript, Exhibits 6, 7, and 8 respectively**).

17. Had the “visual” been premeditated, the cancellation of the deposition may have been justified, however, under these circumstances, it was grandstanding and improper. In that the Plaintiff has stated that she voluntary went to JE’s home 50 plus times without trauma until she filed a lawsuit, this brief visual encounter from a distance should not have resulted in the unilateral cancellation of her deposition.

18. The costs associated with the court reporter and videographer total \$428.80. See **Exhibit 9**.

**Memorandum of Law In support of Motion**

A substantial amount of administrative time went into the setting up the deposition of Jane Doe No. 4. Almost two months passed from the time that the Defendant’s counsel first

requested a date for the deposition of Jane Doe No. 4. The deposition of Jane Doe No. 4 was to begin at 1:00 p.m, based on her schedule, and was moved from the undersigned's office to the office of the court reporter at her counsel's request.

Pursuant to Rule 30(d)(2) and (3)(A) and (C) and its reference to 37(a)(5)), Federal Rules of Civil Procedure, the court may impose an appropriate sanction, including reasonable expenses in attorneys fees incurred by any party on a person who impedes or delays the fair examination of the deponent. In this instance, the brief visual encounter, which was completely unintended and inadvertent, should not have been grounds for Plaintiff's counsel and Plaintiff refusing to move forward with the deposition. Furthermore, pursuant to (3)(A) and (C), Plaintiff and Plaintiff's counsel had no right to unilaterally terminate/cancel the deposition and fail to move forward. Plaintiff should have continued with the deposition and filed any motion deemed appropriate post deposition. Therefore, Defendant is asking for the costs associated with the attendance of the court reporter, her transcript and the presence of the videographer. Defendant would also request reasonable fees for 2.5 hours at \$500 per hour for being required to prepare this motion and affidavits associated with same.

The records obtained thus far on Jane Doe No. 4, do not reflect any "emotional trauma" by her own account of some 50 plus visits to the Defendant's home prior to the time that she hired an attorney. Even in her interview with attorney's handpicked expert, Dr. Kliman, by her own comments, her significant emotional trauma relates to physical and verbal abuse by a prior boyfriend, Preston Vineyard, and deaths associated with two close friends, Chris and Jen. Therefore, the supposed "emotional trauma" caused by a chance encounter resulting in a "glance" at best, should not be the basis for Plaintiff unilaterally cancelling her deposition.

**Rule 7.1 A. 3. Certification of Pre-Filing Conference**

Counsel for Defendant conferred with Counsel for Plaintiff by telephone and by e-mail; however, an agreement has not been reached.

WHEREFORE, Defendant moves this court for an order granting sanctions to include attorneys fees and costs as set forth above and costs associated with the attendance of the court reporter, the transcript and the presence of the videographer and direction that Jane Doe No. 4 appear for deposition within fifteen (15) days from the date of the court's order at the court reporter's office. If the court has not issued an order regarding Mr. Epstein's attendance at Plaintiff's deposition when Jane Doe No. 4 is to appear, the Defendant will agree that Mr. Epstein will not be present in the building on the date of her scheduled deposition such that no "inadvertent" contact will occur.

  
\_\_\_\_\_  
Robert D. Critton, Jr.  
Michael J. Pike  
Attorneys for Defendant Epstein

**Certificate of Service**

I HEREBY CERTIFY that a true copy of the foregoing was hand-delivered to the Clerk of the Court as required by the Local Rules of the Southern District of Florida and electronically mailed to all counsel of record identified on the following Service List on this 17<sup>th</sup> day of September, 2009.

**Certificate of Service  
Jane Doe No. 2 v. Jeffrey Epstein  
Case No. 08-CV-80119-MARRA/JOHNSON**

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*In related Cases Nos. 08-80069, 08-80119, 08-80232, 08-80380, 08-80381, 08-80993, 08-80994*

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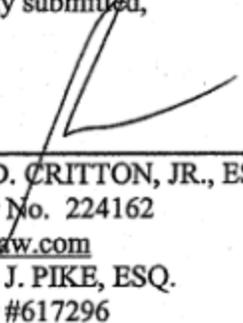
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[REDACTED]  
*Counsel for Defendant Jeffrey Epstein*

Respectfully submitted,

By:   
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**BC  
LC** | **BURMAN, CRITTON  
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YOUR TRUSTED ADVOCATES  
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GREGORY W. COLEMAN, P.A.  
ROBERT D. CRITTON, JR., P.A.<sup>1</sup>  
BERNARD LEBEDEKER  
MARK T. LUTTIER, P.A.  
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DAVID YAREMA

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<sup>2</sup>ADMITTED TO PRACTICE IN FLORIDA AND COLORADO

ADELQUI J. BENAVENTE  
PARALEGAL/INVESTIGATOR  
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BETTY STOKES  
PARALEGALS  
RITA H. BUDNYK  
OF COUNSEL  
ED RICCI  
SPECIAL CONSUMER  
JUSTICE COUNSEL

August 27, 2009

**Sent by E-Mail and U.S. Mail**

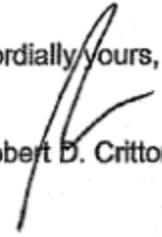
Stuart S. Mermelstein, Esq.  
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18205 Biscayne Blvd.  
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Miami, FL 33160

Re: **Jane Doe No. 4 v. Epstein**

Dear Stuart:

Please be advised that Mr. Epstein plans to be in attendance at the deposition of your client. He does not intend to engage in any conversation with your client. However, it is certainly his right as a party-defendant in the lawsuit to be present and to assist counsel in the defense of any case.

Cordially yours,

  
Robert D. Critton, Jr.

RDC/clz

cc: Jack A. Goldberger, Esq.

EXHIBIT   /

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

CASE NO.: 08-CV-80119-MARRA-JOHNSON

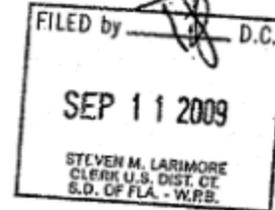
JANE DOE NO. 2,

Plaintiff,

v.

JEFFREY EPSTEIN,

Defendant.



Related Cases:  
08-80232, 08-80380, 08-80381, 08-80994,  
08-80993, 08-80811, 08-80893, 09-80469,  
09-80581, 09-80656, 09-80802, 09-81092.

**Defendant Epstein's Emergency Motion To Strike Plaintiff's Motion For Protective Order (DE 292) And Emergency Motion To Allow The Attendance Of Jeffrey Epstein At The Deposition Of Plaintiffs And Response In Opposition To Plaintiffs', Jane Doe Nos. 2-8, Motion For Protective Order As To Jeffrey Epstein's Attendance At The Deposition Of Plaintiffs, With Incorporated Memorandum of Law**

Defendant, Jeffrey Epstein, by and through his undersigned counsel, and pursuant to all applicable rules, including Local Rule 7.1(e) and Local Rule 12, hereby files and serves his Emergency Motion To Strike Plaintiff's Motion For Protective Order (DE 292) And Emergency Motion To Allow The Attendance Of Jeffrey Epstein At The Deposition Of Plaintiffs And Response In Opposition To Plaintiffs', Jane Doe Nos. 2-8, Motion For Protective Order As To Jeffrey Epstein's Attendance At The Deposition Of Plaintiffs. In support, Epstein states:

**Introduction and Background**

1. On August 19, 2009, Defendant sent a Notice for Taking the Deposition of Jane Doe No. 4 for September 16, 2009. See Exhibit "1"

EXHIBIT 2

Page 2

2. Additionally, notices were sent out in other cases in connection with deposing additional Plaintiffs.

3. No objection(s) was/were received for Jane Doe No. 4, which was the only deposition set relative to the Jane Doe 2-8 Plaintiffs.

4. On August 27, 2009, the undersigned counsel sent a letter to counsel for Jane Doe No. 4 concerning her deposition and the scheduling of same on the above date. See Exhibit "2".

5. No response was received until counsel for Jane Doe No. 4 called on September 8, 2009, approximately eight days prior to the scheduled deposition, to indicate that they now had an objection and would be filing a motion for protective order seeking to prevent Epstein from attending the deposition. Once again, Plaintiffs are attempting to stifle this litigation through their own delay tactics during discovery. Plaintiffs wish not only to attempt to force Epstein to trial without any meaningful discovery, but now wish to ban Epstein from any depositions, thereby preventing him from assisting his attorneys in his very own defense. What's next -- will Plaintiffs seek to prevent Epstein from attending any of the trials that result from the lawsuits Jane Does 2-8 have initiated? Plaintiffs see millions of dollars in damages, both compensatory and punitive, against Defendant.

6. Defendant is filing this emergency motion and his immediate response to the motion for protective order to guarantee his right to be present and assist counsel in deposing not only Jane Doe No. 4, but other plaintiffs and witnesses in these cases. To hold otherwise would violate Epstein's due process rights to defend the very allegations Plaintiffs have alleged against him. Does a Defendant not have a right to be present at depositions or other court proceedings to assist counsel with the defense of his case? Does a Defendant, no matter what the charges or the allegations, have full and unbridled access to the court system and the proceedings it governs,

Page 3

including discovery? The short answer is unequivocally, yes. To hold otherwise would be a direct violation of Epstein's constitutional due process rights. Plaintiffs' attempts to play fast and loose with the law should not be tolerated.

7. As the court is aware, plaintiffs and defendants routinely attend depositions of parties and other witnesses in both State and Federal court proceedings. In fact, parties have a right under the law to attend such depositions.

8. As the court will note from Exhibit 2, counsel for the Defendant specifically stated that "Please be advised that Mr. Epstein plans to be in attendance at the deposition of your client. He does not intend to engage in any conversation with your client. However, it is certainly his right as a party-defendant in the lawsuit to be present and to assist counsel in the defense of any case." Despite this right, Plaintiffs continue to attempt to control how discovery is conducted in this case and how this court has historically governed discovery.

9. Interestingly, in *Jane Doe II*, the state court case, attorney Sid Garcia took the deposition of the Defendant and his client, Jane Doe II, was present throughout the deposition. This is despite her claims of "emotional trauma" set forth in her complaint. Jane Doe No. II is also a Plaintiff in the federal court proceeding *Jane Doe II v. Jeffrey Epstein* (Case No. 09-CIV-80469). Is this court going to start a precedent where it allows Plaintiffs to attend the depositions of Jeffrey Epstein, but not allow Epstein to attend their depositions (i.e., the very Plaintiffs that have asserted claims against him for millions of dollars)? This court should not condone such a practice.

10. The undersigned is well aware of the court's No-Contact Order entered on July 31, 2009 (DE 238). A copy of the order is attached as **Exhibit "3"**. In fact, the order provides that the defendant have no direct or indirect contact with the plaintiffs, nor communications with

Page 4

the plaintiffs either directly or indirectly. However, there is no prohibition against Mr. Epstein's attendance at a deposition where, as is reflected in the order, the communication will be made to the plaintiff solely through defense counsel with one or more of plaintiffs' counsel of record present in the room in a videotaped deposition. Obviously, any inappropriate contact or communication will certainly be flagged by the attorneys in attendance. As such, Plaintiffs really have the cart before the horse in this instance (i.e., nothing prevents Epstein from attending these depositions and, to the extent Plaintiffs believe that something improper occurs at any deposition, only then can that circumstance be addressed by a motion such as the instant one.)

11. Next, Plaintiffs, Jane Does 2-8, attempt to use the Affidavit of Dr. Kliman for every motion for protective order/objection filed to date. This also includes the two most recent motions, which attempt to prevent Defendant's investigators from doing their job, such that the Defendant and his attorneys can defend the claims asserted in these cases. Plaintiffs lose sight of the fact that the court, in discussing the Non-Prosecution Agreement, inquired as to whether Epstein and his counsel could fully defend the case, which included discovery and investigation. All plaintiffs' counsel and the USAO responded in the affirmative. In fact, Plaintiffs universally agreed at the June 12, 2009 hearing on Defendant's Motion to Stay that regular discovery could proceed. See Composite Exhibit "4" at pages 26-30 & 33-34. For instance, the court asked Plaintiffs' attorneys the following questions:

**The Court:** [] So again, I just want to make sure that if the cases go forward and if Mr. Epstein defends the case as someone ordinarily would defend a case being prosecuted against him or her, that that in and of itself is not going to cause him to be subject to criminal prosecution? (Ex. "A," p.26).

\*\*\*

**The Court:** You agree he should be able to take the ordinary steps that a defendant in a civil action can take and not be concerned about having to be prosecuted? (Ex. "A," p.27).

Page 5

\*\*\*

**The Court:** Okay. But again, you're in agreement with everyone else so far that's spoken on behalf of a plaintiff that defending the case in the normal course of conducting discovery and filing motions would not be a breach? (Ex. "A," p.30).

**Mr. Horowitz – counsel for Jane Does 2-7:** Subject to your rulings, of course, yes. (Ex. "A," p.30).

\*\*\*

**The Court:** But you're not taking the position that other than possibly doing something in litigation which is any other discovery, motion practice, *investigations* that someone would ordinarily do in the course of defending a civil case would constitute a violation of the agreement? (Ex. "A," p.34).

**Ms. Villafana:** No, your honor. I mean, civil litigation is civil litigation, and being able to take discovery is part of what civil litigation is all about.... But. . . , Mr. Epstein is entitled to take the deposition of a Plaintiff and to subpoena records, etc. (Ex. "A," p.34)

12. It is clear from the transcript attached as Exhibit "4" that each of the Plaintiffs' attorneys, including Mr. Horowitz for Jane Does 2-8, expected and conceded that regular/traditional discovery would take place (i.e., discovery, motion practice, depositions, requests for records, and investigations).

13. Importantly, Plaintiffs' counsel advised the undersigned that they coordinate their efforts in joint conference calls at least two times per month. At recent depositions of two witnesses, Alfredo Rodriguez and Juan Alessi, five different plaintiffs' attorneys questioned the witnesses for approximately six to eight hours, often repeating the same or similar questions that had previously been asked.

14. Clearly, the Plaintiffs' counsel wish to control discovery and how the Defendant is allowed to obtain information to defend these cases. However, the court has ruled on a number of these issues as follows:

- A. Plaintiffs' counsels sought to preclude the Defendant from serving third party subpoenas and allowing only Plaintiffs' counsel to obtain

depositions and those materials and "filter them" to defense counsel. That motion was denied, and the court tailored a method such that the Defendant could obtain the records directly.

- B. Plaintiffs' counsels sought to limit the psychological psychiatric examination in *C.M.A. v. Jeffrey Epstein and Sarah Kellen* (Case No. 08-CIV-80811), as to time, subject matter and scope. However, Magistrate Johnson entered an order denying the requested restrictions.
- C. Other Plaintiffs' attorneys have said that they object to requested psychological exam of their client(s), thus motions for such exams will now need to be filed; yet all seek millions of dollars in damages for alleged psychological and emotional trauma.
- D. Many Plaintiffs' object to discovery regarding current and past employment (although they are seeking loss of income, both in past and future).
- E. All Plaintiffs object to prior sexual history, consensual and forced as being irrelevant, although in many of the medical records that are now being obtained, as well as the psychiatric exams done by Dr. Kliman, there is reference to rape, molestation, abusive relationships (both physical and verbal), prior abortions, illegal drugs and alcohol abuse.

15. Clearly, Plaintiffs wish to make allegations; however, they forget that they must meet their burden by proving same. Meeting that burden and disproving those allegations is not possible if this court allows Plaintiffs to stifle and/or control the discovery process.

16. Specifically, with regard to Jane Doe No. 4, which is the deposition set for next week, September 16, 2009, the plaintiff has in her past (see affidavit of Richard C.W. Hall, M.D., an expert psychiatrist retained by Defendant to conduct exams on various claimants.) See

**Exhibit "5"**

- A. Sought counseling due to a dysfunctional home situation, specifically with regard to her father. She described herself as being angry, bitter, depressed and having body image problems;
- B. Had an ex-boyfriend, Preston Vinyard, who was, on information and belief, a drug dealer who she lived with;
- C. Had drug and alcohol problems herself; and

Page 7

D. Spoke with two psychiatrists when she was sixteen or seventeen (before this lawsuit!) and did not reference Epstein, but did reference her boyfriend and family issues.

17. There are police reports that reflect that:

A. In September 2004, a battery report was filed regarding Jane Doe No. 4 and Vinyard based on an argument where he grabbed her by the neck and began spitting on her and calling her a cheater.

B. Also in September 2004, there was a domestic violence file opened where Vinyard was physically and verbally abusive to Jane Doe No. 4, his girlfriend at the time. There is reference that the two started a serious relationship in January 2002, when she was only fourteen (14) years old.

C. Vinyard was arrested in December 2003, and charged with reckless driving and leaving the scene of the accident with Jane Doe No. 4, when their vehicle hit a tree and they fled.

18. Moreover, an ex-boyfriend of Jane Doe No. 4 died in a DUI accident and it took her two years to get over his death, and another good friend of hers, "Jen," died in an automobile accident involving drinking. Within her Amended Complaint and Answers to Interrogatories, she indicates that she went to Epstein's house on several occasions. However, at no time did she call the police, at no time did she report any traumatic or severe emotional trauma, nor alleged coercion, force or improper behavior by Epstein until she got a "lawyer" and is now pursuing claims for millions of dollars. Epstein's assistance to his attorneys at these depositions regarding the above issues is not only a constitutional due process right afforded to him but essential given the fact that this court has ruled that Plaintiffs' depositions can only occur one time, no "second bite" absent a court order.

19. Given the breadth of the allegations made against Epstein and the substantial damages sought, Epstein has an unequivocal and constitutional right to be present at any deposition such that he can assist his counsel with the defense of these cases. *See infra*. **Dr. Hall**

Page 8

also prepared affidavits regarding Jane Does 2, 3, 5, 6, and 7, which are attached to DE 247.

#### Memorandum Of Law

20. Plaintiffs' motion is required to be denied as they have failed to meet their burden showing the "extraordinary circumstances" necessary to establish good cause to support a protective order which would grant the extraordinarily rare relief of preventing a named party from attending in person the deposition of another named party. Also requiring denial of Plaintiffs' motion is the fact that it seeks to exclude Epstein from all the depositions of all the Plaintiffs in actions before this Court. Such relief is unprecedented and attempts to have this Court look at the Plaintiffs' collectively as opposed to analyzing each case based on facts versus broad speculation whether "extraordinary circumstances" exist on a case by case basis. In other words, the standard is such that the Court would be required to determine whether each Plaintiff has met her burden, should the Court consider adopting such extraordinary relief. On its face, the motion does not meet the necessary burden as to Jane Doe 4, or Jane Does 2, 3, 5, 6, or 7.

#### Discussion of Law Requiring the Denial of the Requested Protective Order

Rule 26(c)(1)(E), Fed.R.Civ.P. (2009), governing protective orders, provides in relevant part that:

**(1) In General.** A party or any person from whom discovery is sought may move for a protective order in the court where the action is pending—or as an alternative on matters relating to a deposition, in the court for the district where the deposition will be taken. The motion must include a certification that the movant has in good faith conferred or attempted to confer with other affected parties in an effort to resolve the dispute without court action. **The court may, for good cause, issue an order to protect a party or person from annoyance, embarrassment, oppression, or undue burden or expense, including one or more of the following:**

\* \* \* \* \*

**(E)** designating the persons who may be present while the discovery is conducted;

\* \* \* \*

In seeking to prevent the Defendant from being present in the room where the Plaintiffs are being deposed, Plaintiffs generally rely on treatise material from Wright & Miller, 8 Federal Practice & Procedure Civ.2d, §2041, and cases cited therein. The case of Gaella v. Onassis, 487 F.2d 986, at 997 (2d Cir. 1973), cited by Plaintiffs, makes clear that the exclusion of a party from a deposition "should be ordered rarely indeed." Unlike the Gaella case, there is no showing by each of the Plaintiffs that there has been any conduct by Epstein, in rightfully defending the actions filed against him, reflecting "an irrepressible intent to continue ... harassment" of any Plaintiff or a complete disregard of the judicial process, i.e. prior alleged conduct versus any action/conduct displayed in this or other cases that would justify extraordinary relief. There is absolutely no basis in the record to indicate that Epstein will act other than properly and with the proper decorum at the depositions of the Plaintiffs and abide in all respects with the No-Contact Order.

Wherefore, Epstein respectfully requests that this Court enter an order denying Plaintiffs' Motion for Protective Order, provide that Epstein is permitted to attend the depositions of the Plaintiffs that have asserted claims against him in the related matters, and for such other and further relief as this court deems just and proper.

  
Robert D. Critton, Jr.  
Michael J. Fike  
Attorney for Defendant Epstein

**Certificate of Service**

I HEREBY CERTIFY that a true copy of the foregoing was hand-delivered to the Clerk of the Court as required by the Local Rules of the Southern District of Florida and electronically mailed to all counsel of record identified on the following Service List on this 11th day of September, 2009.

**Certificate of Service**

**Jane Doe No. 2 v. Jeffrey Epstein  
Case No. 08-CV-80119-MARRA/JOHNSON**

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Page 11

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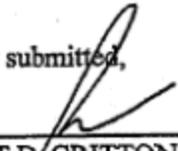
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*Counsel for Defendant Jeffrey Epstein*

Respectfully submitted,

By: 

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[rcrit@bclclaw.com](mailto:rcrit@bclclaw.com)

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561/515-3148 Fax  
*(Co-Counsel for Defendant Jeffrey Epstein)*

7

**Robert D. Critton Jr.**

---

**From:** Adam Horowitz [ahorowitz@sexabuseattorney.com]  
**Sent:** Tuesday, September 15, 2009 11:43 AM  
**To:** Michael J. Pike; Robert D. Critton Jr.  
**Cc:** Stuart Mermelstein  
**Subject:** Jane Does v. Epstein

Please allow this to confirm that Jeffrey Epstein will not attend tomorrow's deposition of Jane Doe No. 4 (in the absence of a Court order permitting him to attend). We understand you may wish to have your client listen in by telephone or view a videofeed of the deposition, but will not be seen by our client.

Regards,

**Adam D. Horowitz, Esq.**  
[www.sexabuseattorney.com](http://www.sexabuseattorney.com)  
Mermelstein & Horowitz, P.A.  
18205 Biscayne Boulevard  
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[ahorowitz@sexabuseattorney.com](mailto:ahorowitz@sexabuseattorney.com)  
Tel: (305) 931-2200  
Fax: (305) 931-0877

---

**From:** Michael J. Pike [REDACTED]  
**Sent:** Tuesday, September 15, 2009 10:54 AM  
**To:** Stuart Mermelstein; Adam Horowitz  
**Cc:** Robert D. Critton Jr.; Jessica Cadwell  
**Subject:** FW: Jane Does v. Epstein

Gentlemen:

I sent the e-mail below weeks ago. I have not heard back from you. I'm entitled to the questionnaires Kliman had your clients fill out and which he utilized to formulate his opinions. I need them by tomorrow since they are well over due. If not, I will have no other choice to file a motion, which I do not want to do given how we have worked together on these issues in the past. Let me know, pike.

---

**From:** Michael J. Pike  
**Sent:** Tuesday, August 18, 2009 11:37 AM  
**To:** Robert D. Critton Jr.; Stuart Mermelstein; Ashlie Stoken-Baring; Connie Zaguirre  
**Subject:** Jane Does v. Epstein

From reviewing the transcripts, it seems Dr. Kliman utilized Questionnaire's with all of your clients. I need them. Please advise of your position. I'm sure you will produce since they are

EXHIBIT 3

9/15/2009

discoverable. Thanks.

Michael J. Pike, Esq.  
Burman, Critton, Luttier & Coleman  
515 N. Flagler Dr., Ste. 400  
West Palm Beach, Florida 33401  
Telephone: (561) 842-2820  
Facsimile (561) 844-6929

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9/15/2009

EFTA01625686

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

CASE NO.: 08-CV-80119-MARRA-JOHNSON

JANE DOE NO. 2,

Plaintiff,

v.

JEFFREY E. EPSTEIN,

Defendant.

Related Cases:

08-80232, 08-80380, 08-80381, 08-80994,  
08-80993, 08-80811, 08-80893, 09-80469,  
09-80581, 09-80656, 09-80802, 09-81092.

AFFIDAVIT OF JEFFREY E. EPSTEIN

STATE OF FLORIDA ) SS  
COUNTY OF PALM BEACH )

BEFORE ME, the undersigned authority, personally appeared Jeffrey E. Epstein having personal knowledge and being duly sworn, deposes and says:

1. My office is located at 250 Australian Avenue South, 14<sup>th</sup> Floor, West Palm Beach, Florida. Its location has been well publicized in the news.
2. I met with my attorneys, Robert D. Critton, Jr. and Mark T. Luttier, at 12:30 p.m. in preparation for the deposition of Jane Doe No. 4 which was to take place beginning at 1:00 p.m. on September 16, 2009.
3. I was aware of the motion for protective order which had been served in this case by counsel for Jane Doe No. 4 and the Emergency Motion To Strike Plaintiff's Motion For

EXHIBIT 4

Jane Doe No. 4 v. Epstein  
Page 2

Protective Order And Emergency Motion To Allow The Attendance Of Jeffrey Epstein At The Deposition Of Plaintiffs And Response In Opposition To Plaintiffs', Jane Doe Nos. 2-8, Motion For Protective Order As To Jeffrey Epstein's Attendance At The Deposition Of Plaintiffs, With Incorporated Memorandum of Law, which had been filed on my behalf such that I could attend the deposition and assist my attorneys in my defense.

4. I also understood that as of 1:00 p.m. on September 16, after I had finished speaking with my attorneys that the court had not ruled regarding the above-referenced motions.

5. I was instructed by my attorneys that I could not attend the deposition and therefore a video feed was set up such that I could view the deposition from my home.

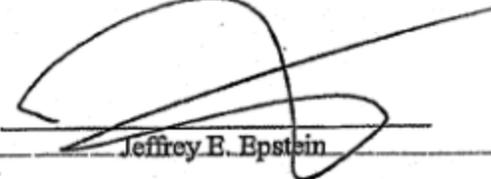
6. I also understood that my attorneys did not want me in the building after the deposition began.

7. At 1:04 p.m. after we assumed that everyone would be in the deposition room, my lawyers went down on one elevator and I went down on another elevator with my driver, Igor Zinoviev, both exiting at approximately the same time.

8. I asked Igor where he had parked, and he said "out front". We exited the elevator, I walked toward the front door. Near the front door, I saw a taller woman and a shorter woman who I thought might be Jane Doe No. 4 and immediately turned to my left and went out a separate exit to the garage.

9. At no time did I speak with or attempt to interact with either women.

FURTHER THE AFFIANT SAYETH NAUGHT.



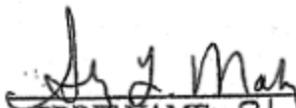
Jeffrey E. Epstein

Jane Doe No. 4 v. Epstein  
Page 3

STATE OF FLORIDA  
COUNTY OF PALM BEACH

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared Jeffrey B. Epstein known to me to be the person described in and who executed the foregoing Affidavit, who acknowledged before me that he/she executed the same, that I relied upon the following form of identification of the above named person: Jeffrey Epstein, and that an oath was/was not taken.

WITNESS my hand and official seal in the County and State last aforesaid this day of Sept. 17, 2009.



PRINT NAME: Sheryl L. Mahoney (SEAL)

NOTARY PUBLIC/STATE OF FLORIDA

COMMISSION NO.:

MY COMMISSION EXPIRES:



UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

CASE NO.: 08-CV-80119-MARRA-JOHNSON

JANE DOE NO. 2,

Plaintiff,

v.

JEFFREY EPSTEIN,

Defendant.

Related Cases:

08-80232, 08-80380, 08-80381, 08-80994,  
08-80993, 08-80811, 08-80893, 09-80469,  
09-80581, 09-80656, 09-80802, 09-81092.

AFFIDAVIT OF IGOR ZINOVIEV

STATE OF FLORIDA ) SS  
COUNTY OF PALM BEACH )

BEFORE ME, the undersigned authority, personally appeared Igor Zinoviev having personal knowledge and being duly sworn, deposes and says:

1. I work for Jeffrey Epstein. I as well drive him from place to place.
2. At approximately 1:04 p.m., Mr. Epstein and I went down in the elevator from the 14<sup>th</sup> floor to the ground level. I was to drive Mr. Epstein to his home. His lawyers went down at approximately the same time in a separate elevator.
3. I parked the car at the front entrance. As I walked toward the front door and noticed that Mr. Epstein quickly turned to the left so as to exit through the door to the garage of the building rather than the front entrance.

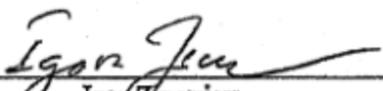
EXHIBIT 5

Jane Doe No. 4 v. Epstein  
Page 2

4. At no time did Mr. Epstein speak or gesture to anyone, including the individuals whom I saw near the front door.

5. At no time did I speak with the individuals at the main entrance.

FURTHER THE AFFIANT SAYETH NAUGHT.

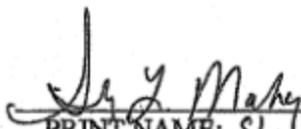
  
Igor Zinoviev

STATE OF FLORIDA  
COUNTY OF PALM BEACH

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared Igor Zinoviev known to me to be the person described in and who executed the foregoing Affidavit, who acknowledged before me that he/she executed the same, that I relied upon the following form of identification of the above named person: Jeffrey Epstein, and that an oath was/was not taken.

WITNESS my hand and official seal in the County and State last aforesaid this day of Sept. 17, 2009.



  
PRINT NAME: Sheryl L. Mahoney (SEAL)  
NOTARY PUBLIC/STATE OF FLORIDA  
COMMISSION NO.:  
MY COMMISSION EXPIRES:

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

CASE NO.: 08-CV-80119-MARRA-JOHNSON

JANE DOE NO. 2,

Plaintiff,

v.

JEFFREY EPSTEIN,

Defendant.

Related Cases:

08-80232, 08-80380, 08-80381, 08-80994,  
08-80993, 08-80811, 08-80893, 09-80469,  
09-80581, 09-80656, 09-80802, 09-81092.

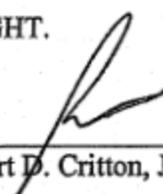
AFFIDAVIT OF ROBERT D. CRITTON, JR.

STATE OF FLORIDA ) SS  
COUNTY OF PALM BEACH )

BEFORE ME, the undersigned authority, personally appeared Robert D. Critton, Jr.,  
having personal knowledge and being duly sworn, deposes and says:

1. I am counsel for Jeffrey Epstein in the above-styled matter and other civil lawsuits.
2. The information contained in motion, paragraphs 1 through 9, 11, 13, 14 and 16 is true and accurate based on my personal knowledge.
3. The costs and fees set forth in the motion are true, correct and reasonable.

FURTHER THE AFFIANT SAYETH NAUGHT.

  
\_\_\_\_\_  
Robert D. Critton, Jr.

XHIBIT 6

Jane Doe No. 4 v. Epstein  
Page 2.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared Robert D. Critton, Jr.. known to me to be the person described in and who executed the foregoing Affidavit, who acknowledged before me that he/she executed the same, that I relied upon the following form of identification of the above named person: personally known, and that an oath was was not taken.

WITNESS my hand and official seal in the County and State last aforesaid this day of 17, September, 2009.

*Jessica Cadwell*

PRINT NAME: JESSICA CADWELL

NOTARY PUBLIC/STATE OF FLORIDA

COMMISSION NO.: DD 853529

MY COMMISSION EXPIRES: 04/19/13



UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

CASE NO.: 08-CV-80119-MARRA-JOHNSON

JANE DOE NO. 2,

Plaintiff,

v.

JEFFREY EPSTEIN,

Defendant.

\_\_\_\_\_  
Related Cases:

08-80232, 08-80380, 08-80381, 08-80994,  
08-80993, 08-80811, 08-80893, 09-80469,  
09-80581, 09-80656, 09-80802, 09-81092.  
\_\_\_\_\_

**AFFIDAVIT OF MARK T. LUTTIER**

STATE OF FLORIDA ) SS  
COUNTY OF PALM BEACH )

BEFORE ME, the undersigned authority, personally appeared Mark T. Luttier., having personal knowledge and being duly sworn, deposes and says:

1. I am counsel for Jeffrey Epstein in the above-styled matter and other civil lawsuits.
2. The information contained in motion, paragraphs 1 through 10, 11, 13, 14 and 16 is true and accurate based on my personal knowledge.

FURTHER THE AFFLIANT SAYETH NAUGHT.

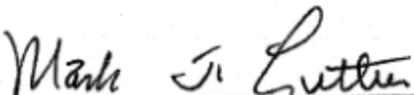
  
\_\_\_\_\_  
Mark T. Luttier

EXHIBIT 7

Jane Doe No. 4 v. Epstein  
Page 2

STATE OF FLORIDA  
COUNTY OF PALM BEACH

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared Mark T. Luttier, known to me to be the person described in and who executed the foregoing Affidavit, who acknowledged before me that he/she executed the same, that I relied upon the following form of identification of the above named person: personally known, and that an oath was/was not taken.

WITNESS my hand and official seal in the County and State last aforesaid this 17<sup>th</sup> day of Sept., 2009.

*Jessica Cadwell*  
PRINT NAME: JESSICA CADWELL

NOTARY PUBLIC/STATE OF FLORIDA

COMMISSION NO.: DD 853529

MY COMMISSION EXPIRES: 04/19/13



UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

CASE NO. 08-CV-80119-MARRA/JOHNSON

JANE DOE NO.2,

Plaintiff,

-vs-

JEFFREY EPSTEIN,

Defendant.

---

Related cases:

08-80232, 08-08380, 08-80381, 08-80994,  
08-80993, 08-80811, 08-80893, 09-80469,  
09-80591, 09-80656, 09-80802, 09-81092

---

DEPOSITION OF JANE DOE #4

Wednesday, September 16, 2009  
1:03 - 1:08 p.m.

250 Australian Avenue South  
Suite 115  
West Palm Beach, Florida 33401

Reported By:  
Cynthia Hopkins, RPR, FPR  
Notary Public, State of Florida  
Prose Court Reporting

EXHIBIT 8

Page 2

1 APPEARANCES:  
 2 On behalf of the Plaintiff  
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9 On behalf of the Defendant:  
 10 ROBERT D. CRITTON, JR., ESQUIRE  
 11 MARK T. LUTTIER, ESQUIRE  
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 14 Suite 400  
 15 West Palm Beach, Florida 33401  
 16 Phone: 561.842.2820

17 On behalf of Jeffrey Epstein:  
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 21 Suite 1400  
 22 West Palm Beach, Florida 33401-5012  
 23 Phone: 561.659.8300

24 On behalf of LM and EW:  
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 ROTHSTEIN, ROSENFELDT, ADLER  
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 Phone: 954.522.3456

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 SEARCY, DENNEY, SCAROLA,  
 BARNHART & SHIPLEY, P.A.  
 2139 Palm Beach Lakes Boulevard  
 West Palm Beach, Florida 33409

Page 3

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 8 Palm Beach Gardens, Florida 33410  
 9 Phone: 561.515.1400

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 25

Page 4

1 PROCEEDINGS  
 2 ---  
 3 MR. HOROWITZ: Adam Horowitz, counsel for  
 4 Plaintiff, Jane Doe 4.  
 5 MR. CRITTON: Cindy, what time is it?  
 6 THE COURT REPORTER: It is 1:03.  
 7 MR. BERGER: William J. Berger for LM and  
 8 EW.  
 9 MR. HILL: Jack Hill for CMA.  
 10 MR. LANGINO: Adam Langino from  
 11 Leopold Kuvin on behalf of BB.  
 12 MR. LUTTIER: Mark Luttier on behalf of  
 13 Burman, Critton, Luttier & Coleman for the  
 14 Defendant.  
 15 MR. CRITTON: Robert Critton on behalf of  
 16 Defendant, Jeffrey Epstein.  
 17 MR. HOROWITZ: This is Adam Horowitz.  
 18 We're canceling today's deposition. Before  
 19 appearing here today, we had a stipulation with  
 20 Defense counsel that Mr. Jeffrey Epstein, the  
 21 Defendant, would not be here. He would not  
 22 cross paths with our client.  
 23 And immediately as we were approaching the  
 24 deposition room, he made face-to-face contact  
 25 with our client. He was just feet away from

Page 5

1 her and intimidated her, and for that reason  
 2 we're not going forward.  
 3 MR. CRITTON: I didn't see any contact  
 4 because I, obviously, was not out there. We  
 5 started at about -- when you came in it was  
 6 approximately 1:03. Mr. Epstein has an office  
 7 here at the Florida Science Foundation. Had  
 8 you been here at 1:00, your paths never would  
 9 have crossed because Mr. Epstein was leaving  
 10 the building. I instructed him to leave the  
 11 building so that he would not be here.  
 12 He was going to appear by way of Skype so  
 13 that he could be on a video camera so that he  
 14 could see this.  
 15 (Mr. Goldberger entered the room.)  
 16 MR. CRITTON: Had you been here on time,  
 17 and not faulting, I am just saying had you been  
 18 here on time at 1:00, as everyone else seemed  
 19 to be here at least get here before you did,  
 20 Adam, you and your client, your paths never  
 21 would have crossed.  
 22 I directed Mr. Epstein to leave the  
 23 building so he would not be here so that there  
 24 would be no way that your paths could have  
 25 crossed. It was neither my intent nor was it

2 (Pages 2 to 5)

1 my client's intent specifically, because I also  
2 advised him that he was not to cross paths, not  
3 to have any contact with your client, and  
4 certainly by our agreement not to be here today  
5 for the deposition.

6 MR. HOROWITZ: And at approximately 1:00  
7 is exactly when my client crossed paths with  
8 Jeffrey Epstein. And not only did he cross  
9 paths but he proceeded to stare her down just  
10 feet away from her. For that reason she became  
11 an emotional wreck and cannot proceed with the  
12 deposition. She's simply not in an emotional  
13 state to do so.

14 And in addition Mr. Epstein violated the  
15 agreement between counsel that he would not  
16 cross paths or come into contact with our  
17 client. And it will be also for the criminal  
18 court judge to decide whether he has violated a  
19 no-contact order. I have nothing else to say.

20 MR. CRITTON: Again I instructed  
21 Mr. Epstein to leave the building so absolutely  
22 no contact could occur between he and  
23 Mr. Horowitz and his client nor anyone else.  
24 Until the court, until either Judge Marra or  
25 Judge Johnson ruled on the issue as to whether

1 or not he could appear at the depositions of  
2 not only Jane Doe 4 but any other individuals,  
3 so you do what you need to do.

4 MR. HOROWITZ: Off the record.  
5 (The Deposition was concluded.)  
6  
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1 CERTIFICATE

2  
3 STATE OF FLORIDA  
4 COUNTY OF PALM BEACH  
5

6  
7 I, Cynthia Hopkins, Registered Professional  
8 Reporter and Florida Professional Reporter, State of  
9 Florida at large, certify that I was authorized to  
10 and did stenographically report the foregoing  
11 proceedings and that the transcript is a true and  
12 complete record of my stenographic notes.

13 Dated this 16th day of September, 2009.  
14

15  
16 *Cynthia J. Hopkins*   
Cynthia Hopkins, RPR

3 (Pages 6 to 8)

**Prose Court Reporting Agency, Inc**  
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September 17, 2009

Robert Critton, Esquire  
Burman, Critton, Luttier & Coleman - WPB  
303 Banyan Boulevard  
Suite 400  
West Palm Beach, FL 33401

**Invoice Number  
CH 411**

**Re: Jane Doe No. 2 vs. Jeffrey Epstein  
9-16-09 Scheduled Deposition of Jane Doe No. 4  
Statement for Record**

**Description of Services**

Depo App NT - 1st Hr	Appearance 1st Hr	110.00
Depo Trans 0&1-Reg	Transcript Pages - 8	28.80
E-Transcript Emailed	Complimentary	

**Invoice total: \$138.80**

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EXHIBIT 9



**VISUAL  
EVIDENCE**

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9/17/2009	28616
Terms	
Due on receipt	

BURMAN, CRITTON & LUTTIER  
ROBERT CRITTON  
303 BANYAN BLVD  
SUITE 400  
WEST PALM BEACH, FL 33401

<b>Case / Reference:</b>	<b>JANE DOE #2 v EPSTEIN</b>
--------------------------	------------------------------

Date	Services Rendered	Qty	Amount
9/16/2009	VIDEOTAPED DEPOSITION OF: JANE DOE # 4 Tech Time - 1ST 2 Hours Digital Tape Stock MASTER TAPE CONSISTS OF DISCUSSIONS BETWEEN ATTORNEYS PRIOR TO SWEARING IN REGARDING CANCELLATION OF DEPO.	1 1	275.00 15.00
9/17/2009	Delivery  MASTER TAPES FORWARDED PER YOUR REQUEST. NO COPIES HAVE BEEN MADE OR KEPT ON FILE AT VISUAL EVIDENCE. SHOULD COPIES BE REQUIRED IN THE FUTURE PLEASE FORWARD MASTER TAPES TO OUR OFFICE FOR DUPLICATION. THANK YOU.	1	0.00

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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

CASE NO.: 08-CV-80119-MARRA-JOHNSON

JANE DOE NO. 2,

Plaintiff,

v.

JEFFREY EPSTEIN,

Defendant.

Related Cases:

08-80232, 08-80380, 08-80381, 08-80994,  
08-80993, 08-80811, 08-80893, 09-80469,  
09-80581, 09-80656, 09-80802, 09-81092.

**ORDER ON DEFENDANT'S, JEFFREY EPSTEIN, MOTION FOR SANCTIONS  
AND TO COMPEL DEPOSITION OF JANE DOE NO. 4  
AND MEMORANDUM IN SUPPORT THEREOF**

This matter came before the Court on Defendant's, JEFFREY EPSTEIN, Motion For Sanctions and to Compel Deposition of Jane Doe No. 4. Having considered Defendant's motion, it is HEREBY ORDERED and ADJUDGED that:

Defendant's motion is hereby GRANTED: Plaintiff shall pay sanctions in the amount of \$ \_\_\_\_\_ in costs and \$ \_\_\_\_\_ in fees directly to Burman, Critton, Luttier and Coleman within 10 days, and further directs that the Plaintiff make herself available for deposition no later than October \_\_\_\_, 2009 beginning at 9:30 a.m. at the same location. Mr. Epstein shall not be present in the building on the day of the deposition absent a court order on pending motions.

Jane Doe No. 4 v. Epstein  
Page 2

DONE and ORDERED this \_\_\_\_ day of \_\_\_\_\_, 2009.

---

Kenneth A. Marra  
United States District Judge

Courtesy Copies: Counsel of Record

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT  
IN AND FOR PALM BEACH COUNTY, STATE OF FLORIDA  
CRIMINAL DIVISION "W" (LB)

08CF9381

STATE OF FLORIDA

ARISES FROM BOOKING NO.:  
2006036744

vs.

JEFFREY E EPSTEIN, W/M, 01/20/1953,

08 JUN 26 PM 3:30  
SHARON A. BOUT, CLERK  
PALM BEACH COUNTY  
CRIMINAL DIVISION

FILED

INFORMATION FOR:

1) PROCURING PERSON UNDER 18 FOR PROSTITUTION

In the Name and by Authority of the State of Florida:

BARRY E. KRISCHER, State Attorney for the Fifteenth Judicial Circuit, Palm Beach County, Florida, by and through his undersigned Assistant State Attorney, charges that JEFFREY E EPSTEIN on or about or between the 1<sup>st</sup> day of August in the year of our Lord Two Thousand and Four and October 9, 2005, did knowingly and unlawfully procure for prostitution, or caused to be prostituted, A.D, a person under the age of 18 years, contrary to Florida Statute 796.03. (2 DEG FEL)

*Lanna Belohlavek*  
LANNA BELOHLAVEK  
FL. BAR NO. 726  
ney

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, I  
Florida, personally known to me,  
foregoing information are based on  
the offense therein charged, the  
oath has been received from the

16

Attorney for Palm Beach County,  
allegations as set forth in the  
and which, if true, would constitute  
and certifies that testimony under

Sworn to and subscribed to

*Damaris Pin*  
NOTARY PUBLIC, State of Florida

LB/dp



Damaris Pin  
MY COMMISSION # DD580  
August 2, 2010  
BONDED THROUGH TROY FAIR INSURANCE, INC.

CRIMINAL REFERENCE NUMBERS:

FELONY SOLICITATION OF PROSTITUTION 3699

CAJ JUN 26 2006





- PHOTO
- OT71
- OT36
- INSTRUCT

**STATE OF FLORIDA  
DEPARTMENT OF CORRECTIONS  
OFFENDER INFORMATION SHEET AND REPORTING INSTRUCTIONS**

Official Name: EPSTEIN Jeffrey E DC#: \_\_\_\_\_  
(Last, First, Middle Initial/Suffix)

W M 1-20-53 \_\_\_\_\_  
Race Sex Date of Birth Social Security #

True Name: \_\_\_\_\_ Alias/Nickname \_\_\_\_\_  
(Last, First, Middle Initial, Suffix)

Maiden Name \_\_\_\_\_ 6 190 W Grey  
Height- Ft/in. Weight Complexion Hair Color

B1 \_\_\_\_\_  
Eye Color Body Build

Scars/Marks/Tattoos - Description and Location \_\_\_\_\_

NY USA English  
Birth City /County Birth State Birth Country Citizenship Ethnic Primary Language

Jewish Yes S High School  
Religion Understand English? Marital Status Highest Grade Completed

Offender Address (PRESENT): 358 SW 3rd St. Palm Beach  
Street Address City

Palm Beach FLORIDA 33480 \_\_\_\_\_  
County State Zip Home Phone and Cell #

Significant Other: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Next of Kin/Significant Other: Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Mother's/ Maiden Name: STOLOFSKY

Mother's and/or Father's Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Mother or Father's phone number, including area code: \_\_\_\_\_

Employer's Name (Primary): Florida Clinic Center Street Address: 250 Australian Ave. Suite 1404  
Palm Beach FL 33480 561-386-0084 \_\_\_\_\_  
City State Zip Work Telephone # Length of Time Employed

Begin Date (Month/Year) \_\_\_\_\_ Primary Duty CHAIRMAN Industry \_\_\_\_\_ Supervisor's Full Name JEFFREY

**OFFICE OF SUPERVISION REPORTING INSTRUCTIONS**

REPORT TO THE PROBATION OFFICE INDICATED BELOW AND PRESENT THIS FORM TO THE OFFICE RECEPTIONIST. FAILURE TO REPORT IS A VIOLATION OF YOUR SUPERVISION.

REPORT ON: \_\_\_\_\_ AT: \_\_\_\_\_  
(Date) (Time)

Offender Signature/Date acknowledging receipt of reporting instructions. \_\_\_\_\_ Intake Personnel Signature/Date \_\_\_\_\_  
Initials:

# INITIAL REPORTING INSTRUCTIONS

(Provided by the Circuit Court of Palm Beach County)

W35753

JEFFERY EPSTEIN

(Offender Name)

Supervision Type:  Probation  Drug Offender Probation  
 Community Control  Sex Offender Probation  
 Sex Offender Community Control

You are instructed to report to the following Department of Corrections office located at:

Office Address: 3444 South Congress Avenue  
Lake Worth, Florida 33461

Office Telephone Number: 561-434-3960

Date and Time to Report: IMMEDIATELY AFTER ~~RELEASE~~ RELEASE (CS)

Office Hours are from 8:00 AM - 5:00 PM, Monday through Friday.

**Failure to report as instructed is a violation of the terms of supervision, as provided in Sections 948.03 and 948.06 Florida Statutes.**

Race/Sex: W/M DOB: [REDACTED] SS # [REDACTED]

Address: 358 EC B-11. WAY, Palm Beach Florida 33480

Phone #: [REDACTED]

[REDACTED] 6/30/08  
Officer/Date

[Signature]  
Offender/Date

RECEIVED  
JUL 18 2008  
15-4

15-4

STATE OF FLORIDA  
DEPARTMENT OF CORRECTIONS

AUTHORIZATION AND RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, hereby authorize and request every person, firm, officer, corporation, association, organization, or institution having control of any documents, records, or other information pertaining to me, to furnish the originals or copies of any such documents, records, and other information to the Florida Department of Corrections or any of its representatives, to inspect and/or to copy any such documents, records, or other information.

\_\_\_\_\_ 6/1/09 \_\_\_\_\_ 6/1/09  
\_\_\_\_\_  
Witness/Date Signature/Date  
\_\_\_\_\_ 42-M \_\_\_\_\_ 1-20-53  
\_\_\_\_\_  
Witness/Date Race/Sex Date of Birth

AUTORIZACION Y RELEVAMIENTO DE INFORMACION

A TODO QUIEN LE CONCIERNE:

Yo, \_\_\_\_\_, por este medio autorizo y pido a toda persona, agencia, oficial, corporacion, asociacion, organizacion o institucion teniendo control sobre algun documento, archivo, u otra informacion perteneciente a mi, que provea los documentos, archivos y otra informacion al Departamento de Correccion de la Florida o cualquier de su representates para que inspeccione y/o tome copia de tales documentos, archivos, u otra informacion.

\_\_\_\_\_  
Testigo/Fecha Firma/Fecha  
\_\_\_\_\_  
Testigo/Fecha Raza/Sexo Fecha de Nacimiento

(Release valid for six (6) months from date signed)  
(Este relevamiento es valido por (6) meses de la fecha firmada)

REPORTING INSTRUCTIONS

OFFENDER'S NAME: JEFFREY EPSTEIN  
DC#: W33755

PLEASE READ AND INITIAL EACH INSTRUCTION:

YOU ARE **REQUIRED TO REPORT** TO YOUR ASSIGNED OFFICER EACH MONTH, UNLESS OTHERWISE INSTRUCTED.

*J*

YOU ARE **REQUIRED TO REPORT** UNTIL YOU ARE NOTIFIED IN WRITING OTHERWISE BY THE JUDGE OR YOUR OFFICERS. NO ONE ELSE HAS THE AUTHORITY TO EXCUSE YOU FROM REPORTING.

*J*

IF YOU ARE CHARGED WITH VIOLATION OF PROBATION, REGARDLESS OF WHETHER YOU ARE ARRESTED, RELEASED OR SIMPLY GIVEN A NOTICE TO APPEAR, YOU MUST **CONTINUE TO REPORT** AND SATISFY ALL YOUR OTHER CONDITIONS OF PROBATION/COMMUNITY CONTROL.

*J*

IF YOU ARE UNABLE TO PAY ANY OF YOUR MONETARY OBLIGATIONS CONNECTED WITH PROBATION/COMMUNITY CONTROL OR ANY CONDITION OF PROBATION/COMMUNITY CONTROL (SUCH AS DRUG TREATMENT OR A COURSE YOU MUST TAKE), YOU MUST MAKE YOUR BEST EFFORTS TO SATISFY THAT CONDITION. FOR EXAMPLE, GO TO THE CLASS WITHOUT PAYING, KNOWING THAT YOU WILL PAY LATER). IF YOU ARE NOT PERMITTED TO SATISFY AN OBLIGATION BECAUSE YOU CANNOT PAY, REPORT THIS AT ONCE TO YOUR PROBATION OFFICER, WHO WILL TRY TO HELP. YOU MUST **CONTINUE TO REPORT** AND TO SATISFY ALL YOUR OTHER CONDITIONS OF PROBATION/COMMUNITY CONTROL.

*J*

IF YOU HAVE A POSITIVE DRUG TEST, YOU MUST **CONTINUE TO REPORT** AND SATISFY ALL YOUR OTHER CONDITIONS OF PROBATION/COMMUNITY CONTROL.

*J*

IF YOU ARE TAKEN INTO CUSTODY BY INS OR BORDER PATROL UPON RELEASE YOU ARE **REQUIRED TO REPORT** TO YOUR OFFICE AND TO SATISFY ALL YOUR OTHER CONDITIONS OF PROBATION/COMMUNITY CONTROL.

*J*

IF YOU FAIL TO COMPLETE TREATMENT YOU MUST **CONTINUE TO REPORT** AND TO SATISFY ALL OTHER CONDITIONS OF PROBATION/COMMUNITY CONTROL.

*J*

I HAVE CAREFULLY READ EVERY INSTRUCTION ABOVE AND I HAVE DISCUSSED THEM ALL WITH MY PROBATION/COMMUNITY CONTROL OFFICER AND I UNDERSTAND ALL OF THEM AND WILL OBEY ALL OF THEM.

OFFENDER'S SIGNATURE / DATE



*7/30/08*

PROBATION CONTROL OFFICER SIGNATURE / DATE

Department of Corrections' Notice of Privacy Practices  
Effective Date April 14, 2003

**FOR OFFENDERS ON COMMUNITY SUPERVISION**

**THIS NOTICE<sup>1</sup> DESCRIBES HOW MEDICAL INFORMATION ABOUT OFFENDERS MAY BE USED AND DISCLOSED AND HOW AN OFFENDER CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The Department of Corrections (DOC) is required by law to maintain the privacy of protected health information (PHI) maintained in DOC offender files. Federal law requires that this Notice be provided to you and that DOC abide by the terms of the Notice.

**DOC Disclosures of Protected Health Information**

In performing supervision activities, DOC uses and discloses (shares) PHI maintained in offender files for several purposes and is authorized to do so without first getting your written approval. These purposes include:

- For treatment activities required as a condition of probation/supervised release. For example, DOC may refer you to a health care provider so that you can participate in treatment as a condition of probation/supervised release.
- For DOC payment activities. Appropriate DOC staff must confirm treatment provided to you pursuant to a contract in order to authorize payment.
- For DOC operations. For example, DOC staff may discuss your participation in treatment with a treatment provider in order to supervise your compliance with your probation order.
- DOC will disclose PHI when required by law.
- DOC may provide information to government officials who oversee public health or who are dealing with threats to public safety from unsafe products, diseases, abuse, neglect, domestic violence and other crimes.
- DOC will provide information in the form of substance abuse test results, participation in court-ordered treatment programs, and other similar types of information to the sentencing court during the course of supervision and in the case of a violation of a condition of probation.
- DOC will disclose PHI in response to a subpoena, or court or administrative order.
- DOC may disclose PHI for law enforcement purposes.
- DOC may disclose PHI to correctional facilities or in other law enforcement custodial situations in the event that you are taken into custody or incarcerated.
- DOC may provide information to licensed researchers who are under strict rules regarding how they use and disclose PHI.
- DOC may provide health information as otherwise authorized by law.

---

<sup>1</sup> This Notice is provided pursuant to 45 CFR § 164.520, a regulation promulgated to implement the Health Insurance Portability and Accountability Act (HIPAA).

## Department of Corrections' Notice of Privacy Practices Effective Date April 14, 2003

No other uses and disclosures of your PHI will occur without your written authorization. And if you sign such an authorization you have the right to cancel it any time provided you submit a written revocation of the authorization. (45 CFR § 164.508(b)(5))

### Your Rights Regarding Your Protected Health Information

Under the law, you have the right to:

- Request restrictions on some of the ways DOC or its contract health care providers use and disclose your PHI. These restrictions can go beyond the restrictions already in the law. However, DOC or the contract provider may not always agree and is not required to implement these additional restrictions.
- Receive confidential PHI communications. While DOC or a DOC contract provider cannot promise to communicate health information in every possible way that an offender might request, we will work with you to find a practical way of communicating PHI to you in strict confidence if you wish.
- Inspect and get copies of your PHI in records maintained by health care providers who provide you treatment pursuant to a contract with DOC by making a request in writing. The provider may charge a reasonable fee to cover only the cost of providing this information. Note that DOC does not maintain any medical records or medical files on offenders.
- Request that DOC contract health care providers amend or correct your PHI in files maintained by the provider. To make such a change, DOC contract health care provider may ask you to make the request in writing with a description of the reason you want your record changed. The provider may not always agree and is not required to agree to such requests.
- A list of DOC or DOC contract provider disclosures of your PHI for a certain period of time (not to exceed a 6 year period since 4/14/03) that were not authorized by you and that were not related to treatment, payment and operations.

Questions about DOC privacy procedures should be directed to the DOC Privacy Officer at \_\_\_\_\_ . Complaints to DOC about the way DOC handles your PHI, compliance with HIPAA (see footnote, p.1 of this Notice), or if you believe your privacy rights have been violated must be filed as Offender Grievances pursuant to Rule 33-302.101, Florida Administrative Code. A copy of the Offender Grievance Procedure may be obtained from your Correctional Probation Officer. You may also contact the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation against you for filing a complaint or for making requests regarding your health care information.

DOC reserves the right to change the terms of this Notice and to make new notice provisions for all PHI that DOC maintains. If the terms of this notice are revised, DOC will provide you a copy of the revised Notice on your next visit to the Probation Office. At any time, anyone has a right to get a paper copy of the latest version of this Notice by asking your Correctional Probation Officer.

Department of Corrections' Notice of Privacy Practices  
Acknowledgement of Receipt

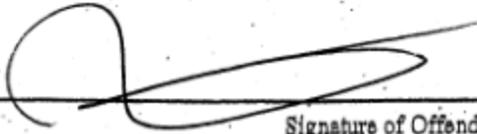
I received a copy of DOC Notice of Privacy Practices for Offenders on Community Supervision.  
I understand that if DOC uses my personal health information in a manner that is different than  
described by the Notice, DOC must first get my permission in writing.

EPSTEIN Jeffrey

Print Offender's Name

W33755

DC  
Number



Signature of Offender

7/31/08

date



Signature

7/31/08

date

PALM BEACH COUNTY

# SHERIFF'S OFFICE

RIC L. BRADSHAW, SHERIFF



**CRIMINAL REGISTRATION**

673 FAIRGROUNDS ROAD WPB, FL 33411  
PHONE: (561) 688-4990

DATE: \_\_\_\_\_

REGISTRANT: \_\_\_\_\_

OFFENSE: \_\_\_\_\_

COURT DATE OF SENTENCING: \_\_\_\_\_

SENTENCE IMPOSED: \_\_\_\_\_

(circle one) CRIMINAL REGISTRATION SEX OFFENDER/PREDATOR CAREER OFFENDER

\_\_\_\_\_  
REGISTRANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FINGERPRINT AIDE ID#

\_\_\_\_\_  
DATE

*Duane Williams*  
\_\_\_\_\_  
PROBATION OFFICER

\_\_\_\_\_  
DATE

Please be advised that the only location for registrations is at the Stockade 673 Fairgrounds Road West Palm Beach. Hours are Monday to Friday 8am to 4pm (closed holidays). No one will be processed beyond 4pm. Please bring proper ID and/or paperwork to assist us in registering you properly into the system.

Offender Name: JEFFREY EPSTEIN

DC#: 1A/33765

**CONDITIONS OF SUPERVISION** You must obey all conditions of supervision. If you do not obey one or more of your conditions of supervision, your probation officer will report this to the court or Florida Parole Commission. You may be arrested for disobeying (violating) your conditions of supervision.

**OFFENDER COMPLAINT (GRIEVANCE) PROCESS**

If you have a complaint (grievance) about your officer or the Department of Corrections, you need to report this within 10 days. Please use the following steps to report your complaint:

1. First, talk to your probation officer about your complaint to see if you can work out a solution.
2. If you are not satisfied with your officer's response to your complaint, talk to the officer's supervisor. If you are not satisfied with the supervisor's response to your complaint, you may write your complaint on a piece of paper and give it to the officer's supervisor. The supervisor will send you a response to your written complaint.
3. If you are not satisfied with the supervisor's response, you may send your written complaint to the Circuit Administrator, who is in charge of the circuit. You need to also attach a copy of the complaint letter you sent to the supervisor, along with the supervisor's response. The Circuit Administrator will review your complaint and send a response to you.
4. If you are not satisfied with the Circuit Administrator's response, you may send your written complaint to the Regional Director for review. You also need to attach a copy of the complaint letter you sent to the supervisor, the supervisor's response, a copy of the letter you sent to the circuit administrator, and the circuit administrator's response. The Regional Director will review your complaint and send you a written response.
5. If you are not satisfied with the Regional Director's response, you may send a written complaint to the Assistant Secretary of Community Corrections for review. You also need to attach a copy of the complaint letter you sent to the supervisor, the supervisor's response, a copy of the letter you sent to the circuit administrator, the circuit administrator's response, a copy of the letter you sent to the regional director, and the regional director's response. The Assistant Secretary of Community Corrections will send you a written response.
6. Complaints (grievances) must be written neatly and must include your complete name, your Department of Corrections (DC) number, your signature, and the date you signed the grievance. Your complaint letter must clearly state what the complaint is about.

Please note that complaints about violations must be discussed with your attorney, the judge, or the Florida Parole Commission – not the probation officer. If your complaint has anything to do with your health or a disability, please send your complaint letter straight to the Assistant Secretary of Community Corrections instead of going through the other steps.

**EMERGENCY CONTACT**

Probation offices are open Monday through Friday from 8am to 5pm. If you need to contact your officer due to an emergency outside of these hours, call the following telephone number: 561-791-4750. Discuss all regular business with your officer during the week when the office is open. Please do not call the emergency number unless the situation is a true emergency and whatever you need to tell your officer cannot wait until the probation office is open. If your emergency is a life-threatening situation, always contact your local police, fire or medical emergency personnel before you call your probation officer.

**FIREARMS, WEAPONS, AND EXPLOSIVES**

State and Federal laws do not allow anyone on supervision to possess, purchase, receive, or transport firearms, weapons, or explosives.

**CRIMINAL REGISTRATION** (Applies to all offenders with felony offense)

Section 775.13, Florida Statutes requires you to register with the sheriff of any county you enter in Florida, within 48 hours. The sheriff's office may require you to be fingerprinted and photographed. If you do not go to the sheriff's office as required, you may be charged with a misdemeanor of the second degree. Sex offenders or career offenders who are required to register, may be charged with a second or third degree felony.

**DRUG TESTING**

1. As a condition of supervision, you may be drug tested by a probation officer at any time.
2. If you do not cooperate with the officer conducting the drug test, or tamper with the drug test sample, or test positive for alcohol or other drugs, your probation officer will report this as a violation to the court or Florida Parole Commission.
3. If your drug test is positive, the judge or the Florida Parole Commission may modify or terminate your supervision. They may add conditions of supervision or sentence you to a more intensive type of supervision, jail, or prison.
4. You must pay for drug testing fees, as instructed by your probation officer.

**EMPLOYER NOTIFICATION**

Due to the Department of Corrections' having authority to make rules according to Section 944.09, Florida Statutes, and the Department of Corrections Rule 33-302.102, your employer must be aware that you are on supervision with the Department of Corrections. Your employer must also know the details of your offense and sentence. Your officer will notify your employer of this information now and throughout the course of your supervision.

the crimes they have committed.

I have been given a more complete explanation of this statute and understand that I must let the Department of Corrections know if I have had, have, or are thinking about having any involvement in a book, written article, video, movie or other account of the crime(s) for which I was convicted.

**NOTIFICATION OF RESTORATION OF CIVIL RIGHTS REVIEW PROCESS**

The following is provided as very basic information regarding the restoration of civil rights review process. For more complete information regarding civil rights restoration, pardons, or eligibility requirements, contact the Office of Executive Clemency, Attention: Coordinator, Office of Executive Clemency, 2601 Blair Stone Road, Building "C", Room 229, Tallahassee, Florida 32399-2450 or call (850) 488-2952. Information can also be accessed through the following web site: <https://fpc.state.fl.us/Clemency.htm>

**Restoration of Civil Rights in Florida**

The restoration of civil rights restores to an individual the right to hold public office, to serve on a jury, to hold certain professional licenses, and the right to vote in the State of Florida. It does not restore the specific authority to own, possess, or use firearms. Such restoration shall not relieve an individual from the registration and notification requirements or any other obligations and restrictions imposed by law upon sexual predators or sexual offenders.

**Specific Authority to Own, Possess, or Use Firearms**

The specific authority to own, possess, or use firearms in Florida can only be restored by the Board of Executive Clemency. This authority is not automatic. There is an eight (8) year waiting period from the date supervision terminates or the sentence expires before application can be made. Applications can be obtained from the Office of Executive Clemency or be accessed by the following web site: <https://fpc.state.fl.us/Clemency.htm>

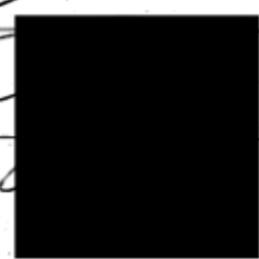
**Restoration of Civil Rights or Alien Status Under Florida Law**

A person may not apply for the restoration of her/his civil rights unless s/he has completed all sentences imposed and all conditions of supervision have expired or been completed, including, but not limited to, parole, probation, community control, control release, and conditional release. If the person was convicted in a court other than a court of the State of Florida, s/he must be a legal resident of the State of Florida at the time the application is filed, considered, and acted upon. If the person is applying for Restoration of Alien Status Under Florida Law, s/he must be domiciled in the State of Florida at the time the application is filed, considered, and acted upon.

**Review Process**

For persons terminating supervision or being released from incarceration who are eligible for restoration of civil rights or alien status under Florida Law, the Department of Corrections forwards a monthly computer generated application of individuals released from incarceration or discharged from supervision to the Florida Parole Commission. The Florida Parole Commission reviews records of individuals released from expiration of sentence or discharge from supervision. If the individual meets the eligibility requirements and does not receive more than the requisite number of objections from the Board of Executive Clemency, the Office of Executive Clemency mails a certificate evidencing the restoration of civil rights or alien status to the individual's last known address, usually within one (1) year from the date of expiration of sentence or discharge from supervision. If the individual does not meet the eligibility requirements, the Office of Executive Clemency notifies the individual by mail that s/he is not eligible for restoration of civil rights without a hearing, but may request a hearing by contacting the Office of Executive Clemency at the mailing address, telephone number, email address ([ClemencyWeb@fpc.state.fl.us](mailto:ClemencyWeb@fpc.state.fl.us)), or the website address provided. Until an individual has received final notification by the Office of Executive Clemency on the application for restoration of civil rights, s/he is responsible for providing the Office of Executive Clemency with his/her most current address for contact purposes. If an individual is in need of a certificate within an earlier time frame, or has any questions on eligibility requirements, s/he may contact the Office of Executive Clemency directly at any time.

I hereby certify that I have received a copy of the Department of Corrections Instructions to Offender and understand if I have any questions regarding this information I am to ask my probation-officer to explain further.

<p>_____ Offender's Signature</p>		<p>7/30/20 _____ Date</p>
<p>_____ Officer's Signature</p>		<p>_____ Date</p>

**FLORIDA DEPARTMENT OF CORRECTIONS  
 CONSENT AND AUTHORIZATION FOR USE AND DISCLOSURE INSPECTION AND RELEASE  
 OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, authorize \_\_\_\_\_  
(Name, organization or general designation of program making disclosure)  
 to disclose to \_\_\_\_\_  
(Name of person(s) or organization(s) to which disclosure is to be made)  
 Purpose of disclosure authorized herein: \_\_\_\_\_

The undersigned hereby authorizes the inspection and release of copies of my medical records indicated below by the above-named health care facility/medical record custodian only to the above-named entity(ies) or persons or their agents. Indicate all of the records authorized to be inspected/released by initialing in the appropriate box(es) below:

INITIAL BELOW FOR RELEASE OF INFORMATION	
	A. Release of all medical records <u>except</u> : any information relating to HIV testing, AIDS and AIDS-related syndromes; psychiatric and psychological information; or alcohol and substance abuse treatment information related to my condition, care, and confinement (initial box).
	B. Release of any records regarding HIV testing, AIDS and AIDS-related syndromes relating to my condition, care, and confinement (initial box).
	C. Release of any records of psychiatric and psychological information (mental health records) other than psychotherapy notes relating to my conditions, care, and confinement (initial box).
	D. Release of all dental records relating to my condition, care and confinement (initial box).
	E. Release of any records regarding alcohol and substance abuse treatment relating to my condition, care, and confinement. I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 U.S.C. §290 (ee)(2), and cannot be disclosed without my written consent unless otherwise provided for in the regulations. As to release of alcohol/substance abuse treatment records, please state the specific information to be released as provided by 42 U.S.C. §290 (ee)(2), Fed rule 42 CFR Part 2 (initial box):

Name of information -- dates of treatment/programs, etc., if possible

**NOTE: IF PSYCHOTHERAPY OR SUBSTANCE ABUSE PROGRESS NOTES ARE THE SUBJECT OF THE RELEASE, OTHER RECORDS CANNOT BE THE SUBJECT OF THE SAME AUTHORIZATION. RELEASE OF PSYCHOTHERAPY OR SUBSTANCE ABUSE PROGRESS NOTES IN ADDITION TO THE RECORDS SPECIFIED ABOVE WILL REQUIRE A SEPARATE AUTHORIZATION (SEE BELOW).**

I understand that I may revoke this consent and authorization at any time, provided the revocation is in writing, except to the extent that action has been taken in reliance on it, and that in any event, this consent and authorization shall be effective for 90 days unless I specify a different expiration as follows: \_\_\_\_\_  
(Specification of the date, event, or condition upon which this consent expires if less than six months or greater than 90 days)

In furtherance of this authorization, I (we) do hereby waive all provisions of law and privileges relating to the disclosures hereby authorized. I acknowledge the extent of my authorization of release as to the records and information denoted in paragraphs A, B, C, D and E by initialing the appropriate box(es) above.

\_\_\_\_\_  
 SIGNATURE OF PATIENT (Guardian or Statutorily Authorized Representative, when required) Date \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF PSYCHOTHERAPY OR SUBSTANCE ABUSE PROGRESS NOTES**

I, \_\_\_\_\_, authorize \_\_\_\_\_  
(Name, organization or general designation of program making disclosure)

**FLORIDA DEPARTMENT OF CORRECTIONS**  
**CONSENT AND AUTHORIZATION FOR USE AND DISCLOSURE INSPECTION AND RELEASE**  
**CONFIDENTIAL INFORMATION**

to disclose to \_\_\_\_\_  
(Name of person(s) or organization(s) to which disclosure is to be made)

Purpose of disclosure authorized herein: \_\_\_\_\_

The undersigned hereby authorizes the inspection and release of copies of my psychotherapy progress notes and/or my substance abuse progress notes as indicated below by the above-named health care facility/medical record custodian only to the above-named entity(ies) or persons or their agents. Indicate all of the records authorized to be inspected/released by initialing in the appropriate box(es) below:

INITIAL BELOW FOR RELEASE OF INFORMATION	A. Release psychotherapy progress notes (initial box):
	B. Release substance abuse progress notes (initial box):
Name of information -- dates of treatment/programs, etc., if possible	

I understand that I may revoke this consent and authorization at any time, provided the revocation is in writing, except to the extent that action has been taken in reliance on it, and that in any event, this consent and authorization shall be effective for 90 days unless I specify a different expiration as follows: \_\_\_\_\_  
(Specification of the date, event, or condition upon which this consent expires if less than six months or greater than 90 days)

In furtherance of this authorization, I (we) do hereby waive all provisions of law and privileges relating to the disclosures hereby authorized. I acknowledge the extent of my authorization of release as to the records and information denoted in paragraphs A and B initialing the appropriate box(es) above.

\_\_\_\_\_  
 SIGNATURE OF PATIENT (or Next of Kin, Guardian or Authorized Representative, when required)      Date \_\_\_\_\_

**COMPLETE NOTARY PORTION ONLY WHEN REQUEST IS NOT FROM CURRENT INMATE/OFFENDER PERSONALLY KNOWN TO WITNESS OR IS FROM SOURCE EXTERNAL TO DEPARTMENT**

STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this day of \_\_\_\_\_, 20\_\_\_\_,  
 by \_\_\_\_\_ who is personally known to me or who has produced  
 \_\_\_\_\_ as identification:

\_\_\_\_\_  
 Notary Public Signature  
 Print, type, or stamp commissioned name of Notary Public      SEAL  
 My Commission Expires: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT OF COPY OF SIGNED AUTHORIZATION(S)**

Inmate/Offender Name \_\_\_\_\_  
 DC# \_\_\_\_\_  
 R/S \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 SS# \_\_\_\_\_  
 Institution/Office \_\_\_\_\_

Witness Name \_\_\_\_\_  
 Witness Signature \_\_\_\_\_  
 Date: \_\_\_\_\_

## OFFENDER FILE ORGANIZATION SHEET

**NOTE: If the file contains case material from older periods of supervision, the older material will be filed chronologically in the appropriate section, with the newer case material on top.**

1. **LEGAL DATA**  
Orders of Supervision  
Affidavits/Warrants/Motions and Notices of Hearings  
Warrant Request for Revocation Hrg (old DC3-231)  
Any document signed by a judge/Parole Commission  
Court Commitment/Handling/Disposition Sheet  
Modification/Revocation Orders/Other Orders  
  
PSI/Post Investigation/State Attorney Information or  
Indictment/Other Investigations incl. Bond or PTI  
Pre-Plea Release DC3-232  
Sentencing Scoresheets  
Violation Reports, Technical Violation Notification  
letter, or notification of un-willful non-compliance  
Probable Cause Affidavits, DC3-2015 or DC3-295
  
2. **SUPERVISION**  
All non-legal or non-treatment related letters  
Violation Review Report DC3-299  
Case Sheet (DC4-921 A & B old blue case sheets) –  
**Filed Chronologically**  
Comm. Control Offender Schedule/Daily Log-DC3-207  
Electronic Monitoring Assignment Rules DC3-260  
Electronic Monitoring Equipment Victim DC3-264  
Comm. Corrections Report of Force Used-DC3-210  
Comm. Corrections Rpt of Force Supplement-DC3-211  
Search Report DC3-233  
Recommendation to Early Terminate Probation or  
Community Control DC3-272  
Closing Summary Report (prior 11/12/ 04)  
Address Information Request  
  
Electronic Messages/Memos  
Victim forms including DC3-280, DC3-283, DC3-284,  
DC3-2017, DC3-2018, & Zero Tolerance Victimization  
Job Lists or Job Search Forms DC3-2004  
Termination Letter  
Transfer Requests DC3-237  
App. for Compact Services and Agreement to Return  
DC3-122  
Interstate Information DC3-125  
Travel Permits and Waiver of Extradition DC3-220  
Written Monthly Reports DC3-268  
Supervision Review DC3-285  
Offender Digitized Photograph (**which remains as the  
bottom document of the section**)
  
3. **MONETARY OBLIGATIONS**  
COPS Change DC3-251/Input Forms DC3-221  
COPS Printouts  
Offender Payment History (prior 11/12/ 04)  
  
Offender Financial Obligation Agreement (OFOA's)  
SSI/SSD/AFDC Information  
Waivers/COS Statutory Exemption Sheet DC3-252
  
4. **MONETARY PAYMENTS**  
Receipts - **Including all Receipts as well as Receipts from the Clerk's Office (prior 11/12/ 04)**
  
5. **STRUCTURED TREATMENT PROGRAMS**  
Sexual Offender Checklist DC3-209 –(Older-On Top)  
DHSMV - Driver's License Sexual Offender or Career  
Offender Registration letter (formerly DC3-227)  
Sex Offender Probation Driving Log DC3-244  
Notification Electronic Monitoring Not Imposed As  
Condition of Supervision (JLA-post 09/01/ 05)  
Notice of Responsibilities DC3-203A and DC3-203B  
Career Offender Notice of Responsibilities DC3-2001A  
and DC3-2001B  
Sexual Predator Registration DC3-203  
Sexual Offender Address Verification (older DC3-208)  
Consent to Provide Specimens for DNA DC3-292  
Verification HIV Testing Results  
Campus Sex Crimes Prevention Act Notice Letter  
  
Request for Sexual Predator Designation  
Attendance Information relating to Alcoholics or  
Narcotics Anonymous DC3-2005  
Client Management Classifications (older case  
material)  
Drug Test Results or Special Test Request DC5-405  
Positive Drug Urinalysis Statement DC3-289  
Public Service Work forms DC3-204, DC3-205,  
DC3-206 (prior 11/12/ 04 as to DC3-206 only)  
Referrals for Treatment DC5-404  
Structured Treatment Plans (older case material)  
Substance Abuse Treatment Correspondence including  
evaluation, progress reports, polygraph reports, and  
discharge notices
  
6. **SUPPLEMENTAL INFORMATION**  
Intake Investigation Entry Transaction Register DC3-  
212- **Always on Top**  
Case Assessment (DC3-265) and Classification  
Reassessment (DC3-266) (older case material)  
Case Reviews (Case Review Summary Report)  
Felony Disposition and Sentence Data DC3-236  
Offender Information Sheet and Reporting DC3-297  
Initial Reporting Instructions DC3-298  
Initial 60-Day Review (IT60) DC3-242 or Sex Offender  
Initial 60-Day Review DC3-2018  
  
Instructions to the Offender DC3-246  
Investigative Supporting Documents [i.e. older ITS  
sheets or Investigative Worksheet (Form 1) DC3-213]  
Offense Report  
Pre-Termination Review DC3-243  
Signed Authorization & Release DC3-214, DC4-711B  
Notice of Privacy Practices (older DC3-2006)  
Notice Placement of Ineligible Offender on CC  
Miscellaneous Documents

IN THE CIRCUIT COURT OF THE  
FIFTEENTH JUDICIAL CIRCUIT  
IN AND FOR PALM BEACH COUNTY, FLORIDA  
CRIMINAL DIVISION

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STATE OF FLORIDA )  
vs ) CASE NO. 06 CF9454AMB  
JEFFREY EPSTEIN ) 08 9381CFAMB  
Defendant. )

PLEA CONFERENCE

PRESIDING: H

APPEARANCES:

ON BEHALF  
BAR  
Sta  
401  
West  
By:

103

ON BEHALF  
ATTORNEY  
250 Al  
Suite  
West P. Florida 33401  
By: JIM GOLDBERGER, ESQUIRE

**CERTIFIED COPY**

June 30, 2008  
Palm Beach County Courthouse  
West Palm Beach, Florida 33401  
Beginning at 8:40 o'clock, a.m.

PHYLLIS A. DAMES, OFFICIAL COURT REPORTER

1 regularly congregate?

2 MS. BELOHLAVEK: I personally do not  
3 know.

4 THE COURT: Neither do I, which is  
5 why I'm asking. Has that been  
6 investigated?

7 MR. GOLDBERGER: We have done our due  
8 diligence, for what it's worth, there is a  
9 residential street. There are not children  
10 congregating on that street. We think the  
11 address applies, if it doesn't, we fully  
12 recognize that he can't live there.

13 THE COURT: Okay. D is, you shall  
14 not have any contact with the victim, are  
15 there more than one victim?

16 MS. BELOHLAVEK: There's several.

17 THE COURT: Several, all of the  
18 victims. So this should be plural. I'm  
19 making that plural. You are not to have  
20 any contact direct or indirect, and in this  
21 day and age I find it necessary to go over  
22 exactly what we mean by indirect. By  
23 indirect, we mean no text messages, no  
24 e-mail, no Face Book, no My Space, no  
25 telephone calls, no voice mails, no

1 messages through carrier pigeon, no  
2 messages through third parties, no hey  
3 would you tell so and so for me, no having  
4 a friend, acquaintance or stranger approach  
5 any of these victims with a message of any  
6 sort from you, is that clear?

7 THE DEFENDANT: Yes, ma'am

8 THE COURT: And then it states,  
9 unless approved by the victim, the  
10 therapist and the sentencing court. Okay.

11 THE DEFENDANT: I understand.

12 THE COURT: And the sentencing court.  
13 So, if there is a desire which, I would  
14 think would be a bit strange to have  
15 contact with any of the victims the court  
16 must approve it.

17 MS. BELOHLAVEK: Correct.

18 THE COURT: If the victim was under  
19 the age of 18, which was the case, you  
20 shall not until you have successfully  
21 attended and completed the sex offender  
22 program. So, is this sex offender program  
23 becoming a condition of probation?

24 MS. BELOHLAVEK: That is not. I  
25 don't believe I circled that one.

**EXHIBIT A**  
**to**  
**Plaintiffs Jane Doe 101 and Jane Doe 102's**  
**Motion for No-Contact Order**

15th CIRCUIT COURT OF THE FIFTEENTH  
JUDICIAL CIRCUIT, CRIMINAL DIVISION  
IN AND FOR PALM BEACH COUNTY, FLORIDA

CASE NO. [REDACTED] & 2008CF009381AMB DIVISION "W"

STATE OF FLORIDA

vs.

JEFFREY E EPSTEIN,  
Defendant.

NOTICE OF NON-AGREEMENT

NOTICE IS HEREBY GIVEN that the undersigned Assistant State Attorney files this Notice of Non-Agreement on an Agreed Order prematurely submitted by Defense Counsel on Thursday, September 10, 2009, regarding modification of Defendant's Community Control. (See attached proposed Agreed Order). This Assistant State Attorney, does not agree to Defendant's request and requests an evidentiary hearing in the event the Court entertains the issue.

WHEREFORE the State is requesting that this Court take no action on the Proposed Agreed Order submitted by defense on September 10, 2009.

CERTIFICATE OF SERVICE

I DO HEREBY CERTIFY THAT a true and correct copy of the foregoing Notice of Non-Agreement has been furnished by fax to JACK A. GOLDBERGER, ESQUIRE, 250 AUSTRALIAN AVENUE SOUTH, SUITE 1400, WEST PALM BEACH, FL 33401 this the 11th day of September, 2009.

MICHAEL F. McAULIFFE  
STATE ATTORNEY

*Barbara Jean Burns*  
By: BARBARA JEAN BURNS  
Assistant State Attorney  
Florida Bar No. 0865354

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Robin Shepett, ADA Coordinator in the Administrative Office of the Court, Palm Beach County Courthouse, 205 North Dixie Highway, Room 5.2500, West Palm Beach, Florida, 33401; telephone number (561) 355-4380 within two (2) working days of your receipt of this notice; if you are hearing or voice impaired, call 1-800-955-8771.

SCANNED SEP 14 2009

EFTA01625723

IN THE CIRCUIT COURT OF THE FIFTEENTH  
JUDICIAL CIRCUIT, IN AND FOR PALM BEACH  
COUNTY, FLORIDA

CASE NO. 2008CF009381A

STATE OF FLORIDA

vs.

JEFFREY EPSTEIN,

Defendant.

---

*Proposed*

**AGREED ORDER**

This cause came on to be heard upon the agreement of the parties, Jack Goldberger representing Jeffrey Epstein and Barbara Burns representing the State of Florida, and the Court being fully advised that the parties have reviewed both the plea agreement and the transcript of the plea conference in the Defendants case and have confirmed that the requirement of "mandatory public service" as a special condition of community control checked off on the Order Placing the Defendant on Community Control was due to a clerical error. Accordingly, it is hereby ordered and adjudged that the special condition of "mandatory public service" is deleted.

The Court being further advised that the Order Placing the Defendant on Community Control did not address the Defendant's travel outside the State of Florida for work or business purposes and the parties desire to clarify that omission, it is hereby ordered and adjudged that the Defendant is authorized to travel outside the State of Florida for business and work purposes if allowed by his community control officer. At least 48 hours before the need to travel outside the State of Florida for work purposes the Defendant shall first obtain the permission of his community control officer and then follow any instructions or

requirements imposed on him by his community control officer.

DONE AND ORDERED in West Palm Beach, Palm Beach County, Florida on this

\_\_\_\_\_ day of September, 2009.

---

JEFFREY COLBATH  
Circuit Court Judge

Copies:

Jack A. Goldberger, Esquire  
Barbara Burns, ASA  
Carmen Sloane, Department of Corrections

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT,  
IN AND FOR PALM BEACH COUNTY, FLORIDA

W35755  
split  
154  
D. Wilk

STATE OF FLORIDA

CASE NO.: 08CF009381AXXXMB

DIVISION "W"

vs.  
JEFFREY E. EPSTEIN,

Defendant.

**AGREED ORDER CORRECTING SCRIVENER'S ERROR**

THIS MATTER came before the Court upon the agreement of Jack A. Goldberger, Esq., attorney for the Defendant, and Barbara Burns, Esq., Assistant State Attorney, and the Court being otherwise fully apprised of the facts and circumstances therein, it is hereby

ORDERED AND ADJUDGED that the Order of Community Control is corrected to delete special condition #26 (Supervision by DOC by means of an electronic monitoring device or system) and special condition #27 (Electronic monitoring 24 hours per day). The plea agreement and plea colloquy clearly reflect that the Defendant was not to be placed on the electronic monitor.

DONE AND ORDERED in chambers, West Palm Beach, Palm Beach County, Florida this \_\_\_\_\_ day of May, 2009.

SIGNED AND DATED  
MAY 4 2009  
JUDGE JEFFREY J. COLBATH

JEFFREY COLBATH  
Circuit Court Judge

Copies Furnished:

Jack A. Goldberger, Esq., Attorney for Defendant  
Barbara Burns, Esq., Assistant State Attorney  
Department of Corrections – Probation and Parole

**RECEIVED**  
MAY 06 2009  
15-0

STATE OF FLORIDA  
Plaintiff

IN THE FIFTEENTH JUDICIAL  
CIRCUIT COURT, IN AND FOR  
PALM BEACH COUNTY

-VS-

JEFFREY E. EPSTEIN  
Defendant

CASE NUMBER 502008CF009381AXXXMB  
DIVISION MCSORLEY "W"  
DC NUMBER W35755  
CIRCUIT NUMBER: 15-4/ JAIL SPLIT

**ORDER OF COMMUNITY CONTROL I**

This cause coming before the Court to be heard, and you, the defendant, being now present before the court, and you having

- entered a plea of guilty to
- entered a plea of nolo contendere to
- been found guilty by jury verdict of
- been found guilty by the court trying the case without a jury of

Count 1. PROCURE PERSON UNDER AGE OF 18 FOR PROSTITUTION

**SECTION 1: JUDGMENT OF GUILT**

- The court hereby adjudges you to be guilty of the above offense(s).

Now, therefore, it is ordered and adjudged that the imposition of sentence is hereby withheld and that you be placed on Probation I for a period of \_\_\_\_\_ under the supervision of the Department of Corrections, subject to Florida law.

**SECTION 2: ORDER WITHHOLDING ADJUDICATION**

- Now, therefore, it is ordered and adjudged that the adjudication of guilt is hereby withheld and that you be placed on Probation for a period of \_\_\_\_\_ under the supervision of the Department of Corrections, subject to Florida law.

**SECTION 3: INCARCERATION DURING PORTION OF SUPERVISION SENTENCE**

It is hereby ordered and adjudged that you be:

- committed to the Department of Corrections
- or
- confined in the County Jail for a term of \_\_\_\_\_ with credit for \_\_\_\_\_ jail time. After you have served \_\_\_\_\_ of the term, you shall be placed on Probation for a period of \_\_\_\_\_ under the supervision of the Department of Corrections, subject to Florida law.
- or
- confined in the County Jail for a term of SIX (6) MONTHS AS TO COUNT 1 FOLLOWED BY TWELVE (12) MONTHS COMMUNITY CONTROL I CONSECUTIVE TO THE (12) MONTH SENTENCE IN CASE# 2008CF00945AAMB with credit for ONE (1) DAY jail time, as a special condition of supervision.

SHARON R. BOCK, CLERK  
PALM BEACH COUNTY, FL  
CIRCUIT CRIMINAL

2008 JUL 21 PM 4:55

FILED

IT IS FURTHER ORDERED that you shall comply with the following standard conditions of supervision as provided by Florida law:

- (1) You will report to the probation office as directed. Not later than the fifth day of each month, unless otherwise directed, you will make a full and truthful report to your officer on the form provided for that purpose.
- (2) You will pay the State of Florida the amount of **\$50.00** per month, as well as 4% surcharge, toward the cost of your supervision in accordance with s. 948.09, F.S., unless otherwise exempted in compliance with Florida Statutes.
- (3) You will remain in a specified place. You will not change your residence or employment or leave the county of your residence without first procuring the consent of your officer.
- ✓(4) You will not possess, carry or own any firearm or weapon, unless authorized by the court.
- (5) You will live without violating the law. A conviction in a court of law shall not be necessary for such a violation to constitute a violation of your probation/community control.
- (6) You will not associate with any person engaged in any criminal activity.
- (7) You will not use intoxicants to excess or possess any drugs or narcotics unless prescribed by a physician. Nor will you visit places where intoxicants, drugs or other dangerous substances are unlawfully sold, dispensed or used.
- (8) You will work diligently at a lawful occupation, advise your employer of your probation status, and support any dependents to the best of your ability, as directed by your officer.
- (9) You will promptly and truthfully answer all inquiries directed to you by the court or the officer, and allow your officer to visit in your home, at your employment site or elsewhere, and you will comply with all instructions your officer may give you.
- (10) You will pay restitution, court costs, and/or fees in accordance with special conditions imposed or in accordance with the attached orders.
- (11) You will submit to random testing as directed by your officer or the professional staff of the treatment center where he/she is receiving treatment to determine the presence of alcohol or illegal drugs. You will be required to pay for the tests unless exempt by the court.
- (12) You will submit two biological specimens, as directed by your officer, for DNA analysis as prescribed in ss. 943.325 and 948.014, F.S.
- (13) You will report in person within 72 hours of your release from incarceration to the probation office in **PALM BEACH** County, Florida, unless otherwise instructed by the court or department. (This condition applies only if section 3 on the previous page is checked.) Otherwise, you must report immediately to the probation office located at **3444 SOUTH CONGRESS AVENUE, LAKE WORTH, FL 33461.**

**SPECIAL CONDITIONS**

- 1. You must undergo a Drug and Alcohol evaluation and, if treatment is deemed necessary, you must successfully complete the treatment, and be responsible for the payment of any costs incurred while receiving said evaluation and treatment, unless waived by the court.  
Additional instructions ordered: \_\_\_\_\_
- 2. You will make restitution to the following victim(s), as directed by the court, until the obligation is paid in full:  
NAME: \_\_\_\_\_  
TOTAL AMOUNT: \$ \_\_\_\_\_  
Additional instructions ordered, including specific monthly amount, begin date, due date, or joint & several: \_\_\_\_\_  
  
NAME: \_\_\_\_\_  
TOTAL AMOUNT: \$ \_\_\_\_\_  
Additional instructions ordered, including specific monthly amount, begin date, due date, or joint & several: \_\_\_\_\_

**SPECIAL CONDITIONS - CONTINUED**

- 3. You will enter the Department of Corrections Non-Secure Drug Treatment Program or other residential treatment program/Probation and Restitution Center for a period of successful completion as approved by your officer. You are to remain until you successfully complete said Program and Aftercare. You are to comply with all Rules and Regulations of the Program. You shall be confined in the county jail until placement in said program, and if you are confined in the jail, the Sheriff will transport you to said program.
- 4. You will abstain entirely from the use of alcohol and/or illegal drugs, and you will not associate with anyone who is illegally using drugs or consuming alcohol.
- 5. You will submit to urinalysis testing on a monthly basis to determine the presence of alcohol or illegal drugs. You will be required to pay for the tests unless exempt by the court.
- 6. You will not visit any establishment where the primary business is the sale and dispensing of alcoholic beverages.
- 7. You will successfully complete \_\_\_\_\_ hours of community service at a rate of \_\_\_\_\_, at a work site approved by your officer.  
Additional instructions ordered: \_\_\_\_\_
- 8. You will remain at your residence between 10 p.m. and 6 a.m. due to a curfew imposed, unless otherwise directed by the court.
- 9. You will submit to electronic monitoring, follow the rules of electronic monitoring, and pay \$ \_\_\_\_\_ per month for the cost of the monitoring service, unless otherwise directed by the court.
- 10. You will not associate with \_\_\_\_\_ during the period of supervision.
- 11. You will have no contact (direct or indirect) with the victim or the victim's family during the period of supervision.
- 12. You will have no contact (direct or indirect) with \_\_\_\_\_ during the period of supervision.
- 13. You will maintain full time employment or attend school/vocational school full time or a combination of school/work during the term of your supervision.
- 14. You will make a good faith effort toward completing basic or functional literacy skills or a high school equivalency diploma.
- 15. You will successfully complete the Probation & Restitution Program, abiding by all rules and regulations.

16. You will attend Alcoholics Anonymous or Narcotics Anonymous meetings at least monthly, unless otherwise directed by the court.
17. You must successfully complete Anger Management, and be responsible for the payment of any costs incurred while receiving said treatment, unless waived. If convicted of a Domestic Violence offense, as defined in s. 741.28, F.S., you must attend and successfully complete a batterer's intervention program, unless otherwise directed by the court.  
Additional instructions ordered: \_\_\_\_\_
18. You will attend an HIV/AIDS Awareness Program consisting of a class of not less than two (2) hours or more than four (4) hours in length, the cost for which will be paid by you.
19. You shall submit your person, property, place of residence, vehicle or personal effects to a warrantless search at any time, by any probation or community control officer or any law enforcement officer.
20. **DEFENDANT MUST REGISTER AS A SEXUAL OFFENDER WITHIN 48 HOURS OF RELEASE**
21. **AS A SPECIAL CONDITION OF HIS COMMUNITY CONTROL, THE DEFENDANT IS TO HAVE NO UNSUPERVISED CONTACT WITH MINORS, AND THE SUPERVISING ADULT MUST BE APPROVED BY THE DEPARTMENT OF CORRECTIONS**
22. **THE DEFENDANT IS DESIGNATED AS A SEXUAL OFFENDER PURSUANT TO FLORIDA STATUTE 943.05 AND MUST ABIDE BY ALL THE CORRESPONDING REQUIREMENTS OF THE STATUTE, A COPY OF WHICH IS ATTACHED HERETO AND INCORPORATED HEREIN**
23. **DEFENDANT MUST PROVIDE A DNA SAMPLE IN COURT AT THE TIME OF THIS PLEA.**
24. **SPECIFIED CONTACT WITH THE PAROLE AND PROBATION OFFICER**
25. **CONFINEMENT TO AN AGREED-UPON RESIDENCE DURING HOURS AWAY FROM EMPLOYMENT AND PUBLIC SERVICE ACTIVITIES**
25. **MANDATORY PUBLIC SERVICE**
26. **SUPERVISION BY THE DEPARTMENT OF CORRECTIONS BY MEANS OF AN ELECTRONIC MONITORING DEVICE OR SYSTEM**
27. **ELECTRONIC MONITORING 24 HOURS PER DAY**
28. **CONFINEMENT TO A DESIGNATED RESIDENCE DURING DESIGNATED HOURS**

**AND, IF PLACED ON DRUG OFFENDER PROBATION, YOU WILL COMPLY WITH THE FOLLOWING CONDITION OF SUPERVISION IN ADDITION TO THE STANDARD CONDITIONS LISTED ABOVE AND ANY OTHER SPECIAL CONDITIONS ORDERED BY THE COURT:**

- (14) You will participate in a specialized drug treatment program, either as an in-patient or out patient, as recommended by the treatment provider. You will attend all counseling sessions, submit to random urinalysis and, if an in-patient, you will comply with all operating rules, regulations and procedures of the treatment facility. You will pay for all costs associated with treatment and testing unless otherwise directed.  
Additional instructions ordered: \_\_\_\_\_

- (15) You will remain at your residence between \_\_\_\_\_ p.m. and \_\_\_\_\_ a.m. due to a curfew imposed, unless otherwise directed by the court.

**AND, IF PLACED ON COMMUNITY CONTROL, YOU WILL COMPLY WITH THE FOLLOWING CONDITIONS, IN ADDITION TO THE STANDARD CONDITIONS LISTED ABOVE AND ANY OTHER SPECIAL CONDITIONS ORDERED BY THE COURT:**

- (14) You will report to your officer as directed, at least one time a week, unless you have written consent otherwise.
- (15) You will remain confined to your approved residence except for one half hour before and after your approved employment, public service work, or any other special activities approved by your officer.
- (16) You will maintain an hourly accounting of all your activities on a daily log, which you will submit to your officer on request.
- (17) You will successfully complete \_\_\_ hours of community service at a rate of \_\_\_, at a work site approved by your officer.  
Additional instructions ordered: \_\_\_\_\_
- (18) You will submit to electronic monitoring, follow the rules of electronic monitoring, and pay \$ \_\_\_\_\_ per month for the cost of the monitoring service, unless otherwise directed by the court.

**AND, IF PLACED ON PROBATION OR COMMUNITY CONTROL FOR A SEX OFFENSE PROVIDED IN CHAPTER 794, s. 800.04, s. 827.071, or s. 847.0145, COMMITTED ON OR AFTER OCTOBER 1, 1995 YOU WILL COMPLY WITH THE FOLLOWING STANDARD SEX OFFENDER CONDITIONS, IN ADDITION TO THE STANDARD CONDITIONS LISTED ABOVE AND ANY OTHER SPECIAL CONDITIONS ORDERED BY THE COURT:**

- (14) A mandatory curfew from 10 p.m. to 6 a.m. The court may designate another 8-hour period if the offender's employment precludes the above specified time, and the alternative is recommended by the Department of Corrections. If the court determines that imposing a curfew would endanger the victim, the court may consider alternative sanctions.
- 5) If the victim was under the age of 18, a prohibition on living within 1,000 feet of a school, day care center, park, playground, or other place where children regularly congregate, as prescribed by the court. The 1,000-foot distance shall be measured in a straight line from the offender's place of residence to the nearest boundary line of the school, day care center, park, playground, or other place where children congregate. The distance may not be measured by a pedestrian route or automobile route.
- (16) Active participation in and successful completion of a sex offender treatment program with qualified practitioners specifically trained to treat sex offenders, at the offender's own expense. If a qualified practitioner is not available within a 50-mile radius of the offender's residence, the offender shall participate in other appropriate therapy.
- (17) A prohibition on any contact with the victim, directly or indirectly, including through a third person, unless approved by the victim, the offender's therapist, and the sentencing court.
- (18) If the victim was under the age of 18, a prohibition on contact with a child under the age of 18 except as provided in this paragraph. The court may approve supervised contact with a child under the age of 18 if the approval is based upon a recommendation for contact issued by a qualified practitioner who is basing the recommendation on a risk assessment. Further, the sex offender must be currently enrolled in or have successfully completed a sex offender therapy program. The court may not grant supervised contact with a child if the contact is not recommended by a qualified practitioner and may deny supervised contact with a child at any time.
- (19) If the victim was under age 18, a prohibition on working for pay or as a volunteer at any place where children regularly congregate, including, but not limited to any school, day care center, park, playground, pet store, library, zoo, theme park, or mall.
- (20) Unless otherwise indicated in the treatment plan provided by the sexual offender treatment program, a prohibition on viewing, accessing, owning, or possessing any obscene, pornographic, or sexually stimulating visual or auditory material, including telephone, electronic media, computer programs, or computer services that are relevant to the offender's deviant behavior pattern.
- (21) A requirement that the offender submit two specimens of blood or other approved biological specimens to the Florida Department of Law Enforcement to be registered with the DNA data bank.
- (22) A requirement that the offender make restitution to the victim, as ordered by the court under s. 775.089, for all necessary medical and related professional services relating to physical, psychiatric, and psychological care.
- (23) Submission to a warrantless search by the community control or probation officer of the offender's person, residence, or vehicle.

**EFFECTIVE FOR PROBATIONER OR COMMUNITY CONTROLLEE WHOSE CRIME WAS COMMITTED ON OR AFTER OCTOBER 1, 1997, AND WHO IS PLACED ON COMMUNITY CONTROL OR SEX OFFENDER PROBATION FOR A VIOLATION OF CHAPTER 794, s. 800.04, s. 827.071, or s. 847.0145, IN ADDITION TO ANY OTHER PROVISION OF THIS SECTION, YOU MUST COMPLY WITH THE FOLLOWING CONDITIONS OF SUPERVISION:**

- (24) As part of a treatment program, participation at least annually in polygraph examinations to obtain information necessary for risk management and treatment and to reduce the sex offender's denial mechanisms. A polygraph examination must be conducted by a polygrapher trained specifically in the use of the polygraph for the monitoring of sex offenders, where available, and shall be paid by the sex offender.
- (25) Maintenance of a driving log and a prohibition against driving a motor vehicle alone without the prior approval of the supervising officer.
- (26) A prohibition against obtaining or using a post office box without the prior approval of the supervising officer.
- (27) If there was sexual contact, a submission to, at the offender's expense, an HIV test with the results to be released to the victim and/or the victim's parent or guardian.
- (28) Electronic monitoring when deemed necessary by the probation officer and supervisor, and ordered by the court at the recommendation of the Department of Corrections.
- (29) Effective for an offender whose crime was committed on or after July 1, 2005, and who are placed on supervision for violation of chapter 794, s. 800.04, s. 827.071, or s. 847.0145, a prohibition on accessing the Internet or other computer services until the offender's sex offender treatment program, after a risk assessment is completed, approves and implements a safety plan for the offender's accessing or using the Internet or other computer services.
- (30) Effective for offenders whose crime was committed on or after September 1, 2005, there is hereby imposed, in addition to any other provision in this section, mandatory electronic monitoring as a condition of supervision for those who:
- Are placed on supervision for a violation of chapter 794, s. 800.04(4), (5), or (6), s. 827.071, or s. 847.0145 and the unlawful sexual activity involved a victim 15 years of age or younger and the offender is 18 years of age or older; or
  - Are designated as a sexual predator pursuant to s. 775.21; or
  - Has previously been convicted of a violation of chapter 794, s. 800.04(4), (5), or (6), s. 827.071, or s. 847.0145 and the unlawful sexual activity involved a victim 15 years of age or younger and the offender is 18 years of age or older.

You are hereby placed on notice that should you violate your probation or community control, and the conditions set forth in s. 948.063(1) or (2) are satisfied, whether your probation or community control is revoked or not revoked, you shall be placed on electronic monitoring in accordance with F.S. 948.063.

**YOU ARE HEREBY PLACED ON NOTICE** that the court may at any time rescind or modify any of the conditions of your probation, or may extend the period of probation as authorized by law, or may discharge you from further supervision. If you violate any of the conditions of your probation, you may be arrested and the court may revoke your probation, adjudicate you guilty if adjudication of guilt was withheld, and impose any sentence that it might have imposed before placing you on probation or require you to serve the balance of the sentence.

IT IS FURTHER ORDERED that when you have been instructed as to the conditions of probation, you shall be released from custody if you are in custody, and if you are at liberty on bond, the sureties thereon shall stand discharged from liability. (This paragraph applies only if section 1 or section 2 is checked.)

IT IS FURTHER ORDERED that the clerk of this court file this order in the clerk's office and provide certified copies of same to the officer for use in compliance with the requirements of law.

DONE AND ORDERED, on July 8, 2008

NUNC PRO TUNC 06-30-2008

Sandra K. McSorley  
Sandra K. McSorley, Circuit Judge

I acknowledge receipt of a copy of this order and that the conditions have been explained to me and I agree to abide by them.

Date: 6/1/09

[Signature]  
Defendant

Instructed by: [Signature]  
Supervising Officer

ep/07-02-08

Reinstructed  
by C. E. 7-22-09

[Signature]

REINSTRUCTED ON 2/23/10 BY C. E. KINS [Signature]

COURT ORDERED PAYMENTS

CHECK ALL THAT ARE ORDERED:

FINES

- \$ \_\_\_\_\_ Total of fines assessed in sentence, pursuant to s. 775.083 (1)(a) through (g) or Chapter 316, F.S.
- \$ \_\_\_\_\_ Statutorily mandated 5% surcharge/cost if fine assessed (on first line) pursuant to s. 938.04, F.S.
- \$ 20.00 Crime Stoppers Trust Fund pursuant to s. 938.06(1), F.S. Statutorily mandated if a fine is imposed

MANDATORY COSTS IN ALL CASES

- \$200.00 Additional court cost for felony offense, pursuant to s. 938.05(1)(a), F.S.
- \$ 50.00 Additional court cost for misdemeanor or criminal traffic offense, pursuant to s. 938.05(1)(b) or (c), F.S.
- \$ 50.00 Crimes Compensation Trust Fund pursuant to s. 938.03(1), F.S.
- \$ 50.00 County Crime Prevention Fund pursuant to s. 775.083(2), F.S.
- \$ 3.00 Additional Court Costs Clearing Trust Fund pursuant to s. 938.01(1), F.S.
- \$ 2.00 Per month for each month of supervision for Training Trust Fund Surcharge, pursuant to s. 948.09, F.S.

MANDATORY COSTS IN SPECIFIC TYPES OF CASES

- \$151.00 Rape Crisis Program Trust Fund, pursuant to s. 938.085, F.S. for any violations of ss. 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, or 794.011, F.S.
- \$201.00 Domestic Violence Trust Fund, pursuant to s. 938.08, F.S. for any violations of ss. 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, 794.011, or any offense of Domestic Violence described in s. 741.28, F.S.
- \$101.00 Certain Crimes Against Minors, pursuant to s. 938.10(1), F.S. for any violations of s. 784.085, chapter 787, chapter 794, s. 796.03, s. 800.04, chapter 827, s. 847.0145, or s. 985.701, F.S.
- \$135.00 DUI Court Costs, pursuant to s. 938.07, F.S. for any violations of ss. 316.193 or 327.35, F.S.
- \$ 3.00 State Agency Law Enforcement Radio System Trust Fund, pursuant to s. 318.18(17), F.S. for any violations of offenses listed in s. 318.17 including ss. 316.1935, 316.027, 316.061, 877.111, chapter 893, ss. 316.193, 316.192, 316.067, 316.072(3), 316.545(1), or any other offense in chapter 316 which is classified as a criminal violation.

MANDATORY COURT COSTS AUTHORIZED BY LOCAL GOVERNMENTAL ENTITIES

- \$ 2.00 Criminal Justice Education by Municipalities and Counties, pursuant to s. 938.15, F.S.
- \$65.00 Additional court costs for local requirements and other county funded programs pursuant to s. 939.185(1)(a), F.S.
- \$ 3.00 Teen Court pursuant to s. 938.19(2), F.S.

DISCRETIONARY

- \$ 1.00 Per month during the term of supervision to the following nonprofit organization established for the sole purpose of supplementing the rehabilitative efforts of the Department of Corrections, pursuant to s. 948.039(2), F.S.: \_\_\_\_\_
- \$ 40.00 Public Defender Application Fee, if not previously collected or waived, pursuant to s. 27.52 and s. 938.29, F.S.
- \$ \_\_\_\_\_ Public Defender Fees and Costs, pursuant to s. 938.29, F.S. as determined locally.
- \$50.00 Prosecution/Investigative Costs, pursuant to s. 938.27, F.S.
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

DISCRETIONARY COSTS FOR SPECIFIC TYPES OF CASES

- \$50.00 County Alcohol and Other Drug Abuse Trust Fund, pursuant to s. 938.21 and s. 938.23, F.S. for violations of s. 316.193, s.856.011, s. 856.015, or chapter 562, chapter 567, or chapter 568, F.S.
- \$100.00 Operating Trust Fund of the FDLE, pursuant to s. 938.25, F.S. for violations of s. 893.13 offenses

\* TOTAL \$ 473.00

PAYMENT IS TO BE MADE THROUGH AND PAYABLE TO:  Department of Corrections or  Clerk of Court

If collected by the Department of Corrections, a surcharge of 4% will be added to all payments ordered by the court, pursuant to s. 945.31, F.S.)

- Court Costs/Fines Waived
- Court Costs/Fines in the amount of \_\_\_\_\_ converted to \_\_\_\_\_ community service hours
- Court Costs/Fines in the amount of \_\_\_\_\_ reduced to civil judgment.

SPECIFIC INSTRUCTIONS FOR PAYMENT: \_\_\_\_\_

VC

Case No.: 2008CF009361AXX W ST of FL vs. JEFFREY EPSTEIN  
Charges: PROCURE PERSON UNDER AGE OF 18 FOR PROSTITUTION

(ARISES FROM 2006CF009454AXX)

Arrest# \_\_\_\_\_ Bond# \_\_\_\_\_ Type \_\_\_\_\_ \$ \_\_\_\_\_ A/C \_\_\_\_\_

Date 7/30/08 Judge Pat H. Cr. Rep. P. D. [unclear]

ASA [unclear] DC [unclear] Int \_\_\_\_\_ Esq / PD---Pres / Not Pres.

Deft---Pres / Not Pres. W / W/O Def. Co. [unclear]

Before the Court for: [unclear]

Granted  Denied  With / Without Prejudice  Withdrawn  Court Reserves Ruling  Written Order to Follow

Warrant  Ordered  Recalled  Bond Set at \$ \_\_\_\_\_  See Below  Also Covers  Sp Cond

Bond Forf  OR: Disch / Revoked / Reinstated  Bond: Disch / Revoked  SOR: Disch / Revoked / Reinstated

Bond Forf Vacated  Previous Bond Reinstated, if Bondsman agrees  State failed to file charges  Released O.R. / S.O.R.

Deft \_\_\_ Indigent  PD Appt  Hrg only PD Pres \_\_\_\_\_  Court Appts \_\_\_\_\_

Evaluation for:  Drug Farm  DOC Non-Secure Bed by \_\_\_\_\_

Pre-Plea  PSI ordered by/within \_\_\_\_\_ days  w/input from DJJ / Staffing

Referred to: PTI / SAAP / PADD  Case placed on the absentee docket

DEFT ENTERED A PLEA OF:  NOT GUILTY  GUILTY  NO CONTEST  BEST INTEREST  TO THE COURT

As Charged-Cts \_\_\_\_\_ Lesser Cts \_\_\_\_\_ Lesser Charge \_\_\_\_\_

Sw & Test  Adv of Rts  Waived PSI Lesser Cts \_\_\_\_\_ Lesser Charge \_\_\_\_\_

ADJ GUILTY as Charged as to Cts \_\_\_\_\_ Lesser Cts \_\_\_\_\_

FOUND GUILTY as Charged as to Cts \_\_\_\_\_ Lesser Cts \_\_\_\_\_

ADJ W/HELD as to Cts \_\_\_\_\_  SENT W/HELD as to Cts \_\_\_\_\_

FOUND AND ADJUDICATED DELINQUENT as to Cts \_\_\_\_\_  Dispo Order to follow / Filed

FOUND & ADJ NOT GUILTY as to Cts \_\_\_\_\_  Dismiss  Nolle Prose Cts \_\_\_\_\_

Prob / Comm Control:  Revoked  Reinstated  Modified  Term. Successfully / Unsuccessfully

Deft. to pay fine or complete \_\_\_\_\_ hrs. Community Service or Serve \_\_\_\_\_ days PBCJ.

Stip/Found: (violent) Habitual Off. 775.084  Stip/Found: Sexual Offender / Sexual Predator  Stip/Found: P.R.R.

SENTENCE: PBCJ \_\_\_\_\_ Cts: \_\_\_\_\_ / DOC: \_\_\_\_\_ Cts: \_\_\_\_\_

PBCJ: \_\_\_\_\_ Cts: \_\_\_\_\_ / DOC: \_\_\_\_\_ Cts: \_\_\_\_\_

W/Credit for \_\_\_\_\_ Days / Mos. / Yrs.  Deft Remanded  Deft to remain on same rel. status pending sent.

Conc / Consec / Co-Term w/cases / cts: \_\_\_\_\_

Execution of Sentence Stayed  Sentence Suspended  Time served as to Cts \_\_\_\_\_

Youthful Off  Habitual Off  Min / Mand: \_\_\_\_\_ as to Cts \_\_\_\_\_

ABOVE SENTENCE TO BE FOLLOWED BY:  Probation  Drug Off Prob  Comm. Control  I  II - See Page 2

DNA SCORB

**RECEIVED**

JUL 18 2008

15-4

Set / Remains Set / Reset \_\_\_\_\_ Div \_\_\_\_\_ Rm \_\_\_\_\_ at \_\_\_\_\_ AM/PM

Set / Remains Set / Reset \_\_\_\_\_ Div \_\_\_\_\_ Rm \_\_\_\_\_ at \_\_\_\_\_ AM/PM

Deft sign \_\_\_\_\_  Bondsman \_\_\_\_\_

Def Co \_\_\_\_\_  ASA \_\_\_\_\_ on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Prob  Jail  DJJ  GAL Notified by mail by: \_\_\_\_\_

County Courthouse 205 N. Dixie, West Palm Beach  Courtroom, Criminal Justice Bldg. 38844 State Road 80, Belle Glade  Courtroom, Criminal Justice Complex 3228 Gun Club Rd., West Palm Beach

IF YOU ARE A PERSON WITH A DISABILITY WHO NEEDS ANY ACCOMMODATION IN ORDER TO PARTICIPATE IN THIS PROCEEDING, YOU ARE ENTITLED, AT NO COST TO YOU, TO THE PROVISION OF CERTAIN ASSISTANCE. PLEASE CONTACT ROBIN SHEPPT, ADA COORDINATOR IN THE ADMINISTRATIVE OFFICE OF THE COURT, PALM BEACH COUNTY COURTHOUSE, 205 N. DIXIE HWY, RM 5.2500, WEST PALM BEACH, FL 33401; TELEPHONE (561) 355-4380, WITHIN 2 WORKING DAYS OF YOUR RECEIPT OF THIS NOTICE. IF YOU ARE HEARING OR VOICE IMPAIRED, CALL 1-800-955-8771.

W35755

Amended

DATE: 6/30/08 <sup>15-7</sup> <sup>W35755</sup> <sup>Goodstone</sup>

CASE NO. 2008CF9381AXY

NAME: Jeffrey Epstein

TERM OF Prob / Sex Off / Drug Off Prob (C.C. I) / C.C. II: 12 mos / yrs as to Cts. 1

conc w/  consec. w/

Probation transferred to:

SPECIAL CONDITIONS:

- Complete Originally Ordered Conditions
- Curfew: \_\_\_\_\_ p.m., with the following exception: \_\_\_\_\_
- Deft. to report to Prob. Dept. immediately upon release
- Deft. not to have in care, custody, or control any unlawful or illegal material, subst., device, or object.
- Deft. to immediately notify Prob. Officer if place of residence or job changes.
- Restitution CRO filed
- Subject to all ordinary and special conditions of Probation

- Substance Abuse Eval. / Psychological Eval. / Psychosexual Eval. within / by: \_\_\_\_\_ and deft. to successfully complete recommended treatment
- Random Drug/Alcohol Testing  At Deft's Expense  Costs Waived
- No Consumption/Possession of Alcohol or Drugs or Intoxicants without a Prescription.
- Attend \_\_\_\_\_ AA and/or NA Meetings per Week.
- Deft. not to frequent any place of business whose primary purpose is the sale of alcohol.

Complete \_\_\_\_\_ Hrs. of Community Service to be done at the rate of \_\_\_\_\_ Hrs. per Wk / Mo. (Min.)

License Revoked / Suspended for \_\_\_\_\_ mos / yrs

Attend and successfully complete DUI school and 1 session of Victim Impact Panel

No Contact / No Violent Contact / No Direct or Indirect contact w/Victim(s) or others listed:

- No Contact w/Minor Children w/o Adult Supervision aware of this case and the disposition.
- Cost of Supervision: \$ \_\_\_\_\_ per month  Waived by Court. \_\_\_\_\_
- Enter and Successfully Complete DOC Non-Secure Bed Program and Any Recommended Aftercare.
- Hold in Custody, release only to DOC Non-Secure Bed Program Officer.
- Enter and Successfully Complete PBSO Long / Short Track Drug Farm and Any Rec. Aftercare.
- Forfeit Weapon / Money seized at the time of arrest to:

Enter and Complete:  Anger Management Program  Batters Intervention Program

Theft Abatement Program: \_\_\_\_\_  Other: \_\_\_\_\_

Defendant may apply for Early Termination after \_\_\_\_\_, provided all conds. are satisfied.

Serve \_\_\_\_\_ days / months in PBCJ, with credit for \_\_\_\_\_ days / months.

See Attached documents

Deft. must Register as a Sexual Offender

W/IN 248 HOURS OF Release

RECEIVED  
JUL 03 2008  
15-4

7/1/08

IN THE CRIMINAL DIVISION OF THE CIRCUIT COURT OF THE  
FIFTEENTH JUDICIAL CIRCUIT OF FLORIDA,  
IN AND FOR PALM BEACH COUNTY

CASE NO. 08-CF-9381-AMB DIV. W

OBTS NUMBER \_\_\_\_\_

STATE OF FLORIDA  COMMUNITY CONTROL VIOLATOR

v.  PROBATION VIOLATOR

Jeffrey E. Epstein  
DEFENDANT

1/20/53 W M SOCIAL SECURITY NUMBER \_\_\_\_\_  
DATE OF BIRTH RACE GENDER

**JUDGMENT**

The above Defendant, being personally before this Court represented by J. Goldberg (attorney)

<input type="checkbox"/> Having been tried and found guilty of the following crime(s):	<input checked="" type="checkbox"/> Having entered a plea of guilty to the following crime(s):	<input type="checkbox"/> Having entered a plea of nolo contendere to the following crime(s):
--	--	--

COUNT	CRIME	OFFENSE STATUTE NUMBER(S)	DEGREE
<u>1</u>	<u>Procuring Person Under 18 for Prostitution</u>	<u>796.03</u>	<u>2<sup>nd</sup></u>

and no cause having been shown why the Defendant should not be adjudicated guilty, IT IS ORDERED THAT the Defendant is hereby ADJUDICATED GUILTY of the above crime(s).

and having been convicted or found guilty of, or having entered a plea of nolo contendere or guilty, regardless of adjudication, to attempts or offenses relating to sexual battery (ch. 794), lewd and lascivious conduct (ch. 800), or murder (s. 782.04), aggravated battery (s. 784.045), burglary (s. 810.02), carjacking (s. 812.133), or home invasion robbery (s. 812.135), or any other offense specified in section 943.325, the defendant shall be required to submit blood specimens.

and good cause being shown: IT IS ORDERED THAT ADJUDICATION OF GUILT BE WITHHELD.

SENTENCE STAYED  The Court hereby stays and withholds imposition of sentence as to count(s) and places the Defendant on  Probation and/or  Community Control under the supervision of the Dept. of Corrections (conditions of probation set forth in separate order).

SENTENCE DEFERRED  The Court hereby defers imposition of sentence until \_\_\_\_\_

The Defendant in Open Court was advised of his right to appeal from the Judgment by filing notice of appeal with the Clerk of Court within thirty days following the date sentence is imposed or probation is ordered pursuant to this adjudication. The defendant was also advised of his right to the assistance of counsel in taking said appeal at the expense of the State upon showing of indigency.

DONE AND ORDERED in Open Court at Palm Beach County, Florida, this 30 day of June, 2008  
Robert Dale Smith

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT,  
IN AND FOR PALM BEACH COUNTY, FLORIDA

**SENTENCE**

(As to Count(s) 1)

Defendant Jeffrey Epstein

Case Number 2008CF 9381AXX

OBTS Number \_\_\_\_\_

The Defendant, being personally before this Court, accompanied by the defendant's attorney of record, J. Goldberger, and having been adjudicated guilty herein, and the Court having given the Defendant an opportunity to be heard and to offer matters in mitigation of sentence, and to show cause why defendant should not be sentenced as provided by law, and no cause being shown,

IT IS THE SENTENCE OF THE COURT that:

Defendant pay a fine of \$ \_\_\_\_\_ pursuant to § \_\_\_\_\_, Florida Statutes, plus all costs and additional charges as outlined in the Order assessing additional charges, costs and fines as set forth in a separate order entered herein

The Defendant is hereby committed to the custody of the

- Department of Corrections
- Sheriff of Palm Beach County, Florida
- Department of Corrections as a youthful offender

for a term of 60 days. It is further ordered that the Defendant shall be allowed a total of 1 day as credit for time incarcerated prior to imposition of this sentence. It is further ordered that the composite term of all sentences imposed for the counts specified in the order shall run.

- consecutive to  concurrent with (check one) the following:
- Any active sentence being served.
- Specific sentences: 2006CF 9454AXX

In the event the above sentence is to the Department of Corrections, the Sheriff of Palm Beach County, Florida is hereby ordered and directed to deliver the Defendant to the Department of Corrections together with a copy of the Judgment and Sentence, and any other documents specified by Florida Statute. Additionally, pursuant to §947.16(4), Florida Statutes, the Court retains jurisdiction over the Defendant.

Pursuant to §§322.055, 322.056, 322.26, 322.274, Fla. Stat., the Department of Highway Safety and Motor Vehicles is directed to revoke the Defendant's privilege to drive. The Clerk of the Court is Ordered to report the conviction and revocation to the Department of Highway Safety and Motor Vehicles.

The defendant in Open Court was advised of the right to appeal from this Sentence by filing notice of appeal within thirty days from this date with the Clerk of the Court. The Defendant was also advised of the right to the assistance of counsel in taking said appeal at the expense of the State upon showing of indigency.

DONE AND ORDERED in Open Court at West Palm Beach, Palm Beach County, Florida this 30 day of JUNE, 2008.

Debra D. Williams  
CIRCUIT COURT JUDGE

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT,  
IN AND FOR PALM BEACH COUNTY, FLORIDA

**SENTENCE (continued)**

(As to Count(s) 1)

Defendant Jeffrey Epstein

Case Number 2008CF9381A XX

**SUSPENDED AND/OR SPLIT SENTENCES**

By appropriate notation, the following provisions apply to the sentence imposed:

- Said SENTENCE SUSPENDED for a period of \_\_\_\_\_ subject to conditions set forth in a separate order entered herein.
- However, after serving a period of \_\_\_\_\_ imprisonment the balance of such sentence shall be suspended and the Defendant shall be placed on  probation and/or  community control for a period of \_\_\_\_\_ under supervision of the Department of Corrections according to the terms and conditions of probation and/or community control as set forth in a separate order entered herein.
- Followed by a period of 2 MOS on  probation and/or  community control under the supervision of the Department of Corrections according to the terms and conditions of probation and/or community control as set forth in a separate order entered herein.

DONE AND ORDERED in Open Court at West Palm Beach, Palm Beach County, Florida this 30 day of JUNE, 2008.

Debra Dale Smith  
CIRCUIT COURT JUDGE

**PLEA IN THE CIRCUIT COURT**  
**THE FOLLOWING IS TO REFLECT ALL TERMS OF THE NEGOTIATED SETTLEMENT**

Name: Jeffrey E. Epstein

Plea: Guilty X

Case No.	Charge	Count	Lesser	Degree
08CF009454AMB	Felony Solicitation of Prostitution	1	No	3 FEL
08CF009381AMB	Procuring Person Under 18 for Prostitution	1	No	2 FEL

PSI: Waived/Not Required X Required/Requested \_\_\_\_\_

**ADJUDICATION:** Adjudicate [x ]

**SENTENCE:**

On 08CF009454AMB, the Defendant is sentenced to 12 months in the Palm Beach County Detention Facility, with credit for 1 (one) day time served.

On 08CF009381AMB, the Defendant is sentenced to 6 months in the Palm Beach County Detention Facility, with credit for 1 (one) day time served. This 6 month sentence is to be served consecutive to the 12 month sentence in 08CF009454AMB. Following this 6 month sentence, the Defendant will be placed on 12 months Community Control 1 (one). The conditions of community control are attached hereto and incorporated herein.

**OTHER COMMENTS OR CONDITIONS:**

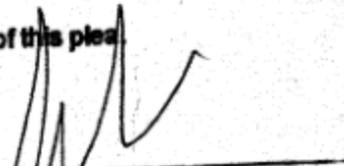
As a special condition of his community control, the Defendant is to have no unsupervised contact with minors, and the supervising adult must be approved by the Department of Corrections.

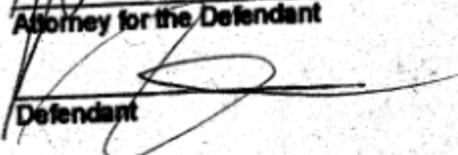
The Defendant is designated as a Sexual Offender pursuant to Florida Statute 943.0435 and must abide by all the corresponding requirements of the statute, a copy of which is attached hereto and incorporated herein.

The Defendant must provide a DNA sample in court at the time of this plea.

  
 Assistant State Attorney

6/30/08  
 Date of Plea

  
 Attorney for the Defendant

  
 Defendant

*Registration*

**948.101 Terms and conditions of community control and criminal quarantine community control.--**

(1) The court shall determine the terms and conditions of community control. Conditions specified in this subsection do not require oral pronouncement at the time of sentencing and may be considered standard conditions of community control.

(a) The court shall require intensive supervision and surveillance for an offender placed into community control, which may include but is not limited to:

1. Specified contact with the parole and probation officer.
2. Confinement to an agreed-upon residence during hours away from employment and public service activities.
3. Mandatory public service.
4. Supervision by the Department of Corrections by means of an electronic monitoring device or system.
5. The standard conditions of probation set forth in s. 948.03.

(b) For an offender placed on criminal quarantine community control, the court shall require:

1. Electronic monitoring 24 hours per day.
2. Confinement to a designated residence during designated hours.

(2) The enumeration of specific kinds of terms and conditions does not prevent the court from adding thereto any other terms or conditions that the court considers proper. However, the sentencing court may only impose a condition of supervision allowing an offender convicted of s. 794.011, s. 800.04, s. 827.071, or s. 847.0145 to reside in another state if the order stipulates that it is contingent upon the approval of the receiving state interstate compact authority. The court may rescind or modify at any time the terms and conditions theretofore imposed by it upon the offender in community control. However, if the court withholds adjudication of guilt or imposes a period of incarceration as a condition of community control, the period may not exceed 364 days, and incarceration shall be restricted to a county facility, a probation and restitution center under the jurisdiction of the Department of Corrections, a probation program drug punishment phase I secure residential treatment institution, or a community residential facility owned or operated by any entity providing such services.

(3) The court may place a defendant who is being sentenced for criminal transmission of HIV in violation of s. 775.0877 on criminal quarantine community control. The Department of Corrections shall develop and administer a criminal quarantine community control program emphasizing intensive supervision with 24-hour-per-day electronic monitoring. Criminal quarantine community control status must include surveillance and may include other measures normally associated with community control, except that specific conditions necessary to monitor this population may be ordered.

(b) Pay the costs assessed by the Department of Highway Safety and Motor Vehicles for issuing or renewing a driver's license or identification card as required by this section. The driver's license or identification card issued must be in compliance with s. 322.141(3).

(c) Provide, upon request, any additional information necessary to confirm the identity of the sexual offender, including a set of fingerprints.

(4)(a) Each time a sexual offender's driver's license or identification card is subject to renewal, and, without regard to the status of the offender's driver's license or identification card, within 48 hours after any change in the offender's permanent or temporary residence or change in the offender's name by reason of marriage or other legal process, the offender shall report in person to a driver's license office, and shall be subject to the requirements specified in subsection (3). The Department of Highway Safety and Motor Vehicles shall forward to the department all photographs and information provided by sexual offenders. Notwithstanding the restrictions set forth in s. 322.142, the Department of Highway Safety and Motor Vehicles is authorized to release a reproduction of a color-photograph or digital-image license to the Department of Law Enforcement for purposes of public notification of sexual offenders as provided in this section and ss. 943.043 and 944.606.

(b) A sexual offender who vacates a permanent residence and fails to establish or maintain another permanent or temporary residence shall, within 48 hours after vacating the permanent residence, report in person to the sheriff's office of the county in which he or she is located. The sexual offender shall specify the date upon which he or she intends to or did vacate such residence. The sexual offender must provide or update all of the registration information required under paragraph (2)(b). The sexual offender must provide an address for the residence or other location that he or she is or will be occupying during the time in which he or she fails to establish or maintain a permanent or temporary residence.

(c) A sexual offender who remains at a permanent residence after reporting his or her intent to vacate such residence shall, within 48 hours after the date upon which the offender indicated he or she would or did vacate such residence, report in person to the agency to which he or she reported pursuant to paragraph (b) for the purpose of reporting his or her address at such residence. When the sheriff receives the report, the sheriff shall promptly convey the information to the department. An offender who makes a report as required under paragraph (b) but fails to make a report as required under this paragraph commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(d) A sexual offender must register any electronic mail address or instant message name with the department prior to using such electronic mail address or instant message name on or after October 1, 2007. The department shall establish an online system through which sexual offenders may securely access and update all electronic mail address and instant message name information.

(5) This section does not apply to a sexual offender who is also a sexual predator, as defined in s. 775.21. A sexual predator must register as required under s. 775.21.

(6) County and local law enforcement agencies, in conjunction with the department, shall verify the addresses of sexual offenders who are not under the care, custody, control, or supervision of the Department of Corrections in a manner that is consistent with the provisions of the federal Adam Walsh Child Protection and Safety Act of 2006 and any other federal standards applicable to such verification or required to be met as a condition for the receipt of federal funds by the state. Local law enforcement agencies shall report to the department any failure by a sexual offender to comply with registration requirements.

control of, or under the supervision of, the Department of Corrections, or is not in the custody of a private correctional facility.

Any change in the sexual offender's permanent or temporary residence, name, any electronic mail address and any instant message name required to be provided pursuant to paragraph (4)(d), after the sexual offender reports in person at the sheriff's office, shall be accomplished in the manner provided in subsections (4), (7), and (8).

(b) Provide his or her name, date of birth, social security number, race, sex, height, weight, hair and eye color, tattoos or other identifying marks, occupation and place of employment, address of permanent or legal residence or address of any current temporary residence, within the state and out of state, including a rural route address and a post office box, any electronic mail address and any instant message name required to be provided pursuant to paragraph (4)(d), date and place of each conviction, and a brief description of the crime or crimes committed by the offender. A post office box shall not be provided in lieu of a physical residential address.

1. If the sexual offender's place of residence is a motor vehicle, trailer, mobile home, or manufactured home, as defined in chapter 320, the sexual offender shall also provide to the department through the sheriff's office written notice of the vehicle identification number; the license tag number; the registration number; and a description, including color scheme, of the motor vehicle, trailer, mobile home, or manufactured home. If the sexual offender's place of residence is a vessel, live-aboard vessel, or houseboat, as defined in chapter 327, the sexual offender shall also provide to the department written notice of the hull identification number; the manufacturer's serial number; the name of the vessel, live-aboard vessel, or houseboat; the registration number; and a description, including color scheme, of the vessel, live-aboard vessel, or houseboat.

2. If the sexual offender is enrolled, employed, or carrying on a vocation at an institution of higher education in this state, the sexual offender shall also provide to the department through the sheriff's office the name, address, and county of each institution, including each campus attended, and the sexual offender's enrollment or employment status. Each change in enrollment or employment status shall be reported in person at the sheriff's office, within 48 hours after any change in status. The sheriff shall promptly notify each institution of the sexual offender's presence and any change in the sexual offender's enrollment or employment status.

When a sexual offender reports at the sheriff's office, the sheriff shall take a photograph and a set of fingerprints of the offender and forward the photographs and fingerprints to the department, along with the information provided by the sexual offender. The sheriff shall promptly provide to the department the information received from the sexual offender.

(3) Within 48 hours after the report required under subsection (2), a sexual offender shall report in person at a driver's license office of the Department of Highway Safety and Motor Vehicles, unless a driver's license or identification card that complies with the requirements of s. 322.141(3) was previously secured or updated under s. 944.607. At the driver's license office the sexual offender shall:

(a) If otherwise qualified, secure a Florida driver's license, renew a Florida driver's license, or secure an identification card. The sexual offender shall identify himself or herself as a sexual offender who is required to comply with this section and shall provide proof that the sexual offender reported as required in subsection (2). The sexual offender shall provide any of the information specified in subsection (2), if requested. The sexual offender shall submit to the taking of a photograph for use in issuing a driver's license, renewed license, or identification card, and for use by the department in maintaining current records of sexual offenders.

(7) A sexual offender who intends to establish residence in another state or jurisdiction other than the State of Florida shall report in person to the sheriff of the county of current residence within 48 hours before the date he or she intends to leave this state to establish residence in another state or jurisdiction. The notification must include the address, municipality, county, and state of intended residence. The sheriff shall promptly provide to the department the information received from the sexual offender. The department shall notify the statewide law enforcement agency, or a comparable agency, in the intended state or jurisdiction of residence of the sexual offender's intended residence. The failure of a sexual offender to provide his or her intended place of residence is punishable as provided in subsection (9).

(8) A sexual offender who indicates his or her intent to reside in another state or jurisdiction other than the State of Florida and later decides to remain in this state shall, within 48 hours after the date upon which the sexual offender indicated he or she would leave this state, report in person to the sheriff to which the sexual offender reported the intended change of residence, and report his or her intent to remain in this state. The sheriff shall promptly report this information to the department. A sexual offender who reports his or her intent to reside in another state or jurisdiction but who remains in this state without reporting to the sheriff in the manner required by this subsection commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(9)(a) A sexual offender who does not comply with the requirements of this section commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(b) A sexual offender who commits any act or omission in violation of this section may be prosecuted for the act or omission in the county in which the act or omission was committed, the county of the last registered address of the sexual offender, or the county in which the conviction occurred for the offense or offenses that meet the criteria for designating a person as a sexual offender.

(c) An arrest on charges of failure to register when the offender has been provided and advised of his or her statutory obligations to register under subsection (2), the service of an information or a complaint for a violation of this section, or an arraignment on charges for a violation of this section constitutes actual notice of the duty to register. A sexual offender's failure to immediately register as required by this section following such arrest, service, or arraignment constitutes grounds for a subsequent charge of failure to register. A sexual offender charged with the crime of failure to register who asserts, or intends to assert, a lack of notice of the duty to register as a defense to a charge of failure to register shall immediately register as required by this section. A sexual offender who is charged with a subsequent failure to register may not assert the defense of a lack of notice of the duty to register.

(d) Registration following such arrest, service, or arraignment is not a defense and does not relieve the sexual offender of criminal liability for the failure to register.

(10) The department, the Department of Highway Safety and Motor Vehicles, the Department of Corrections, the Department of Juvenile Justice, any law enforcement agency in this state, and the personnel of those departments; an elected or appointed official, public employee, or school administrator; or an employee, agency, or any individual or entity acting at the request or upon the direction of any law enforcement agency is immune from civil liability for damages for good faith compliance with the requirements of this section or for the release of information under this section, and shall be presumed to have acted in good faith in compiling, recording, reporting, or releasing the information. The presumption of good faith is not overcome if a technical or clerical error is made by the department, the Department of Highway Safety and Motor Vehicles, the Department of Corrections, the Department of Juvenile

Justice, the personnel of those departments, or any individual or entity acting at the request or upon the direction of any of those departments in compiling or providing information, or if information is incomplete or incorrect because a sexual offender fails to report or falsely reports his or her current place of permanent or temporary residence.

(11) Except as provided in s. 943.04354, a sexual offender must maintain registration with the department for the duration of his or her life, unless the sexual offender has received a full pardon or has had a conviction set aside in a postconviction proceeding for any offense that meets the criteria for classifying the person as a sexual offender for purposes of registration. However, a sexual offender:

(a)1. Who has been lawfully released from confinement, supervision, or sanction, whichever is later, for at least 25 years and has not been arrested for any felony or misdemeanor offense since release, provided that the sexual offender's requirement to register was not based upon an adult conviction:

a. For a violation of s. 787.01 or s. 787.02;

b. For a violation of s. 794.011, excluding s. 794.011(10);

c. For a violation of s. 800.04(4)(b) where the court finds the offense involved a victim under 12 years of age or sexual activity by the use of force or coercion;

d. For a violation of s. 800.04(5)(b);

e. For a violation of s. 800.04(5)c.2. where the court finds the offense involved unclothed genitals or gonital area;

f. For any attempt or conspiracy to commit any such offense; or

g. For a violation of similar law of another jurisdiction,

may petition the criminal division of the circuit court of the circuit in which the sexual offender resides for the purpose of removing the requirement for registration as a sexual offender.

2. The court may grant or deny relief if the offender demonstrates to the court that he or she has not been arrested for any crime since release; the requested relief complies with the provisions of the federal Adam Walsh Child Protection and Safety Act of 2006 and any other federal standards applicable to the removal of registration requirements for a sexual offender or required to be met as a condition for the receipt of federal funds by the state; and the court is otherwise satisfied that the offender is not a current or potential threat to public safety. The state attorney in the circuit in which the petition is filed must be given notice of the petition at least 3 weeks before the hearing on the matter. The state attorney may present evidence in opposition to the requested relief or may otherwise demonstrate the reasons why the petition should be denied. If the court denies the petition, the court may set a future date at which the sexual offender may again petition the court for relief, subject to the standards for relief provided in this subsection.

3. The department shall remove an offender from classification as a sexual offender for purposes of registration if the offender provides to the department a certified copy of the court's written findings or order that indicates that the offender is no longer required to comply with the requirements for registration as a sexual offender.

(b) As defined in sub-subparagraph (1)(a)1.b. must maintain registration with the department for the duration of his or her life until the person provides the department with an order issued by the court that designated the person as a sexual predator, as a sexually violent predator, or by another sexual offender designation in the state or jurisdiction in which the order was issued which states that such designation has been removed or demonstrates to the department that such designation, if not imposed by a court, has been removed by operation of law or court order in the state or jurisdiction in which the designation was made, and provided such person no longer meets the criteria for registration as a sexual offender under the laws of this state.

(12) The Legislature finds that sexual offenders, especially those who have committed offenses against minors, often pose a high risk of engaging in sexual offenses even after being released from incarceration or commitment and that protection of the public from sexual offenders is a paramount government interest. Sexual offenders have a reduced expectation of privacy because of the public's interest in public safety and in the effective operation of government. Releasing information concerning sexual offenders to law enforcement agencies and to persons who request such information, and the release of such information to the public by a law enforcement agency or public agency, will further the governmental interests of public safety. The designation of a person as a sexual offender is not a sentence or a punishment but is simply the status of the offender which is the result of a conviction for having committed certain crimes.

(13) Any person who has reason to believe that a sexual offender is not complying, or has not complied, with the requirements of this section and who, with the intent to assist the sexual offender in eluding a law enforcement agency that is seeking to find the sexual offender to question the sexual offender about, or to arrest the sexual offender for, his or her noncompliance with the requirements of this section:

(a) Withholds information from, or does not notify, the law enforcement agency about the sexual offender's noncompliance with the requirements of this section, and, if known, the whereabouts of the sexual offender;

(b) Harbors, or attempts to harbor, or assists another person in harboring or attempting to harbor, the sexual offender; or

(c) Conceals or attempts to conceal, or assists another person in concealing or attempting to conceal, the sexual offender; or

(d) Provides information to the law enforcement agency regarding the sexual offender that the person knows to be false information,

commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(14)(a) A sexual offender must report in person each year during the month of the sexual offender's birthday and during the sixth month following the sexual offender's birth month to the sheriff's office in the county in which he or she resides or is otherwise located to reregister.

(b) However, a sexual offender who is required to register as a result of a conviction for:

1. Section 787.01 or s. 787.02 where the victim is a minor and the offender is not the victim's parent or guardian;

2. Section 794.011, excluding s. 794.011(10);

3. Section 800.04(4)(b) where the court finds the offense involved a victim under 12 years of age or sexual activity by the use of force or coercion;

4. Section 800.04(5)(b);

5. Section 800.04(5)(c)1. where the court finds molestation involving unclothed genitals or genital area;

6. Section 800.04(5)c.2. where the court finds molestation involving unclothed genitals or genital area;

7. Section 800.04(5)(d) where the court finds the use of force or coercion and unclothed genitals or genital area;

8. Any attempt or conspiracy to commit such offense; or

9. A violation of a similar law of another jurisdiction,

must reregister each year during the month of the sexual offender's birthday and every third month thereafter.

(c) The sheriff's office may determine the appropriate times and days for reporting by the sexual offender, which shall be consistent with the reporting requirements of this subsection. Reregistration shall include any changes to the following information:

1. Name; social security number; age; race; sex; date of birth; height; weight; hair and eye color; address of any permanent residence and address of any current temporary residence, within the state or out of state, including a rural route address and a post office box; any electronic mail address and any instant message name required to be provided pursuant to paragraph (4)(d); date and place of any employment; vehicle make, model, color, and license tag number; fingerprints; and photograph. A post office box shall not be provided in lieu of a physical residential address.

2. If the sexual offender is enrolled, employed, or carrying on a vocation at an institution of higher education in this state, the sexual offender shall also provide to the department the name, address, and county of each institution, including each campus attended, and the sexual offender's enrollment or employment status.

3. If the sexual offender's place of residence is a motor vehicle, trailer, mobile home, or manufactured home, as defined in chapter 320, the sexual offender shall also provide the vehicle identification number; the license tag number; the registration number; and a description, including color scheme, of the motor vehicle, trailer, mobile home, or manufactured home. If the sexual offender's place of residence is a vessel, live-aboard vessel, or houseboat, as defined in chapter 327, the sexual offender shall also provide the hull identification number; the manufacturer's serial number; the name of the vessel, live-aboard vessel, or houseboat; the registration number; and a description, including color scheme, of the vessel, live-aboard vessel or houseboat.

4. Any sexual offender who fails to report in person as required at the sheriff's office, or who fails to respond to any address verification correspondence from the department within 3 weeks of the date of the correspondence or who fails to report electronic mail addresses or

instant message names, commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(d) The sheriff's office shall, within 2 working days, electronically submit and update all information provided by the sexual offender to the department in a manner prescribed by the department.



**'943.0435 Sexual offenders required to register with the department; penalty.--**

(1) As used in this section, the term:

(a)1. "Sexual offender" means a person who meets the criteria in sub-subparagraph a., sub-subparagraph b., sub-subparagraph c., or sub-subparagraph d., as follows:

a.(i) Has been convicted of committing, or attempting, soliciting, or conspiring to commit, any of the criminal offenses proscribed in the following statutes in this state or similar offenses in another jurisdiction: s. 787.01, s. 787.02, or s. 787.025(2)(c), where the victim is a minor and the defendant is not the victim's parent or guardian; s. 794.011, excluding s. 794.011(10); s. 794.05; s. 796.03; s. 796.035; s. 800.04; s. 825.1025; s. 827.071; s. 847.0133; s. 847.0135, excluding s. 847.0135(4); s. 847.0137; s. 847.0138; s. 847.0145; or s. 985.701(1); or any similar offense committed in this state which has been redesignated from a former statute number to one of those listed in this sub-sub-subparagraph; and

(ii) Has been released on or after October 1, 1997, from the sanction imposed for any conviction of an offense described in sub-sub-subparagraph (i). For purposes of sub-sub-subparagraph (i), a sanction imposed in this state or in any other jurisdiction includes, but is not limited to, a fine, probation, community control, parole, conditional release, control release, or incarceration in a state prison, federal prison, private correctional facility, or local detention facility;

b. Establishes or maintains a residence in this state and who has not been designated as a sexual predator by a court of this state but who has been designated as a sexual predator, as a sexually violent predator, or by another sexual offender designation in another state or jurisdiction and was, as a result of such designation, subjected to registration or community or public notification, or both, or would be if the person were a resident of that state or jurisdiction, without regard to whether the person otherwise meets the criteria for registration as a sexual offender;

c. Establishes or maintains a residence in this state who is in the custody or control of, or under the supervision of, any other state or jurisdiction as a result of a conviction for committing, or attempting, soliciting, or conspiring to commit, any of the criminal offenses proscribed in the following statutes or similar offense in another jurisdiction: s. 787.01, s. 787.02, or s. 787.025(2)(c), where the victim is a minor and the defendant is not the victim's parent or guardian; s. 794.011, excluding s. 794.011(10); s. 794.05; s. 796.03; s. 796.035; s. 800.04; s. 825.1025; s. 827.071; s. 847.0133; s. 847.0135, excluding s. 847.0135(4); s. 847.0137; s. 847.0138; s. 847.0145; or s. 985.701(1); or any similar offense committed in this state which has been redesignated from a former statute number to one of those listed in this sub-sub-subparagraph; or

d. On or after July 1, 2007, has been adjudicated delinquent for committing, or attempting, soliciting, or conspiring to commit, any of the criminal offenses proscribed in the following statutes in this state or similar offenses in another jurisdiction when the juvenile was 14 years of age or older at the time of the offense:

(i) Section 794.011, excluding s. 794.011(10);

(ii) Section 800.04(4)(b) where the victim is under 12 years of age or where the court finds sexual activity by the use of force or coercion;

(iii) Section 800.04(5)(c)1. where the court finds molestation involving unclothed genitals; or

(IV) Section 800.04(5)(d) where the court finds the use of force or coercion and unclothed genitals.

2. For all qualifying offenses listed in sub-subparagraph (1)(a)1.d., the court shall make a written finding of the age of the offender at the time of the offense.

For each violation of a qualifying offense listed in this subsection, the court shall make a written finding of the age of the victim at the time of the offense. For a violation of s. 800.04(4), the court shall additionally make a written finding indicating that the offense did or did not involve sexual activity and indicating that the offense did or did not involve force or coercion. For a violation of s. 800.04(5), the court shall additionally make a written finding that the offense did or did not involve unclothed genitals or genital area and that the offense did or did not involve the use of force or coercion.

(b) "Convicted" means that there has been a determination of guilt as a result of a trial or the entry of a plea of guilty or nolo contendere, regardless of whether adjudication is withheld, and includes an adjudication of delinquency of a juvenile as specified in this section. Conviction of a similar offense includes, but is not limited to, a conviction by a federal or military tribunal, including courts-martial conducted by the Armed Forces of the United States, and includes a conviction or entry of a plea of guilty or nolo contendere resulting in a sanction in any state of the United States or other jurisdiction. A sanction includes, but is not limited to, a fine, probation, community control, parole, conditional release, control release, or incarceration in a state prison, federal prison, private correctional facility, or local detention facility.

(c) "Permanent residence" and "temporary residence" have the same meaning ascribed in s. 775.21.

(d) "Institution of higher education" means a career center, community college, college, state university, or independent postsecondary institution.

(e) "Change in enrollment or employment status" means the commencement or termination of enrollment or employment or a change in location of enrollment or employment.

(f) "Electronic mail address" has the same meaning as provided in s. 668.602.

(g) "Instant message name" means an identifier that allows a person to communicate in real time with another person using the Internet.

(2) A sexual offender shall:

(a) Report in person at the sheriff's office:

1. In the county in which the offender establishes or maintains a permanent or temporary residence within 48 hours after:

a. Establishing permanent or temporary residence in this state; or

b. Being released from the custody, control, or supervision of the Department of Corrections or from the custody of a private correctional facility; or

2. In the county where he or she was convicted within 48 hours after being convicted for a qualifying offense for registration under this section if the offender is not in the custody or

STATE OF FLORIDA  
Plaintiff

IN THE FIFTEENTH JUDICIAL  
CIRCUIT COURT, IN AND FOR  
PALM BEACH COUNTY

-VS-

CASE NUMBER 502008CF009381AXXXMB  
DIVISION MCSORLEY "W"  
DC NUMBER W35755  
CIRCUIT NUMBER: 15-4/ JAIL SPLIT

JEFFREY E. EPSTEIN  
Defendant

**ORDER OF COMMUNITY CONTROL I**

This cause coming before the Court to be heard, and you, the defendant, being now present before the court, and you having

- entered a plea of guilty to
- entered a plea of nolo contendere to
- been found guilty by jury verdict of
- been found guilty by the court trying the case without a jury of

Count 1, PROCURE PERSON UNDER AGE OF 18 FOR PROSTITUTION

**SECTION 1: JUDGMENT OF GUILT**

- The court hereby adjudges you to be guilty of the above offense(s).

Now, therefore, it is ordered and adjudged that the imposition of sentence is hereby withheld and that you be placed on Probation I for a period of \_\_\_\_\_ under the supervision of the Department of Corrections, subject to Florida law.

**SECTION 2: ORDER WITHHOLDING ADJUDICATION**

- Now, therefore, it is ordered and adjudged that the adjudication of guilt is hereby withheld and that you be placed on Probation for a period of \_\_\_\_\_ under the supervision of the Department of Corrections, subject to Florida law.

**SECTION 3: INCARCERATION DURING PORTION OF SUPERVISION SENTENCE**

It is hereby ordered and adjudged that you be:

- committed to the Department of Corrections
- or
- confined in the County Jail for a term of \_\_\_\_\_ with credit for \_\_\_\_\_ jail time. After you have served \_\_\_\_\_ of the term, you shall be placed on **Probation** for a period of \_\_\_\_\_ under the supervision of the Department of Corrections, subject to Florida law.
- or
- confined in the County Jail for a term of SIX (6) MONTHS AS TO COUNT 1 FOLLOWED BY TWELVE (12) MONTHS COMMUNITY CONTROL I CONSECUTIVE TO THE (12) MONTH SENTENCE IN CASE# 2008CF00945AAMB with credit for ONE (1) DAY jail time, as a special condition of supervision.

SHARON R. BOCK, CLERK  
PALM BEACH COUNTY, FL  
CIRCUIT CRIMINAL

2008 JUL 21 PM 4:55

FILED

IT IS FURTHER ORDERED that you shall comply with the following standard conditions of supervision as provided by Florida law:

- (1) You will report to the probation office as directed. Not later than the fifth day of each month, unless otherwise directed, you will make a full and truthful report to your officer on the form provided for that purpose.
- (2) You will pay the State of Florida the amount of \$50.00 per month, as well as 4% surcharge, toward the cost of your supervision in accordance with s. 948.09, F.S., unless otherwise exempted in compliance with Florida Statutes.
- (3) You will remain in a specified place. You will not change your residence or employment or leave the county of your residence without first procuring the consent of your officer.
- (4) You will not possess, carry or own any firearm or weapon, unless authorized by the court.
- (5) You will live without violating the law. A conviction in a court of law shall not be necessary for such a violation to constitute a violation of your probation/community control.
- (6) You will not associate with any person engaged in any criminal activity.
- (7) You will not use intoxicants to excess or possess any drugs or narcotics unless prescribed by a physician. Nor will you visit places where intoxicants, drugs or other dangerous substances are unlawfully sold, dispensed or used.
- (8) You will work diligently at a lawful occupation, advise your employer of your probation status, and support any dependents to the best of your ability, as directed by your officer.
- (9) You will promptly and truthfully answer all inquiries directed to you by the court or the officer, and allow your officer to visit in your home, at your employment site or elsewhere, and you will comply with all instructions your officer may give you.
- (10) You will pay restitution, court costs, and/or fees in accordance with special conditions imposed or in accordance with the attached orders.
- (11) You will submit to random testing as directed by your officer or the professional staff of the treatment center where he/she is receiving treatment to determine the presence of alcohol or illegal drugs. You will be required to pay for the tests unless exempt by the court.
- (12) You will submit two biological specimens, as directed by your officer, for DNA analysis as prescribed in ss. 943.325 and 948.014, F.S.
- (13) You will report in person within 72 hours of your release from incarceration to the probation office in PALM BEACH County, Florida, unless otherwise instructed by the court or department. (This condition applies only if section 3 on the previous page is checked.) Otherwise, you must report immediately to the probation office located at 3444 SOUTH CONGRESS AVENUE, LAKE WORTH, FL 33461.

**SPECIAL CONDITIONS**

- 1. You must undergo a Drug and Alcohol evaluation and, if treatment is deemed necessary, you must successfully complete the treatment, and be responsible for the payment of any costs incurred while receiving said evaluation and treatment, unless waived by the court.  
Additional instructions ordered: \_\_\_\_\_
- 2. You will make restitution to the following victim(s), as directed by the court, until the obligation is paid in full:  
NAME: \_\_\_\_\_  
TOTAL AMOUNT: \$ \_\_\_\_\_  
Additional instructions ordered, including specific monthly amount, begin date, due date, or joint & several: \_\_\_\_\_  
  
NAME: \_\_\_\_\_  
TOTAL AMOUNT: \$ \_\_\_\_\_  
Additional instructions ordered, including specific monthly amount, begin date, due date, or joint & several: \_\_\_\_\_

**SPECIAL CONDITIONS – CONTINUED**

- 3. You will enter the Department of Corrections Non-Secure Drug Treatment Program or other residential treatment program/Probation and Restitution Center for a period of successful completion as approved by your officer. You are to remain until you successfully complete said Program and Aftercare. You are to comply with all Rules and Regulations of the Program. You shall be confined in the county jail until placement in said program, and if you are confined in the jail, the Sheriff will transport you to said program.
- 4. You will abstain entirely from the use of alcohol and/or illegal drugs, and you will not associate with anyone who is illegally using drugs or consuming alcohol.
- 5. You will submit to urinalysis testing on a monthly basis to determine the presence of alcohol or illegal drugs. You will be required to pay for the tests unless exempt by the court.
- 6. You will not visit any establishment where the primary business is the sale and dispensing of alcoholic beverages.
- 7. You will successfully complete \_\_\_\_\_ hours of community service at a rate of \_\_\_\_\_, at a work site approved by your officer.  
Additional instructions ordered: \_\_\_\_\_
- 8. You will remain at your residence between 10 p.m. and 6 a.m. due to a curfew imposed, unless otherwise directed by the court.
- 9. You will submit to electronic monitoring, follow the rules of electronic monitoring, and pay \$ \_\_\_\_\_ per month for the cost of the monitoring service, unless otherwise directed by the court.
- 10. You will not associate with \_\_\_\_\_ during the period of supervision.
- 11. You will have no contact (direct or indirect) with the victim or the victim's family during the period of supervision.
- 12. You will have no contact (direct or indirect) with \_\_\_\_\_ during the period of supervision.
- 13. You will maintain full time employment or attend school/vocational school full time or a combination of school/work during the term of your supervision.
- 14. You will make a good faith effort toward completing basic or functional literacy skills or a high school equivalency diploma.
- 15. You will successfully complete the Probation & Restitution Program, abiding by all rules and regulations.

- 16. You will attend Alcoholics Anonymous or Narcotics Anonymous meetings at least monthly, unless otherwise directed by the court.
- 17. You must successfully complete Anger Management, and be responsible for the payment of any costs incurred while receiving said treatment, unless waived. If convicted of a Domestic Violence offense, as defined in s. 741.28, F.S., you must attend and successfully complete a batterer's intervention program, unless otherwise directed by the court.  
Additional instructions ordered: \_\_\_\_\_
- 18. You will attend an HIV/AIDS Awareness Program consisting of a class of not less than two (2) hours or more than four (4) hours in length, the cost for which will be paid by you.
- 19. You shall submit your person, property, place of residence, vehicle or personal effects to a warrantless search at any time, by any probation or community control officer or any law enforcement officer.
- 20. **DEFENDANT MUST REGISTER AS A SEXUAL OFFENDER WITHIN 48 HOURS OF RELEASE**
- 21. **AS A SPECIAL CONDITION OF HIS COMMUNITY CONTROL, THE DEFENDANT IS TO HAVE NO UNSUPERVISED CONTACT WITH MINORS, AND THE SUPERVISING ADULT MUST BE APPROVED BY THE DEPARTMENT OF CORRECTIONS**
- 22. **THE DEFENDANT IS DESIGNATED AS A SEXUAL OFFENDER PURSUANT TO FLORIDA STATUTE 943.05 AND MUST ABIDE BY ALL THE CORRESPONDING REQUIREMENTS OF THE STATUTE, A COPY OF WHICH IS ATTACHED HERETO AND INCORPORATED HEREIN**
- 23. **DEFENDANT MUST PROVIDE A DNA SAMPLE IN COURT AT THE TIME OF THIS PLEA.**
- 24. **SPECIFIED CONTACT WITH THE PAROLE AND PROBATION OFFICER**
- 25. **CONFINEMENT TO AN AGREED-UPON RESIDENCE DURING HOURS AWAY FROM EMPLOYMENT AND PUBLIC SERVICE ACTIVITIES**
- 25. **MANDATORY PUBLIC SERVICE**
- 26. **SUPERVISION BY THE DEPARTMENT OF CORRECTIONS BY MEANS OF AN ELECTRONIC MONITORING DEVICE OR SYSTEM**
- 27. **ELECTRONIC MONITORING 24 HOURS PER DAY**
- 28. **CONFINEMENT TO A DESIGNATED RESIDENCE DURING DESIGNATED HOURS**

**AND, IF PLACED ON DRUG OFFENDER PROBATION, YOU WILL COMPLY WITH THE FOLLOWING CONDITION OF SUPERVISION IN ADDITION TO THE STANDARD CONDITIONS LISTED ABOVE AND ANY OTHER SPECIAL CONDITIONS ORDERED BY THE COURT:**

(14) You will participate in a specialized drug treatment program, either as an in-patient or out patient, as recommended by the treatment provider. You will attend all counseling sessions, submit to random urinalysis and, if an in-patient, you will comply with all operating rules, regulations and procedures of the treatment facility. You will pay for all costs associated with treatment and testing unless otherwise directed.

Additional instructions ordered: \_\_\_\_\_

(15) You will remain at your residence between \_\_\_\_\_ p.m. and \_\_\_\_\_ a.m. due to a curfew imposed, unless otherwise directed by the court.

**AND, IF PLACED ON COMMUNITY CONTROL, YOU WILL COMPLY WITH THE FOLLOWING CONDITIONS, IN ADDITION TO THE STANDARD CONDITIONS LISTED ABOVE AND ANY OTHER SPECIAL CONDITIONS ORDERED BY THE COURT:**

- (14) You will report to your officer as directed, at least one time a week, unless you have written consent otherwise.
- (15) You will remain confined to your approved residence except for one half hour before and after your approved employment, public service work, or any other special activities approved by your officer.
- (16) You will maintain an hourly accounting of all your activities on a daily log, which you will submit to your officer on request.
- (17) You will successfully complete \_\_\_ hours of community service at a rate of \_\_\_\_\_, at a work site approved by your officer.  
Additional instructions ordered: \_\_\_\_\_
- (18) You will submit to electronic monitoring, follow the rules of electronic monitoring, and pay \$\_\_\_\_\_ per month for the cost of the monitoring service, unless otherwise directed by the court.

**AND, IF PLACED ON PROBATION OR COMMUNITY CONTROL FOR A SEX OFFENSE PROVIDED IN CHAPTER 794, s. 800.04, s. 827.071, or s. 847.0145, COMMITTED ON OR AFTER OCTOBER 1, 1995 YOU WILL COMPLY WITH THE FOLLOWING STANDARD SEX OFFENDER CONDITIONS, IN ADDITION TO THE STANDARD CONDITIONS LISTED ABOVE AND ANY OTHER SPECIAL CONDITIONS ORDERED BY THE COURT:**

- (14) A mandatory curfew from 10 p.m. to 6 a.m. The court may designate another 8-hour period if the offender's employment precludes the above specified time, and the alternative is recommended by the Department of Corrections. If the court determines that imposing a curfew would endanger the victim, the court may consider alternative sanctions.
- (15) If the victim was under the age of 18, a prohibition on living within 1,000 feet of a school, day care center, park, playground, or other place where children regularly congregate, as prescribed by the court. The 1,000-foot distance shall be measured in a straight line from the offender's place of residence to the nearest boundary line of the school, day care center, park, playground, or other place where children congregate. The distance may not be measured by a pedestrian route or automobile route.
- (16) Active participation in and successful completion of a sex offender treatment program with qualified practitioners specifically trained to treat sex offenders, at the offender's own expense. If a qualified practitioner is not available within a 50-mile radius of the offender's residence, the offender shall participate in other appropriate therapy.
- (17) A prohibition on any contact with the victim, directly or indirectly, including through a third person, unless approved by the victim, the offender's therapist, and the sentencing court.
- (18) If the victim was under the age of 18, a prohibition on contact with a child under the age of 18 except as provided in this paragraph. The court may approve supervised contact with a child under the age of 18 if the approval is based upon a recommendation for contact issued by a qualified practitioner who is basing the recommendation on a risk assessment. Further, the sex offender must be currently enrolled in or have successfully completed a sex offender therapy program. The court may not grant supervised contact with a child if the contact is not recommended by a qualified practitioner and may deny supervised contact with a child at any time.
- (19) If the victim was under age 18, a prohibition on working for pay or as a volunteer at any place where children regularly congregate, including, but not limited to any school, day care center, park, playground, pet store, library, zoo, theme park, or mall.
- (20) Unless otherwise indicated in the treatment plan provided by the sexual offender treatment program, a prohibition on viewing, accessing, owning, or possessing any obscene, pornographic, or sexually stimulating visual or auditory material, including telephone, electronic media, computer programs, or computer services that are relevant to the offender's deviant behavior pattern.
- (21) A requirement that the offender submit two specimens of blood or other approved biological specimens to the Florida Department of Law Enforcement to be registered with the DNA data bank.
- (22) A requirement that the offender make restitution to the victim, as ordered by the court under s. 775.089, for all necessary medical and related professional services relating to physical, psychiatric, and psychological care.
- (23) Submission to a warrantless search by the community control or probation officer of the offender's person, residence, or vehicle.

**EFFECTIVE FOR PROBATIONER OR COMMUNITY CONTROLLEE WHOSE CRIME WAS COMMITTED ON OR AFTER OCTOBER 1, 1997, AND WHO IS PLACED ON COMMUNITY CONTROL OR SEX OFFENDER PROBATION FOR A VIOLATION OF CHAPTER 794, s. 800.04, s. 827.071, or s. 847.0145, IN ADDITION TO ANY OTHER PROVISION OF THIS SECTION, YOU MUST COMPLY WITH THE FOLLOWING CONDITIONS OF SUPERVISION:**

- (24) As part of a treatment program, participation at least annually in polygraph examinations to obtain information necessary for risk management and treatment and to reduce the sex offender's denial mechanisms. A polygraph examination must be conducted by a polygrapher trained specifically in the use of the polygraph for the monitoring of sex offenders, where available, and shall be paid by the sex offender.
- (25) Maintenance of a driving log and a prohibition against driving a motor vehicle alone without the prior approval of the supervising officer.
- (26) A prohibition against obtaining or using a post office box without the prior approval of the supervising officer.
- (27) If there was sexual contact, a submission to, at the offender's expense, an HIV test with the results to be released to the victim and/or the victim's parent or guardian.
- (28) Electronic monitoring when deemed necessary by the probation officer and supervisor, and ordered by the court at the recommendation of the Department of Corrections.
- (29) Effective for an offender whose crime was committed on or after July 1, 2005, and who are placed on supervision for violation of chapter 794, s. 800.04, s. 827.071, or s. 847.0145, a prohibition on accessing the Internet or other computer services until the offender's sex offender treatment program, after a risk assessment is completed, approves and implements a safety plan for the offender's accessing or using the Internet or other computer services.
- (30) Effective for offenders whose crime was committed on or after September 1, 2005, there is hereby imposed, in addition to any other provision in this section, mandatory electronic monitoring as a condition of supervision for those who:
- Are placed on supervision for a violation of chapter 794, s. 800.04(4), (5), or (6), s. 827.071, or s. 847.0145 and the unlawful sexual activity involved a victim 15 years of age or younger and the offender is 18 years of age or older; or
  - Are designated as a sexual predator pursuant to s. 775.21; or
  - Has previously been convicted of a violation of chapter 794, s. 800.04(4), (5), or (6), s. 827.071, or s. 847.0145 and the unlawful sexual activity involved a victim 15 years of age or younger and the offender is 18 years of age or older.

**You are hereby placed on notice that should you violate your probation or community control, and the conditions set forth in s. 948.063(1) or (2) are satisfied, whether your probation or community control is revoked or not revoked, you shall be placed on electronic monitoring in accordance with F.S. 948.063.**

**YOU ARE HEREBY PLACED ON NOTICE** that the court may at any time rescind or modify any of the conditions of your probation, or may extend the period of probation as authorized by law, or may discharge you from further supervision. If you violate any of the conditions of your probation, you may be arrested and the court may revoke your probation, adjudicate you guilty if adjudication of guilt was withheld, and impose any sentence that it might have imposed before placing you on probation or require you to serve the balance of the sentence.

EFFREY EPSTEIN  
CASE#502008CF009381AXXXMB

**IT IS FURTHER ORDERED** that when you have been instructed as to the conditions of probation, you shall be released from custody if you are in custody, and if you are at liberty on bond, the sureties thereon shall stand discharged from liability. (This paragraph applies only if section 1 or section 2 is checked.)

**IT IS FURTHER ORDERED** that the clerk of this court file this order in the clerk's office and provide certified copies of same to the officer for use in compliance with the requirements of law.

DONE AND ORDERED, on July 18, 2008

NUNC PRO TUNC 06-30-2008

  
Sandra K. McSorley, Circuit Judge

---

I acknowledge receipt of a copy of this order and that the conditions have been explained to me and I agree to abide by them.

Date: \_\_\_\_\_

\_\_\_\_\_  
Defendant

Instructed by: \_\_\_\_\_  
Supervising Officer

ep/07-02-08

**COURT ORDERED PAYMENTS**

**CHECK ALL THAT ARE ORDERED:**

**FINES**

- \$ \_\_\_\_\_ Total of fines assessed in sentence, pursuant to s. 775.083 (1)(a) through (g) or Chapter 316, F.S.
- \$ \_\_\_\_\_ Statutorily mandated 5% surcharge/cost if fine assessed (on first line) pursuant to s. 938.04, F.S.
- \$ 20.00 Crime Stoppers Trust Fund pursuant to s. 938.06(1), F.S. Statutorily mandated if a fine is imposed

**MANDATORY COSTS IN ALL CASES**

- \$ 200.00 Additional court cost for felony offense, pursuant to s. 938.05(1)(a), F.S.
- \$ 50.00 Additional court cost for misdemeanor or criminal traffic offense, pursuant to s. 938.05(1)(b) or (c), F.S.
- \$ 50.00 Crimes Compensation Trust Fund pursuant to s. 938.03(1), F.S.
- \$ 50.00 County Crime Prevention Fund pursuant to s. 775.083(2), F.S.
- \$ 3.00 Additional Court Costs Clearing Trust Fund pursuant to s. 938.01(1), F.S.
- \$ 2.00 Per month for each month of supervision for Training Trust Fund Surcharge, pursuant to s. 948.09, F.S.

**MANDATORY COSTS IN SPECIFIC TYPES OF CASES**

- \$ 151.00 Rape Crisis Program Trust Fund, pursuant to s. 938.085, F.S. for any violations of ss. 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, or 794.011, F.S.
- \$ 201.00 Domestic Violence Trust Fund, pursuant to s. 938.08, F.S. for any violations of ss. 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, 794.011, or any offense of Domestic Violence described in s. 741.28, F.S.
- \$ 101.00 Certain Crimes Against Minors, pursuant to s. 938.10(1), F.S. for any violations of s. 784.085, chapter 787, chapter 794, s. 796.03, s. 800.04, chapter 827, s. 847.0145, or s. 985.701, F.S.
- \$ 135.00 DUI Court Costs, pursuant to s. 938.07, F.S. for any violations of ss. 316.193 or 327.35, F.S.
- \$ 3.00 State Agency Law Enforcement Radio System Trust Fund, pursuant to s. 318.18(17), F.S. for any violations of offenses listed in s. 318.17 including ss. 316.1935, 316.027, 316.061, 877.111, chapter 893, ss. 316.193, 316.192, 316.067, 316.072(3), 316.545(1), or any other offense in chapter 316 which is classified as a criminal violation.

**MANDATORY COURT COSTS AUTHORIZED BY LOCAL GOVERNMENTAL ENTITIES**

- \$ 2.00 Criminal Justice Education by Municipalities and Counties, pursuant to s. 938.15, F.S.
- \$ 65.00 Additional court costs for local requirements and other county funded programs pursuant to s. 939.185(1)(a), F.S.
- \$ 3.00 Teen Court pursuant to s. 938.19(2), F.S.

**DISCRETIONARY**

- \$ 1.00 Per month during the term of supervision to the following **nonprofit organization** established for the sole purpose of supplementing the rehabilitative efforts of the Department of Corrections, pursuant to s. 948.039(2), F.S.: \_\_\_\_\_
- \$ 40.00 Public Defender Application Fee, if not previously collected or waived, pursuant to s. 27.52 and s. 938.29, F.S.
- \$ \_\_\_\_\_ Public Defender Fees and Costs, pursuant to s. 938.29, F.S. as determined locally.
- \$ 50.00 Prosecution/Investigative Costs, pursuant to s. 938.27, F.S.

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**DISCRETIONARY COSTS FOR SPECIFIC TYPES OF CASES**

- \$ 50.00 County Alcohol and Other Drug Abuse Trust Fund, pursuant to s. 938.21 and s. 938.23, F.S. for violations of s. 316.193, s.856.011, s. 856.015, or chapter 562, chapter 567, or chapter 568, F.S.
- \$ 100.00 Operating Trust Fund of the FDLE, pursuant to s. 938.25, F.S. for violations of s. 893.13 offenses

\* TOTAL \$ 473.00

PAYMENT IS TO BE MADE THROUGH AND PAYABLE TO:  Department of Corrections or  Clerk of Court

If collected by the Department of Corrections, a surcharge of 4% will be added to all payments ordered by the court, pursuant to s. 945.31, F.S.)

- Court Costs/Fines Waived
- Court Costs/Fines in the amount of \_\_\_\_\_ converted to \_\_\_\_\_ community service hours
- Court Costs/Fines in the amount of \_\_\_\_\_ reduced to civil judgment.

SPECIFIC INSTRUCTIONS FOR PAYMENT: \_\_\_\_\_

**TATE OF FLORIDA**  
Plaintiff

IN THE **FIFTEENTH** JUDICIAL  
CIRCUIT COURT, IN AND FOR  
PALM BEACH COUNTY

-VS-

JEFFREY E. EPSTEIN  
Defendant

CASE NUMBER 502008CF009381AXXXMB  
DIVISION MCSORLEY "W"  
DC NUMBER W35755  
CIRCUIT NUMBER: 15-4/ JAIL SPLIT

**ORDER OF COMMUNITY CONTROL I**

This cause coming before the Court to be heard, and you, the defendant, being now present before the court, and you having

- entered a plea of guilty to
- entered a plea of nolo contendere to
- been found guilty by jury verdict of
- been found guilty by the court trying the case without a jury of

Count 1. PROCURE PERSON UNDER AGE OF 18 FOR PROSTITUTION

**SECTION 1: JUDGMENT OF GUILT**

- The court hereby adjudges you to be guilty of the above offense(s).

Now, therefore, it is ordered and adjudged that the imposition of sentence is hereby withheld and that you be placed on Probation I for a period of \_\_\_\_ under the supervision of the Department of Corrections, subject to Florida law.

**SECTION 2: ORDER WITHHOLDING ADJUDICATION**

- Now, therefore, it is ordered and adjudged that the adjudication of guilt is hereby withheld and that you be placed on Probation for a period of \_\_\_\_ under the supervision of the Department of Corrections, subject to Florida law.

**SECTION 3: INCARCERATION DURING PORTION OF SUPERVISION SENTENCE**

It is hereby ordered and adjudged that you be:

- committed to the Department of Corrections
- or
- confined in the County Jail for a term of \_\_\_\_ with credit for \_\_\_\_ jail time. After you have served \_\_\_\_ of the term, you shall be placed on **Probation** for a period of \_\_\_\_ under the supervision of the Department of Corrections, subject to Florida law.
- or
- confined in the County Jail for a term of SIX (6) MONTHS AS TO COUNT 1 FOLLOWED BY TWELVE (12) MONTHS COMMUNITY CONTROL I CONSECUTIVE TO THE (12) MONTH SENTENCE IN CASE# 2008CF00945AAMB with credit for ONE (1) DAY jail time, as a special condition of supervision.

IT IS FURTHER ORDERED that you shall comply with the following standard conditions of supervision as provided by Florida law:

- (1) You will report to the probation office as directed. Not later than the fifth day of each month, unless otherwise directed, you will make a full and truthful report to your officer on the form provided for that purpose.
- (2) You will pay the State of Florida the amount of \$50.00 per month, as well as 4% surcharge, toward the cost of your supervision in accordance with s. 948.09, F.S., unless otherwise exempted in compliance with Florida Statutes.
- (3) You will remain in a specified place. You will not change your residence or employment or leave the county of your residence without first procuring the consent of your officer.
- (4) You will not possess, carry or own any firearm or weapon, unless authorized by the court.
- (5) You will live without violating the law. A conviction in a court of law shall not be necessary for such a violation to constitute a violation of your probation/community control.
- (6) You will not associate with any person engaged in any criminal activity.
- (7) You will not use intoxicants to excess or possess any drugs or narcotics unless prescribed by a physician. Nor will you visit places where intoxicants, drugs or other dangerous substances are unlawfully sold, dispensed or used.
- (8) You will work diligently at a lawful occupation, advise your employer of your probation status, and support any dependents to the best of your ability, as directed by your officer.
- (9) You will promptly and truthfully answer all inquiries directed to you by the court or the officer, and allow your officer to visit in your home, at your employment site or elsewhere, and you will comply with all instructions your officer may give you.
- (10) You will pay restitution, court costs, and/or fees in accordance with special conditions imposed or in accordance with the attached orders.
- (11) You will submit to random testing as directed by your officer or the professional staff of the treatment center where he/she is receiving treatment to determine the presence of alcohol or illegal drugs. You will be required to pay for the tests unless exempt by the court.
- (12) You will submit two biological specimens, as directed by your officer, for DNA analysis as prescribed in ss. 943.325 and 948.014, F.S.
- (13) You will report in person within 72 hours of your release from incarceration to the probation office in PALM BEACH County, Florida, unless otherwise instructed by the court or department. (This condition applies only if section 3 on the previous page is checked.) Otherwise, you must report immediately to the probation office located at 3444 SOUTH CONGRESS AVENUE, LAKE WORTH, FL 33461.

**SPECIAL CONDITIONS**

- 1. You must undergo a Drug and Alcohol evaluation and, if treatment is deemed necessary, you must successfully complete the treatment, and be responsible for the payment of any costs incurred while receiving said evaluation and treatment, unless waived by the court.  
Additional instructions ordered: \_\_\_\_\_
  
- 2. You will make restitution to the following victim(s), as directed by the court, until the obligation is paid in full:  
NAME: \_\_\_\_\_  
TOTAL AMOUNT: \$ \_\_\_\_\_  
Additional instructions ordered, including specific monthly amount, begin date, due date, or joint & several: \_\_\_\_\_  
  
NAME: \_\_\_\_\_  
TOTAL AMOUNT: \$ \_\_\_\_\_  
Additional instructions ordered, including specific monthly amount, begin date, due date, or joint & several: \_\_\_\_\_

**SPECIAL CONDITIONS - CONTINUED**

- 3. You will enter the Department of Corrections Non-Secure Drug Treatment Program or other residential treatment program/Probation and Restitution Center for a period of successful completion as approved by your officer. You are to remain until you successfully complete said Program and Aftercare. You are to comply with all Rules and Regulations of the Program. You shall be confined in the county jail until placement in said program, and if you are confined in the jail, the Sheriff will transport you to said program.
- 4. You will abstain entirely from the use of alcohol and/or illegal drugs, and you will not associate with anyone who is illegally using drugs or consuming alcohol.
- 5. You will submit to urinalysis testing on a monthly basis to determine the presence of alcohol or illegal drugs. You will be required to pay for the tests unless exempt by the court.
- 6. You will not visit any establishment where the primary business is the sale and dispensing of alcoholic beverages.
- 7. You will successfully complete \_\_\_\_\_ hours of community service at a rate of \_\_\_\_\_, at a work site approved by your officer.  
Additional instructions ordered: \_\_\_\_\_
- 8. You will remain at your residence between 10 p.m. and 6 a.m. due to a curfew imposed, unless otherwise directed by the court.
- 9. You will submit to electronic monitoring, follow the rules of electronic monitoring, and pay \$ \_\_\_\_\_ per month for the cost of the monitoring service, unless otherwise directed by the court.
- 10. You will not associate with \_\_\_\_\_ during the period of supervision.
- 11. You will have no contact (direct or indirect) with the victim or the victim's family during the period of supervision.
- 12. You will have no contact (direct or indirect) with \_\_\_\_\_ during the period of supervision.
- 13. You will maintain full time employment or attend school/vocational school full time or a combination of school/work during the term of your supervision.
- 14. You will make a good faith effort toward completing basic or functional literacy skills or a high school equivalency diploma.
- 15. You will successfully complete the Probation & Restitution Program, abiding by all rules and regulations.

- 16. You will attend Alcoholics Anonymous or Narcotics Anonymous meetings at least monthly, unless otherwise directed by the court.
- 17. You must successfully complete Anger Management, and be responsible for the payment of any costs incurred while receiving said treatment, unless waived. If convicted of a Domestic Violence offense, as defined in s. 741.28, F.S., you must attend and successfully complete a batterer's intervention program, unless otherwise directed by the court.  
Additional instructions ordered: \_\_\_\_\_
- 18. You will attend an HIV/AIDS Awareness Program consisting of a class of not less than two (2) hours or more than four (4) hours in length, the cost for which will be paid by you.
- 19. You shall submit your person, property, place of residence, vehicle or personal effects to a warrantless search at any time, by any probation or community control officer or any law enforcement officer.
- 20. **DEFENDANT MUST REGISTER AS A SEXUAL OFFENDER WITHIN 48 HOURS OF RELEASE**
- 21. **AS A SPECIAL CONDITION OF HIS COMMUNITY CONTROL, THE DEFENDANT IS TO HAVE NO UNSUPERVISED CONTACT WITH MINORS, AND THE SUPERVISING ADULT MUST BE APPROVED BY THE DEPARTMENT OF CORRECTIONS**
- 22. **THE DEFENDANT IS DESIGNATED AS A SEXUAL OFFENDER PURSUANT TO FLORIDA STATUTE 943.05 AND MUST ABIDE BY ALL THE CORRESPONDING REQUIREMENTS OF THE STATUTE, A COPY OF WHICH IS ATTACHED HERETO AND INCORPORATED HEREIN**
- 23. **DEFENDANT MUST PROVIDE A DNA SAMPLE IN COURT AT THE TIME OF THIS PLEA.**
- 24. **SPECIFIED CONTACT WITH THE PAROLE AND PROBATION OFFICER**
- 25. **CONFINEMENT TO AN AGREED-UPON RESIDENCE DURING HOURS AWAY FROM EMPLOYMENT AND PUBLIC SERVICE ACTIVITIES**
- 25. **MANDATORY PUBLIC SERVICE**
- 26. **SUPERVISION BY THE DEPARTMENT OF CORRECTIONS BY MEANS OF AN ELECTRONIC MONITORING DEVICE OR SYSTEM**
- 27. **ELECTRONIC MONITORING 24 HOURS PER DAY**
- 28. **CONFINEMENT TO A DESIGNATED RESIDENCE DURING DESIGNATED HOURS**

**AND, IF PLACED ON DRUG OFFENDER PROBATION, YOU WILL COMPLY WITH THE FOLLOWING CONDITION OF SUPERVISION IN ADDITION TO THE STANDARD CONDITIONS LISTED ABOVE AND ANY OTHER SPECIAL CONDITIONS ORDERED BY THE COURT:**

- (14) You will participate in a specialized drug treatment program, either as an in-patient or out patient, as recommended by the treatment provider. You will attend all counseling sessions, submit to random urinalysis and, if an in-patient, you will comply with all operating rules, regulations and procedures of the treatment facility. You will pay for all costs associated with treatment and testing unless otherwise directed.  
Additional instructions ordered: \_\_\_\_\_
- (15) You will remain at your residence between \_\_\_\_\_ p.m. and \_\_\_\_\_ a.m. due to a curfew imposed, unless otherwise directed by the court.

**AND, IF PLACED ON COMMUNITY CONTROL, YOU WILL COMPLY WITH THE FOLLOWING CONDITIONS, IN ADDITION TO THE STANDARD CONDITIONS LISTED ABOVE AND ANY OTHER SPECIAL CONDITIONS ORDERED BY THE COURT:**

- (14) You will report to your officer as directed, at least one time a week, unless you have written consent otherwise.
- (15) You will remain confined to your approved residence except for one half hour before and after your approved employment, public service work, or any other special activities approved by your officer.
- (16) You will maintain an hourly accounting of all your activities on a daily log, which you will submit to your officer on request.
- (17) You will successfully complete \_\_\_ hours of community service at a rate of \_\_\_\_, at a work site approved by your officer.  
Additional instructions ordered: \_\_\_\_\_
- (18) You will submit to electronic monitoring, follow the rules of electronic monitoring, and pay \$\_\_\_\_\_ per month for the cost of the monitoring service, unless otherwise directed by the court.

**AND, IF PLACED ON PROBATION OR COMMUNITY CONTROL FOR A SEX OFFENSE PROVIDED IN CHAPTER 794, s. 800.04, s. 827.071, or s. 847.0145, COMMITTED ON OR AFTER OCTOBER 1, 1995 YOU WILL COMPLY WITH THE FOLLOWING STANDARD SEX OFFENDER CONDITIONS, IN ADDITION TO THE STANDARD CONDITIONS LISTED ABOVE AND ANY OTHER SPECIAL CONDITIONS ORDERED BY THE COURT:**

- (14) A mandatory curfew from 10 p.m. to 6 a.m. The court may designate another 8-hour period if the offender's employment precludes the above specified time, and the alternative is recommended by the Department of Corrections. If the court determines that imposing a curfew would endanger the victim, the court may consider alternative sanctions.
- (15) If the victim was under the age of 18, a prohibition on living within 1,000 feet of a school, day care center, park, playground, or other place where children regularly congregate, as prescribed by the court. The 1,000-foot distance shall be measured in a straight line from the offender's place of residence to the nearest boundary line of the school, day care center, park, playground, or other place where children congregate. The distance may not be measured by a pedestrian route or automobile route.
- (16) Active participation in and successful completion of a sex offender treatment program with qualified practitioners specifically trained to treat sex offenders, at the offender's own expense. If a qualified practitioner is not available within a 50-mile radius of the offender's residence, the offender shall participate in other appropriate therapy.
- (17) A prohibition on any contact with the victim, directly or indirectly, including through a third person, unless approved by the victim, the offender's therapist, and the sentencing court.
- (18) If the victim was under the age of 18, a prohibition on contact with a child under the age of 18 except as provided in this paragraph. The court may approve supervised contact with a child under the age of 18 if the approval is based upon a recommendation for contact issued by a qualified practitioner who is basing the recommendation on a risk assessment. Further, the sex offender must be currently enrolled in or have successfully completed a sex offender therapy program. The court may not grant supervised contact with a child if the contact is not recommended by a qualified practitioner and may deny supervised contact with a child at any time.
- (19) If the victim was under age 18, a prohibition on working for pay or as a volunteer at any place where children regularly congregate, including, but not limited to any school, day care center, park, playground, pet store, library, zoo, theme park, or mall.
- (20) Unless otherwise indicated in the treatment plan provided by the sexual offender treatment program, a prohibition on viewing, accessing, owning, or possessing any obscene, pornographic, or sexually stimulating visual or auditory material, including telephone, electronic media, computer programs, or computer services that are relevant to the offender's deviant behavior pattern.
- (21) A requirement that the offender submit two specimens of blood or other approved biological specimens to the Florida Department of Law Enforcement to be registered with the DNA data bank.
- (22) A requirement that the offender make restitution to the victim, as ordered by the court under s. 775.089, for all necessary medical and related professional services relating to physical, psychiatric, and psychological care.
- (23) Submission to a warrantless search by the community control or probation officer of the offender's person, residence, or vehicle.

**EFFECTIVE FOR PROBATIONER OR COMMUNITY CONTROLLEE WHOSE CRIME WAS COMMITTED ON OR AFTER OCTOBER 1, 1997, AND WHO IS PLACED ON COMMUNITY CONTROL OR SEX OFFENDER PROBATION FOR A VIOLATION OF CHAPTER 794, s. 800.04, s. 827.071, or s. 847.0145, IN ADDITION TO ANY OTHER PROVISION OF THIS SECTION, YOU MUST COMPLY WITH THE FOLLOWING CONDITIONS OF SUPERVISION:**

- (24) As part of a treatment program, participation at least annually in polygraph examinations to obtain information necessary for risk management and treatment and to reduce the sex offender's denial mechanisms. A polygraph examination must be conducted by a polygrapher trained specifically in the use of the polygraph for the monitoring of sex offenders, where available, and shall be paid by the sex offender.
- (25) Maintenance of a driving log and a prohibition against driving a motor vehicle alone without the prior approval of the supervising officer.
- (26) A prohibition against obtaining or using a post office box without the prior approval of the supervising officer.
- (27) If there was sexual contact, a submission to, at the offender's expense, an HIV test with the results to be released to the victim and/or the victim's parent or guardian.
- (28) Electronic monitoring when deemed necessary by the probation officer and supervisor, and ordered by the court at the recommendation of the Department of Corrections.
- (29) **Effective for an offender whose crime was committed on or after July 1, 2005, and who are placed on supervision for violation of chapter 794, s. 800.04, s. 827.071, or s. 847.0145, a prohibition on accessing the Internet or other computer services until the offender's sex offender treatment program, after a risk assessment is completed, approves and implements a safety plan for the offender's accessing or using the Internet or other computer services.**
- (30) **Effective for offenders whose crime was committed on or after September 1, 2005, there is hereby imposed, in addition to any other provision in this section, mandatory electronic monitoring as a condition of supervision for those who:**
- Are placed on supervision for a violation of chapter 794, s. 800.04(4), (5), or (6), s. 827.071, or s. 847.0145 and the unlawful sexual activity involved a victim 15 years of age or younger and the offender is 18 years of age or older; or
  - Are designated as a sexual predator pursuant to s. 775.21; or
  - Has previously been convicted of a violation of chapter 794, s. 800.04(4), (5), or (6), s. 827.071, or s. 847.0145 and the unlawful sexual activity involved a victim 15 years of age or younger and the offender is 18 years of age or older.

**You are hereby placed on notice that should you violate your probation or community control, and the conditions set forth in s. 948.063(1) or (2) are satisfied, whether your probation or community control is revoked or not revoked, you shall be placed on electronic monitoring in accordance with F.S. 948.063.**

**YOU ARE HEREBY PLACED ON NOTICE** that the court may at any time rescind or modify any of the conditions of your probation, or may extend the period of probation as authorized by law, or may discharge you from further supervision. If you violate any of the conditions of your probation, you may be arrested and the court may revoke your probation, adjudicate you guilty if adjudication of guilt was withheld, and impose any sentence that it might have imposed before placing you on probation or require you to serve the balance of the sentence.

EFFREY EPSTEIN  
ASE#502008CF009381AXXXMB

**IT IS FURTHER ORDERED** that when you have been instructed as to the conditions of probation, you shall be released from custody if you are in custody, and if you are at liberty on bond, the sureties thereon shall stand discharged from liability. (This paragraph applies only if section 1 or section 2 is checked.)

**IT IS FURTHER ORDERED** that the clerk of this court file this order in the clerk's office and provide certified copies of same to the officer for use in compliance with the requirements of law.

**DONE AND ORDERED**, on \_\_\_\_\_

**NUNC PRO TUNC** 06-30-2008

\_\_\_\_\_  
Sandra K. McSorley, Circuit Judge

\_\_\_\_\_  
I acknowledge receipt of a copy of this order and that the conditions have been explained to me and I agree to abide by them.

Date: \_\_\_\_\_

\_\_\_\_\_  
Defendant

Instructed by: \_\_\_\_\_  
Supervising Officer

ep/07-02-08

**COURT ORDERED PAYMENTS**

**CHECK ALL THAT ARE ORDERED:**

**FINES**

- \$ \_\_\_\_\_ Total of fines assessed in sentence, pursuant to s. 775.083 (1)(a) through (g) or Chapter 316, F.S.
- \$ \_\_\_\_\_ Statutorily mandated 5% surcharge/cost if fine assessed (on first line) pursuant to s. 938.04, F.S.
- \$ 20.00 Crime Stoppers Trust Fund pursuant to s. 938.06(1), F.S. Statutorily mandated if a fine is imposed

**MANDATORY COSTS IN ALL CASES**

- \$200.00 Additional court cost for felony offense, pursuant to s. 938.05(1)(a), F.S.
- \$ 50.00 Additional court cost for misdemeanor or criminal traffic offense, pursuant to s. 938.05(1)(b) or (c), F.S.
- \$ 50.00 Crimes Compensation Trust Fund pursuant to s. 938.03(1), F.S.
- \$ 50.00 County Crime Prevention Fund pursuant to s. 775.083(2), F.S.
- \$ 3.00 Additional Court Costs Clearing Trust Fund pursuant to s. 938.01(1), F.S.
- \$ 2.00 Per month for each month of supervision for Training Trust Fund Surcharge, pursuant to s. 948.09, F.S.

**MANDATORY COSTS IN SPECIFIC TYPES OF CASES**

- \$151.00 Rape Crisis Program Trust Fund, pursuant to s. 938.085, F.S. for any violations of ss. 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, or 794.011, F.S.
- \$201.00 Domestic Violence Trust Fund, pursuant to s. 938.08, F.S. for any violations of ss. 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, 794.011, or any offense of Domestic Violence described in s. 741.28, F.S.
- \$101.00 Certain Crimes Against Minors, pursuant to s. 938.10(1), F.S. for any violations of s. 784.085, chapter 787, chapter 794, s. 796.03, s. 800.04, chapter 827, s. 847.0145, or s. 985.701, F.S.
- \$135.00 DUI Court Costs, pursuant to s. 938.07, F.S. for any violations of ss. 316.193 or 327.35, F.S.
- \$ 3.00 State Agency Law Enforcement Radio System Trust Fund, pursuant to s. 318.18(17), F.S. for any violations of offenses listed in s. 318.17 including ss. 316.1935, 316.027, 316.061, 877.111, chapter 893, ss. 316.193, 316.192, 316.067, 316.072(3), 316.545(1), or any other offense in chapter 316 which is classified as a criminal violation.

**MANDATORY COURT COSTS AUTHORIZED BY LOCAL GOVERNMENTAL ENTITIES**

- \$ 2.00 Criminal Justice Education by Municipalities and Counties, pursuant to s. 938.15, F.S.
- \$65.00 Additional court costs for local requirements and other county funded programs pursuant to s. 939.185(1)(a), F.S.
- \$ 3.00 Teen Court pursuant to s. 938.19(2), F.S.

**DISCRETIONARY**

- \$ 1.00 Per month during the term of supervision to the following nonprofit organization established for the sole purpose of supplementing the rehabilitative efforts of the Department of Corrections, pursuant to s. 948.039(2), F.S.: \_\_\_\_\_
- \$40.00 Public Defender Application Fee, if not previously collected or waived, pursuant to s. 27.52 and s. 938.29, F.S.
- \$ \_\_\_\_\_ Public Defender Fees and Costs, pursuant to s. 938.29, F.S. as determined locally.
- \$50.00 Prosecution/Investigative Costs, pursuant to s. 938.27, F.S.

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**DISCRETIONARY COSTS FOR SPECIFIC TYPES OF CASES**

- \$50.00 County Alcohol and Other Drug Abuse Trust Fund, pursuant to s. 938.21 and s. 938.23, F.S. for violations of s. 316.193, s.856.011, s. 856.015, or chapter 562, chapter 567, or chapter 568, F.S.
- \$100.00 Operating Trust Fund of the FDLE, pursuant to s. 938.25, F.S. for violations of s. 893.13 offenses

\* TOTAL \$ 473.00

PAYMENT IS TO BE MADE THROUGH AND PAYABLE TO:  Department of Corrections or  Clerk of Court

(If collected by the Department of Corrections, a surcharge of 4% will be added to all payments ordered by the court, pursuant to s. 945.31, F.S.)

- Court Costs/Fines Waived
- Court Costs/Fines in the amount of \_\_\_\_\_ converted to \_\_\_\_\_ community service hours
- Court Costs/Fines in the amount of \_\_\_\_\_ reduced to civil judgment.

SPECIFIC INSTRUCTIONS FOR PAYMENT: \_\_\_\_\_

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT,  
IN AND FOR PALM BEACH COUNTY, FLORIDA

**SENTENCE**

(As to Count(s) 1)

Defendant Jeffrey Epstein

Case Number 2008CF 9381AXX

OBTS Number \_\_\_\_\_

The Defendant, being personally before this Court, accompanied by the defendant's attorney of record, J. Goldberg, and having been adjudicated guilty herein, and the Court having given the Defendant an opportunity to be heard and to offer matters in mitigation of sentence, and to show cause why defendant should not be sentenced as provided by law, and no cause being shown,

IT IS THE SENTENCE OF THE COURT that:

The Defendant pay a fine of \$ \_\_\_\_\_ pursuant to § \_\_\_\_\_, Florida Statutes, plus all costs and additional charges as outlined in the Order assessing additional charges, costs and fines as set forth in a separate order entered herein

The Defendant is hereby committed to the custody of the  
 Department of Corrections  
 Sheriff of Palm Beach County, Florida  
 Department of Corrections as a youthful offender

for a term of 60 days. It is further ordered that the Defendant shall be allowed a total of 1 days as credit for time incarcerated prior to imposition of this sentence. It is further ordered that the composite term of all sentences imposed for the counts specified in the order shall run

consecutive to  concurrent with (check one) the following:  
 Any active sentence being served.  
 Specific sentences: 2006CF 9454AXX

In the event the above sentence is to the Department of Corrections, the Sheriff of Palm Beach County, Florida is hereby ordered and directed to deliver the Defendant to the Department of Corrections together with a copy of the Judgment and Sentence, and any other documents specified by Florida Statute. Additionally, pursuant to §947.16(4), Florida Statutes, the Court retains jurisdiction over the Defendant.

Pursuant to §§322.055, 322.056, 322.26, 322.274, Fla. Stat., the Department of Highway Safety and Motor Vehicles is directed to revoke the Defendant's privilege to drive. The Clerk of the Court is Ordered to report the conviction and revocation to the Department of Highway Safety and Motor Vehicles.

The defendant in Open Court was advised of the right to appeal from this Sentence by filing notice of appeal within 30 days from this date with the Clerk of the Court. The Defendant was also advised of the right to the assistance of counsel in taking said appeal at the expense of the State upon showing of indigency.

DONE AND ORDERED in Open Court at West Palm Beach, Palm Beach County, Florida this 30 day of JUNE, 2008

Debra D. Smith  
CIRCUIT COURT JUDGE

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT,  
IN AND FOR PALM BEACH COUNTY, FLORIDA

**SENTENCE (continued)**

(As to Count(s) 1)

Defendant

Jeffrey Epstein

Case Number

2008CF9381A XY

**SUSPENDED AND/OR SPLIT SENTENCES**

By appropriate notation, the following provisions apply to the sentence imposed:

- Said SENTENCE SUSPENDED for a period of \_\_\_\_\_ subject to conditions set forth in a separate order entered herein.
- However, after serving a period of \_\_\_\_\_ imprisonment the balance of such sentence shall be suspended and the Defendant shall be placed on  probation and/or  community control for a period of under supervision of the Department of Corrections according to the terms and conditions of probation and/or community control as set forth in a separate order entered herein.
- Followed by a period of 12 MOS on  probation and/or  community control under the supervision of the Department of Corrections according to the terms and conditions of probation and/or community control as set forth in a separate order entered herein.

DONE AND ORDERED in Open Court at West Palm Beach, Palm Beach County, Florida this 30 day of JUNE, 2008.

Debra Dale Smith  
CIRCUIT COURT JUDGE

IN THE CRIMINAL DIVISION OF THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT OF FLORIDA, IN AND FOR PALM BEACH COUNTY

CASE NO. OR-CF-9381-AMB DIV. W

OBTS NUMBER \_\_\_\_\_

STATE OF FLORIDA  COMMUNITY CONTROL VIOLATOR

v. Jeffrey G. Epstein  PROBATION VIOLATOR  
DEFENDANT

1/20/53 W M \_\_\_\_\_  
DATE OF BIRTH RACE GENDER SOCIAL SECURITY NUMBER

**JUDGMENT**

The above Defendant, being personally before this Court represented by J. Goldberg (attorney)

<input type="checkbox"/> Having been tried and found guilty of the following crime(s):	<input checked="" type="checkbox"/> Having entered a plea of guilty to the following crime(s):	<input type="checkbox"/> Having entered a plea of nolo contendere to the following crime(s):
--	--	--

COUNT	CRIME	OFFENSE STATUTE NUMBER(S)	DEGREE
<u>1</u>	<u>Procuring Person Under 18 for Prostitution</u>	<u>796.03</u>	<u>2<sup>nd</sup></u>

- and no cause having been shown why the Defendant should not be adjudicated guilty, IT IS ORDERED THAT the Defendant is hereby ADJUDICATED GUILTY of the above crime(s).
- and having been convicted or found guilty of, or having entered a plea of nolo contendere or guilty, regardless of adjudication, to attempts or offenses relating to sexual battery (ch. 794), lewd and lascivious conduct (ch. 800), or murder (s. 782.04), aggravated battery (s. 784.045), burglary (s. 810.02), carjacking (s. 812.133), or home invasion robbery (s. 812.135), or any other offense specified in section 943.325, the defendant shall be required to submit blood specimens.
- and good cause being shown: IT IS ORDERED THAT ADJUDICATION OF GUILT BE WITHHELD.

SENTENCE STAYED  The Court hereby stays and withholds imposition of sentence as to count(s) and places the Defendant on  Probation and/or  Community Control under the supervision of the Dept. of Corrections (conditions of probation set forth in separate order).

SENTENCE DEFERRED  The Court hereby defers imposition of sentence until \_\_\_\_\_

The Defendant in Open Court was advised of his right to appeal from the Judgment by filing notice of appeal with the Clerk of Court within thirty days following the date sentence is imposed or probation is ordered pursuant to this adjudication. The defendant was also advised of his right to the assistance of counsel in taking said appeal at the expense of the State upon showing of indigency.

DONE AND ORDERED in Open Court at Palm Beach County, Florida, this 30 day of June, 2008

Robert Dale Smith  
CIRCUIT COURT JUDGE

DATE: 6/30/08

CASE NO. 2008009831HY

NAME: Te Berry Epstein

TERM OF Prob / Sex Off / Drug Off Prob / C.C. I / C.C. II: 12 mos / yrs as to Cts. 1  
 conc w/  consec. w/

Probation transferred to:

SPECIAL CONDITIONS:

- Complete Originally Ordered Conditions
- Curfew: \_\_\_\_\_ p.m., with the following exception: \_\_\_\_\_
- Deft. to report to Prob. Dept. immediately upon release
- Deft. not to have in care, custody, or control any unlawful or illegal material, subst., device, or object.
- Deft. to immediately notify Prob. Officer if place of residence or job changes.
- Restitution CRO filed
- Subject to all ordinary and special conditions of Probation
- Substance Abuse Eval. / Psychological Eval. / Psychosexual Eval. within / by: \_\_\_\_\_  
and deft. to successfully complete recommended treatment
- Random Drug/Alcohol Testing  At Deft's Expense  Costs Waived
- No Consumption/Possession of Alcohol or Drugs or Intoxicants without a Prescription.
- Attend \_\_\_\_\_ AA and/or NA Meetings per Week.
- Deft. not to frequent any place of business whose primary purpose is the sale of alcohol.
- Complete \_\_\_\_\_ Hrs. of Community Service to be done at the rate of \_\_\_\_\_ Hrs. per Wk / Mo. (Min.)
- License Revoked / Suspended for \_\_\_\_\_ mos / yrs
- Attend and successfully complete DUI school and 1 session of Victim Impact Panel
- No Contact / No Violent Contact / No Direct or Indirect contact w/Victim(s) or others listed: \_\_\_\_\_
- No Contact w/Minor Children w/o Adult Supervision aware of this case and the disposition.
- Cost of Supervision: \$ \_\_\_\_\_ per month  Waived by Court. \_\_\_\_\_
- Enter and Successfully Complete DOC Non-Secure Bed Program and Any Recommended Aftercare.
- Hold in Custody, release only to DOC Non-Secure Bed Program Officer.
- Enter and Successfully Complete PBSO Long / Short Track Drug Farm and Any Rec. Aftercare.
- Forfeit Weapon / Money seized at the time of arrest to: \_\_\_\_\_
- Enter and Complete:  Anger Management Program  Batterers Intervention Program  
 Theft Abatement Program: \_\_\_\_\_  Other: \_\_\_\_\_
- Defendant may apply for Early Termination after \_\_\_\_\_, provided all conds. are satisfied.
- Serve \_\_\_\_\_ days / months in PBCJ, with credit for \_\_\_\_\_ days / months.

See All Attached Documents

Deft must register as a Sex Offender

w/ + N 48 hours of Release

W35755

Amended

DATE: 6/30/08 13-7 W35755

CASE NO. 2008CF9381AXY

NAME: Jeffrey Epstein

RM OF Prob / Sex Off / Drug Off Prob / C.C. I / C.C. II: 12 mos / yrs as to Cts. 1

Probation transferred to:

SPECIAL CONDITIONS:

- Complete Originally Ordered Conditions
- Curfew: \_\_\_\_\_ p.m., with the following exception: \_\_\_\_\_
- Deft. to report to Prob. Dept. immediately upon release
- Deft. not to have in care, custody, or control any unlawful or illegal material, subst., device, or object.
- Deft. to immediately notify Prob. Officer if place of residence or job changes.
- Restitution CRO filed
- Subject to all ordinary and special conditions of Probation

- Substance Abuse Eval. / Psychological Eval. / Psychosexual Eval. within / by: \_\_\_\_\_ and deft. to successfully complete recommended treatment
- Random Drug/Alcohol Testing  At Deft's Expense  Costs Waived
- No Consumption/Possession of Alcohol or Drugs or Intoxicants without a Prescription.
- Attend \_\_\_\_\_ AA and/or NA Meetings per Week.
- Deft. not to frequent any place of business whose primary purpose is the sale of alcohol.

- Complete \_\_\_\_\_ Hrs. of Community Service to be done at the rate of \_\_\_\_\_ Hrs. per Wk / Mo. (Min.)
- License Revoked / Suspended for \_\_\_\_\_ mos / yrs
- Attend and successfully complete DUI school and 1 session of Victim Impact Panel
- No Contact / No Violent Contact / No Direct or Indirect contact w/Victim(s) or others listed:

- No Contact w/Minor Children w/o Adult Supervision aware of this case and the disposition.
- Cost of Supervision: \$ \_\_\_\_\_ per month  Waived by Court.
- Enter and Successfully Complete DOC Non-Secure Bed Program and Any Recommended Aftercare.
- Hold in Custody, release only to DOC Non-Secure Bed Program Officer.
- Enter and Successfully Complete PBSO Long / Short Track Drug Farm and Any Rec. Aftercare.
- Forfeit Weapon / Money seized at the time of arrest to:

- Enter and Complete:  Anger Management Program  Batterers Intervention Program
- Theft Abatement Program: \_\_\_\_\_  Other: \_\_\_\_\_
- Defendant may apply for Early Termination after \_\_\_\_\_, provided all conds. are satisfied.
- Serve \_\_\_\_\_ days / months in PBCJ, with credit for \_\_\_\_\_ days / months.

See Attached documents

Deft must Register as a Sexual Offender

W/IN 248 HOURS OF RELEASE

7/1/08

W35755

Amended

DATE: 6/30/08 15-4

CASE NO. 2008CF9381AXY

NAME: Jeffery Epstein

RM OF Prob / Sex Off / Drug Off Prob (C.C. I) / C.C. II: 12 mos / yrs as to Cts. /  
 conc w/  consec. w/

Probation transferred to:

SPECIAL CONDITIONS:

- Complete Originally Ordered Conditions
- Curfew: \_\_\_\_\_ p.m., with the following exception: \_\_\_\_\_
- Deft. to report to Prob. Dept. immediately upon release
- Deft. not to have in care, custody, or control any unlawful or illegal material, subst., device, or object.
- Deft. to immediately notify Prob. Officer if place of residence or job changes.
- Restitution CRO filed
- Subject to all ordinary and special conditions of Probation
- Substance Abuse Eval. / Psychological Eval. / Psychosexual Eval. within / by: \_\_\_\_\_  
 and deft. to successfully complete recommended treatment
- Random Drug/Alcohol Testing  At Deft's Expense  Costs Waived
- No Consumption/Possession of Alcohol or Drugs or Intoxicants without a Prescription.
- Attend \_\_\_\_\_ AA and/or NA Meetings per Week.
- Deft. not to frequent any place of business whose primary purpose is the sale of alcohol.
- Complete \_\_\_\_\_ Hrs. of Community Service to be done at the rate of \_\_\_\_\_ Hrs. per Wk / Mo. (Min.)
- License Revoked / Suspended for \_\_\_\_\_ mos / yrs
- Attend and successfully complete DUI school and 1 session of Victim Impact Panel
- No Contact / No Violent Contact / No Direct or Indirect contact w/Victim(s) or others listed:

- No Contact w/Minor Children w/o Adult Supervision aware of this case and the disposition.
- Cost of Supervision: \$ \_\_\_\_\_ per month  Waived by Court.
- Enter and Successfully Complete DOC Non-Secure Bed Program and Any Recommended Aftercare.
- Hold in Custody, release only to DOC Non-Secure Bed Program Officer.
- Enter and Successfully Complete PBSO Long / Short Track Drug Farm and Any Rec. Aftercare.
- Forfeit Weapon / Money seized at the time of arrest to:
- Enter and Complete:  Anger Management Program  Batterers Intervention Program  
 Theft Abatement Program: \_\_\_\_\_  Other: \_\_\_\_\_
- Defendant may apply for Early Termination after \_\_\_\_\_, provided all conds. are satisfied.
- Serve \_\_\_\_\_ days / months in PBCJ, with credit for \_\_\_\_\_ days / months.

See Attached documents

Deft must Register as a Sexual Offender

W/IN 248 HOURS OF Release.

7/1/08

Amended

DATE: 6/30/08

CASE NO. 2008CF9381AXY

NAME: Jeffrey Easton

TERM OF Prob / Sex Off / Drug Off Prob / C.C. I / C.C. II: 12 mos / yrs as to Cts. 1

Probation transferred to:

SPECIAL CONDITIONS:

- Complete Originally Ordered Conditions
- Curfew: \_\_\_\_\_ p.m., with the following exception: \_\_\_\_\_
- Deft. to report to Prob. Dept. immediately upon release
- Deft. not to have in care, custody, or control any unlawful or illegal material, subst., device, or object.
- Deft. to immediately notify Prob. Officer if place of residence or job changes.
- Restitution CRO filed
- Subject to all ordinary and special conditions of Probation

Substance Abuse Eval. / Psychological Eval. / Psychosexual Eval. within / by: \_\_\_\_\_ and deft. to successfully complete recommended treatment

- Random Drug/Alcohol Testing  At Deft's Expense  Costs Waived
- No Consumption/Possession of Alcohol or Drugs or Intoxicants without a Prescription.
- Attend \_\_\_\_\_ AA and/or NA Meetings per Week.
- Deft. not to frequent any place of business whose primary purpose is the sale of alcohol.

Complete \_\_\_\_\_ Hrs. of Community Service to be done at the rate of \_\_\_\_\_ Hrs. per Wk / Mo. (Min.)

- License Revoked / Suspended for \_\_\_\_\_ mos / yrs
- Attend and successfully complete DUI school and 1 session of Victim Impact Panel

No Contact / No Violent Contact / No Direct or Indirect contact w/Victim(s) or others listed:

- No Contact w/Minor Children w/o Adult Supervision aware of this case and the disposition.
- Cost of Supervision: \$ \_\_\_\_\_ per month  Waived by Court.
- Enter and Successfully Complete DOC Non-Secure Bed Program and Any Recommended Aftercare.
- Hold in Custody, release only to DOC Non-Secure Bed Program Officer.
- Enter and Successfully Complete PBSO Long / Short Track Drug Farm and Any Rec. Aftercare.
- Forfeit Weapon / Money seized at the time of arrest to:

Enter and Complete:  Anger Management Program  Batterers Intervention Program

Theft Abatement Program: \_\_\_\_\_  Other: \_\_\_\_\_

Defendant may apply for Early Termination after \_\_\_\_\_, provided all conds. are satisfied.

Serve \_\_\_\_\_ days / months in PBCJ, with credit for \_\_\_\_\_ days / months.

See Attached documents

Deft must register as a Sexual Offender

W/IN 248 HOURS OF Release



IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT,  
IN AND FOR PALM BEACH COUNTY, FLORIDA

**SENTENCE**

(As to Count(s) 1)

Defendant Jeffrey E. Epstein

Case Number 06-9454-CF AMB

OBTS Number \_\_\_\_\_

The Defendant, being personally before this Court, accompanied by the defendant's attorney of record, J. Goldberger, and having been adjudicated guilty herein, and the Court having given the Defendant an opportunity to be heard and to offer matters in mitigation of sentence, and to show cause why defendant should not be sentenced as provided by law, and no cause being shown,

IT IS THE SENTENCE OF THE COURT that:

The Defendant pay a fine of \$ 0 pursuant to § \_\_\_\_\_, Florida Statutes, plus all costs and additional charges as outlined in the Order assessing additional charges, costs and fines as set forth in a separate order entered herein

The Defendant is hereby committed to the custody of the

- Department of Corrections  
 Sheriff of Palm Beach County, Florida  
 Department of Corrections as a youthful offender

for a term of 12 months. It is further ordered that the Defendant shall be allowed a total of 1 days as credit for time incarcerated prior to imposition of this sentence. It is further ordered that the composite term of all sentences imposed for the counts specified in the order shall run

- consecutive to  concurrent with (check one) the following:  
 Any active sentence being served.  
 Specific sentences: \_\_\_\_\_

In the event the above sentence is to the Department of Corrections, the Sheriff of Palm Beach County, Florida is hereby ordered and directed to deliver the Defendant to the Department of Corrections together with a copy of the Judgment and Sentence, and any other documents specified by Florida Statute. Additionally, pursuant to §947.16(4), Florida Statutes, the Court retains jurisdiction over the Defendant.

Pursuant to §§322.055, 322.056, 322.26, 322.274, Fla. Stat., the Department of Highway Safety and Motor Vehicles is directed to revoke the Defendant's privilege to drive. The Clerk of the Court is Ordered to report the conviction and revocation to the Department of Highway Safety and Motor Vehicles.

The defendant in Open Court was advised of the right to appeal from this Sentence by filing notice of appeal within 10 days from this date with the Clerk of the Court. The Defendant was also advised of the right to the assistance of counsel in taking said appeal at the expense of the State upon showing of indigency.

DONE AND ORDERED in Open Court at West Palm Beach, Palm Beach County, Florida this 30 day of June, 2006.

Rob Daley  
CIRCUIT COURT JUDGE

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT,  
IN AND FOR PALM BEACH COUNTY, FLORIDA

**SENTENCE**

(As to Count(s) 1)

Defendant Jeffrey E. Epstein

Case Number 06-9454-CF AMB

OBTS Number \_\_\_\_\_

The Defendant, being personally before this Court, accompanied by the defendant's attorney of record, J. Goldberger, and having been adjudicated guilty herein, and the Court having given the Defendant an opportunity to be heard and to offer matters in mitigation of sentence, and to show cause why defendant should not be sentenced as provided by law, and no cause being shown,

IT IS THE SENTENCE OF THE COURT that:

The Defendant pay a fine of \$ 0 pursuant to § \_\_\_\_\_, Florida Statutes, plus all costs and additional charges as outlined in the Order assessing additional charges, costs and fines as set forth in a separate order entered herein

The Defendant is hereby committed to the custody of the

- Department of Corrections
- Sheriff of Palm Beach County, Florida
- Department of Corrections as a youthful offender

for a term of 12 months. It is further ordered that the Defendant shall be allowed a total of 1 days as credit for time incarcerated prior to imposition of this sentence. It is further ordered that the composite term of all sentences imposed for the counts specified in the order shall run

- consecutive to  concurrent with (check one) the following:
- Any active sentence being served.
- Specific sentences: \_\_\_\_\_

In the event the above sentence is to the Department of Corrections, the Sheriff of Palm Beach County, Florida is hereby ordered and directed to deliver the Defendant to the Department of Corrections together with a copy of the Judgment and Sentence, and any other documents specified by Florida Statute. Additionally, pursuant to §947.16(4), Florida Statutes, the Court retains jurisdiction over the Defendant.

Pursuant to §§322.055, 322.056, 322.26, 322.274, Fla. Stat., the Department of Highway Safety and Motor Vehicles is directed to revoke the Defendant's privilege to drive. The Clerk of the Court is Ordered to report the conviction and revocation to the Department of Highway Safety and Motor Vehicles.

The defendant in Open Court was advised of the right to appeal from this Sentence by filing notice of appeal within thirty days from this date with the Clerk of the Court. The Defendant was also advised of the right to the assistance of counsel in taking said appeal at the expense of the State upon showing of indigency.

DONE AND ORDERED in Open Court at West Palm Beach, Palm Beach County, Florida this 30 day of

June, 2006

Rick Daley  
CIRCUIT COURT JUDGE

IN THE CRIMINAL DIVISION OF THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT OF FLORIDA, IN AND FOR PALM BEACH COUNTY

CASE NO. 06-CF-9454- AMB DIV. W

OBTS NUMBER \_\_\_\_\_

STATE OF FLORIDA

COMMUNITY CONTROL VIOLATOR

v.

Jeffrey E. Epstein  
DEFENDANT

PROBATION VIOLATOR

1/20/53  
DATE OF BIRTH

W  
RACE

M  
GENDER

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

**JUDGMENT**

The above Defendant, being personally before this Court represented by J. Goldberger (attorney)

<input type="checkbox"/> Having been tried and found guilty of the following crime(s):	<input checked="" type="checkbox"/> Having entered a plea of guilty to the following crime(s):	<input type="checkbox"/> Having entered a plea of nolo contendere to the following crime(s):
--	--	--

COUNT	CRIME	OFFENSE STATUTE NUMBER(S)	DEGREE
<u>1</u>	<u>Felony Solicitation of Prostitution</u>	<u>796.07(2)(f)</u>	<u>30F</u>

and no cause having been shown why the Defendant should not be adjudicated guilty, IT IS ORDERED THAT the Defendant is hereby ADJUDICATED GUILTY of the above crime(s).

and having been convicted or found guilty of, or having entered a plea of nolo contendere or guilty regardless of adjudication, to attempts or offenses relating to sexual battery (ch. 794), lewd and lascivious conduct (ch. 800), or murder (s. 782.04), aggravated battery (s. 784.045), burglary (s. 810.02), carjacking (s. 812.133), or home invasion robbery (s. 812.135), or any other offense specified in section 943.325, the defendant shall be required to submit blood specimens.

and good cause being shown: IT IS ORDERED THAT ADJUDICATION OF GUILT BE WITHHELD.

SENTENCE STAYED  The Court hereby stays and withholds imposition of sentence as to count(s) and places the Defendant on  Probation and/or  Community Control under the supervision of the Dept. of Corrections (conditions of probation set forth in separate order).

SENTENCE DEFERRED  The Court hereby defers imposition of sentence until \_\_\_\_\_

The Defendant in Open Court was advised of his right to appeal from the Judgment by filing notice of appeal with the Clerk of Court within thirty days following the date sentence is imposed or probation is ordered pursuant to this adjudication. The defendant was also advised of his right to the assistance of counsel in taking said appeal at the expense of the State upon showing of indigency.

DONE AND ORDERED in Open Court at Palm Beach County, Florida, this 30 day of June, 2009

Debra Dale Smith

95

IN THE CRIMINAL DIVISION OF THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT OF FLORIDA, IN AND FOR PALM BEACH COUNTY

CASE NO. 06-CF-9454-ADP DIV. W

OBTS NUMBER \_\_\_\_\_

STATE OF FLORIDA  COMMUNITY CONTROL VIOLATOR

v. Jeffrey E. Epstein  PROBATION VIOLATOR

1/20/53 W M  
DATE OF BIRTH RACE GENDER

SOCIAL SECURITY NUMBER

**JUDGMENT**

The above Defendant, being personally before this Court represented by T. Goldberger (attorney)

<input type="checkbox"/> Having been tried and found guilty of the following crime(s):	<input checked="" type="checkbox"/> Having entered a plea of guilty to the following crime(s):	<input type="checkbox"/> Having entered a plea of nolo contendere to the following crime(s):
--	--	--

COUNT	CRIME	OFFENSE STATUTE NUMBER(S)	DEGREE
<u>1</u>	<u>felony Solicitation of Prostitution</u>	<u>796.07(2)(+)</u>	<u>3rd</u>

and no cause having been shown why the Defendant should not be adjudicated guilty, IT IS ORDERED THAT the Defendant is hereby ADJUDICATED GUILTY of the above crime(s).

and having been convicted or found guilty of, or having entered a plea of nolo contendere or guilty, regardless of adjudication, to attempts or offenses relating to sexual battery (ch. 794), lewd and lascivious conduct (ch. 800), or murder (s. 782.04), aggravated battery (s. 784.045), burglary (s. 810.02), carjacking (s. 812.133), or home invasion robbery (s. 812.135), or any other offense specified in section 943.325, the defendant shall be required to submit blood specimens.

and good cause being shown: IT IS ORDERED THAT ADJUDICATION OF GUILT BE WITHHELD.

SENTENCE STAYED  The Court hereby stays and withholds imposition of sentence as to count(s) and places the Defendant on  Probation and/or  Community Control under the supervision of the Dept. of Corrections (conditions of probation set forth in separate order).

SENTENCE DEFERRED  The Court hereby defers imposition of sentence until \_\_\_\_\_

The Defendant in Open Court was advised of his right to appeal from the Judgment by filing notice of appeal with the Clerk of Court within thirty days following the date sentence is imposed or probation is ordered pursuant to this adjudication. The defendant was also advised of his right to the assistance of counsel in taking said appeal at the expense of the State upon showing of indigency.

DONE AND ORDERED in Open Court at Palm Beach County, Florida, this 30 day of June, 2006

Detlev Dale Brink

vs.

Jeffrey Epstein

CASE NUMBER(S): 06-CF009454 AMB  
09-CF009381 AMB

PLEA IN THE CIRCUIT COURT

- 1. DEFENDANT: I am the defendant in the above-mentioned matter(s), and I am represented by the attorney indicated below. I understand I have the right to be represented by an attorney at all stages of the proceeding until the case is terminated, and if I cannot afford an attorney, one will be appointed free of charge. [ / ]
- 2. DEFENDANT: I understand I have the right to a speedy and public trial either by jury or by court. I hereby waive and give up this right. [ / ]
- 3. DEFENDANT: I understand I have the right to be confronted by the witnesses against me and to cross examine them by myself or through my attorney. I hereby give up these rights. [ / ]
- 4. DEFENDANT: I understand I have the right to testify on my own behalf, but I cannot be compelled to be a witness against myself and may remain silent if I so choose. I hereby give up these rights. [ / ]
- 5. DEFENDANT: I understand I have the right to call witnesses to testify in my behalf and to invoke the compulsory process of the Court to subpoena those witnesses. I hereby give up these rights. [ / ]
- 6. DEFENDANT: I understand I have the right to appeal all matters relating to the charge(s) and, unless I plea Guilty or No Contest, specifically reserving my right to appeal, I will give up such right of appeal. [ / ]
- 7. DEFENDANT: I understand that if I am not a United States Citizen, my plea may subject me to deportation pursuant to the laws and regulations governing the United States Immigration and Naturalization Service; and, this Court has no jurisdiction (authority) in such matters. [ / ]
- 8. DEFENDANT: I have not received any promises from anyone, including my attorney, concerning eligibility for any form of early release authorized by law and further no promises have been made to me as to the actual amount of time that I will serve under the sentence to be imposed. Further, I understand that this plea may be used to enhance future criminal penalties in any court system, even if adjudication of guilt is withheld. [ / ]
- 9. DEFENDANT: I offer my plea freely and voluntarily and of my own accord, with full understanding of all matters set forth in the pleadings and this waiver. [ / ]
- 10. DEFENDANT: I have personally placed my initials in each bracket above, and I understand each and every one of the rights outlined above. I hereby waive and give up each of them in order to enter my plea to the within charge(s). I understand that even though the Court may approve the agreement of sentence, the Court is not bound by the agreement, the Court may withdraw its approval at any time before pronouncing judgment, in which case I shall be able to withdraw my plea should I desire to do so.
- 11. DEFENDANT: Choose one:  
If applicable, I choose a program which is or may be spiritually based. [ / ]  
If applicable, I choose a program which is NOT spiritually based. [ X ]  
If applicable, I have no preference if the program is or may be spiritually based. [ / ]

[Signature]  
DEFENDANT

6/30/09  
DATE

DEFENDANT'S ATTORNEY ONLY:

I am attorney of record. I have explained each of the above rights to the defendant and have explored the facts with him/her and studied his/her possible defenses to the charge(s). I concur with his/her decision to waive the rights and to enter this plea. I further stipulate that this document may be received by the Court as evidence of defendant's intelligent waiver of these rights and that it shall be filed by the Clerk as permanent record of that waiver.

[Signature] Jack Goldberger  
ATTORNEY FOR THE DEFENDANT

6/30/09  
DATE

EFFECTIVE JULY 1, 2007

4050  
IN THE COUNTY COURT OF THE FIFTEENTH  
JUDICIAL CIRCUIT, CRIMINAL DIVISION,  
IN AND FOR PALM BEACH COUNTY, FLORIDA.

CASE NO: 2008 CF 9381 AW

STATE OF FLORIDA

vs.  
Defendant: Jane Ann Epstein  
Social Security No.: \_\_\_\_\_  
Date of Birth: 1-20-53

RECORDER'S SPACE

**ORDER ASSESSING ADDITIONAL CHARGES, COSTS AND FINES AND ENTERING JUDGMENT (IF INDICATED)**

The Defendant is hereby ordered to Pay and a judgment is hereby entered on behalf of Palm Beach County, Palm Beach County Administrative Complex, Palm Beach County, Florida 33401 and the State of Florida, Florida Department of Financial Services, Tallahassee, Florida 32399 in the following sums as indicated:

INITIAL  
IF WAIVED

**Fines**

- 1. \$ \_\_\_\_\_ Total of fines assessed in sentence.
- 2. \$ \_\_\_\_\_ (Crimes Compensation Trust Fund) pursuant to Section 938.04, Florida Statutes (statutorily mandated 5% surcharge/cost on any fine entered in line 1).
- 3. \$ \_\_\_\_\_ (Crime Stoppers Trust Fund) \$20.00 pursuant to Section 938.06(1), Florida Statutes (statutorily mandated cost to be added if any fine imposed).
- 4. \$ 50.00 (County Crime Prevention Fund) pursuant to Section 775.083(2), Florida Statutes (statutorily mandated). Strike out if not a negotiated settlement and not imposed by the Court.
- 5. \$ 3.00 (Additional Court Cost Clearing Trust Fund) pursuant to section 938.01(1), Florida Statutes (statutorily mandated).
- 6. \$ 50.00 (Crimes Compensation Trust Fund) pursuant to Section 938.03(1), Florida Statutes (statutorily mandated).
- 7. \$ 2.00 (Criminal Justice Education by Municipalities and Counties) pursuant to Section 938.15, Florida Statutes to be paid to:  
[ ] Palm Beach County, Florida. (statutorily mandated where locally authorized).  
[ ] the City/Town/Village of \_\_\_\_\_, Florida. (Statutorily mandated where locally authorized).
- 8. \$ 200.00 (Additional Court Costs) pursuant to Section 938.05(1), Florida Statutes (statutorily mandated).
- 9. \$ 65.00 (Additional Court Costs for local requirements and other County funded programs) pursuant to Section 939.185(1)(a), Florida Statutes (statutorily mandated where locally authorized).
- 10. \$ 3.00 (Teen Court) pursuant to Section 938.19(2), Florida Statutes (statutorily mandated where locally authorized).
- 11. \$ ~~40.00~~ (Public Defender Application Fee) pursuant to Sections 27.52(2)(a) and 938.29, Florida Statutes (a \$40.00 fee shall be imposed if not previously collected or waived). Strike out if previously paid or represented by private counsel.
- 12. \$ ~~150.00~~ (Public Defender's Fees and Costs) pursuant to Section 938.29, Florida Statutes and Fla. R. Crim. P. 3.720(d)(1) and Local Administrative Order. (Minimum fee of \$150.00 is statutorily mandated following notice of imposition and right to contest amount, additional amount is discretionary). Strike out if represented by private counsel.
- 13. \$ \_\_\_\_\_ (Additional fees and costs of publicly appointed counsel) pursuant to Section 938.29, Florida Statutes and Fla. R. Crim. P. 3.720(d)(1) (notice of imposition and right to contest amount required).
- 14. \$ 50 (County Alcohol and Other Drug Abuse Trust Fund) pursuant to Sections 938.21 and 938.23, Florida Statutes (may be imposed for any criminal violation of s.316.193, s.856.011, s.856.015, or Chapters 562, 567, 568, or 893, but may not exceed the amount of any fine imposed for the offense).
- 15. \$ \_\_\_\_\_ (DUI Court Cost) \$135.00 pursuant to Section 938.07, Florida Statutes for any violation of Sections 316.193 or 327.35 (statutorily mandated).
- 16. \$ \_\_\_\_\_ (Child Advocacy Center) \$101.00 pursuant to Section 938.10, Florida Statutes for any violation of Sections 784.085, 796.03, 800.04, 847.0145, 985.4045, or Chapters 787, 794, or 827, Florida Statutes (statutorily mandated).
- 17. \$ \_\_\_\_\_ (Domestic Violence Surcharge) \$201.00 pursuant to Section 938.08, Florida Statutes for any violation of Sections 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, 794.011, and any offense of Domestic Violence as described in Section 741.28, Florida Statutes (statutorily mandated).
- 18. \$ \_\_\_\_\_ (Rape Crisis Center Trust Fund) \$151.00 pursuant to Section 938.085, Florida Statutes for any violation of Sections 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, or 794.011.
- 19. \$ \_\_\_\_\_ (Operating Trust Fund of the FDLE) \$100.00 pursuant to Section 938.25, Florida Statutes (may be imposed for any criminal violation of s. 893.13 if the court finds defendant has ability to pay and will not be prevented thereby from being rehabilitated or from making restitution).
- 20. \$ 50 (Prosecution/Investigative Costs) The Court having considered the financial resources of the Defendant, the financial needs and ability of the Defendant, and other factors which this Court has deemed appropriate, a sum pursuant to 938.27, Florida Statutes (may be imposed where agency entitled to costs of prosecution requests and documents specific costs).
- 21. \$ \_\_\_\_\_ (State Agency Law Enforcement Radio System Trust Fund) \$3.00 pursuant to Sections 318.18 (17), Florida Statutes (statutorily mandated for violations of: fleeing/eluding; leave scene of crash; DUI; reckless driving; making false crash reports; failure/refusal to comply with lawful order; refusal to weigh vehicle; racing on highway; refusal to submit to breath/blood/urine test).

**Other Charges**

22. \$ \_\_\_\_\_ Other: \_\_\_\_\_  
Total: \$ 473

Payment of charges, costs, and fines are:

- a condition of probation
- to be paid IN FULL TODAY; Defendant to proceed immediately to the Clerk and Comptroller's Office to pay the full amount due. If payment is not made today, then LET EXECUTION ISSUE and this Judgment shall bear interest at the rate prescribed by law until satisfied.
- due immediately; hence, FOR WHICH LET EXECUTION ISSUE. This Judgment shall bear interest at the rate prescribed by law until satisfied.
- due within \_\_\_\_\_ days/months/year and is to be paid through the Clerk and Comptroller's Office pursuant to a COLLECTIONS AGREEMENT established TODAY.
- \$ \_\_\_\_\_ will be paid today to the Clerk and Comptroller's Office as a down payment on the collections agreement. If the Collection Agreement is not established today, then LET EXECUTION ISSUE and this Judgment shall bear interest at the rate prescribed by law until satisfied.
- to be paid by the Defendant performing: (circle one) community service or AA/NA meetings, at a rate of \$ \_\_\_\_\_/per hour/meeting, due within \_\_\_\_\_ days/months/years in lieu of actual payment.

FAILURE TO PAY YOUR FINES AND COURT COSTS WILL RESULT IN YOUR DRIVER'S LICENSE BEING SUSPENDED AND/OR A JUDGMENT BEING ENTERED AGAINST YOU AND/OR YOUR DELINQUENT ACCOUNT BEING REFERRED TO A COLLECTION AGENCY AND/OR A WARRANT BEING ISSUED FOR YOUR ARREST.

DONE AND ORDERED in Open Court in Palm Beach County, Florida.

this 30 day of July, 2008  
Deborah W. Smith

CIRCUIT JUDGE

cc: GOLD: State Attorney

YELLOW: Probation

BLUE: Administrative Office of the Court

PINK: Defense Counsel

GREEN: Defendant

Form Circuit (Rev 7/2007)

Form 004-D

EFTA01625780

EFFECTIVE JULY 1, 2007

4050  
IN THE COUNTY COURT OF THE FIFTEENTH  
JUDICIAL CIRCUIT, CRIMINAL DIVISION,  
IN AND FOR PALM BEACH COUNTY, FLORIDA.

Case NO: 2008 CP 9381

STATE OF FLORIDA

vs.  
Defendant: JACOB P. POOL  
Social Security No.: \_\_\_\_\_  
Date of Birth: 1-20-53

RECORDER'S SPACE

ORDER ASSESSING ADDITIONAL CHARGES, COSTS AND FINES AND ENTERING JUDGMENT (IF INDICATED)

The Defendant is hereby ordered to Pay and a judgment is hereby entered on behalf of Palm Beach County, Palm Beach County Administrative Complex, Palm Beach County, Florida 33401 and the State of Florida, Florida Department of Financial Services, Tallahassee, Florida 32399 in the following sums as indicated:

INITIAL  
IF WAIVED

Fines

- 1. \$ \_\_\_\_\_ Total of fines assessed in sentence.
- 2. \$ \_\_\_\_\_ (Crimes Compensation Trust Fund) pursuant to Section 938.04, Florida Statutes (statutorily mandated 5% surcharge/cost on any fine entered in line 1).
- 3. \$ \_\_\_\_\_ (Crime Stoppers Trust Fund) \$20.00 pursuant to Section 938.06(1), Florida Statutes (statutorily mandated cost to be added if any fine imposed).
- 4. \$ 50.00 Mandatory Costs  
(County Crime Prevention Fund) pursuant to Section 775.083(2), Florida Statutes (statutorily mandated). Strike out if not a negotiated settlement and not imposed by the Court.
- 5. \$ 3.00 (Additional Court Cost Clearing Trust Fund) pursuant to section 938.01(1), Florida Statutes (statutorily mandated).
- 6. \$ 50.00 (Crimes Compensation Trust Fund) pursuant to Section 938.03(1), Florida Statutes (statutorily mandated).
- 7. \$ 2.00 (Criminal Justice Education by Municipalities and Counties) pursuant to Section 938.15, Florida Statutes to be paid to:  
[ ] Palm Beach County, Florida. (statutorily mandated where locally authorized).  
[ ] the City/Town/Village of \_\_\_\_\_, Florida. (Statutorily mandated where locally authorized).
- 8. \$ 200.00 (Additional Court Costs) pursuant to Section 938.05(1), Florida Statutes (statutorily mandated).
- 9. \$ 65.00 (Additional Court Costs for local requirements and other County funded programs) pursuant to Section 939.185(1)(a), Florida Statutes (statutorily mandated where locally authorized).
- 10. \$ 3.00 (Teen Court) pursuant to Section 938.19(2), Florida Statutes (statutorily mandated where locally authorized).
- 11. \$ ~~40.00~~ Discretionary or Specific Offense/Required Costs  
(Public Defender Application Fee) pursuant to Sections 27.52(2)(a) and 938.29, Florida Statutes (a \$40.00 fee shall be imposed if not previously collected or waived). Strike out if previously paid or represented by private counsel.
- 12. \$ ~~150.00~~ (Public Defender's Fees and Costs) pursuant to Section 938.29, Florida Statutes and Fla. R. Crim. P. 3.720(d)(1) and Local Administrative Order. (Minimum fee of \$150.00 is statutorily mandated following notice of imposition and right to contest amount, additional amount is discretionary). Strike out if represented by private counsel.
- 13. \$ \_\_\_\_\_ (Additional fees and costs of publicly appointed counsel) pursuant to Section 938.29, Florida Statutes and Fla. R. Crim. P. 3.720(d)(1) (notice of imposition and right to contest amount required).
- 14. \$ 50 (County Alcohol and Other Drug Abuse Trust Fund) pursuant to Sections 938.21 and 938.23, Florida Statutes (may be imposed for any criminal violation of s.316.193, s.856.011, s.856.015, or Chapters 562, 567, 568, or 893, but may not exceed the amount of any fine imposed for the offense).
- 15. \$ \_\_\_\_\_ (DUI Court Cost) \$135.00 pursuant to Section 938.07, Florida Statutes for any violation of Sections 316.193 or 327.35 (statutorily mandated).
- 16. \$ \_\_\_\_\_ (Child Advocacy Center) \$101.00 pursuant to Section 938.10, Florida Statutes for any violation of Sections 784.085, 796.03, 800.04, 847.0145, 985.4045, or Chapters 787, 794, or 827, Florida Statutes (statutorily mandated).
- 17. \$ \_\_\_\_\_ (Domestic Violence Surcharge) \$201.00 pursuant to Section 938.08, Florida Statutes for any violation of Sections 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, 794.011, and any offense of Domestic Violence as described in Section 741.28, Florida Statutes (statutorily mandated).
- 18. \$ \_\_\_\_\_ (Rape Crisis Center Trust Fund) \$151.00 pursuant to Section 938.085, Florida Statutes for any violation of Sections 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, or 794.011.
- 19. \$ \_\_\_\_\_ (Operating Trust Fund of the FDLE) \$100.00 pursuant to Section 938.25, Florida Statutes (may be imposed for any criminal violation of s. 893.13 if the court finds defendant has ability to pay and will not be prevented thereby from being rehabilitated or from making restitution).
- 20. \$ 500 (Prosecution/Investigative Costs) The Court having considered the financial resources of the Defendant, the financial needs and ability of the Defendant, and other factors which this Court has deemed appropriate, a sum pursuant to 938.27, Florida Statutes (may be imposed where agency entitled to costs of prosecution requests and documents specific costs).
- 21. \$ \_\_\_\_\_ (State Agency Law Enforcement Radio System Trust Fund) \$3.00 pursuant to Sections 318.18 (17), Florida Statutes (statutorily mandated for violations of: fleeing/eluding; leave scene of crash; DUI; reckless driving; making false crash reports; failure/refusal to comply with lawful order; refusal to weigh vehicle; racing on highway; refusal to submit to breath/blood/urine test).

Other Charges

22. \$ \_\_\_\_\_ Other: \_\_\_\_\_

Total: \$ 473

Payment of charges, costs, and fines are:

- a condition of probation
- to be paid IN FULL TODAY; Defendant to proceed immediately to the Clerk and Comptroller's Office to pay the full amount due. If payment is not made today, then LET EXECUTION ISSUE and this Judgment shall bear interest at the rate prescribed by law until satisfied.
- due immediately; hence, FOR WHICH LET EXECUTION ISSUE. This Judgment shall bear interest at the rate prescribed by law until satisfied.
- due within \_\_\_\_\_ days/months/year and is to be paid through the Clerk and Comptroller's Office pursuant to a COLLECTIONS AGREEMENT established TODAY.
- \$ \_\_\_\_\_ will be paid today to the Clerk and Comptroller's Office as a down payment on the collections agreement. If the Collection Agreement is not established today, then LET EXECUTION ISSUE and this Judgment shall bear interest at the rate prescribed by law until satisfied.
- to be paid by the Defendant performing: (circle one) community service or AA/NA meetings, at a rate of \$ \_\_\_\_\_ /per hour/meeting, due within \_\_\_\_\_ days/months/years in lieu of actual payment.

FAILURE TO PAY YOUR FINES AND COURT COSTS WILL RESULT IN YOUR DRIVER'S LICENSE BEING SUSPENDED AND/OR A JUDGMENT BEING ENTERED AGAINST YOU AND/OR YOUR DELINQUENT ACCOUNT BEING REFERRED TO A COLLECTION AGENCY AND/OR A WARRANT BEING ISSUED FOR YOUR ARREST.  
DONE AND ORDERED in Open Court in Palm Beach County, Florida.

this 24th day of July, 2008  
Deborah A. ...

CIRCUIT JUDGE

cc: GOLD: State Attorney

YELLOW: Probation

BLUE: Administrative Office of the Court

PINK: Defense Counsel

GREEN: Defendant

Form Circuit (Rev 7/2007)

Form 004-D

EFTA01625781

EFFECTIVE JULY 1, 2007

4050  
IN THE COUNTY COURT OF THE FIFTEENTH  
JUDICIAL CIRCUIT, CRIMINAL DIVISION,  
IN AND FOR PALM BEACH COUNTY, FLORIDA.

Case NO: 2008 CC 7381

STATE OF FLORIDA

vs.  
Defendant: [Signature]  
Social Security No.: \_\_\_\_\_  
Date of Birth: 1-22-82

RECORDER'S SPACE

**ORDER ASSESSING ADDITIONAL CHARGES, COSTS AND FINES AND ENTERING JUDGMENT (IF INDICATED)**

The Defendant is hereby ordered to pay and a judgment is hereby entered on behalf of Palm Beach County, Palm Beach County Administrative Complex, Palm Beach County, Florida 33401 and the State of Florida, Florida Department of Financial Services, Tallahassee, Florida 32399 in the following sums as indicated:

INITIAL  
IF WAIVED

**Fines**

- 1. \$ \_\_\_\_\_ Total of fines assessed in sentence.
- 2. \$ \_\_\_\_\_ (Crimes Compensation Trust Fund) pursuant to Section 938.04, Florida Statutes (statutorily mandated 5% surcharge/cost on any fine entered in line 1).
- 3. \$ \_\_\_\_\_ (Crime Stoppers Trust Fund) \$20.00 pursuant to Section 938.06(1), Florida Statutes (statutorily mandated cost to be added if any fine imposed).
- 4. \$ 50.00 **Mandatory Costs**  
(County Crime Prevention Fund) pursuant to Section 775.083(2), Florida Statutes (statutorily mandated). Strike out if not a negotiated settlement and not imposed by the Court.
- 5. \$ 3.00 (Additional Court Cost Clearing Trust Fund) pursuant to section 938.01(1), Florida Statutes (statutorily mandated).
- 6. \$ 50.00 (Crimes Compensation Trust Fund) pursuant to Section 938.03(1), Florida Statutes (statutorily mandated).
- 7. \$ 2.00 (Criminal Justice Education by Municipalities and Counties) pursuant to Section 938.15, Florida Statutes to be paid to:  
[ ] Palm Beach County, Florida. (statutorily mandated where locally authorized).  
[ ] the City/Town/Village of \_\_\_\_\_, Florida. (Statutorily mandated where locally authorized).
- 8. \$ 200.00 (Additional Court Costs) pursuant to Section 938.05(1), Florida Statutes (statutorily mandated).
- 9. \$ 65.00 (Additional Court Costs for local requirements and other County funded programs) pursuant to Section 939.185(1)(a), Florida Statutes (statutorily mandated where locally authorized).
- 10. \$ 3.00 (Teen Court) pursuant to Section 938.19(2), Florida Statutes (statutorily mandated where locally authorized).
- 11. \$ 40.00 **Discretionary or Specific Offense/Required Costs**  
(Public Defender Application Fee) pursuant to Sections 27.52(2)(a) and 938.29, Florida Statutes (a \$40.00 fee shall be imposed if not previously collected or waived). Strike out if previously paid or represented by private counsel.
- 12. \$ 150.00 (Public Defender's Fees and Costs) pursuant to Section 938.29, Florida Statutes and Fla. R. Crim. P. 3.720(d)(1) and Local Administrative Order. (Minimum fee of \$150.00 is statutorily mandated following notice of imposition and right to contest amount, additional amount is discretionary). Strike out if represented by private counsel.
- 13. \$ \_\_\_\_\_ (Additional fees and costs of publicly appointed counsel) pursuant to Section 938.29, Florida Statutes and Fla. R. Crim. P. 3.720(d)(1) (notice of imposition and right to contest amount required).
- 14. \$ \_\_\_\_\_ (County Alcohol and Other Drug Abuse Trust Fund) pursuant to Sections 938.21 and 938.23, Florida Statutes (may be imposed for any criminal violation of s.316.193, s.856.011, s.856.015, or Chapters 562, 567, 568, or 893, but may not exceed the amount of any fine imposed for the offense).
- 15. \$ \_\_\_\_\_ (DUI Court Cost) \$135.00 pursuant to Section 938.07, Florida Statutes for any violation of Sections 316.193 or 327.35 (statutorily mandated).
- 16. \$ \_\_\_\_\_ (Child Advocacy Center) \$101.00 pursuant to Section 938.10, Florida Statutes for any violation of Sections 784.085, 796.03, 800.04, 847.0145, 985.4045, or Chapters 787, 794, or 827, Florida Statutes (statutorily mandated).
- 17. \$ \_\_\_\_\_ (Domestic Violence Surcharge) \$201.00 pursuant to Section 938.08, Florida Statutes for any violation of Sections 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, 794.011, and any offense of Domestic Violence as described in Section 741.28, Florida Statutes (statutorily mandated).
- 18. \$ \_\_\_\_\_ (Rape Crisis Center Trust Fund) \$151.00 pursuant to Section 938.085, Florida Statutes for any violation of Sections 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, or 794.011.
- 19. \$ \_\_\_\_\_ (Operating Trust Fund of the FDLE) \$100.00 pursuant to Section 938.25, Florida Statutes (may be imposed for any criminal violation of s. 893.13 if the court finds defendant has ability to pay and will not be prevented thereby from being rehabilitated or from making restitution).
- 20. \$ \_\_\_\_\_ (Prosecution/Investigative Costs) The Court having considered the financial resources of the Defendant, the financial needs and ability of the Defendant, and other factors which this Court has deemed appropriate, a sum pursuant to 938.27, Florida Statutes (may be imposed where agency entitled to costs of prosecution requests and documents specific costs).
- 21. \$ \_\_\_\_\_ (State Agency Law Enforcement Radio System Trust Fund) \$3.00 pursuant to Sections 318.18 (17), Florida Statutes (statutorily mandated for violations of: fleeing/eluding; leave scene of crash; DUI; reckless driving; making false crash reports; failure/refusal to comply with lawful order; refusal to weigh vehicle; racing on highway; refusal to submit to breath/blood/urine test).
- 22. \$ \_\_\_\_\_ Other: \_\_\_\_\_

Total: \$ 773

Payment of charges, costs, and fines are:

- { } a condition of probation to be paid IN FULL TODAY; Defendant to proceed immediately to the Clerk and Comptroller's Office to pay the full amount due. If payment is not made today, then LET EXECUTION ISSUE and this Judgment shall bear interest at the rate prescribed by law until satisfied.
- { } due immediately; hence, FOR WHICH LET EXECUTION ISSUE. This Judgment shall bear interest at the rate prescribed by law until satisfied.
- { } due within \_\_\_\_\_ days/months/year and is to be paid through the Clerk and Comptroller's Office pursuant to a COLLECTIONS AGREEMENT established TODAY.
- { } \$ \_\_\_\_\_ will be paid today to the Clerk and Comptroller's Office as a down payment on the collections agreement. If the Collection Agreement is not established today, then LET EXECUTION ISSUE and this Judgment shall bear interest at the rate prescribed by law until satisfied.
- { } to be paid by the Defendant performing: (circle one) community service or AA/NA meetings, at a rate of \$ \_\_\_\_\_/per hour/meeting, due within \_\_\_\_\_ days/months/years in lieu of actual payment.

FAILURE TO PAY YOUR FINES AND COURT COSTS WILL RESULT IN YOUR DRIVER'S LICENSE BEING SUSPENDED AND/OR A JUDGMENT BEING ENTERED AGAINST YOU AND/OR YOUR DELINQUENT ACCOUNT BEING REFERRED TO A COLLECTION AGENCY AND/OR A WARRANT BEING ISSUED FOR YOUR ARREST. DONE AND ORDERED in Open Court in Palm Beach County, Florida.

this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_

EFFECTIVE JULY 1, 2007

4050
IN THE COUNTY COURT OF THE FIFTEENTH
JUDICIAL CIRCUIT, CRIMINAL DIVISION,
IN AND FOR PALM BEACH COUNTY, FLORIDA.

Case NO:

STATE OF FLORIDA

vs.
Defendant:
Social Security No.:
Date of Birth:

RECORDER'S SPACE

ORDER ASSESSING ADDITIONAL CHARGES, COSTS AND FINES AND ENTERING JUDGMENT (IF INDICATED)

The Defendant is hereby ordered to Pay and a judgment is hereby entered on behalf of Palm Beach County, Palm Beach County Administrative Complex, Palm Beach County, Florida 33401 and the State of Florida, Florida Department of Financial Services, Tallahassee, Florida 32399 in the following sums as indicated:

INITIAL
IF WAIVED

Fines

- 1. Total of fines assessed in sentence.
2. (Crimes Compensation Trust Fund) pursuant to Section 938.04, Florida Statutes (statutorily mandated 5% surcharge/cost on any fine entered in line 1).
3. (Crime Stoppers Trust Fund) \$20.00 pursuant to Section 938.06(1), Florida Statutes (statutorily mandated cost to be added if any fine imposed).
4. (County Crime Prevention Fund) pursuant to Section 775.083(2), Florida Statutes (statutorily mandated). Strike out if not a negotiated settlement and not imposed by the Court.
5. (Additional Court Cost Clearing Trust Fund) pursuant to section 938.01(1), Florida Statutes (statutorily mandated).
6. (Crimes Compensation Trust Fund) pursuant to Section 938.03(1), Florida Statutes (statutorily mandated).
7. (Criminal Justice Education by Municipalities and Counties) pursuant to Section 938.15, Florida Statutes to be paid to:
8. (Additional Court Costs) pursuant to Section 938.05(1), Florida Statutes (statutorily mandated).
9. (Additional Court Costs for local requirements and other County funded programs) pursuant to Section 939.185(1)(a), Florida Statutes (statutorily mandated where locally authorized).
10. (Teen Court) pursuant to Section 938.19(2), Florida Statutes (statutorily mandated where locally authorized).
11. (Public Defender Application Fee) pursuant to Sections 27.52(2)(a) and 938.29, Florida Statutes (a \$40.00 fee shall be imposed if not previously collected or waived). Strike out if previously paid or represented by private counsel.
12. (Public Defender's Fees and Costs) pursuant to Section 938.29, Florida Statutes and Fla. R. Crim. P. 3.720(d)(1) and Local Administrative Order. (Minimum fee of \$150.00 is statutorily mandated following notice of imposition and right to contest amount, additional amount is discretionary). Strike out if represented by private counsel.
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15. (DUI Court Cost) \$135.00 pursuant to Section 938.07, Florida Statutes for any violation of Sections 316.193 or 327.35 (statutorily mandated).
16. (Child Advocacy Center) \$101.00 pursuant to Section 938.10, Florida Statutes for any violation of Sections 784.085, 796.03, 800.04, 847.0145, 985.4045, or Chapters 787, 794, or 827, Florida Statutes (statutorily mandated).
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18. (Rape Crisis Center Trust Fund) \$151.00 pursuant to Section 938.085, Florida Statutes for any violation of Sections 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, or 794.011.
19. (Operating Trust Fund of the FDLE) \$100.00 pursuant to Section 938.25, Florida Statutes (may be imposed for any criminal violation of s. 893.13 if the court finds defendant has ability to pay and will not be prevented thereby from being rehabilitated or from making restitution).
20. (Prosecution/Investigative Costs) The Court having considered the financial resources of the Defendant, the financial needs and ability of the Defendant, and other factors which this Court has deemed appropriate, a sum pursuant to 938.27, Florida Statutes (may be imposed where agency entitled to costs of prosecution requests and documents specific costs).
21. (State Agency Law Enforcement Radio System Trust Fund) \$3.00 pursuant to Sections 318.18 (17), Florida Statutes (statutorily mandated for violations of: fleeing/eluding; leave scene of crash; DUI; reckless driving; making false crash reports; failure/refusal to comply with lawful order; refusal to weigh vehicle; racing on highway; refusal to submit to breath/blood/urine test).
22. Other:

Total:

Payment of charges, costs, and fines are:

- ( ) a condition of probation
( ) to be paid IN FULL TODAY; Defendant to proceed immediately to the Clerk and Comptroller's Office to pay the full amount due. If payment is not made today, then LET EXECUTION ISSUE and this Judgment shall bear interest at the rate prescribed by law until satisfied.
( ) due immediately; hence, FOR WHICH LET EXECUTION ISSUE. This Judgment shall bear interest at the rate prescribed by law until satisfied.
( ) due within days/months/year and is to be paid through the Clerk and Comptroller's Office pursuant to a COLLECTIONS AGREEMENT established TODAY.
( ) \$ will be paid today to the Clerk and Comptroller's Office as a down payment on the collections agreement. If the Collection Agreement is not established today, then LET EXECUTION ISSUE and this Judgment shall bear interest at the rate prescribed by law until satisfied.
( ) to be paid by the Defendant performing: (circle one) community service or AA/NA meetings, at a rate of \$ /per hour/meeting, due within days/months/years in lieu of actual payment.

FAILURE TO PAY YOUR FINES AND COURT COSTS WILL RESULT IN YOUR DRIVER'S LICENSE BEING SUSPENDED AND/OR A JUDGMENT BEING ENTERED AGAINST YOU AND/OR YOUR DELINQUENT ACCOUNT BEING REFERRED TO A COLLECTION AGENCY AND/OR A WARRANT BEING ISSUED FOR YOUR ARREST. DONE AND ORDERED in Open Court in Palm Beach County, Florida.

this day of 200

EFFECTIVE JULY 1, 2007

4050  
IN THE COUNTY COURT OF THE FIFTEENTH  
JUDICIAL CIRCUIT, CRIMINAL DIVISION,  
IN AND FOR PALM BEACH COUNTY, FLORIDA.

Case NO: 2006CF 9454AY

STATE OF FLORIDA

vs.  
Defendant: [REDACTED]  
Social Security No.: [REDACTED]  
Date of Birth: [REDACTED]

RECORDER'S SPACE

ORDER ASSESSING ADDITIONAL CHARGES, COSTS AND FINES AND ENTERING JUDGMENT (IF INDICATED)

The Defendant is hereby ordered to Pay and a judgment is hereby entered on behalf of Palm Beach County, Palm Beach County Administrative Complex, Palm Beach County, Florida 33401 and the State of Florida, Florida Department of Financial Services, Tallahassee, Florida 32399 in the following sums as indicated:

INITIAL  
IF WAIVED

Fines

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- 4. \$ 50.00 Mandatory Costs  
(County Crime Prevention Fund) pursuant to Section 775.083(2), Florida Statutes (statutorily mandated). Strike out if not a negotiated settlement and not imposed by the Court.
- 5. \$ 3.00 (Additional Court Cost Clearing Trust Fund) pursuant to section 938.01(1), Florida Statutes (statutorily mandated).
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[ ] Palm Beach County, Florida. (statutorily mandated where locally authorized).  
[ ] the City/Town/Village of \_\_\_\_\_, Florida. (Statutorily mandated where locally authorized).
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- 11. \$ 40.00 Discretionary or Specific Offense/Required Costs  
(Public Defender Application Fee) pursuant to Sections 27.52(2)(a) and 938.29, Florida Statutes (a \$40.00 fee shall be imposed if not previously collected or waived). Strike out if previously paid or represented by private counsel.
- 12. \$ 150.00 (Public Defender's Fees and Costs) pursuant to Section 938.29, Florida Statutes and Fla. R. Crim. P. 3.720(d)(1) and Local Administrative Order. (Minimum fee of \$150.00 is statutorily mandated following notice of imposition and right to contest amount, additional amount is discretionary). Strike out if represented by private counsel.
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- 19. \$ 20.00 (Operating Trust Fund of the FDLE) \$100.00 pursuant to Section 938.25, Florida Statutes (may be imposed for any criminal violation of s. 893.13 if the court finds defendant has ability to pay and will not be prevented thereby from being rehabilitated or from making restitution).
- 20. \$ \_\_\_\_\_ (Prosecution/Investigative Costs) The Court having considered the financial resources of the Defendant, the financial needs and ability of the Defendant, and other factors which this Court has deemed appropriate, a sum pursuant to 938.27, Florida Statutes (may be imposed where agency entitled to costs of prosecution requests and documents specific costs).
- 21. \$ \_\_\_\_\_ (State Agency Law Enforcement Radio System Trust Fund) \$3.00 pursuant to Sections 318.18 (17), Florida Statutes (statutorily mandated for violations of: fleeing/eluding; leave scene of crash; DUI; reckless driving; making false crash reports; failure/refusal to comply with lawful order; refusal to weigh vehicle; racing on highway; refusal to submit to breath/blood/urine test).

Other Charges

22. \$ 473 Other: ADP

Total: \$ 473

Payment of charges, costs, and fines are:

- a condition of probation
- to be paid IN FULL TODAY; Defendant to proceed immediately to the Clerk and Comptroller's Office to pay the full amount due. If payment is not made today, then LET EXECUTION ISSUE and this Judgment shall bear interest at the rate prescribed by law until satisfied.
- due immediately; hence, FOR WHICH LET EXECUTION ISSUE. This Judgment shall bear interest at the rate prescribed by law until satisfied.
- due within \_\_\_\_\_ days/months/year and is to be paid through the Clerk and Comptroller's Office pursuant to a COLLECTIONS AGREEMENT established TODAY.
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FAILURE TO PAY YOUR FINES AND COURT COSTS WILL RESULT IN YOUR DRIVER'S LICENSE BEING SUSPENDED AND/OR A JUDGMENT BEING ENTERED AGAINST YOU AND/OR YOUR DELINQUENT ACCOUNT BEING REFERRED TO A COLLECTION AGENCY AND/OR A WARRANT BEING ISSUED FOR YOUR ARREST.  
DONE AND ORDERED in Open Court in Palm Beach County, Florida.

this \_\_\_\_\_ day of \_\_\_\_\_, 2007  
[Signature]  
CIRCUIT JUDGE

cc: GOLD: State Attorney    YELLOW: Probation    BLUE: Administrative Office of the Court    PINK: Defense Counsel    GREEN: Defendant    Form Circuit (Rev 7/2007)

EFFECTIVE JULY 1, 2007

4050  
IN THE COUNTY COURT OF THE FIFTEENTH  
JUDICIAL CIRCUIT, CRIMINAL DIVISION,  
IN AND FOR PALM BEACH COUNTY, FLORIDA.

C. NO: 2007 CF 2454 NY

STATE OF FLORIDA

vs.  
Defendant: [REDACTED]  
Social Security No.: [REDACTED]  
Date of Birth: [REDACTED]

RECORDER'S SPACE

ORDER ASSESSING ADDITIONAL CHARGES, COSTS AND FINES AND ENTERING JUDGMENT (IF INDICATED)

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IF WAIVED

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Other Charges

22. \$ 473 Other: [REDACTED]

Total:

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this \_\_\_\_\_ day of \_\_\_\_\_, 2007  
[Signature]

CIRCUIT JUDGE

cc: GOLD: State Attorney    YELLOW: Probation    BLUE: Administrative Office of the Court    PINK: Defense Counsel    GREEN: Defendant    Form Circuit (Rev 7/2007)

Form 004-D

EFTA01625785

EFFECTIVE JULY 1, 2007

4050  
IN THE COUNTY COURT OF THE FIFTEENTH  
JUDICIAL CIRCUIT, CRIMINAL DIVISION,  
IN AND FOR PALM BEACH COUNTY, FLORIDA.

Case NO: 2007-00151-017

STATE OF FLORIDA

vs.  
Defendant: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

RECORDER'S SPACE

ORDER ASSESSING ADDITIONAL CHARGES, COSTS AND FINES AND ENTERING JUDGMENT (IF INDICATED)

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INITIAL  
IF WAIVED

Fines

- 1. \$ \_\_\_\_\_ Total of fines assessed in sentence.
- 2. \$ \_\_\_\_\_ (Crimes Compensation Trust Fund) pursuant to Section 938.04, Florida Statutes (statutorily mandated 5% surcharge/cost on any fine entered in line 1).
- 3. \$ \_\_\_\_\_ (Crime Stoppers Trust Fund) \$20.00 pursuant to Section 938.06(1), Florida Statutes (statutorily mandated cost to be added if any fine imposed).
- 4. \$ 50.00 Mandatory Costs  
(County Crime Prevention Fund) pursuant to Section 775.083(2), Florida Statutes (statutorily mandated). Strike out if not a negotiated settlement and not imposed by the Court.
- 5. \$ 3.00 (Additional Court Cost Clearing Trust Fund) pursuant to section 938.01(1), Florida Statutes (statutorily mandated).
- 6. \$ 50.00 (Crimes Compensation Trust Fund) pursuant to Section 938.03(1), Florida Statutes (statutorily mandated).
- 7. \$ 2.00 (Criminal Justice Education by Municipalities and Counties) pursuant to Section 938.15, Florida Statutes to be paid to:  
[ ] Palm Beach County, Florida. (statutorily mandated where locally authorized).  
[ ] the City/Town/Village of \_\_\_\_\_, Florida. (Statutorily mandated where locally authorized).
- 8. \$ 200.00 (Additional Court Costs) pursuant to Section 938.05(1), Florida Statutes (statutorily mandated).
- 9. \$ 65.00 (Additional Court Costs for local requirements and other County funded programs) pursuant to Section 939.185(1)(a), Florida Statutes (statutorily mandated where locally authorized).
- 10. \$ 3.00 (Teen Court) pursuant to Section 938.19(2), Florida Statutes (statutorily mandated where locally authorized).
- 11. \$ 40.00 Discretionary or Specific Offense/Required Costs  
(Public Defender Application Fee) pursuant to Sections 27.52(2)(a) and 938.29, Florida Statutes (a \$40.00 fee shall be imposed if not previously collected or waived). Strike out if previously paid or represented by private counsel.
- 12. \$ 150.00 (Public Defender's Fees and Costs) pursuant to Section 938.29, Florida Statutes and Fla. R. Crim. P. 3.720(d)(1) and Local Administrative Order. (Minimum fee of \$150.00 is statutorily mandated following notice of imposition and right to contest amount, additional amount is discretionary). Strike out if represented by private counsel.
- 13. \$ \_\_\_\_\_ (Additional fees and costs of publicly appointed counsel) pursuant to Section 938.29, Florida Statutes and Fla. R. Crim. P. 3.720(d)(1) (notice of imposition and right to contest amount required).
- 14. \$ \_\_\_\_\_ (County Alcohol and Other Drug Abuse Trust Fund) pursuant to Sections 938.21 and 938.23, Florida Statutes (may be imposed for any criminal violation of s.316.193, s.856.011, s.856.015, or Chapters 562, 567, 568, or 893, but may not exceed the amount of any fine imposed for the offense).
- 15. \$ \_\_\_\_\_ (DUI Court Cost) \$135.00 pursuant to Section 938.07, Florida Statutes for any violation of Sections 316.193 or 327.35 (statutorily mandated).
- 16. \$ \_\_\_\_\_ (Child Advocacy Center) \$101.00 pursuant to Section 938.10, Florida Statutes for any violation of Sections 784.085, 796.03, 800.04, 847.0145, 985.4045, or Chapters 787, 794, or 827, Florida Statutes (statutorily mandated).
- 17. \$ \_\_\_\_\_ (Domestic Violence Surcharge) \$201.00 pursuant to Section 938.08, Florida Statutes for any violation of Sections 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, 794.011, and any offense of Domestic Violence as described in Section 741.28, Florida Statutes (statutorily mandated).
- 18. \$ \_\_\_\_\_ (Rape Crisis Center Trust Fund) \$151.00 pursuant to Section 938.085, Florida Statutes for any violation of Sections 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, or 794.011.
- 19. \$ \_\_\_\_\_ (Operating Trust Fund of the FDLE) \$100.00 pursuant to Section 938.25, Florida Statutes (may be imposed for any criminal violation of s. 893.13 if the court finds defendant has ability to pay and will not be prevented thereby from being rehabilitated or from making restitution).
- 20. \$ \_\_\_\_\_ (Prosecution/Investigative Costs) The Court having considered the financial resources of the Defendant, the financial needs and ability of the Defendant, and other factors which this Court has deemed appropriate, a sum pursuant to 938.27, Florida Statutes (may be imposed where agency entitled to costs of prosecution requests and documents specific costs).
- 21. \$ \_\_\_\_\_ (State Agency Law Enforcement Radio System Trust Fund) \$3.00 pursuant to Sections 318.18 (17), Florida Statutes (statutorily mandated for violations of: fleeing/eluding; leave scene of crash; DUI; reckless driving; making false crash reports; failure/refusal to comply with lawful order; refusal to weigh vehicle; racing on highway; refusal to submit to breath/blood/urine test).

Other Charges

22. \$ \_\_\_\_\_ Other: \_\_\_\_\_

Total: \$ 413

Payment of charges, costs, and fines are:

- ( ) a condition of probation
- ( ) to be paid IN FULL TODAY; Defendant to proceed immediately to the Clerk and Comptroller's Office to pay the full amount due. If payment is not made today, then LET EXECUTION ISSUE and this Judgment shall bear interest at the rate prescribed by law until satisfied.
- ( ) due immediately; hence, FOR WHICH LET EXECUTION ISSUE. This Judgment shall bear interest at the rate prescribed by law until satisfied.
- ( ) due within \_\_\_\_\_ days/months/year and is to be paid through the Clerk and Comptroller's Office pursuant to a COLLECTIONS AGREEMENT established TODAY.
- ( ) \$ \_\_\_\_\_ will be paid today to the Clerk and Comptroller's Office as a down payment on the collections agreement. If the Collection Agreement is not established today, then LET EXECUTION ISSUE and this Judgment shall bear interest at the rate prescribed by law until satisfied.
- ( ) to be paid by the Defendant performing: (circle one) community service or AA/NA meetings, at a rate of \$ \_\_\_\_\_/per hour/meeting, due within \_\_\_\_\_ days/months/years in lieu of actual payment.

FAILURE TO PAY YOUR FINES AND COURT COSTS WILL RESULT IN YOUR DRIVER'S LICENSE BEING SUSPENDED AND/OR A JUDGMENT BEING ENTERED AGAINST YOU AND/OR YOUR DELINQUENT ACCOUNT BEING REFERRED TO A COLLECTION AGENCY AND/OR A WARRANT BEING ISSUED FOR YOUR ARREST. DONE AND ORDERED in Open Court in Palm Beach County, Florida.

this \_\_\_\_\_ day of \_\_\_\_\_, 2007

CIRCUIT JUDGE

cc: GOLD: State Attorney

YELLOW: Probation

BLUE: Administrative Office of the Court

PINK: Defense Counsel

GREEN: Defendant

Form Circuit (Rev 7/2007)

Form 004-D

EFTA01625786

EFFECTIVE JULY 1, 2007

4050
IN THE COUNTY COURT OF THE FIFTEENTH
JUDICIAL CIRCUIT, CRIMINAL DIVISION,
IN AND FOR PALM BEACH COUNTY, FLORIDA.

E NO:

STATE OF FLORIDA

vs.
Defendant:
Social Security No.:
Date of Birth:

RECORDER'S SPACE

ORDER ASSESSING ADDITIONAL CHARGES, COSTS AND FINES AND ENTERING JUDGMENT (IF INDICATED)

The Defendant is hereby ordered to Pay and a judgment is hereby entered on behalf of Palm Beach County, Palm Beach County Administrative Complex, Palm Beach County, Florida 33401 and the State of Florida, Florida Department of Financial Services, Tallahassee, Florida 32399 in the following sums as indicated:

INITIAL
IF WAIVED

- 1. Total of fines assessed in sentence.
2. (Crimes Compensation Trust Fund) pursuant to Section 938.04, Florida Statutes (statutorily mandated 5% surcharge/cost on any fine entered in line 1).
3. (Crime Stoppers Trust Fund) \$20.00 pursuant to Section 938.06(1), Florida Statutes (statutorily mandated cost to be added if any fine imposed).
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7. (Criminal Justice Education by Municipalities and Counties) pursuant to Section 938.15, Florida Statutes to be paid to:
8. (Additional Court Costs) pursuant to Section 938.05(1), Florida Statutes (statutorily mandated).
9. (Additional Court Costs for local requirements and other County funded programs) pursuant to Section 939.185(1)(a), Florida Statutes (statutorily mandated where locally authorized).
10. (Teen Court) pursuant to Section 938.19(2), Florida Statutes (statutorily mandated where locally authorized).
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19. (Operating Trust Fund of the FDLE) \$100.00 pursuant to Section 938.25, Florida Statutes (may be imposed for any criminal violation of s. 893.13 if the court finds defendant has ability to pay and will not be prevented thereby from being rehabilitated or from making restitution).
20. (Prosecution/Investigative Costs) The Court having considered the financial resources of the Defendant, the financial needs and ability of the Defendant, and other factors which this Court has deemed appropriate, a sum pursuant to 938.27, Florida Statutes (may be imposed where agency entitled to costs of prosecution requests and documents specific costs).
21. (State Agency Law Enforcement Radio System Trust Fund) \$3.00 pursuant to Sections 318.18 (17), Florida Statutes (statutorily mandated for violations of: fleeing/eluding; leave scene of crash; DUI; reckless driving; making false crash reports; failure/refusal to comply with lawful order; refusal to weigh vehicle; racing on highway; refusal to submit to breath/blood/urine test).

22. Other:
Total: \$

Payment of charges, costs, and fines are:
( ) a condition of probation
( ) to be paid IN FULL TODAY; Defendant to proceed immediately to the Clerk and Comptroller's Office to pay the full amount due. If payment is not made today, then LET EXECUTION ISSUE and this Judgment shall bear interest at the rate prescribed by law until satisfied.
( ) due immediately; hence, FOR WHICH LET EXECUTION ISSUE. This Judgment shall bear interest at the rate prescribed by law until satisfied.
( ) due within days/months/year and is to be paid through the Clerk and Comptroller's Office pursuant to a COLLECTIONS AGREEMENT established TODAY. \$ will be paid today to the Clerk and Comptroller's Office as a down payment on the collections agreement. If the Collection Agreement is not established today, then LET EXECUTION ISSUE and this Judgment shall bear interest at the rate prescribed by law until satisfied.
( ) to be paid by the Defendant performing: (circle one) community service or AA/NA meetings, at a rate of \$ /per hour/meeting, due within days/months/years in lieu of actual payment.

IF TO PAY YOUR FINES AND COURT COSTS WILL RESULT IN YOUR DRIVER'S LICENSE BEING SUSPENDED AND/OR A JUDGMENT BEING ENTERED AGAINST YOU AND/OR YOUR DELINQUENT ACCOUNT BEING REFERRED TO A COLLECTION AGENCY AND/OR A WARRANT BEING ISSUED FOR YOUR ARREST.
DONE AND ORDERED in Open Court in Palm Beach County, Florida,
this day of 200

Case No.: 2008 CF 9381 AXV ST of FL vs. Jeffrey Epstein  
 Charges: Pressure person under age of 18 for prostitution

Arrest# \_\_\_\_\_ Bond# \_\_\_\_\_ Type \_\_\_\_\_ \$ \_\_\_\_\_ A/C \_\_\_\_\_

Date: 11/30/09 Judge: B Burns DC: Alvarez Int: Esc / PD  
 ASA: \_\_\_\_\_ Def: Pres / For Pres W / W/O Def. Co. \_\_\_\_\_

Before the Court for: Matt for Travel  
 Granted  Denied  With / Without Prejudice  Withdrawn  Court Reserves Ruling  Written Order to Follow

Warrant  Ordered  Recalled  Bond Set at \$ \_\_\_\_\_  See Below  Also Covers  Sp Cond  
 Bond Forf  OR: Disch / Revoked / Reinstated  Bond: Disch / Revoked  SOR: Disch / Revoked / Reinstated  
 Bond Forf Vacated  Previous Bond Reinstated, if Bondsman agrees  State failed to file charges  Released O.R. / S.O.R.

Deft \_\_\_ Indigent  PD Appt  Hrg only PD Pres \_\_\_\_\_  Court Appts \_\_\_\_\_  
 Evaluation for:  Drug Farm  DOC Non-Secure Bed by \_\_\_\_\_  
 Pre-Plea  PSI ordered by/within \_\_\_\_\_ days  w/input from DJJ / Staffing  
 Referred to: PTI / SAAP / PADD  Case placed on the absentee docket

DEFT ENTERED A PLEA OF:  NOT GUILTY  GUILTY  NO CONTEST  BEST INTEREST  TO THE COURT  
 As Charged-Cts \_\_\_\_\_ Lesser Cts \_\_\_\_\_ Lesser Charge \_\_\_\_\_  
 Sw & Test  Adv of Rts  Waived PSI Lesser Cts \_\_\_\_\_ Lesser Charge \_\_\_\_\_

ADJ GUILTY as Charged as to Cts \_\_\_\_\_ Lesser Cts \_\_\_\_\_  
 FOUND GUILTY as Charged as to Cts \_\_\_\_\_ Lesser Cts \_\_\_\_\_  
 ADJ W/HELD as to Cts \_\_\_\_\_  SENT W/HELD as to Cts \_\_\_\_\_  
 FOUND AND ADJUDICATED DELINQUENT as to Cts \_\_\_\_\_  Dispo Order to follow / Filed  
 FOUND & ADJ NOT GUILTY as to Cts \_\_\_\_\_  Dismiss  Nolle Prose Cts \_\_\_\_\_

Prob / Comm Control:  Revoked  Reinstated  Modified  Term. Successfully / Unsuccessfully  
 Stip/Found: (violent) Habitual Off. 775.084  Stip/Found: Sexual Offender / Sexual Predator  Stip/Found: P.R.R.

SENTENCE: PBCJ: \_\_\_\_\_ Cts: \_\_\_\_\_ / DOC: \_\_\_\_\_ Cts: \_\_\_\_\_  
 PBCJ: \_\_\_\_\_ Cts: \_\_\_\_\_ / DOC: \_\_\_\_\_ Cts: \_\_\_\_\_

W/Credit for \_\_\_\_\_ Days / Mos. / Yrs.  Deft Remanded  Deft to remain on same rel. status pending sent.  
 Conc / Consec / Co-Term w/cases / cts: \_\_\_\_\_

Execution of Sentence Stayed  Sentence Suspended  Time served as to Cts \_\_\_\_\_  
 Youthful Off  Habitual Off  Min / Mand: \_\_\_\_\_ as to Cts \_\_\_\_\_  
 ABOVE SENTENCE TO BE FOLLOWED BY:  Probation  Drug / Sex Off Prob  Comm. Control  I  II - See Pg. 2  
 DRIVERS LICENSE TO BE SUSPENDED / REVOKED FOR \_\_\_\_\_ YEARS AS A RESULT OF THIS PLEA.

Mounted in part & denied in part

Set / Remains Set / Reset \_\_\_\_\_ Div \_\_\_\_\_ Rm \_\_\_\_\_ at \_\_\_\_\_ AM/PM  
 Set / Remains Set / Reset \_\_\_\_\_ Div \_\_\_\_\_ Rm \_\_\_\_\_ at \_\_\_\_\_ AM/PM

Deft sign \_\_\_\_\_  
 Def Co \_\_\_\_\_  ASA \_\_\_\_\_  Bondsman \_\_\_\_\_  
 Prob  Jail  DJJ  GAL Notified by mail by: \_\_\_\_\_ on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 County Courthouse  Courtroom, Criminal Justice Bldg.  Courtroom, Criminal Justice Complex  
 205 N. Dixie, West Palm Beach 38844 State Road 80, Belle Glade 3228 Gun Club Rd., West Palm Beach

IF YOU ARE A PERSON WITH A DISABILITY WHO NEEDS ANY ACCOMMODATION IN ORDER TO PARTICIPATE IN THIS PROCEEDING, YOU ARE ENTITLED, AT NO COST TO YOU, TO THE PROVISION OF CERTAIN ASSISTANCE. PLEASE CONTACT MARY JAFFE, ADA COORDINATOR IN THE ADMINISTRATIVE OFFICE OF THE COURT, PALM BEACH COUNTY COURTHOUSE, 205 N. DIXIE HWY, RM 5.2500, WEST PALM BEACH, FL 33401; TELEPHONE (561) 355-4380, WITHIN 2 WORKING DAYS OF YOUR RECEIPT OF THIS NOTICE. IF YOU ARE HEARING OR VOICE IMPAIRED, CALL 1-800-955-8771.

IN THE CIRCUIT/COUNTY COURT, FIFTEENTH JUDICIAL CIRCUIT, PALM BEACH COUNTY, FLORIDA

STATE OF FLORIDA,

vs. Jeffrey Epstein  
(first name) (last name)

Defendant.

BOOKING NO.: 2006036744  
CASE NO.: 06CF009454 AMB  
08CF009381 AMB

**ORDER OF NO CONTACT**

1. The Defendant is specifically ordered to have NO CONTACT and to not attempt to contact the following person or persons:

- Alleged victim(s)
- Co-defendant(s)
- Witness(es)

S.G.; A.H.; A.D.

**FILED**

NOV 18 2009

SHARON R. BOCK  
Clerk & Comptroller  
Palm Beach County

2. The Defendant shall NOT CONTACT or attempt to contact the above-listed person(s) until this case is closed or until further order of the Court, whichever occurs first.

3. For purposes of this Order, "no contact" means:

- 1. NO direct or indirect messages or communications by the Defendant.
- 2. NO direct or indirect contact by a third person on behalf of the Defendant.
- 3. NO communication of any kind including telephone calls, messages on answering machines and voice or electronic mail; all written forms of communication, including letters of apology; or any other means of communication, including the delivery of gifts at any time, either at a residence, school, or workplace.

4. The Defendant has been expressly advised that if any of the above-listed person(s) attempts to contact the Defendant, he/she must avoid any such contact and the Defendant has been further advised that he/she would be in violation of this Order if the Defendant communicates with any of the above-listed persons even if contact is initiated by the above-listed person(s).

5. **Exceptions:** (applies only if checked):

- Defendant's Attys/Agents may have contact for purposes of civil law suit;
- The Defendant may return to the residence where the above-listed person(s) resides for the purpose of removing the Defendant's PERSONAL EFFECTS ONLY and then only in the presence of a uniformed law enforcement officer and on ONE occasion only.
- Contact may be in writing.
- Contact may be by telephone.
- Contact may occur but only through a third party and only to facilitate visitation with the Defendant's minor children.

6. The Defendant has been expressly advised that violation of this Order will subject the Defendant to arrest and commitment by the Court, plus, if applicable, bond forfeiture.

I have read and do understand this Order and agree to obey it. I fully understand that ONLY A CRIMINAL DIVISION JUDGE may modify this order. I understand therefore that the alleged victim in this case, the state attorney, and any other attorney or person DOES NOT HAVE THE AUTHORITY to modify ANY PORTION of this Order without APPROVAL BY THE JUDGE.

I completely understand and agree that if I disobey this Order, the Judge may possibly revoke and forfeit any bond, and/or order my immediate incarceration.

**FAXED**

Defendant

DONE AND ORDERED at West Palm Beach, Palm Beach County, Florida, this 11/18 day of 2009  
nine pro tune to June 30, 2009

CIRCUIT/COUNTY COURT JUDGE

copies: Blue: State Attorney  
Pink: Public Defender/Defense Attorney  
Yellow: Defendant

DIV : W  
CASE NO :  
Charges :

502008CF009381AXXXMB

ST OF FL VS.

JEFFREY E. EPSTEIN

PROCURE PERSON UNDER AGE OF 18 FOR PROSTITUTION

ARREST # 2008039316

BOND# TYPE

Date 11/18/09 Judge Burns DC Walt Int. Safe  
 ASA Burns Esq. PD-- Pres Not Pres.  
 Deft. Pres/Not Pres W/ W/O Def. Co. W  
 Before the Court for: STATUS CHECK NO CONTACT ORDER  
 Granted  Denied  With/Without Prejudice  Withdrawn  Court Reserves Ruling  Written Order to Follow

Warrant  Ordered  Recalled  Bond Set at \$ \_\_\_\_\_  See Below  Also Covers  Sp Cond  
 Bond Forf  OR: Disch/Revoked/Reinstated  Bond: Disch/Revoked  SOR: Disch/Revoked/Reinstated  
 Bond Forf Vacated  Previous Bond Reinstated, if Bondsman agrees  State failed to file charges  Released O.R. / S.O.R.

Deft Indigent  PD Appt  Hrg only PD Pres \_\_\_\_\_  Court Appts \_\_\_\_\_  
 Evaluation for:  Drug Farm  DOC Non-Secure Bed by \_\_\_\_\_  
 Pre-Plea  PSI ordered by/within \_\_\_\_\_ days  w/input from DJJ / Staffing  
 Referred to: PTI / SAAP / PADD  Case placed on the absentee docket

DEFT ENTERED A PLEA OF:  NOT GUILTY  GUILTY  NO CONTEST  BEST INTEREST  TO THE COURT  
 As Charged-Cts \_\_\_\_\_ Lesser Cts \_\_\_\_\_ Lesser Charge \_\_\_\_\_  
 Sw & Test  Adv of Rts  Waived PSI Lesser Cts \_\_\_\_\_ Lesser Charge \_\_\_\_\_

ADJ GUILTY as Charged as to Cts \_\_\_\_\_ Lesser Cts \_\_\_\_\_  
 FOUND GUILTY as Charged as to Cts \_\_\_\_\_ Lesser Cts \_\_\_\_\_  
 ADJ W/HELD as to Cts \_\_\_\_\_  SENT W/HELD as to Cts \_\_\_\_\_  
 FOUND AND ADJUDICATED DELINQUENT as to Cts \_\_\_\_\_  Dispo Order to follow/Filed  
 FOUND & ADJ NOT GUILTY as to Cts \_\_\_\_\_  Dismiss  Nolle Prose Cts \_\_\_\_\_

Prob / Comm Control:  Revoked  Reinstated  Modified  Term. Successfully / Unsuccessfully  
 Stip/Found: (violent) Habitual Off. 775.084  Stip/Found: Sexual Offender / Sexual Predator  Stip/Found: P.R.R.  
 SENTENCE: PBCJ: \_\_\_\_\_ Cts: \_\_\_\_\_ / DOC: \_\_\_\_\_ Cts: \_\_\_\_\_  
 PBCJ: \_\_\_\_\_ Cts: \_\_\_\_\_ / DOC: \_\_\_\_\_ Cts: \_\_\_\_\_  
 W/Credit for \_\_\_\_\_ Days / Mos. / Yrs.  Deft Remanded  Deft to remain on same rel. status pending sent.  
 Conc / Consec / Co-Term w/cases / cts: \_\_\_\_\_

Execution of Sentence Stayed  Sentence Suspended  Time served as to Cts \_\_\_\_\_  
 Youthful Off  Habitual Off  Min / Mand: \_\_\_\_\_ as to Cts \_\_\_\_\_  
 ABOVE SENTENCE TO BE FOLLOWED BY:  Probation  Drug / Sex Off Prob  Comm. Control  I  II - See Pg. 2  
 DRIVERS LICENSE TO BE SUSPENDED / REVOKED FOR \_\_\_\_\_ YEARS AS A RESULT OF THIS PLEA.

*Response Motion to Travel - denied*

Set / Remains Set / Reset \_\_\_\_\_ Div \_\_\_\_\_ Rm \_\_\_\_\_ at \_\_\_\_\_ AM/PM  
 Set / Remains Set / Reset \_\_\_\_\_ Div \_\_\_\_\_ Rm \_\_\_\_\_ at \_\_\_\_\_ AM/PM

Deft sign \_\_\_\_\_  
 Def Co \_\_\_\_\_  ASA \_\_\_\_\_  Bondsman \_\_\_\_\_  
 Prob  Jail  DJJ  GAL Notified by mail by: \_\_\_\_\_ on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 County Courthouse 205 N. Dixie, West Palm Beach  Courtroom, Criminal Justice Bldg. 38844 State Road 80, Belle Glade  Courtroom, Criminal Justice Complex 3228 Gun Club Rd., West Palm Beach

IF YOU ARE A PERSON WITH A DISABILITY WHO NEEDS ANY ACCOMMODATION IN ORDER TO PARTICIPATE IN THIS PROCEEDING, YOU ARE ENTITLED, AT NO COST TO YOU, TO THE PROVISION OF CERTAIN ASSISTANCE. PLEASE CONTACT MARY JAFFE, ADA COORDINATOR IN THE ADMINISTRATIVE OFFICE OF THE COURT, PALM BEACH COUNTY COURTHOUSE, 205 N. DIXIE HWY, RM 5.2500, WEST PALM BEACH, FL 33401; TELEPHONE (561) 355-4380, WITHIN 2 WORKING DAYS OF YOUR RECEIPT OF THIS NOTICE. IF YOU ARE HEARING OR VOICE IMPAIRED, CALL 1-800-955-8771.

DIV W  
CASE NO  
Charges

502908CFC09381A1XXPB

ST OF FL VS.

JEFFREY E. EPSTEIN

PROCURE PERSON UNDER AGE OF 18 FOR PROSTITUTION

ARREST #

2008039316

BOND#

TYPE

Date 11/18/09 Judge Walsh Cr. Rep. Case  
 ASA Burns DC Case Int Case  
 Deft---Pres / Not Pres W / W/O Def. Co. Esq / PD---Pres / Not Pres. Case  
 Before the Court for: STATUS CHECK  
 Granted  Denied  With / Without Prejudice  Withdrawn  Court Reserves Ruling  Written Order to Follow  
 Warrant  Ordered  Recalled  Bond Set at \$ \_\_\_\_\_  See Below  Also Covers  Sp Cond  
 Bond Forf  OR: Disch/Revoked/Reinstated  Bond: Disch/Revoked  SOR: Disch/Revoked/Reinstated  
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 Deft Indigent  PD Appt  Hrg only  PD Pres \_\_\_\_\_  Court Appts \_\_\_\_\_  
 Evaluation for:  Drug Farm  DOC Non-Secure Bed by \_\_\_\_\_  
 Pre-Plea  PSI ordered by/within \_\_\_\_\_ days  w/input from DJJ / Staffing  
 Referred to: PTI / SAAP / PADD  Case placed on the absentee docket  
 DEFT ENTERED A PLEA OF:  NOT GUILTY  GUILTY  NO CONTEST  BEST INTEREST  TO THE COURT  
 As Charged-Cts \_\_\_\_\_ Lesser Cts \_\_\_\_\_ Lesser Charge \_\_\_\_\_  
 Sw & Test  Adv of Rts  Waived PSI Lesser Cts \_\_\_\_\_ Lesser Charge \_\_\_\_\_  
 ADJ GUILTY as Charged as to Cts \_\_\_\_\_ Lesser Cts \_\_\_\_\_  
 FOUND GUILTY as Charged as to Cts \_\_\_\_\_ Lesser Cts \_\_\_\_\_  
 ADJ W/HELD as to Cts \_\_\_\_\_  SENT W/HELD as to Cts \_\_\_\_\_  
 FOUND AND ADJUDICATED DELINQUENT as to Cts \_\_\_\_\_  Dispo Order to follow/Filed  
 FOUND & ADJ NOT GUILTY as to Cts \_\_\_\_\_  Dismiss  Nolle Prose Cts \_\_\_\_\_  
 Prob / Comm Control:  Revoked  Reinstated  Modified  Term. Successfully / Unsuccessfully  
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 PBCJ: \_\_\_\_\_ Cts: \_\_\_\_\_ / DOC: \_\_\_\_\_ Cts: \_\_\_\_\_  
 W/Credit for \_\_\_\_\_ Days / Mos. / Yrs.  Deft Remanded  Deft to remain on same rel. status pending sent.  
 Conc / Consec / Co-Term w/cases / cts: \_\_\_\_\_  
 Execution of Sentence Stayed  Sentence Suspended  Time served as to Cts \_\_\_\_\_  
 Youthful Off  Habitual Off  Min / Mand: \_\_\_\_\_ as to Cts \_\_\_\_\_  
 ABOVE SENTENCE TO BE FOLLOWED BY:  Probation  Drug / Sex Off Prob  Comm. Control  I  II - See Pg. 2  
 DRIVERS LICENSE TO BE SUSPENDED / REVOKED FOR \_\_\_\_\_ YEARS AS A RESULT OF THIS PLEA.

*Expense Made to Travel - Dismiss*

\_\_\_\_\_ Set / Remains Set / Reset \_\_\_\_\_ Div \_\_\_\_\_ Rm \_\_\_\_\_ at \_\_\_\_\_ AM/PM  
 \_\_\_\_\_ Set / Remains Set / Reset \_\_\_\_\_ Div \_\_\_\_\_ Rm \_\_\_\_\_ at \_\_\_\_\_ AM/PM  
 Deft sign \_\_\_\_\_  
 Def Co \_\_\_\_\_  ASA \_\_\_\_\_  Bondsman \_\_\_\_\_  
 Prob  Jail  DJJ  GAL Notified by mail by: \_\_\_\_\_ on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 County Courthouse  Courtroom, Criminal Justice Bldg.  Courtroom, Criminal Justice Complex  
 205 N. Dixie, West Palm Beach 38844 State Road 80, Belle Glade 3228 Gun Club Rd., West Palm Beach

IF YOU ARE A PERSON WITH A DISABILITY WHO NEEDS ANY ACCOMMODATION IN ORDER TO PARTICIPATE IN THIS PROCEEDING, YOU ARE ENTITLED, AT NO COST TO YOU, TO THE PROVISION OF CERTAIN ASSISTANCE. PLEASE CONTACT MARY JAFFE, ADA COORDINATOR IN THE ADMINISTRATIVE OFFICE OF THE COURT, PALM BEACH COUNTY COURTHOUSE, 205 N. DIXIE HWY, RM 5.2500, WEST PALM BEACH, FL 33401; TELEPHONE (561) 355-4380, WITHIN 2 WORKING DAYS OF YOUR RECEIPT OF THIS NOTICE. IF YOU ARE HEARING OR VOICE IMPAIRED, CALL 1-800-955-8771.

IN THE CIRCUIT/COUNTY COURT, FIFTEENTH JUDICIAL CIRCUIT, PALM BEACH COUNTY, FLORIDA

STATE OF FLORIDA,

BOOKING NO: 2006036744

CASE NO: 06CF009454 AMB

08CF009381 AMB

Jeffrey Epstein  
(first name) (last name)

Defendant.

**ORDER OF NO CONTACT**

1. The Defendant is specifically ordered to have NO CONTACT and to not attempt to contact the following person or persons:

- Alleged victim(s)
- Co-defendant(s)
- Witness(es)

S.G.; A.H.; A.D.

2. The Defendant shall NOT CONTACT or attempt to contact the above-listed person(s) until this case is closed or until further order of the Court, whichever occurs first.

3. For purposes of this Order, "no contact" means:

- 1. NO direct or indirect messages or communications by the Defendant.
- 2. NO direct or indirect contact by a third person on behalf of the Defendant.
- 3. NO communication of any kind including telephone calls, messages on answering machines and voice or electronic mail; all written forms of communication, including letters of apology; or any other means of communication, including the delivery of gifts at any time, either at a residence, school, or workplace.

4. The Defendant has been expressly advised that if any of the above-listed person(s) attempts to contact the Defendant, he/she must avoid any such contact and the Defendant has been further advised that he/she would be in violation of this Order if the Defendant communicates with any of the above-listed persons even if contact is initiated by the above-listed person(s).

5. **Exceptions:** (applies only if checked):

- Defendant attys/Agents may have contact for purposes of civil law.
- The Defendant may return to the residence where the above-listed person(s) resides for the purpose of removing the Defendant's PERSONAL EFFECTS ONLY and then only in the presence of a uniformed law enforcement officer and on ONE occasion only.
- Contact may be in writing.
- Contact may be by telephone.
- Contact may occur but only through a third party and only to facilitate visitation with the Defendant's minor children.

6. The Defendant has been expressly advised that violation of this Order will subject the Defendant to arrest and commitment by the Court, plus, if applicable, bond forfeiture.

I have read and do understand this Order and agree to obey it. I fully understand that ONLY A CRIMINAL DIVISION JUDGE may modify this order. I understand therefore that the alleged victim in this case, the state attorney, and any other attorney or person DOES NOT HAVE THE AUTHORITY to modify ANY PORTION of this Order without APPROVAL BY THE JUDGE.

I completely understand and agree that if I disobey this Order, the Judge may possibly revoke and forfeit any bond, and/or order my immediate incarceration.

[Signature]  
Defendant

DONE AND ORDERED at West Palm Beach, Palm Beach County, Florida, this 11/13 day of 2009  
NOTE PRO HUNC TO JUNE 30, 2009

[Signature]  
CIRCUIT/COUNTY COURT JUDGE

copies:

- Blue: State Attorney
- Pink: Public Defender/Defense Attorney
- Yellow: Defendant
- Green: Alleged victim (provided by State Attorney)

IN THE CIRCUIT COURT OF THE FIFTEENTH  
JUDICIAL CIRCUIT, IN AND FOR PALM BEACH  
COUNTY, FLORIDA

CASE NO. 2008CF009381A

STATE OF FLORIDA

vs.

JEFFREY EPSTEIN,

Defendant.

---

**AGREED ORDER**

This cause came on to be heard upon the agreement of the parties, Jack Goldberger representing Jeffrey Epstein and Barbara Burns representing the State of Florida, and the Court being fully advised that the parties have reviewed both the plea agreement and the transcript of the plea conference in the Defendants case and have confirmed that the requirement of "mandatory public service" as a special condition of community control checked off on the Order Placing the Defendant on Community Control was due to a clerical error. Accordingly, it is hereby ordered and adjudged that the special condition of "mandatory public service" is deleted.

DONE AND ORDERED in West Palm Beach, Palm Beach County, Florida on this

\_\_\_\_\_ day of October, 2009.

\_\_\_\_\_  
JEFFREY COLBATH  
Circuit Court Judge

Copies:

Jack A. Goldberger, Esquire

Barbara Burns, ASA

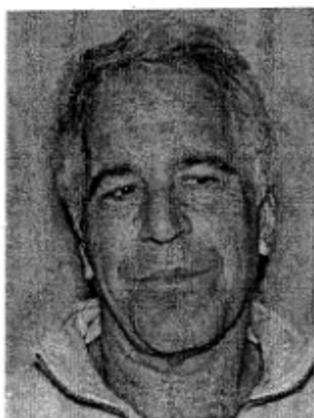
✓ Carmen Sloane, Department of Corrections



Driver And Vehicle Information Database (DAVID)

DIGITAL IMAGES ARE RESTRICTED TO LAW ENFORCEMENT USE PURSUANT TO S. 322.142(4), FLORIDA STATUTES - IMAGES INCLUDE PHOTOGRAPHS AND SIGNATURES

Individual Summary Page



DL/ID Number [REDACTED] Class E Status EXPIRED

JEFFREY E EPSTEIN  
358 EL BRILLO WAY  
PALM BCH FL 334804730

Valid ID Card

All Addresses On File

Date of Birth [REDACTED] Sex M Height 6'00 State Of Birth New York

Restrictions Endorsements

Issue Date 01-03-96 Duplicate Date Expiration Date 01-20-02

SSN [REDACTED] Form Number X069601035963

Conditional Messages:  
SEXUAL OFFENDER  
MOTORCYCLE ALSO SAFE DRIVER

Vehicle Information							
Record	VIN	Type	Color	Body	Make	Acquired Date	Reg
<a href="#">View</a>	[REDACTED]	MOTORCYCLE	UNKNOWN COLOR	MOTORCYCLE	HARLEY-DAVIDSON		[REDACTED]
<a href="#">View</a>	[REDACTED]	MOTORCYCLE	BLACK	MOTORCYCLE	HARLEY-DAVIDSON		[REDACTED]
<a href="#">View</a>	[REDACTED]	AUTO	BLACK	UTILITY	CHEVROLET	11-26-00	[REDACTED]
<a href="#">View</a>	[REDACTED]	AUTO	BLUE	CONVERTIBLE	VOLKSWAGEN		[REDACTED]
<a href="#">View</a>	[REDACTED]	AUTO	BLACK	4 DOOR	MERCEDES-BENZ	12-04-00	[REDACTED]
<a href="#">View</a>	[REDACTED]	AUTO	BLACK	2 DOOR	CHEVROLET	08-22-00	[REDACTED]
<a href="#">View</a>	[REDACTED]	AUTO	BLACK	4 DOOR	MERCEDES-BENZ	01-03-03	[REDACTED]
<a href="#">View</a>	[REDACTED]	AUTO	ALUMINUM/SILVER	ROADSTER	MERCEDES-BENZ	03-04-01	[REDACTED]
<a href="#">View</a>	[REDACTED]	AUTO	GREEN	CONVERTIBLE	ROADSTER	07-29-97	[REDACTED]

View		VESSEL		VESSEL		02-06-04
View		AUTO	BLACK	UTILITY	CHEVROLET	12-18-02
View		MOTORCYCLE	GREEN	MOTORCYCLE	HARLEY-DAVIDSON	05-23-03
View		AUTO	BLACK	UTILITY	CHEVROLET	11-12-03
View		AUTO	RED	2 DOOR	JEEP	12-04-03
View		VEHICLE TRAILER		TRAILER	CONTINENTAL	02-06-04
View		AUTO	BLACK	4 DOOR	CADILLAC	02-04-05
View		AUTO	GREEN	UTILITY	JEEP	02-11-05
View		AUTO	GRAY	2 DOOR	MERCEDES-BENZ	02-28-05
View		AUTO	BLACK	4 DOOR	BENTLEY INDUSTRIES	05-19-06
View		VEHICLE TRAILER		TRAILER	FAST LOAD AUTO HAULERS	05-30-07

Driver License Transactions								
Record	DL/ID Number	Transaction Date	Issue Date	Update Time	Lic Type	Issue Type	Change Type	FL Disp
View		05-21-09	05-21-09	05-21-09 10:17:33	ID	Original	None	

- Historical Driver License Activity
- Vehicle Insurance    Previous Vehicles
- Photo Array    Signature Array
- New Search    Main Menu

Sloane, Carmen

---

From: Sloane, Carmen  
Sent: Thursday, February 04, 2010 11:21 AM  
To: 'Barbara Burns'  
Cc: Sloane, Carmen  
Subject: Jeffrey Epstein #W35755

Second Request

Hi,  
Can you please email me the victim's addresses, I need to send them a No Contact letter from DOC.

Thanks,  
Carmen

**Sloane, Carmen**

---

**F . . . n:** Sloane, Carmen  
**Sent:** Tuesday, January 19, 2010 2:59 PM  
**To:** 'Barbara Burns'  
**Subject:** Jeffrey Epstein #W35755

Hi,

In December 2009, I received the Order of No Contact. Can you please email me the victim's addresses, I need to send them a No Contact letter from DOC.

Thanks,

Carmen



Registration No: 273223

Person Number: 73274

FDLE SEXUAL PREDATOR/OFFENDER REGISTRATION FORM

Agency Name: Palm Beach County SO

\*\*\*\*\* Note: Your next ReRegistration month is July of 2010 \*\*\*\*\*

Registration For: January 2010 - SEXUAL OFFENDER

**Reason For Registration**

Initial Registration     Scheduled ReRegistration     Information Update     Early/Late ReRegistration

**Registrant Information**

Name: JEFFREY E EPSTEIN \*SSN: \_\_\_\_\_ DOB: 01/20/1953 Race: White Sex: Male  
(First Middle Last, Suffix)

\*Disclosure of your Social Security Number (SSN) is mandatory pursuant to Florida law, sections 775.21, 943.0435, 944.607, 985.481, F.S., and federal law, 42 USC 16901, et seq. Use of your SSN is for the purposes of identification, FDLE may share the information with the other agencies for the same purpose.

FL DL or ID Card # [REDACTED] Height: 6' 00" Weight: 180 lbs Hair: Grey Eyes: Blue

Place of Birth: United States Of America (usa)

Currently on Probation/Parole:  No  Yes

Probation Type:  State FL Officer Name: Sloane Phone: [REDACTED]  
State

Federal Officer Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
City

County Officer Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
County

**Out of State Travel Information (Complete if permanent or temporary address is out of state)**

Permanently leaving Florida to establish a residence in another state Date of Departure: \_\_\_\_\_

Temporarily leaving Florida to visit another state

Moving from another state to permanently establish a residence in Florida Date of Arrival: \_\_\_\_\_

Visiting from another state and establishing a temporary address in Florida

Other (please describe): \_\_\_\_\_

Previous Permanent Address	Current Permanent Address
(Address Line 1) _____	358 El Brillo Way (Address Line 1)
(Address Line 2) _____	(Address Line 2) _____
(City) _____ (State) _____ (Zip) _____	Palm Beach, FL 33480-4730 (City) (State) (Zip)
County: _____ End Date: _____	County: <u>Palm Beach</u> Start Date: <u>06/30/2009</u>
<input type="checkbox"/> I am vacating this residence and have no other permanent or temporary residence as of this date:	<input type="checkbox"/> I have no other permanent or temporary residence at this time.

Registration No: 273223

Person Number: 73274

**Temporary Addresses**  I do NOT have a temporary address

1. _____ (Street Address)	_____ (City)	_____ (State)	_____ (Zip)	Dates you will be at this address: From: _____ To: _____
County: _____				
2. _____ (Street Address)	_____ (City)	_____ (State)	_____ (Zip)	Dates you will be at this address: From: _____ To: _____
County: _____				
3. _____ (Street Address)	_____ (City)	_____ (State)	_____ (Zip)	Dates you will be at this address: From: _____ To: _____
County: _____				
4. _____ (Street Address)	_____ (City)	_____ (State)	_____ (Zip)	Dates you will be at this address: From: _____ To: _____
County: _____				
5. _____ (Street Address)	_____ (City)	_____ (State)	_____ (Zip)	Dates you will be at this address: From: _____ To: _____
County: _____				

**Mailing Address**

Same as Permanent  Same as Temporary

\_\_\_\_\_  
(Address Line 1)

\_\_\_\_\_  
(Address Line 2)

\_\_\_\_\_, \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)  
(City)

County: \_\_\_\_\_ End Date: \_\_\_\_\_

**Phone Numbers**

I do NOT have or use any home or mobile phone numbers

Phone Number:	Phone Type:
1. _____	Home _____
2. _____	Home _____
3. ( ) _____	_____
4. ( ) _____	_____
5. ( ) _____	_____

**Employment**

I am currently unemployed.

1. Employer: <u>Florida Science Foundation</u>	Occupation: <u>Owner</u>	Start Date: _____
Address: <u>250 S Australian Ave</u> (Street Address)	<u>West Palm Beach</u> (City)	<u>FL</u> <u>33401-5018</u> (State) (Zip)
County: <u>Palm Beach</u>	Contact Person: _____	
2. Employer: _____	Occupation: _____	Start Date: _____
Address: _____ (Street Address)	_____ (City)	_____ (State) _____ (Zip)
County: _____	Contact Person: _____	
3. Employer: _____	Occupation: _____	Start Date: _____
Address: _____ (Street Address)	_____ (City)	_____ (State) _____ (Zip)
County: _____	Contact Person: _____	

Registration No: 273223

Person Number: 73274

**Vehicles**  I do NOT own or use a vehicle, RV, trailer or mobile home.

1. 2005 Cadillac Other Black Auto  
(Year) (Make) (Model) (Color/Color Scheme) (Vehicle Type)  
unknown FL This vehicle is:  NOT used as a residence  Used as a residence  
(License Tag #) (State)

2. \_\_\_\_\_ (Year) \_\_\_\_\_ (Make) \_\_\_\_\_ (Model) \_\_\_\_\_ (Color/Color Scheme) \_\_\_\_\_ (Vehicle Type)  
This vehicle is:  NOT used as a residence  Used as a residence  
(License Tag #) (State)

3. \_\_\_\_\_ (Year) \_\_\_\_\_ (Make) \_\_\_\_\_ (Model) \_\_\_\_\_ (Color/Color Scheme) \_\_\_\_\_ (Vehicle Type)  
This vehicle is:  NOT used as a residence  Used as a residence  
(License Tag #) (State)

4. \_\_\_\_\_ (Year) \_\_\_\_\_ (Make) \_\_\_\_\_ (Model) \_\_\_\_\_ (Color/Color Scheme) \_\_\_\_\_ (Vehicle Type)  
This vehicle is:  NOT used as a residence  Used as a residence  
(License Tag #) (State)

5. \_\_\_\_\_ (Year) \_\_\_\_\_ (Make) \_\_\_\_\_ (Model) \_\_\_\_\_ (Color/Color Scheme) \_\_\_\_\_ (Vehicle Type)  
This vehicle is:  NOT used as a residence  Used as a residence  
(License Tag #) (State)

**Vessels**  I do NOT own a vessel or houseboat.

1. \_\_\_\_\_ (Year) \_\_\_\_\_ (Vessel Type) \_\_\_\_\_ (Color/Color Scheme) \_\_\_\_\_ (Name of Vessel)  
This vessel is:  NOT used as a residence  Used as a residence  
(Registration #)

2. \_\_\_\_\_ (Year) \_\_\_\_\_ (Vessel Type) \_\_\_\_\_ (Color/Color Scheme) \_\_\_\_\_ (Name of Vessel)  
This vessel is:  NOT used as a residence  Used as a residence  
(Registration #)

3. \_\_\_\_\_ (Year) \_\_\_\_\_ (Vessel Type) \_\_\_\_\_ (Color/Color Scheme) \_\_\_\_\_ (Name of Vessel)  
This vessel is:  NOT used as a residence  Used as a residence  
(Registration #)

4. \_\_\_\_\_ (Year) \_\_\_\_\_ (Vessel Type) \_\_\_\_\_ (Color/Color Scheme) \_\_\_\_\_ (Name of Vessel)  
This vessel is:  NOT used as a residence  Used as a residence  
(Registration #)

5. \_\_\_\_\_ (Year) \_\_\_\_\_ (Vessel Type) \_\_\_\_\_ (Color/Color Scheme) \_\_\_\_\_ (Name of Vessel)  
This vessel is:  NOT used as a residence  Used as a residence  
(Registration #)

Registration No: 273223

Person Number: 73274

Campus Activity

I am NOT a student, employee, or volunteer at a university or institution of higher learning.

1.  Student  Employee  Volunteer

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

University/School Name: \_\_\_\_\_ Campus: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

County: \_\_\_\_\_ Employer: \_\_\_\_\_ Contact: \_\_\_\_\_

2.  Student  Employee  Volunteer

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

University/School Name: \_\_\_\_\_ Campus: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

County: \_\_\_\_\_ Employer: \_\_\_\_\_ Contact: \_\_\_\_\_

3.  Student  Employee  Volunteer

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

University/School Name: \_\_\_\_\_ Campus: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

County: \_\_\_\_\_ Employer: \_\_\_\_\_ Contact: \_\_\_\_\_

Cyber Communication Accounts

I do NOT use any email addresses or instant message screen names.

Email Addresses

Instant Message Screen Names

Name: \_\_\_\_\_ Provider: \_\_\_\_\_

- 1. jeeproject@yahoo.com
- 2. jeevacation@gmail.com
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

Adjudication Information

Date Adjudicated	Crime	Location of Adjudication/Conviction	Victim Information
1. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
2. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
3. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
4. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____

Were you or are you subject to registration or community notification in another state?  Yes  No If Yes, in what state? \_\_\_\_\_

Registration No: 273223

Person Number: 73274

### NOTICE OF SEXUAL PREDATOR AND SEXUAL OFFENDER OBLIGATIONS

As a Sexual Predator (Florida Statute 775.21) or Sexual Offender (Florida Statute 943.0435, 944.607, or 985.481) where "Permanent residence" means a place where the person abides, lodges, or resides for 5 or more consecutive days, and "Temporary residence" means a place where the person abides, lodges, or resides for a period of 5 or more days in the aggregate during any calendar year and which is not the person's permanent address; or, for a person whose permanent residence is not in this state, a place where the person is employed, practices a vocation, or is enrolled as a student for any period of time in this state, I understand that I am required by law to abide by the following: **FAILURE TO COMPLY WITH ANY OF THE FOLLOWING REQUIREMENTS IS A FELONY OF THE THIRD DEGREE (UNLESS OTHERWISE NOTED)**

1. I must report **in person** to the local Sheriff's Office within 48 hours of establishing or maintaining a residence in the state of Florida or within 48 hours of release from custody and/or supervision of Department of Corrections (DOC), Department of Children and Family Services (DCFS) or Department of Juvenile Justice (DJJ) to register my temporary or permanent address.
2. Within 48 hours after the initial report required as stated in requirement #1 above, I must report **in person** the driver's license office of the Department of Highway Safety and Motor Vehicles (DHSMV) to obtain a valid Florida driver's license or identification card displaying one of the following designations "775.21, F.S." or "943.0435, F.S.", unless a driver's license or identification card with such designation was previously secured or updated while under supervision of DOC, DCFS or DJJ and there have been no changes to my address, name or designation (Florida Statute 322.212).
3. I must report **in person** either twice a year (during the month of my birth and during the sixth month following my birth month) or four times per year (once during the month of my birth and every 3rd month thereafter), depending upon my offense/designation, to the Sheriff's Office in the county in which I reside or am otherwise located to reregister.

**NOTE: Unless otherwise notified by the Florida Department of Law Enforcement (FDLE), Sexual Offenders that were not adjudicated delinquent are required to reregister twice a year. All Sexual Predators are required to reregister four times a year and all Sexual Offenders adjudicated delinquent are required to reregister four times a year.**

I AM REQUIRED TO REREGISTER TWO TIMES A YEAR; I MUST REREGISTER AS NOTED BELOW. (Sexual Offenders (943.0435), unless otherwise notified by FDLE)

Month of Birth	I must reregister in:	Month of Birth	I must reregister in:
Jan	Jan & July	July	Jan & July
Feb	Feb & Aug	Aug	Feb & Aug
Mar	Mar & Sept	Sept	Mar & Sept
April	April & Oct	Oct	April & Oct
May	May & Nov	Nov	May & Nov
June	June & Dec	Dec	June & Dec

I AM REQUIRED TO REREGISTER FOUR TIMES A YEAR; I MUST REREGISTER AS NOTED BELOW. (Sexual Predators (775.21) and Sexual Offenders (985.481), unless otherwise notified by FDLE)

Month of Birth	I must reregister in the months of:	Month of Birth	I must reregister in the months of:
Jan	Jan, April, July & Oct	July	Jan, April, July & Oct
Feb	Feb, May, Aug, & Nov	Aug	Feb, May, Aug, & Nov
Mar	Mar, June, Sept & Dec	Sept	Mar, June, Sept & Dec
April	April, July, Oct & Jan	Oct	April, July, Oct & Jan
May	May, Aug, Nov & Feb	Nov	May, Aug, Nov & Feb
June	June, Sept, Dec & Mar	Dec	June, Sept, Dec & Mar

Registration No: 273223

Person Number: 73274

4. Within 48 hours, after any change of address in permanent or temporary residence, change of name due to marriage or other legal process, or when my driver's license is subject to renewal, I must report that information **in person** to the driver's license office of the Department of Highway Safety and Motor Vehicles to obtain and maintain a valid Florida driver's license or identification card.
5. If I live in another state, but work or attend school in Florida, I MUST register my work or school address as a temporary address within 48 hours by reporting **in person** to the local Sheriff's Office. I must also obtain and maintain a valid Florida driver's license or identification card.
6. If I intend to establish residence in another state or jurisdiction other than the State of Florida, I must report **in person** to the local Sheriff's Office to notify of my intention to do so within 48 hours prior to leaving.
7. If I later decide to remain in this state (see #6 above), I must report **in person** back to the local Sheriff's Office to notify of my intention to remain in Florida. This report must occur within 48 hours after the date I indicated that I would leave. **Failure to comply with this requirement is a felony of the second degree.**
8. If I move from a permanent residence and do not have another permanent or temporary residence, I must report this change **in person** to the Sheriff's Office within 48 hours. I must update all registration information and provide an address or location that I will occupy until I establish a residence.
9. If I later decide to remain at the permanent residence (see #8 above), I must report **in person** back to the Sheriff's Office to notify of my intention. This report must occur within 48 hours after the date that I indicated that I would leave the permanent residence. **Failure to comply with this requirement is a felony of the second degree.**
10. I MUST respond to any address verification correspondence from FDLE within three weeks of the date of the correspondence.
11. If I am employed, carry on a vocation, am a student, or become a resident of another state I must also register in that state.
12. If I am enrolled, employed, or carrying on a vocation at an institution of higher education in this state, I shall also provide the name, address, and county of each institution, including each campus attended, and my enrollment or employment status. I shall report each change in enrollment or employment status **in person** at the Sheriff's Office within 48 hours after any change in status.
13. I MUST report any electronic mail address or instant message name, prior to using such, during registration/ reregistration and provide all updates through the online system provided by the Florida Department of Law Enforcement.

**PLEASE READ CAREFULLY BEFORE SIGNING**

As a Sexual Predator (Florida Statute 775.21) or Sexual Offender (Florida Statute 943.0435, 944.607 or 985.481), you are required by law to abide by those requirements listed on this form. By signing below, you acknowledge that you have read or have been read all the requirements on this form, AND that you understand these requirements.

YOU ARE REQUIRED TO REREGISTER EACH YEAR AT THE SHERIFF'S OFFICE IN THE MONTHS OF January AND July.

Under penalty of perjury I declare the above is true and correct.



Registrant:

*[Handwritten Signature]*  
Signature Required

Witnessed by Reporting Officer:



Printed Name: JEFFREY E EPSTEIN

Date: 01/05/2010

Printed Name: veronica english

Date: 01/05/2010

**\* OFFICIAL DOCUMENT DO NOT DESTROY \***

\*\*\*\*\* NOTE: Your next ReRegistration month is July of 2010. \*\*\*\*\*

State of Florida  
Department of Corrections  
Initial 60-Day Review

Offender: Jeffrey Epstein  
Number: W35754

Gain Date: 7-22-09  
Overall Term Date: 7-21-10

File/Data Base Review	Completed	Exception	Due
File Organization	<input type="checkbox"/>		
PP02 Movement and Status Review	<input checked="" type="checkbox"/>		
Movements and supervision type	<input checked="" type="checkbox"/>		
Status (e.g., Active, Active-Suspense, S13, etc.)	<input checked="" type="checkbox"/>		
OT22/OT21-Sentence Structure Review- Compare sentence structure with order	<input checked="" type="checkbox"/>		
Intake date matches G01 date	<input checked="" type="checkbox"/>		
Imposed date	<input checked="" type="checkbox"/>		
Offense code and offense date <u>8-1-04- 10/9/05</u>	<input checked="" type="checkbox"/>		
Sentence type/length/sched. & overall term	<input checked="" type="checkbox"/>		
Special provision codes (e.g., JL, HO, HV, TS, etc.)	<input type="checkbox"/>		
Chaining (e.g., IN/CC/CS/CT)	<input type="checkbox"/>		
Effective date	<input type="checkbox"/>		
PP76 Entry SS SSA sentence structure review	<input type="checkbox"/>		
4. OT23-Personal Characteristics/Photo	<input checked="" type="checkbox"/>		
True name, alias, maiden	<input checked="" type="checkbox"/>		
Date of Birth/Race/Sex	<input checked="" type="checkbox"/>		
FDLE (State ID)/SS#/DL or ID#	<input checked="" type="checkbox"/>		
DNA drawn date displayed	<input checked="" type="checkbox"/>		
Review photo date or "RP"	<input checked="" type="checkbox"/>		
Compare photo with identifying information	<input type="checkbox"/>		
5. COPS	<input checked="" type="checkbox"/>	<u>open dry tot</u>	<u>10/17/09</u>
COPS input form in file	<input checked="" type="checkbox"/>		
COPS acct. review compared to order	<input checked="" type="checkbox"/>		
Review for OP03 7/Officer Audit Entry	<input type="checkbox"/>		
Review OP04 for each account	<input type="checkbox"/>		
PP76 Entry P3 OP03 COPS Audit	<input type="checkbox"/>		
3. Review Individualized Supervision Plan/Signed	<input checked="" type="checkbox"/>		
Review order of supervision/Signed	<input checked="" type="checkbox"/>		
Review OFOA/Signed	<input checked="" type="checkbox"/>	<u>means ofoa</u>	<u>10/17/09</u>
PP76 "INT" entry to document instruct	<input type="checkbox"/>	<u>Need to be reflect on PP76</u>	<u>10/17/09</u>
PP76 entry SA SOA Supervision Order Audit	<input type="checkbox"/>		
Criminal History/Offense Circum/Victim	<input checked="" type="checkbox"/>		
Investigation or FCIC/NCIC arrest record, offense circumstances, & victim impact information (if victim)	<input type="checkbox"/>		
Are FCIC II/NCIC w/OT41 entries	<input type="checkbox"/>		
Review OT74 entries if needed	<input checked="" type="checkbox"/>		
Review Risk Level	<input type="checkbox"/>		

Offender: \_\_\_\_\_

DC Number: \_\_\_\_\_

10.	<b>Contact Standards &amp; Case Notes</b>		
	Review contact requirements met	<input checked="" type="checkbox"/>	
	Review content of case notes-quality check	<input type="checkbox"/>	
	Review case notes-appropriate use of codes	<input type="checkbox"/>	
	"A3/ALL" audit code or SS, SA, P3 entered	<input type="checkbox"/>	
11.	<b>OT71 Residence Verification</b>		
	OT71 entry complete with correct type, full address, telephone, curfew hours (if app.), etc.	<input checked="" type="checkbox"/>	
	Residence verified	<input type="checkbox"/>	
12.	<b>OT36 Employment/School Verification and Notification</b>		
	OT36 employment information is complete	<input checked="" type="checkbox"/>	
	OT36 completed for each employment, unemployment, school, disabled, retired	<input type="checkbox"/>	
	Employer notified and employment verified	<input checked="" type="checkbox"/>	Documentation in file
	Case notes describe offender's employment	<input type="checkbox"/>	Cert of Incorporation
	If Unemployed-referrals/job search forms/"JOB" entry and notes on PP76	<input type="checkbox"/>	N/A
	If Self Employed-review occupational license and case note describing details	<input checked="" type="checkbox"/>	
	If Disabled-review documents	<input type="checkbox"/>	
	If Retired-review documentation	<input type="checkbox"/>	
13.	<b>OT17 Special Conditions Entered</b>		
	Compare OT17 with order for entry of all Treatment referrals within 30 days-review DC5-404 and PP70 entries	<input checked="" type="checkbox"/>	verify if there are any additional 10/17/09 has not been determined. RE: Victim Contact
	Education referrals (if app.)-review OT36	<input type="checkbox"/>	N/A
	Public Service-review OT18 and forms <i>9/15/09</i>	<input type="checkbox"/>	N/A
	Drug Testing (initial during 2 <sup>nd</sup> or 3 <sup>rd</sup> month) <i>9/15/09</i>	<input checked="" type="checkbox"/>	
	"No Contact" Victim Notification-review form letter to victim and case notes	<input type="checkbox"/>	N/A
	Apology letter to victim, if ordered	<input type="checkbox"/>	N/A
	Entry of 99 code or text added for conditions with exceptions or more specifications	<input checked="" type="checkbox"/>	
	Other-	<input type="checkbox"/>	
	Other-	<input type="checkbox"/>	
14.	<b>Career Offender Registration Notices signed (DC3-2001A and DC3-2001B)</b>	<input type="checkbox"/>	
15.	<b>Instruction to Offender signed (DC3-246)</b>	<input checked="" type="checkbox"/>	<i>initials present</i>
16.	<b>Privacy Practices signed (DC3-2006)</b>	<input checked="" type="checkbox"/>	<i>Need all three forms</i>

\_\_\_\_\_  
Officer

*9-18-09*  
Date

\_\_\_\_\_  
Supervisor/Reviewer

*10/17/09*  
*9/18/09*  
Date

---Review Assigned Date: \_\_\_\_\_

Re-Review Completion Date: *10/16/09* \_\_\_\_\_

*H. Span*

**MERMELSTEIN & HOROWITZ PA**

ATTORNEYS AT LAW

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Fax 305.931.0877  
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18205 Biscayne Blvd.  
Suite 2218  
Miami, Florida 33160  
www.sexabuseattorney.com

September 29, 2009

**Via U.S. Mail**

Hon. Jeffrey Colbath  
Palm Beach County Circuit Court  
Criminal Division W  
205 North Dixie Highway, Room 11.2213  
West Palm Beach, FL 33401

**Re: State of Florida v. Jeffrey Epstein**

Dear Judge Colbath:

I am writing to you regarding Jeffrey Epstein as I understand you may be the presiding judge in his criminal case.

My client, \_\_\_\_\_, is one of Jeffrey Epstein's alleged victims. She has asked me to report to you that Jeffrey Epstein violated the terms of his probation, including his No-Contact Order, during an incident on September 16, 2009 in which Mr. Epstein came within approximately ten (10) feet of her, stared her down, and intimidated her to tears. This occurred at a time and place where Jeffrey Epstein knew he might come into contact with \_\_\_\_\_ An affidavit setting forth the facts is attached hereto. My client can testify to these events as well.

If you require additional information from my client, please do not hesitate to ask.

Respectfully submitted,

  
Adam Horowitz

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

CASE NO.: 08-CV-80119-MARRA/JOHNSON

JANE DOE NO. 2,

Plaintiff,

vs.

JEFFREY EPSTEIN,

Defendant.

Related Cases:

08-80232, 08-80380, 08-80381, 08-80994,  
08-80993, 08-80811, 08-80893, 09-80469,  
09-80591, 09-80656, 09-80802, 09-81092,

**DECLARATION OF ADAM D. HOROWITZ**

1. My name is Adam D. Horowitz. I am an attorney for Jane Doe No. 4.
2. The deposition of Jane Doe No. 4 was scheduled for September 16, 2009 at 1:00 p.m. at 350 Australian Ave. South, Suite 115, West Palm Beach, Florida. On the day before the deposition, the undersigned and counsel for Jeffrey Epstein entered into a written stipulation in which it was agreed that "Jeffrey Epstein will not attend tomorrow's deposition of Jane Doe No. 4 (in the absence of a court order permitting him to attend)." It was further agreed that Jeffrey Epstein may listen in to the deposition by telephone or view a videofeed of the deposition, but under no circumstances would he "be seen by our client."
3. While Jane Doe No. 4 and I were in the lobby of 350 Australian Ave South at approximately 1:00 p.m. for her deposition on September 16, 2009, we crossed paths with Jeffrey Epstein and someone who appeared to be his bodyguard. Jeffrey Epstein stopped

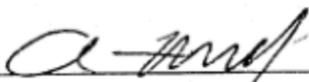


walking and began to stare at and intimidate Jane Doe No. 4. Jane Doe No. 4 was terrified, began crying and ran outside the building. Jeffrey Epstein smirked at her and walked away.

4. As a result of this incident, Jane Doe began crying uncontrollably and was unable to proceed with her deposition.

Under penalties of perjury I declare that I have read the foregoing Declaration and the facts stated in it are true.

Dated: September 17, 2009

  
Adam D. Horowitz

# Halloween Rules

1. YOU WILL NOT GIVE OUT CANDY
2. NO LAWN DISPLAYS
3. NO HOUSE DECORATIONS
4. YOUR PORCH LIGHT IS TO BE TURNED OFF
5. DO NOT ATTEND ANY PARTIES OR FUNCTIONS WHERE MINORS ARE PRESENT
6. ALL OTHER CONDITIONS OF SUPERVISION STILL APPLY

Offender Signature:



Officer Signatu



Date:

10-6-09

**Sloane, Carmen**

---

**From:** Barbara Burns [REDACTED]  
**Sent:** Thursday, September 24, 2009 6:22 PM  
**To:** Sloane, Carmen  
**Subject:** RE: Jeffrey Epstein

Thank you for all of this info that you have forwarded re: Mr. Epstein. As to your concern about clarification on the Public Service issue. An order should have already been submitted correcting that error. It was never a part of the plea and should not have been made a part of the Order of Probation/House Arrest. I am meeting with my superiors on the other issue of the no victim contact and will get back with you. Thanks again.

---

**From:** Sloane, Carmen [REDACTED]  
**Sent:** Wednesday, September 23, 2009 5:19 PM  
**To:** Barbara Burns  
**Cc:** Baker, Rosalyn; Gaines, Willie  
**Subject:** Jeffrey Epstein

<<P154Scanner20090923170423.pdf>>

Mrs. Burns,

FYI - This is Mr. Epstein response to Attorney Horowitz declaration.

Carmen Sloane

**Sloane, Carmen**

---

**From:** Sloane, Carmen  
**Sent:** Wednesday, September 23, 2009 5:19 PM  
**To:** [REDACTED]  
**Cc:** Baker, Rosalyn; Gaines, Willie  
**Subject:** Jeffrey Epstein

**Attachments:** P154Scanner20090923170423.pdf



P154Scanner20090  
923170423.pdf ...

Mrs. Burns,

FYI - This is Mr. Epstein response to Attorney Horowitz declaration.

Carmen Sloane

**Sloane, Carmen**

---

**From:** Sloane, Carmen  
**Sent:** Wednesday, September 23, 2009 10:02 AM  
**To:** [REDACTED]  
**Cc:** Baker, Rosalyn  
**Subject:** Jeffrey Espstein #W35755

**Attachments:** P154Scanner20090923091308.pdf; P154Scanner20090923091347.pdf



P154Scanner20090 P154Scanner20090  
923091308.pdf ... 923091347.pdf ...

Mrs. Burns,

On 9-18-09, I received an email via our Circuit Administrator Mrs. Baker from Mr. Adam Horowitz. In regards to a document which was stated as a "Declaration of Adam Horowitz" (see scan document), which states the subject had contact with one of the victims (Jane Doe No 4) in the lobby of 250 Australian Ave, where one of the civil disposition was being held. In addition on 9-21-09, Mr. Horowitz forwarded the transcripts of the subject's criminal trail, which states on page 3 that he is not to have any contact direct or indirect with the victims. On the court event form dated 6-30-08 it does not state if he can or can not have contact with the victims. After reviewing the clerks file, I was unable to locate in the file a "no contact order" if one exist. Can you please clarify this matter? I would also like clarification of condition #25 of the Orders of Community Control, which states "Mandatory Public Service". According to the court event form there where no community service hours ordered. If these two matters have to be taken back to court for clarification, please advise me of the court date. If you have any questions, please call me at [REDACTED]

Sincerely,

Carmen Sloane, 154  
Correctional Probation Senior Officer

CCS

**Report Selection Criteria**

**Case ID:** 502008CF009381AXXXMB  
**Docket Start Date:**  
**Docket Ending Date:**

**Case Description**

**Case ID:** 502008CF009381AXXXMB  
**Case Caption:** EPSTEIN, JEFFREY E  
**Division:** W - COLBATH  
**Filing Date:** Thursday , June 26th, 2008  
**Court:** CF - FELONY  
**Location:** MB - MAIN BRANCH  
**Jury:** N-Non Jury  
**Type:** CF - FELONY  
**Status:** CLSD - CLOSED CASE

**Related Cases**

*No related cases were found.*

**Case Event Schedule**

*No case events were found.*

**Case Parties**

Seq #	Assoc	Expn Date	Type	ID	Name	Aliases:	
2			JUDGE	W	COLBATH, JUDGE JEFFREY	Aliases:	none
3			DEFENDANT	Z4167391	EPSTEIN, JEFFREY E	Aliases:	none
4	3	30-JUN-2008	ATTORNEY	0262013	GOLDBERGER , ESQ, JACK A	Aliases:	none

**Docket Entries**

Docket Number	Docket Type	Book and Page No.	Attached To:
	0000C - CASE INITIATED TIMELINESS RPT		
Filing Date:	26-JUN-2008		
Filing Party:			
Disposition Amount:			
Docket Text:	none.		
1	INFO - INFORMATION SHEET		
Filing Date:	26-JUN-2008		
Filing Party:	EPSTEIN, JEFFREY E		
Disposition Amount:			
Docket Text:	ARISES FROM 2006CF009454AXX		
1 A	AREC - ARREST RECORD		
Filing Date:	26-JUN-2008		
Filing Party:	EPSTEIN, JEFFREY E		
Disposition Amount:			
Docket Text:	none.		
1 B	TEXT - SEE DOCUMENT DESCRIPTION		
Filing Date:	26-JUN-2008		
Filing Party:	EPSTEIN, JEFFREY E		
Disposition Amount:			
Docket Text:	ROUGH ARREST - NO PROBABLE CAUSE FILED		
1 C	WOAR - WAIVER OF ARRAIGNMENT		
Filing Date:	26-JUN-2008		
Filing Party:	EPSTEIN, JEFFREY E		
Disposition Amount:			
Docket Text:	FILED BY JACK GOLDBERG		
	EVSCH - HEARING EVENT SCHEDULED		
Filing Date:	27-JUN-2008		
Filing Party:			
Disposition Amount:			

<b>Docket Text:</b>		<i>none.</i>
2	JDN - JUDICIAL NOTES	
<b>Filing Date:</b>	27-JUN-2008	
<b>Filing Party:</b>	EPSTEIN, JEFFREY E	
<b>Disposition Amount:</b>		
<b>Docket Text:</b>	SET CASE FOR 6/30/08 @ 8:30 AM FOR STATUS CHECK	
	EVHLD - EVENT HELD	
<b>Filing Date:</b>	30-JUN-2008	
<b>Filing Party:</b>	EPSTEIN, JEFFREY E	
<b>Disposition Amount:</b>		
<b>Docket Text:</b>	CR-DAMES. PLEAD & ADJ GUILTY AS CHARGED. STIP/FOUND: SEXUAL OFFENDER. PBCJ 6 MOS W/CD FOR 1 DAY, TO RUN CONSECUTIVE W/06-9454AXX. PBCJ SENTENCE FOLLOWED BY 12 MOS PROB. DEFT MUST REGISTER AS A SEXUAL OFFENDER W/IN 48 HRS OF RELEASE. DNA SWAB. MER	
2 A	GUIL - JUDGMENT OF GUILTY	
<b>Filing Date:</b>	30-JUN-2008	
<b>Filing Party:</b>	EPSTEIN, JEFFREY E	
<b>Disposition Amount:</b>		
<b>Docket Text:</b>	<i>none.</i>	
2 B	FNGR - FINGERPRINTS	
<b>Filing Date:</b>	30-JUN-2008	
<b>Filing Party:</b>	EPSTEIN, JEFFREY E	
<b>Disposition Amount:</b>		
<b>Docket Text:</b>	<i>none.</i>	
2 C	SORD - SENTENCE ORDER	
<b>Filing Date:</b>	30-JUN-2008	
<b>Filing Party:</b>	EPSTEIN, JEFFREY E	
<b>Disposition Amount:</b>		
<b>Docket Text:</b>	<i>none.</i>	
2 D	SORC - SENTENCE ORDER - CONTINUED	
<b>Filing Date:</b>	30-JUN-2008	
<b>Filing Party:</b>	EPSTEIN, JEFFREY E	
<b>Disposition Amount:</b>		

<b>Docket Text:</b> none.	
2 E	RITE - WAIVER OF RIGHTS
<b>Filing Date:</b>	30-JUN-2008
<b>Filing Party:</b>	EPSTEIN, JEFFREY E
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	none.
2 F	PLS - PLEA SHEET
<b>Filing Date:</b>	30-JUN-2008
<b>Filing Party:</b>	EPSTEIN, JEFFREY E
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	none.
2 G	GLSS - GUIDELINE SCORESHEET
<b>Filing Date:</b>	30-JUN-2008
<b>Filing Party:</b>	EPSTEIN, JEFFREY E
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	none.
2 H	O AFC - ORDER ASSESSING FEES/COST
<b>Filing Date:</b>	30-JUN-2008
<b>Filing Party:</b>	EPSTEIN, JEFFREY E
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	(JUDGE PUCILLO FOR MCSORLEY) IN THE AMOUNT OF \$473.00 AS CONDS OF PROB. MER
3	AREC - ARREST RECORD
<b>Filing Date:</b>	01-JUL-2008
<b>Filing Party:</b>	EPSTEIN, JEFFREY E
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	RECOMMIT
	RCMIT - RECOMMITMENT
<b>Filing Date:</b>	01-JUL-2008
<b>Filing Party:</b>	
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	none.
	CLSD - CLOSED CASE

<b>Filing Date:</b>	08-JUL-2008
<b>Filing Party:</b>	
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	<i>none.</i>
RCPT - RECEIPT FOR PAYMENT	
<b>Filing Date:</b>	14-JUL-2008
<b>Filing Party:</b>	EPSTEIN, JEFFREY E
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	A Payment of -\$473.00 was made on receipt CFMB30200. From Bond ID: 00073142
4	ORD - ORDER
<b>Filing Date:</b>	21-JUL-2008
<b>Filing Party:</b>	EPSTEIN, JEFFREY E
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	(JUDGE MCSORLEY) OF PROBATION..NUNC PRO TUNC 6/30/08
5	PROC - CRT REPORTER TRANSCRIPT OF
<b>Filing Date:</b>	22-JUL-2008
<b>Filing Party:</b>	EPSTEIN, JEFFREY E
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	PLEA CONFERENCE, TAKEN 6/30/08
6	MOT - MOTION
<b>Filing Date:</b>	04-DEC-2008
<b>Filing Party:</b>	EPSTEIN, JEFFREY E
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	TO CLARIFY SENTENCE TO CORRECT SCRIVENER'S ERROR FILED BY JACK GOLDBERGER
7	AGOR - AGREED ORDER
<b>Filing Date:</b>	04-MAY-2009
<b>Filing Party:</b>	EPSTEIN, JEFFREY E
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	(JUDGE COLBATH) THAT THE ORDER OF COMMUNITY CONTROL IS CORRECTED TO DELETE SPECIAL CONDITION #26 AND #27.
8	MOT - MOTION

<b>Filing Date:</b>	12-MAY-2009
<b>Filing Party:</b>	EPSTEIN, JEFFREY E
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	(NONPARTY E.W'S) TO VACATE ORDER SEALING RECORDS AND UNSEAL RECORDS.
9	ORSH - ORDER SETTING HEARING
<b>Filing Date:</b>	15-MAY-2009
<b>Filing Party:</b>	EPSTEIN, JEFFREY E
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	SET FOR 5/29/09 RE:MOTION TO VACATE ORDER TO SEAL AND UNSEAL RECORD
	EVSCH - HEARING EVENT SCHEDULED
<b>Filing Date:</b>	19-MAY-2009
<b>Filing Party:</b>	
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	none.
10	NOH - NOTICE OF HEARING
<b>Filing Date:</b>	26-MAY-2009
<b>Filing Party:</b>	EPSTEIN, JEFFREY E
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	SET FOR 5/29/09 10:30
12	PONG - PLEA OF NOT GUILTY
<b>Filing Date:</b>	29-MAY-2009
<b>Filing Party:</b>	EPSTEIN, JEFFREY E
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	none.
	EVSCH - HEARING EVENT SCHEDULED
<b>Filing Date:</b>	01-JUN-2009
<b>Filing Party:</b>	
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	NON PARTY E.W.'S MOTION TO VACATE ORDER SEALING RECORDS AND UNSEAL RECORDS
	EVCAN - EVENT

CANCELLED/SETTLED	
<b>Filing Date:</b>	01-JUN-2009
<b>Filing Party:</b>	EPSTEIN, JEFFREY E
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	<i>none.</i>
11	RNOH - RE-NOTICE OF HEARING
<b>Filing Date:</b>	01-JUN-2009
<b>Filing Party:</b>	EPSTEIN, JEFFREY E
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	SETTING CASE FOR OTHER HEARING ON 6/10/2009 AT 10:30 AM FILED BY BRADLEY EDWARDS, ESQ. RE: NON PARTY E.W.'S MOTION TO VACATE ORDER SEALING RECORDS AND UNSEAL RECORDS, HEARING SEET FOR 5/29/2009 IS CANCELLED
13	MOT - MOTION
<b>Filing Date:</b>	03-JUN-2009
<b>Filing Party:</b>	EPSTEIN, JEFFREY E
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	TO VACATE ORDER SEALING RECORD AND UNSEAL RECORDS FILED BY BRADLEY EDWARDS, ESQ.
14	MOT - MOTION
<b>Filing Date:</b>	03-JUN-2009
<b>Filing Party:</b>	EPSTEIN, JEFFREY E
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	PALM BEACH POST'S MOTION TO INTERVENE AND PETITION FOR ACCESS FILED BY DEANNA SHULLMAN, ESQ.
EVRST - EVENT RESET	
<b>Filing Date:</b>	10-JUN-2009
<b>Filing Party:</b>	EPSTEIN, JEFFREY E
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	CR-BELTRAN. MOTION TO INTERVENE-GRANTED. NO ACTION ON MOTION TO UNSEAL. RESET FOR MOTION HRG ON 6/25/09. BLE
15	ORD - ORDER
<b>Filing Date:</b>	10-JUN-2009
<b>Filing Party:</b>	EPSTEIN, JEFFREY E
<b>Disposition Amount:</b>	

<b>Docket Text:</b> (COLBATH)	
16	CEF - COURT EVENT FORM
<b>Filing Date:</b>	10-JUN-2009
<b>Filing Party:</b>	EPSTEIN, JEFFREY E
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	<i>none.</i>
17	ORD - ORDER
<b>Filing Date:</b>	10-JUN-2009
<b>Filing Party:</b>	EPSTEIN, JEFFREY E
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	(COLBATH)
	EVSCH - HEARING EVENT SCHEDULED
<b>Filing Date:</b>	11-JUN-2009
<b>Filing Party:</b>	
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	<i>none.</i>
19	MOT - MOTION
<b>Filing Date:</b>	11-JUN-2009
<b>Filing Party:</b>	EPSTEIN, JEFFREY E
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	TO MAKE COURT RECORDS CONFIDENTIAL. FILED BY J. GOLDBERGER, ESQ
18	MOT - MOTION
<b>Filing Date:</b>	15-JUN-2009
<b>Filing Party:</b>	EPSTEIN, JEFFREY E
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	TO INTERVENE AND SUPPORTING MEMORANDUM OF LAW. FILED BY S. KUBIN, ESQ
	EVHLD - EVENT HELD
<b>Filing Date:</b>	25-JUN-2009
<b>Filing Party:</b>	EPSTEIN, JEFFREY E
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	CR-WIGGINS (COLBATH) DEFT PRES W/J.GOLDBERGER, GRANTED, CASE RESET FOR MOTION TO STAY DISCLOSURE

EVSCH - HEARING EVENT SCHEDULED	
Filing Date:	25-JUN-2009
Filing Party:	
Disposition Amount:	
Docket Text:	TO STAY DISCLOSURE
EVSCH - HEARING EVENT SCHEDULED	
Filing Date:	25-JUN-2009
Filing Party:	
Disposition Amount:	
Docket Text:	TO STAY DISCLOSURE
20	CEF - COURT EVENT FORM
Filing Date:	25-JUN-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	<i>none.</i>
21	MOT - MOTION
Filing Date:	25-JUN-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	TO STAY DISCLOSURE OPF THE NON- PROSECUTION AGREEMENT AND ADDENDUM PENDING REVIEW. FILE BY R. CRITON, PA
EVHLD - EVENT HELD	
Filing Date:	26-JUN-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	CR-WIGGINS. MOTION TO STAY, DENIED. WRITTEN ORDER TO FOLLOW. DOCUMENTS IN QUESTION ARE DELAYED UNTIL NOON ON THURSDAY 02-JUL-2009. MOTION TO COMPEL THE DEFT TO POST BOND - DENIED.
25	MOT - MOTION
Filing Date:	26-JUN-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	

<b>Docket Text:</b>		FOR ATTY'S FEES AND COSTS. FILED BY D. SHULLMAN, PA
31	CEF - COURT EVENT FORM	
<b>Filing Date:</b>	26-JUN-2009	
<b>Filing Party:</b>	EPSTEIN, JEFFREY E	
<b>Disposition Amount:</b>		
<b>Docket Text:</b>	none.	
32	ORD - ORDER	
<b>Filing Date:</b>	26-JUN-2009	
<b>Filing Party:</b>	EPSTEIN, JEFFREY E	
<b>Disposition Amount:</b>		
<b>Docket Text:</b>	(JUDGE COLBATH) THAT THE MOTIONS TO SEAL THE COURT RECORDS ARE DENIED. THE MOTIONS TO INTERVENE ARE GRANTED. THE MOTION TO UNSEAL THE DOCUMENTS IS GRANTED.	
23	RESP - RESPONSE TO:	
<b>Filing Date:</b>	29-JUN-2009	
<b>Filing Party:</b>	EPSTEIN, JEFFREY E	
<b>Disposition Amount:</b>		
<b>Docket Text:</b>	MOTION TO STAY AND SUPPORTING MEMORANDUM OF LAW. FILED BY S. KUVIN, ESQ	
24	ODMO - ORDER DENYING MOTION	
<b>Filing Date:</b>	29-JUN-2009	
<b>Filing Party:</b>	EPSTEIN, JEFFREY E	
<b>Disposition Amount:</b>		
<b>Docket Text:</b>	(COLBATH) TO STAY DISCLOSURE AGREEMENT	
26	PROC - CRT REPORTER TRANSCRIPT OF	
<b>Filing Date:</b>	01-JUL-2009	
<b>Filing Party:</b>	EPSTEIN, JEFFREY E	
<b>Disposition Amount:</b>		
<b>Docket Text:</b>	PROCEEDINGS BEFORE THE COURT,	
27	PROC - CRT REPORTER TRANSCRIPT OF	
<b>Filing Date:</b>	01-JUL-2009	
<b>Filing Party:</b>	EPSTEIN, JEFFREY E	

<b>Disposition Amount:</b>	
<b>Docket Text:</b>	PROCEEDINGS BEFORE THE COURT
22	ORD - ORDER
<b>Filing Date:</b>	02-JUL-2009
<b>Filing Party:</b>	EPSTEIN, JEFFREY E
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	<p>THAT THE MOTION TO FILE UNDER SEAL IS GRANTED. ORDERED FURTHER THAT THIS COURT GRANTS THE MOTION TO USE ONE APPENDIX TO SUPPORT THE EMERGENCY PETITION FOR WRIT OF CERTIORARI AND EMERGENCY MOTION TO REVIEW DENIAL OF STAY. ORDERED FURTHER THAT THIS COURT GRANTS PETITIONERS EMERGENCY MOTION TO REVIEW THE ORDER JUNE 26, 2009, THAT DENIES THE MOTION FOR STAY. THE JUNE 25, 2009 ORDER GRANTING THE MOTION TO UNSEAL IS STAYED PENDING FURTHER ORDER OF THE COURT. ORDERED FURTHER THAT WITHIN TEN (10) DAYS OF THIS ORDER RESPONDENT SHALL SHOW CAUSE WHY THE PETITION SHOULD NOT BE GRANTED. RESPONDENT SHALL ADDRESS THIS COURTS JURISDICTION TO REVIEW THE ORDER AS WELL AS THE MERITS OF THE PETITION. ORDERED FURTHER THAT PETITIONER MAY HAVE TEN (10) DAYS THEREAFTER TO REPLY.</p>
28	MOT - MOTION
<b>Filing Date:</b>	06-JUL-2009
<b>Filing Party:</b>	EPSTEIN, JEFFREY E
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	NONPARTY E.W.'S MOTION FOR ATTORNEYS FEES AND COSTS FILED BY W. BERGER
29	RESP - RESPONSE TO:
<b>Filing Date:</b>	06-JUL-2009
<b>Filing Party:</b>	EPSTEIN, JEFFREY E
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	(INTERVENER'S) MOTION TO STAY AND SUPPORTING MEMORANDUM OF LAW. FILED BY S. KUVIN, ESQ
30	EXLT - EXHIBIT LIST
<b>Filing Date:</b>	08-JUL-2009
<b>Filing Party:</b>	EPSTEIN, JEFFREY E
<b>Disposition Amount:</b>	
<b>Docket Text:</b>	none.

33	PET - PETITION
Filing Date:	21-JUL-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	<i>none.</i>
34	PET - PETITION
Filing Date:	21-JUL-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	<i>none.</i>
	EVSCH - HEARING EVENT SCHEDULED
Filing Date:	03-SEP-2009
Filing Party:	
Disposition Amount:	
Docket Text:	RE: OPINION
35	CLN - CLERK'S NOTE
Filing Date:	03-SEP-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	ADDING CASE TO CALENDAR ON 090409 AT 1100AM.
	EVHLD - EVENT HELD
Filing Date:	04-SEP-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	CR-TAPED. ATTY W. BERGER BY SPEAKER PHONE. ATTY FOR B. BURNS. PAST ATTY BY SPEAKER PHONE/Written ORDER TO FOLLOW.
36	CEF - COURT EVENT FORM
Filing Date:	04-SEP-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	<i>none.</i>

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

CASE NO.: 08-CV-80119-MARRA/JOHNSON

JANE DOE NO. 2,

Plaintiff,

vs.

JEFFREY EPSTEIN,

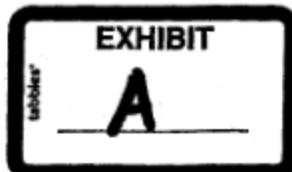
Defendant.

Related Cases:

08-80232, 08-80380, 08-80381, 08-80994,  
08-80993, 08-80811, 08-80893, 09-80469,  
09-80591, 09-80656, 09-80802, 09-81092,

**DECLARATION OF ADAM D. HOROWITZ**

1. My name is Adam D. Horowitz. I am an attorney for Jane Doe No. 4.
2. The deposition of Jane Doe No. 4 was scheduled for September 16, 2009 at 1:00 p.m. at 350 Australian Ave. South, Suite 115, West Palm Beach, Florida. On the day before the deposition, the undersigned and counsel for Jeffrey Epstein entered into a written stipulation in which it was agreed that "Jeffrey Epstein will not attend tomorrow's deposition of Jane Doe No. 4 (in the absence of a court order permitting him to attend)." It was further agreed that Jeffrey Epstein may listen in to the deposition by telephone or view a videofeed of the deposition, but under no circumstances would he "be seen by our client."
3. While Jane Doe No. 4 and I were in the lobby of 350 Australian Ave South at approximately 1:00 p.m. for her deposition on September 16, 2009, we crossed paths with Jeffrey Epstein and someone who appeared to be his bodyguard. Jeffrey Epstein stopped

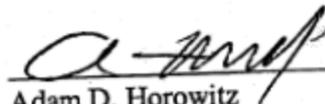


walking and began to stare at and intimidate Jane Doe No. 4. Jane Doe No. 4 was terrified, began crying and ran outside the building. Jeffrey Epstein smirked at her and walked away.

4. As a result of this incident, Jane Doe began crying uncontrollably and was unable to proceed with her deposition.

Under penalties of perjury I declare that I have read the foregoing Declaration and the facts stated in it are true.

Dated: September 17, 2009

  
Adam D. Horowitz

09/15/2009  
OTS0177

TIME 08:40

FLORIDA DEPARTMENT OF CORRECTIONS  
INDIVIDUALIZED SUPERVISION PLAN  
NEEDS IDENTIFIED FOR PERIOD BEGINNING 07/22/2009

DC NO: W35755  
SUPV LVL: CC7

NAME: EPSTEIN, JEFFREY  
OFFICER: SLOANE, CARMEN

STATUS: ACTIVE  
LOC: LAKE WORTH

TERM DATE: 07/21/2010

NEEDS IDENTIFIED	TYPE	AGENCY	OBJECTIVE/GOAL	REFERRAL DATE	GOAL DATE	END DATE	STATUS
(01)	EMP	GET BUSINESS BACK		09/15/2009	09/15/2009	09/15/2009	COMPLETED
(02)	HEA	GET BACK IN SHAPE		09/15/2009	09/15/2009	09/15/2009	COMPLETED

DATE COMMENTS/PROGRESS UPDATES: INIT.

OFFICER SIGNATURE/DATE  
[Redacted Signature] 9-15-09

OFFENDER SIGNATURE/DATE  
[Handwritten Signature] 9/15/09

men

---

Sloane, Carmen  
Friday, August 21, 2009 9:46 AM

[REDACTED]  
Baker, Rosalyn; Gladstone, Bart; Gaines, Willie; Sloane, Carmen  
Dept of Corrections Cell Phone #s

subject:

Re: Jeffrey Epstein #W35755

Here is the information you requested:

Probation Office - 561-434-3960  
Carmen Sloane - [REDACTED] - Officer Supervising the case.  
Bart Gladstone - [REDACTED] - Supervisor until 8/31  
Willie Gaines - [REDACTED] - New supervisor (effective 8/31)  
Conrad Hill - [REDACTED] - Officer Supervising case from 8-24 - 9- 7

If you need any further information, please feel free to contact me at that the above numbers.

Sincerely,

Officer Carmen Sloane  
Correctional Probation Senior Officer

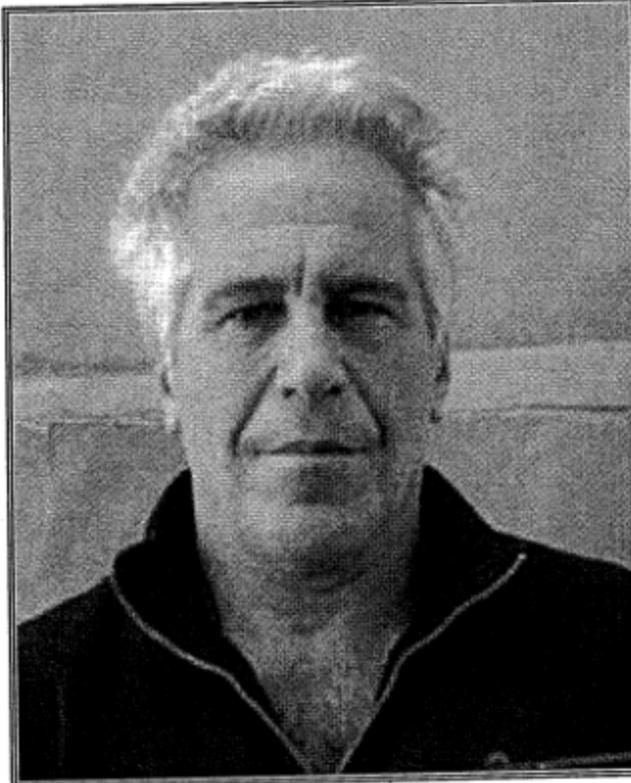


# Corrections Offender Information Network

Florida Department of Corrections



## Find an Offender Photo



**DC Number:**    
**Date of Photo:** 8/3/09 11:29:06 AM  
**Offender Name:** EPSTEIN, JEFFREY  
**Current Status:** Supervised  
[Click here for additional information](#)



# Government of the U.S. Virgin Islands Economic Development Commission

Initial: \_\_\_\_\_

JAN 13 2009

RECEIVED

RECEIVED

JAN 13 2009

Initial: *J.H.*

## Application for Economic Development Benefits

Name of Applicant:  
**Financial Trust Company, Inc.**

### FOR OFFICIAL USE ONLY

Dates Received: \_\_\_\_\_

Accepted as Complete: \_\_\_\_\_

**TYPE OF APPLICATION:**

NEW

EXTENSION

SMALL MANUFACTURER

MODIFICATION

TRANSFER

# 1. CONTACT INFORMATION

EIN # [REDACTED]

A.) Name of Applicant: Financial Trust Company, Inc.

B.) Mailing Address: 6100 Red Hook Quarter, B-3, St. Thomas, VI 00802

C.) Plant/Facility Location:  
Island St. Thomas; Estate & Parcel No: Red Hook Qtr. #2

D.) Name of Local Attorney or Representative: Hodga & Francois

Address: 1340 Taarneberg, St. Thomas, VI 00802

Phone No.: 340 774 6845 Fax No: 340 774 4578

E-Mail Address: [REDACTED]

# 2. BUSINESS INFORMATION

- A.) Brief description of the type of Business (e.g. Assembly, Hotel, Utility) to be undertaken by applicant in USVI. Category IIA designated service business providing economic, scientific or management consulting services as defined in §703(g)(4), Title 29, Chapter 12, Virgin Islands Code.
1. CATEGORY I  II  IIA  III
2. Detailed description and narrative in support of application. *(Include a business plan)*  
*Check if attached, Appendix 1. X*
3. If applicant is a small business, attach small business certification.  
*Check if attached, Appendix 2. (N/A)*

- B.) Form of Business Organization:
- 1: Individual  2: Corporation  3: Partnership:
- 4: Limited Liability Corporation:  5: Limited Liability Partnership:
- 6: Limited Liability Limited Partnership:  7: Other:
- 8: If Subsidiary of U.S. Corporation, Name of Parent Corporation and EIN: \_\_\_\_\_

## 1). Individual

- a.) Country of citizenship: \_\_\_\_\_
- b.) Date applicant became a permanent resident of the USVI: \_\_\_\_\_
- c.) Applicant intends to remain a resident of USVI? Yes  No

## 2.) Corporation

- a.) Stockholders or partners' full name *(including first, middle, last and alias/nickname)*  
Address, Date of Birth *(including month, day and year)* and Social Security or Country ID.

1.	Name Jeffrey E. Epstein	Social Security No. / Country ID No.	% Owned 100
	Address Little St. James Island, c/o 6100 Red Hook Quarter B-3, St. Thomas, VI 00802		Date of Birth [REDACTED]
2.	Name	Social Security No. / Country ID No.	% Owned
	Address		Date of Birth
3.	Name	Social Security No. / Country ID No.	% Owned
	Address		Date of Birth
4.	Name	Social Security No. / Country ID No.	% Owned
	Address		Date of Birth
5.	Name	Social Security No. / Country ID No.	% Owned
	Address		Date of Birth

b.) If stockholder is a firm or corporation, specify full names (including first, middle, last and alias/nickname) of directors, principals and officers of the trustees.

Check if attached, **Appendix 3.** (NA)

c.) Date of incorporation: November 6, 1998

Place of incorporation: U.S. Virgin Islands

d.) Copy of Articles of Incorporation certified by the Lt. Governor's Office.

Check if attached, **Appendix 4.** (X)

e.) "Certificate of Good Standing" from the Lt. Governor's Office certifying that all required annual reports have been filed and franchise taxes paid.

Check if attached, **Appendix 5.** (X)

f.) In case of a foreign (non V.I.) corporation, attach evidence that the Corporation is authorized to do business in the USVI.

Check if attached, **Appendix 6.** (NA)

### 3.) Partnership

a.) Full names (including first, middle, last and alias/nickname) residence, social security number, date of birth, occupation, citizenship. V.I. residents must give date when his or her residency commenced.

1.	Name	Date of Citizenship	Date of Residency	Occupation
	Address of Residence		Social Security No. / Country ID No.	Date of Birth
2.	Name	Date of Citizenship	Date of Residency	Occupation
	Address of Residence		Social Security No. / Country ID No.	Date of Birth
	Name	Date of Citizenship	Date of Residency	Occupation
	Address of Residence		Social Security No. / Country ID No.	Date of Birth

4.	Name	Date of Citizenship	Date of Residency	Occupation
	Address of Residence	Social Security No. / Country ID No.		Date of Birth
5.	Name	Date of Citizenship	Date of Residency	Occupation
	Address of Residence	Social Security No. / Country ID No.		Date of Birth

- b.) Attached a copy of partnership agreement filed at the Lt. Governor's Office and the internal agreement between partners.  
*Check if attached, Appendix 7. (N/A)*
- c.) If a partner is a corporation, submit all of the information required of a corporation (Section "B") for each applicant including individual stock certificates of each beneficial owner and a copy of the stock registry.  
*Check if attached, Appendix 8. (N/A)*
- d.) If a partner, is a LLC, submit all of the information required of a Limited Liability Corporation.  
*Check if attached, Appendix 9. (N/A)*
- e.) If a partner, is a LLP, submit all of the information required of a Limited Liability Partner.  
*Check if attached, Appendix 10. (N/A)*
- f.) If a partner, is a LLLP, submit all of the information required of a Limited Liability Limited Partner.  
*Check if attached, Appendix 11. (N/A)*

**4. Limited Liability Entries**

- a.) Full names (including first, middle, last and alias/nickname) residence, social security number, date of birth, occupation, citizenship. V.I. residents must give date when his or her residency commenced.

1.	Name	Date of Citizenship	Date of Residency	Occupation
	Address of Residence	Social Security No. / Country ID No.		Date of Birth
2.	Name	Date of Citizenship	Date of Residency	Occupation
	Address of Residence	Social Security No. / Country ID No.		Date of Birth
3.	Name	Date of Citizenship	Date of Residency	Occupation
	Address of Residence	Social Security No. / Country ID No.		Date of Birth
4.	Name	Date of Citizenship	Date of Residency	Occupation
	Address of Residence	Social Security No. / Country ID No.		Date of Birth
5.	Name	Date of Citizenship	Date of Residency	Occupation
	Address of Residence	Social Security No. / Country ID No.		Date of Birth

b.) Agreement of LLLP

- b.) Agreement of LLLP  
 General Partner: \_\_\_\_\_ *Check if attached, Appendix 12. (N/A)*
- c.) Statement of Qualification *Check if attached, Appendix 13. (N/A)*
- d.) Certificate of Limited Partnership *Check if attached, Appendix 14. (N/A)*
- e.) Article of organization *Check if attached, Appendix 15. (N/A)*
- f.) Certificate of Existence  
 General Partner: \_\_\_\_\_ *Check if attached, Appendix 16. (N/A)*
- g.) IRB Clearance Letter  
 General Partner: \_\_\_\_\_ *Check if attached, Appendix 17. (N/A)*
- h.) Agreement between General & Limited Partners *Check if attached, Appendix 18. (N/A)*

### 3. Employment

#### A.) Employment and payroll information

##### 1.) Summary

Position	Classification	Present		After the first 12 months of Operation	
		No.	Annual Wages	No.	Annual Wages
Hourly Workers	Resident		\$		\$
	Other		\$		\$
Clerical	Resident	2	\$ 59,000	2	\$ 59,000
	Other		\$		\$
Professional Technical	Resident	5	\$ 212,000	4	\$ 189,500
	Other		\$		\$
Supervisor Managerial	Resident	2	\$ 208,000	2	\$ 208,000
	Other	1	\$ 190,000	1	\$ 190,000
Other	Resident	1	\$ 50,000	1	\$ 50,000
	Other		\$		\$
Total	Resident	10	\$ 529,000	9	\$ 506,500
	Other	1	\$ 190,000	1	\$ 190,000

Please attach a list of job titles and salaries

*Check if attached, Appendix 19. ( X )*

- 2.) How many employees will be V.I. residents at inception?  
*Check if attached, Appendix 20. (N/A)*
- 3.) How many will be Virgin Islands residence at the time of hire?  
*Check if attached, Appendix 21. (N/A)*

- 4.) If applicant is or will be employing non-residents, attached copy of Comprehensive training plan approved by the Commissioner of Labor. *Check if attached, Appendix 22. (N/A)*
- 5.) In the case of seasonal employment, how many full time employees will the Applicant have on a continual basis? *Check if attached, Appendix 23. (N/A)*
- 6.) Attach copies of most recent payrolls to include name, title, ss#, job, and salary. *Check if attached, Appendix 24. (x)*
- 7.) Have you had any unresolved labor problems during the past two (2) years?  
 Yes \_\_\_\_\_ No  If "yes", attach a statement as to the nature of the problem. *Check if attached, Appendix 25. (N/A)*
- 8.) Attach copy of Management Training Plan *Check if attached, Appendix 26. (x)*
- 9.) Employee benefit plan *Check if attached, Appendix 27. (x)*

#### 4. Investment & Procurement

**A.) Proposed Initial Capital Investment**

New Applicant \$ \_\_\_\_\_  
 Extension/Renewal \$ 100,000 (See Appendix 30)  
 Small Business \$ \_\_\_\_\_  
 Date of Commencement of Investment 2009  
 Date of Completion of Investment 2012

**B.) Principle Raw Materials and Components to be Unutilized in Process:**

Description	Source*	Annual Dollar Volume	Value as % of Finish Product

\*Indicate whether V.I., U.S., or name of foreign country.

**C.) In the event the applicant is engaged in manufacturing requiring duty free entry to the U.S., attach U.S. customs ruling for favorable treatment under headnote 3(a) (19 USC 1202). *Check if attached, Appendix 28. (N/A)***

**D.) Principle Marketing Outlets. Indicate Percent to:**

V.I. 0 % U.S. 80 %; Foreign 20  
 (name of country (s))

*Check if attached, Appendix 29. (x)*

**E.) Machinery and Equipment**

Description	Date of Acquisition	Purchase price	*Lease Cost

\*Please submit copy of lease and documentation attesting to the Fair Market Value of equipment to be leased.

Check if attached, Appendix 30. (  )

**F.) Land and Buildings**

<b>Location: American Yacht Harbor, Suites B3-3 &amp; B3-5</b>		
	<b>Initial</b>	<b>Planned Expansion</b>
<b>Land Area</b>	acres/ sq. ft.	acres/ sq. ft.
<b>Land Value (If Owned)</b>	\$	\$
<b>Date purchased or rented</b>	\$	
<b>Number of Buildings:</b>	sq. ft.	sq. ft.
<b>Area</b>	2,800 sq. ft.	
<b>Value (if owned)</b>	\$	\$
<b>Annual Rent (Submit Lease)</b>	\$ 97,000	\$
<b>Date Purchased or Rented</b>	April 1, 1999	

B. If land and/or building are leased, attach copy of lease (s) Check if attached, Appendix 31. (  )

C. Description of facilities needed for business, (i.e # of square footage, etc) Check if attached, Appendix 32. (  )

G.) **Indicate whether the applicant will utilize any facilities or locations in common with another person or company.** Yes \_\_\_\_\_ No  *If "yes", list such facilities and locations their value (if owned) and percentage used by each occupant.*

User 1 \_\_\_\_\_ Name                      User 2 \_\_\_\_\_ Name

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## 5. Financial

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**A.) FINANCIAL INFORMATION: Please submit the following if applicable:**

- 1.) Applicant must obtain a Bank reference(s) letter, provide a list of all bank accounts and the names of all authorize signatures on the accounts.  
*Check if attached, Appendix 33. ( x )*
- 2.) Copies of Profit and Loss statements and balance sheets for the past Three (3) years.  
*Check if attached, Appendix 34. ( x )*
- 3.) Projected income and expense statements for five (5) years.  
(Use attached example format or equivalent.)  
*Check if attached, Appendix 35. ( x )*
- 4.) Beginning balance sheet.  
*Check if attached, Appendix 36. ( x )*
- 5.) Copies of annual report of the parent company.  
*Check if attached, Appendix 37. (N/A)*
- 6.) A letter from V.I. Bureau of Internal Revenue indicating status of the tax obligations.  
(Required of all Applicants.)  
*Check if attached, Appendix 38. ( x )*
- 7.) Statement as to the manner in which the investment has been or will be financed together with names an address of persons or companies providing the financing, and verification of financing.  
*Check if attached, Appendix 39. ( x )*
- 8.) Copies of federal or V.I. income tax returns for the past three (3) years of company and or beneficial owners.  
*Check if attached, Appendix 40. ( x )*

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## 6. Additional Information

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- A.) Applicant must obtain a letter from the V.I. Department of Planning and Natural Resources stating compliance with ecological, environmental and planning laws and regulations.  
*Check if attached, Appendix 41. (N/A)*
- B.) If the property or facility adjoins beach or shoreline attach copy of easement or lease recorded with recorder of deeds with public easement provisions.  
*Check if attached, Appendix 42. (N/A)*
- C.) If applicant is approved, does applicant intend to conduct any business not eligible for benefits? Yes \_\_\_\_\_ No  If "yes", attach explanation and the nature of such business.  
*Check if attached, Appendix 43. (N/A)*

## 7. Background Information

- A.) Indicate whether applicant, or any of its stockholders or partners have, or have had, any proprietary interest in any other enterprise which is or has been a beneficiary under the V.I. Economic Development Program.

Yes  No  If "yes" explain below.

Name	Name of Business	Type of Business
Jeffrey E. Epstein	IGY-AYH St. Thomas Holdings, LLC	Category II Marina

- B.) Has any entity in which you, or your spouse, is/was a director, officer, partner or an owner of a 5% or greater interest ever had any license, permit or certificate issued by a governmental agency in any jurisdiction denied, suspended, revoked, or subject to any conditions?

Yes  No  If "yes" please explain.

Check if attached, Appendix 44. (N/A)

- C.) Have you ever been arrested or charged with any crime or offense in any jurisdiction?

Yes  No  If "yes" please explain.

Check if attached, Appendix 45. ( X )

- D.) Have you ever been the subject of an investigation conducted by any governmental agency/organization, court, commission, committee, grand jury or investigatory body (local, state, county, provincial, federal, national, etc.) other than in response to a traffic summons?

Yes  No . (If "yes" please provide the name and address of court or other agency, nature of proceeding or investigation date, whether testimony given and if so what date, and approximate time period of investigation.)

Check if attached, Appendix 46. ( X )

- E.) In the past ten (10) years, have you as an individual, member of a partnership, or owner, director, or officer of a corporation, ever been a party to a lawsuit, as a defendant.

Yes  No . (If "yes" please provide information regarding the date it was filed, name and address of the court, docket/case number, names of any other parties to suit, nature of suit, disposition and date of disposition.)

Check if attached, Appendix 47. ( X )

- F.) Have any of the beneficial owners ever been adjudicated bankrupt or filed a petition for any type of bankruptcy, insolvency or liquidation under any bankruptcy or insolvency law in any jurisdiction? Yes  No  If "yes" please explain.

Check if attached, Appendix 48. (N/A)

## 8. Extensive, Modification and Transfer Applicants

- A.) **Extension applicants. All extension applicants shall provide the following:**
- 1.) Certification from EDC stating the applicant is in compliance with the EDC Law and rules and regulations. **See Statement 1**
  - 2.) Indicate the specific benefits which applicant is seeking: Ten year extension at 100% of benefits. See Statement 2.
  - 3.) A certificate from the Commissioner of Labor stating the applicant is in compliance with all labor laws, codes and regulations. *Check if attached, Appendix 49. ( x )*
  - 4.) A statement showing the percentage level, effective date and termination date of each type of benefit previously enjoyed by the applicant. *Check if attached, Appendix 50. ( x )*
  - 5.) In the case of a hotel, a statement from the V.I. Bureau of Economic Research showing that the applicant is current in reporting the hotel occupancy on a monthly and annual basis and visitor origin data on annual basis, for a two year period ending no more than five months prior to the date of application. *Check if attached, Appendix 51. (N/A)*
- B.) **Transfer applicants: In addition to the information required in Items 1-19 above, transfer applications (as defined in section 719 title 29 VIC) shall contain the date on which the applicant wishes the effective date of the transfer of benefits.** *Check if attached, Appendix 52. (N/A)*
- C.) **Exempt support businesses in addition to the information required in Items 1-19 above all exempt support business applicants shall provide a statement from the commissioner of insurance that applicant, and copy of license to operate in the V.I. as an "exempt support business".** *Check if attached, Appendix 53. (N/A)*

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF INCORPORATION OF "THE C.O.U.Q. FOUNDATION, INC.", FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF MARCH, A.D. 1998, AT 2 O'CLOCK P.M.



*Edward J. Freel*

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

8973332

03 16 98

2871726 8100

**CERTIFICATE OF INCORPORATION****OF****THE C.O.U.Q. FOUNDATION, INC.  
(A NON-PROFIT, NON-STOCK CORPORATION)**

The undersigned incorporator, in order to form a corporation under the General Corporation Law of the State of Delaware, certifies as follows:

**FIRST:** The name of the corporation (hereinafter called the "Foundation") is The C.O.U.Q. Foundation, Inc.

**SECOND:** The address of the Foundation's registered office in the State of Delaware is Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, County of New Castle, Delaware 19801. The name of its registered agent at such address is The Corporation Trust Company.

**THIRD:** The Foundation shall have no capital stock. The Foundation is a nonprofit organization, organized and operated exclusively for one or more charitable, religious, literary, scientific and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), including for such purposes the making of distributions to organizations described in Section 501(c)(3) of the Code.

**FOURTH:** The name and mailing address of the incorporator is Darren K. Indyke, Esq., 457 Madison Avenue, Fourth Floor, New York, NY 10022.

**FIFTH:** The Foundation shall have perpetual existence.

**SIXTH:** The Foundation shall have no members.

**SEVENTH:** The names and mailing addresses of the members of the initial Board of Directors (the "Board") of the Foundation are as follows:

**NAME****MAILING ADDRESS**

Jeffrey E. Epstein

358 El Brillo Way  
Palm Beach, Florida 33480

Darren K. Indyke

457 Madison Avenue  
Fourth Floor  
New York, New York 10022

Ghislaine Maxwell

c/o George V. Delson Associates  
110 East 59<sup>th</sup> Street  
New York, New York 10022

The direction and management of the affairs of the Foundation, and the control and disposition of its property and funds, shall be vested in the Board. The qualifications, election, tenure, powers and duties of the directors of the Foundation shall be as provided in the By-laws of the Foundation.

**EIGHTH:** In furtherance, and not in limitation, of the powers conferred by statute, the Board, by an affirmative vote of not less than a majority of the directors on the Board, is expressly authorized, from time to time, to make, adopt, alter or repeal the By-laws and regulations of the Foundation for the orderly operation of the Foundation.

**NINTH:** The Foundation is not formed for, and shall not be conducted or operated for, pecuniary profit or for financial gain. No part of the Foundation's assets, income or profit shall be distributed to, or inure to the benefit of, any private individual or individuals; provided, however, that nothing provided herein shall prevent the Foundation from paying reasonable compensation to any individual or individuals for services rendered to or for the Foundation in furtherance of one or more of its purposes.

No private individual or individuals shall be entitled to share in the distribution of the Foundation's property or assets in the event of liquidation, dissolution or winding up of the Foundation, whether voluntary or involuntary. In such event, all of the assets and property of the Foundation remaining after the proper payment of expenses and the satisfaction of all liabilities shall be distributed to further the not-for-profit purposes of the Foundation and/or to such charitable organizations as shall qualify under Section 501(c)(3) of the Code.

No substantial part of the activities of the Foundation shall be devoted to carrying on propaganda or otherwise attempting to influence legislation; except that the Board may, in its discretion and to the extent permitted in Section 501(h) of the Code, make the election described therein. The Foundation shall not directly or indirectly participate in, or intervene in (including the publishing or distributing of statements), any political campaign on behalf of, or in opposition to, any candidate for public office.

Notwithstanding any other provision of this Certificate of Incorporation, the Foundation shall not engage in or include among its purposes any activities not permitted to be carried on by a corporation exempt from Federal income tax under Section 501(c)(3) of the Code.

**TENTH:** As long as the Foundation is a private foundation as defined in Section 509(a) of the Code, Section 127 of the General Corporation Law of the State of Delaware (or any successor provision thereto) shall be applicable thereto.

**ELEVENTH:** The Foundation shall indemnify, to the fullest extent permitted by applicable law, the directors, officers and employees of the Foundation. The Foundation may obtain appropriate liability insurance for the benefit of its directors covering acts or omissions by such directors.

Subject to the provisions of the Code, no director of the Foundation shall be personally liable to the Foundation for monetary damages for breach of fiduciary duty as a director, except for any matter in respect of which such director shall be liable under Section 174 of Title 8 of the General Corporation Law of the State of Delaware or any amendment thereto or successor provision thereto, or shall be liable by reason that, in addition to any and all requirements for such liability, such director (i) shall have breached the duty of loyalty of the Foundation, (ii) shall not have acted in good faith or, in failing to act, shall not have acted in good faith, (iii) shall have acted in a manner involving intentional misconduct or a knowing violation of law or, in failing to act, shall have acted in a manner involving intentional misconduct or a knowing violation of the law, or (iv) shall have derived an improper personal benefit. Neither the amendment nor repeal of this Article shall eliminate or reduce the effect of this Article in respect of any matter occurring, or any course of action, suit or claim that, but for this Article, would accrue or arise, prior to such amendment, repeal or adoption of an inconsistent provision.

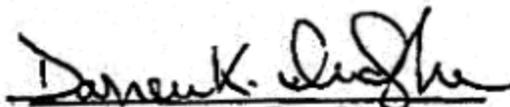
**TWELTH:** In furtherance of the purposes for which it is being organized, the Foundation reserves the right to amend, alter, change or repeal any provision contained in this Certificate of Incorporation, in the manner now or hereafter prescribed by statute; provided, however, that no amendment, alteration, change, or repeal shall be allowed to authorize the Board to manage the property of the Foundation or to conduct the affairs of the Foundation in any manner or for any purpose contrary to the provisions of Section 501(c)(3) of the Code.

**THIRTEENTH:** Elections of the directors of the Foundation need not be by written ballot unless the By-laws of the Foundation shall so provide.

The books of the Foundation may be kept (subject to any applicable provision of law) outside the State of Delaware at such place or places as may be designated from time to time by the Board or in the By-laws of the Foundation.

**FOUTEENTH:** Any reference herein to a Section of the Code shall be deemed to include a referenced to the corresponding provisions, if any, of any future internal revenue law.

**IN WITNESS WHEREOF** this Certificate has been signed and the statements made herein affirmed as true under the penalties of perjury, as of this 13<sup>th</sup> day of March, 1998.



Darren K. Indyke, Esq., Incorporator  
457 Madison Avenue  
Fourth Floor  
New York, New York 10022



**FLORIDA DEPARTMENT OF STATE**  
**Division of Corporations**

July 10, 2008

**THE FLORIDA SCIENCE FOUNDATION**  
**250 S. AUSTRALIAN AVE.**  
**STE 1404**  
**WEST PALM BEACH, FL 33401**

**Subject: THE FLORIDA SCIENCE FOUNDATION**

**REGISTRATION NUMBER: G08192900014**

This will acknowledge the filing of the above fictitious name registration which was registered on July 10, 2008. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

**IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES.** Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Reinstatement Section  
Division of Corporations

Letter No. 608A00040745

**P.O. BOX 6327 -Tallahassee, Florida 32314**

EFTA01625844

**APPLICATION FOR REGISTRATION OF FICTITIOUS NAME**

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. The Florida Science Foundation  
 Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

250 S. Australian Avenue, Suite 1404  
 Mailing Address of Business

West Palm Beach, FL 33401  
 City State Zip Code

3. Florida County of principal place of business: \_\_\_\_\_  
West Palm Beach  
 (see instructions if more than one county)

FILED  
 08 JUL 10 PM 1:17  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

This space for office use only

Section 2

**A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):**

1. Last First M.I. Address City State Zip Code

2. Last First M.I. Address City State Zip Code

**B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):**

1. The C.O.U.Q. Foundation, Inc.  
 Entity Name  
250 S. Australian Avenue, Suite 1404  
 Address  
West Palm Beach, FL 33401  
 City State Zip Code  
 Florida Registration Number F08000003048  
 FEI Number: 13-3996471  
 Applied for  Not Applicable

2. Entity Name Address City State Zip Code Florida Registration Number FEI Number:  Applied for  Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Richard Kuhn Treasurer, July 8, 2008  
 Signature of Owner Date

Phone Number: 561-659-8300

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:  
 FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name \_\_\_\_\_  
 \_\_\_\_\_, which was registered on \_\_\_\_\_ and was assigned  
 registration number \_\_\_\_\_

Signature of Owner Date Signature of Owner Date

Mark the applicable boxes  Certificate of Status — \$10  Certified Copy — \$30  
**NON-REFUNDABLE PROCESSING FEE: \$50**



July 10, 2008

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

THE C.O.U.Q. FOUNDATION, INC.  
250 S. AUSTRALIAN AVENUE, SUITE 1404  
WEST PALM BEACH, FL 33401

Qualification documents for THE C.O.U.Q. FOUNDATION, INC. were filed on July 9, 2008 and assigned document number F08000003048. Please refer to this number whenever corresponding with this office.

Your corporation is now qualified and authorized to transact business in Florida as of the file date.

This document was electronically received and filed under FAX audit number H08000168786.

A corporation annual report/uniform business report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. If you do not already have an FEI number, please apply NOW with the Internal Revenue by calling 1-800-829-4933 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding this matter, please contact this office at (850) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section  
Division of Corporations

Letter Number: 808A00040706

P.O BOX 6327 - Tallahassee, Florida 32314

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:*

1. The C.O.U.Q. Foundation, Inc.  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Delaware 3. 13-3996471  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3-16-98 5. perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 250 S. Australian Avenue, Suite 1404, West Palm Beach, FL 33401  
(Principal office address)

250 S. Australian Avenue, Suite 1404, West Palm Beach, FL 33401  
(Current mailing address)

8. (See attachment A)  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip Code)

10. **Registered agent's acceptance:**  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

By:  Corporation System  
CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY  
(Registered Agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director  
Vice-Chairman: Jeffrey E. Epstein

Address: 6100 Red Hook Quarter B-3, St. Thomas, USVI 00802

Director: Darren K. Indyke

Address: 2 Kean Court, Livingston, NJ 07039

Director: Richard Kahn

Address: 1365 York Avenue, Apartment 28A, New York, NY 10021

**B. OFFICERS**

President: Jeffrey E. Epstein

Address: 6100 Red Hook Quarter B-3, St. Thomas, USVI 00802

Vice President: Darren K. Indyke

Address: 2 Kean Court, Livingston, NJ 07039

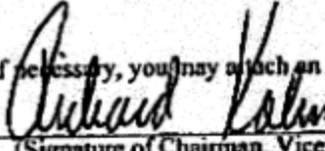
Secretary: Darren K. Indyke

Address: 2 Kean Court, Livingston, NJ 07039

Treasurer: Richard Kahn

Address: 1365 York Avenue, Apartment 28A, New York, NY 10021

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  \_\_\_\_\_  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Richard Kahn, Treasurer  
(Typed or printed name and capacity of person signing application)

## Attachment A

**"Maintaining office in State of Florida to manage the activities of the Foundation, making distributions to qualified charitable, religious, literary, scientific and educational recipients, as described in Section 501(c)(3) of the Internal Revenue Code, employing persons to locate, investigate, and provide information regarding such recipients."**



1000 Foot Buffer  
from 358 El Brillo Way

Boundary of  
358 El Brillo Way

358 El Brillo Way is not within 1000 feet from an area where children could gather.



Registration No: 237442

Person Number: 73274

FDLE SEXUAL PREDATOR/OFFENDER REGISTRATION FORM

Agency Name: Palm Beach County SO

\*\*\*\* Note: Your next ReRegistration month is January of 2010 \*\*\*\*

Registration For: July 2009 - SEXUAL OFFENDER

Reason For Registration

Initial Registration [ ] Scheduled ReRegistration [X] Information Update [ ] Early/Late ReRegistration [ ]

Registrant Information

Name: JEFFREY E EPSTEIN \*SSN: [ ] DOB: [ ] Race: White Sex: Male

\*Disclosure of your Social Security Number (SSN) is mandatory pursuant to Florida law, sections 775.21, 943.0435, 944.607, 985.481, F.S., and federal law, 42 USC 16901, et seq. Use of your SSN is for the purposes of identification, FDLE may share the information with the other agencies for the same purpose.

FL DL or ID Card #: [ ] Height: 6' 00" Weight: 185 lbs Hair: Grey Eyes: Blue

Place of Birth: United States Of America (usa)

Currently on Probation/Parole: [ ] No [X] Yes

Probation Type: [X] State FL Officer Name: Williams Phone: [ ]

[ ] Federal Officer Name: Phone: ( )

[ ] County Officer Name: Phone: ( )

Out of State Travel Information (Complete if permanent or temporary address is out of state)

[ ] Permanently leaving Florida to establish a residence in another state Date of Departure: [ ]

[ ] Temporarily leaving Florida to visit another state

[ ] Moving from another state to permanently establish a residence in Florida Date of Arrival: [ ]

[ ] Visiting from another state and establishing a temporary address in Florida

[ ] Other (please describe): [ ]

Table with 2 columns: Previous Permanent Address, Current Permanent Address. Includes address lines, city, state, zip, county, and end/start dates.



Registration No: 237442

Person Number: 73274

**Vehicles**

I do NOT own or use a vehicle, RV, trailer or mobile home.

1.	2005 (Year)	Cadillac (Make)	Other (Model)	Black (Color/Color Scheme)	Auto (Vehicle Type)	
	unknown (License Tag #)	FL (State)	This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence			
2.						
3.						
4.						
5.						

**Vessels**

I do NOT own a vessel or houseboat.

1.						
	(Year)	(Vessel Type)	(Color/Color Scheme)	(Name of Vessel)		
					This vessel is: <input type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence	
						(Registration #)
2.						
	(Year)	(Vessel Type)	(Color/Color Scheme)	(Name of Vessel)		
					This vessel is: <input type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence	
						(Registration #)
3.						
	(Year)	(Vessel Type)	(Color/Color Scheme)	(Name of Vessel)		
					This vessel is: <input type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence	
						(Registration #)
4.						
	(Year)	(Vessel Type)	(Color/Color Scheme)	(Name of Vessel)		
					This vessel is: <input type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence	
						(Registration #)
5.						
	(Year)	(Vessel Type)	(Color/Color Scheme)	(Name of Vessel)		
					This vessel is: <input type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence	
						(Registration #)

Registration No: 237442

Person Number: 73274

**Campus Activity**

I am NOT a student, employee, or volunteer at a university or institution of higher learning.

1.  Student  Employee  Volunteer Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 University/School Name: \_\_\_\_\_ Campus: \_\_\_\_\_  
 Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)  
 County: \_\_\_\_\_ Employer: \_\_\_\_\_ Contact: \_\_\_\_\_

2.  Student  Employee  Volunteer Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 University/School Name: \_\_\_\_\_ Campus: \_\_\_\_\_  
 Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)  
 County: \_\_\_\_\_ Employer: \_\_\_\_\_ Contact: \_\_\_\_\_

3.  Student  Employee  Volunteer Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 University/School Name: \_\_\_\_\_ Campus: \_\_\_\_\_  
 Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)  
 County: \_\_\_\_\_ Employer: \_\_\_\_\_ Contact: \_\_\_\_\_

**Cyber Communication Accounts**

I do NOT use any email addresses or Instant Message screen names.

**Email Addresses**

1. jeeproject@yahoo.com
2. jeevacation@gmail.com
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Instant Message Screen Names**

Name: \_\_\_\_\_ Provider: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Adjudication Information**

Date Adjudicated	Crime	Location of Adjudication/Conviction	Victim Information
1. _____	_____	_____ <small>(County) (State)</small>	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
2. _____	_____	_____ <small>(County) (State)</small>	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
3. _____	_____	_____ <small>(County) (State)</small>	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
4. _____	_____	_____ <small>(County) (State)</small>	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____

Were you or are you subject to registration or community notification in another state?  Yes  No If Yes, in what state? \_\_\_\_\_

## NOTICE OF SEXUAL PREDATOR AND SEXUAL OFFENDER OBLIGATIONS

As a Sexual Predator (Florida Statute 775.21) or Sexual Offender (Florida Statute 943.0435, 944.607, or 985.481) where **"Permanent residence"** means a place where the person abides, lodges, or resides for 5 or more consecutive days, and **"Temporary residence"** means a place where the person abides, lodges, or resides for a period of 5 or more days in the aggregate during any calendar year and which is not the person's permanent address; or, for a person whose permanent residence is not in this state, a place where the person is employed, practices a vocation, or is enrolled as a student for any period of time in this state, I understand that I am required by law to abide by the following: **FAILURE TO COMPLY WITH ANY OF THE FOLLOWING REQUIREMENTS IS A FELONY OF THE THIRD DEGREE (UNLESS OTHERWISE NOTED)**

1. I must report **in person** to the local Sheriff's Office within 48 hours of establishing or maintaining a residence in the state of Florida or within 48 hours of release from custody and/or supervision of Department of Corrections (DOC), Department of Children and Family Services (DCFS) or Department of Juvenile Justice (DJJ) to register my temporary or permanent address.
2. Within 48 hours after the initial report required as stated in requirement #1 above, I must report **in person** the driver's license office of the Department of Highway Safety and Motor Vehicles (DHSMV) to obtain a valid Florida driver's license or identification card displaying one of the following designations **"775.21, F.S."** or **"943.0435, F.S."**, unless a driver's license or identification card with such designation was previously secured or updated while under supervision of DOC, DCFS or DJJ and there have been no changes to my address, name or designation (Florida Statute 322.212).
3. I must report **in person** either twice a year (during the month of my birth and during the sixth month following my birth month) or **four times per year (once during the month of my birth and every 3rd month thereafter), depending upon my offense/designation**, to the Sheriff's Office in the county in which I reside or am otherwise located to reregister.

**NOTE: Unless otherwise notified by the Florida Department of Law Enforcement (FDLE), Sexual Offenders that were not adjudicated delinquent are required to reregister twice a year. All Sexual Predators are required to reregister four times a year and all Sexual Offenders adjudicated delinquent are required to reregister four times a year.**

I AM REQUIRED TO REREGISTER **TWO** TIMES A YEAR; I MUST REREGISTER AS NOTED BELOW. {Sexual Offenders (943.0435), unless otherwise notified by FDLE}

Month of Birth	I must reregister in:	Month of Birth	I must reregister in:
Jan	Jan & July	July	Jan & July
Feb	Feb & Aug	Aug	Feb & Aug
Mar	Mar & Sept	Sept	Mar & Sept
April	April & Oct	Oct	April & Oct
May	May & Nov	Nov	May & Nov
June	June & Dec	Dec	June & Dec

I AM REQUIRED TO REREGISTER **FOUR** TIMES A YEAR; I MUST REREGISTER AS NOTED BELOW. {Sexual Predators (775.21) and Sexual Offenders (985.481), unless otherwise notified by FDLE}

Month of Birth	I must reregister in the months of:	Month of Birth	I must reregister in the months of:
Jan	Jan, April, July & Oct	July	Jan, April, July & Oct
Feb	Feb, May, Aug, & Nov	Aug	Feb, May, Aug, & Nov
Mar	Mar, June, Sept & Dec	Sept	Mar, June, Sept & Dec
April	April, July, Oct & Jan	Oct	April, July, Oct & Jan
May	May, Aug, Nov & Feb	Nov	May, Aug, Nov & Feb
June	June, Sept, Dec & Mar	Dec	June, Sept, Dec & Mar

Registration No: 237442

Person Number: 73274

4. Within 48 hours, after any change of address in permanent or temporary residence, change of name due to marriage or other legal process, or when my driver's license is subject to renewal, I must report that information **in person** to the driver's license office of the Department of Highway Safety and Motor Vehicles to obtain and maintain a valid Florida driver's license or identification card.
5. If I live in another state, but work or attend school in Florida, I MUST register my work or school address as a temporary address within 48 hours by reporting **in person** to the local Sheriff's Office. I must also obtain and maintain a valid Florida driver's license or identification card.
6. If I intend to establish residence in another state or jurisdiction other than the State of Florida, I must report **in person** to the local Sheriff's Office to notify of my intention to do so within 48 hours prior to leaving.
7. If I later decide to remain in this state (see #6 above), I must report **in person** back to the local Sheriff's Office to notify of my intention to remain in Florida. This report must occur within 48 hours after the date I indicated that I would leave. **Failure to comply with this requirement is a felony of the second degree.**
8. If I move from a permanent residence and do not have another permanent or temporary residence, I must report this change **in person** to the Sheriff's Office within 48 hours. I must update all registration information and provide an address or location that I will occupy until I establish a residence.
9. If I later decide to remain at the permanent residence (see #8 above), I must report **in person** back to the Sheriff's Office to notify of my intention. This report must occur within 48 hours after the date that I indicated that I would leave the permanent residence. **Failure to comply with this requirement is a felony of the second degree.**
10. I MUST respond to any address verification correspondence from FDLE within three weeks of the date of the correspondence.
11. If I am employed, carry on a vocation, am a student, or become a resident of another state I must also register in that state.
12. If I am enrolled, employed, or carrying on a vocation at an institution of higher education in this state, I shall also provide the name, address, and county of each institution, including each campus attended, and my enrollment or employment status. I shall report each change in enrollment or employment status **in person** at the Sheriff's Office within 48 hours after any change in status.
13. I MUST report any electronic mail address or instant message name, prior to using such, during registration/ reregistration and provide all updates through the online system provided by the Florida Department of Law Enforcement. This provision takes effect October 1, 2007.

**PLEASE READ CAREFULLY BEFORE SIGNING**

As a Sexual Predator (*Florida Statute 775.21*) or Sexual Offender (*Florida Statute 943.0435, 944.607 or 985.481*), you are required by law to abide by those requirements listed on this form. By signing below, you acknowledge that you have read or have been read all the requirements on this form, AND that you understand these requirements.

YOU ARE REQUIRED TO REREGISTER EACH YEAR AT THE SHERIFF'S OFFICE IN THE MONTHS OF January AND July.



Under penalty of perjury I declare the above is true and correct.

Registrant: \_\_\_\_\_  
Signature Required

Witnessed by Reporting Officer: \_\_\_\_\_  
Signature Required

Printed Name: JEFFREY E. EPSTEIN

Date: 07/06/2009

Printed Name: veronica english

Date: 07/06/2009

**\* OFFICIAL DOCUMENT DO NOT DESTROY \***

\*\*\*\*\* NOTE: Your next ReRegistration month is January of 2010. \*\*\*\*\*



**Sloane, Carmen**

---

**From:** Barbara Burns [REDACTED]  
**Sent:** Friday, October 09, 2009 9:15 AM  
**To:** Sloane, Carmen  
**Subject:** RE: Jeffrey Esptein

Sorry, I have been in non-stop trials until today! How nice of him to use her name instead of initials or Jane Doe! Unfortunately she is not the designated victim of our State case. If there is a no contact order then it is by way of a Protective Order or possibly an Injunction sought by the victim and her attorney or the Order of No Contact may exist in the Federal case, neither of which I would have any documentation on. You might want to contact Marie Villafana at the US Attorney's Office. Her number is [REDACTED] I'm sorry that I don't have more info or can't offer any more assistance.

---

**From:** Sloane, Carmen [REDACTED]  
**Sent:** Friday, October 09, 2009 8:45 AM  
**To:** Barbara Burns  
**Cc:** Baker, Rosalyn; Gaines, Willie  
**Subject:** Jeffrey Esptein

<<P154Scanner20091009075059.pdf>>

Mrs. Burns,

I sent an email on September 23 regarding "No contact with the victim" order. Can you please advise of the status? Yesterday, I received the above scanned letter from Attorney Horowitz.

Thank you,

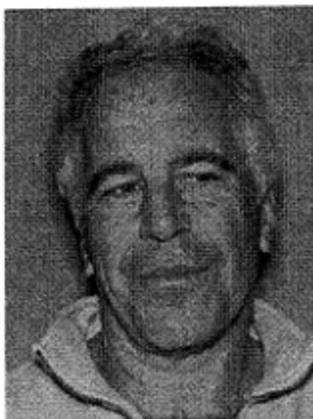
Carmen Sloane, 154



Driver And Vehicle Information Database (DAVID2)

DIGITAL IMAGES ARE RESTRICTED TO LAW ENFORCEMENT USE PURSUANT TO S. 322.142(4), FLORIDA STATUTES - IMAGES INCLUDE PHOTOGRAPHS AND SIGNATURES

Individual Summary Page



DL/ID Number [REDACTED] Class **O**

Status **EXPIRED**

**JEFFREY E EPSTEIN**  
358 EL BRILLO WAY  
PALM BCH FL 334804730

All Addresses On File

Date of Birth [REDACTED] Sex **M** Height **6'00** State Of Birth **New York**

Restrictions \_\_\_\_\_ Endorsements \_\_\_\_\_

Issue Date **01-03-96** Duplicate Date \_\_\_\_\_ Expiration Date **01-20-02**

SSN [REDACTED] Form Number **X069601035963**

Conditional Messages:  
**SEXUAL OFFENDER**  
**MOTORCYCLE ALSO SAFE DRIVER**

Vehicle Information							
Record	VIN	Type	Color	Body	Make	Acquired Date	Reg
<a href="#">View</a>	IGD1CAP13NY200197	MOTORCYCLE	UNKNOWN COLOR	MOTORCYCLE	HARLEY-DAVIDSON		62928683
<a href="#">View</a>	4A42727H3	MOTORCYCLE	BLACK	MOTORCYCLE	HARLEY-DAVIDSON		66848855
<a href="#">View</a>	3GNGK26G31G109646	AUTO	BLACK	UTILITY	CHEVROLET	11-26-00	75315759
<a href="#">View</a>	5679199	AUTO	BLUE	CONVERTIBLE	VOLKSWAGEN		76811694
<a href="#">View</a>	WDBGA57G5XA416740	AUTO	BLACK	4 DOOR	MERCEDES-BENZ	12-04-00	83435771
<a href="#">View</a>	1G1YY12S915102426	AUTO	BLACK	2 DOOR	CHEVROLET	08-22-00	204147868
<a href="#">View</a>	WDBNG75J02A217037	AUTO	BLACK	4 DOOR	MERCEDES-BENZ	01-03-03	204811825
<a href="#">View</a>	WDBFA76F8WF161552	AUTO	ALUMINUM/SILVER	ROADSTER	MERCEDES-BENZ	03-04-01	205113391
<a href="#">View</a>	ERA365	AUTO	GREEN	CONVERTIBLE	ROADSTER	07-29-97	208542967

View	YAMA1588F202	VESSEL		VESSEL		02-06-04	209760749
View	3GNGK26G93G176044	AUTO	BLACK	UTILITY	CHEVROLET	12-18-02	210937950
View	1HD1BJY1XYY059554	MOTORCYCLE	GREEN	MOTORCYCLE	HARLEY-DAVIDSON	05-23-03	220078668
View	3GNGK26G24G156199	AUTO	BLACK	UTILITY	CHEVROLET	11-12-03	221643742
View	1JCCE87A5FT0181384	AUTO	RED	2 DOOR	JEEP	12-04-03	221878293
View	1ZJBE14174M023100	VEHICLE TRAILER		TRAILER	CONTINENTAL	02-06-04	222263007
View	3GYFK66N45G188335	AUTO	BLACK	4 DOOR	CADILLAC	02-04-05	225418535
View	1JCML7811HT181651	AUTO	GREEN	UTILITY	JEEP	02-11-05	225426334
View	WDDAJ76F75M000301	AUTO	GRAY	2 DOOR	MERCEDES-BENZ	02-28-05	225555909
View	SCBLE37G26CX19439	AUTO	BLACK	4 DOOR	BENTLEY INDUSTRIES	05-19-06	229736088
View	40AB13431YY000407	VEHICLE TRAILER		TRAILER	FAST LOAD AUTO HAULERS	05-30-07	232783387

Driver License Transactions								
Record	DL/ID Number	Transaction Date	Issue Date	Update Time	Lic Type	Issue Type	Change Type	FL Disp
View		05-21-09	05-21-09	05-21-09 10:17:33	ID	Original	None	

[Historical Driver License Activity](#)  
[Vehicle Insurance](#)   [Previous Vehicles](#)  
[Photo Array](#)   [Signature Array](#)  
[New Search](#)   [Main Menu](#)



FLORIDA  
DEPARTMENT of  
CORRECTIONS

Governor  
**CHARLIE CRIST**

Secretary  
**WALTER A. McNEIL**

*An Equal Opportunity Employer*

2601 Blair Stone Road • Tallahassee, FL 32399-2500

<http://www.dc.state.fl.us>

**COMMUNITY CONTROL GUIDELINES**

1. **Office business hours:** Open from 8:00 a.m. to 5:00 p.m.; Monday through Friday. The office is closed on Saturdays, Sundays, and all official state holidays. Business hours telephone number is (561) 434-3960.
2. Community Control is a "**House Arrest**" type program, which requires you to remain confined to your approved residence. Unless your officer has approved otherwise, do not change your residence without your officer's **prior approval!** Staying away from your residence overnight is not permitted.
3. You are **required** to report every **Tuesday between 8:00 a.m. and 7:00 p.m.** and submit a Written Weekly Itinerary (schedule). It will be submitted to your officer for approval. It will begin the next day, Wednesday, and end the following Tuesday when you are required to submit a new Written Report Itinerary. Therefore, the schedule will run from Wednesday to Tuesday. You must include the time you **leave** your home, actual address of where you are going, and when you will return home. You must be accurate!
4. **Any officer needs to be able to take your itinerary and actually go to where you are.**
5. You may, if approved by your officer ahead of time, do "life maintenance" activities, such as banking, grocery shopping, worship attendance, and laundry. However, if there are others who live with you, they will have to do these tasks for you.
6. Shopping for personal items and getting a haircut is limited to once a month. Bring in cash register receipts if required by your officer.
7. Church is limited to once a week for no more than two hours. Bring in proof of attendance such as a bulletin signed by the spiritual leader verifying your attendance if requested by your officer.
8. **Any changes to your itinerary must be approved in advance by your officer.** The "duty officer" may authorize an itinerary change if your officer is not available. However, the duty officer is restricted to only work, medical, legal, and emergency types of changes. Do not waste their time with irrelevant requests.
9. Your Officer may randomly call your home phone number to verify your whereabouts during the day or night. Your officer will make random home and employment visits to ensure compliance with your approved itinerary. An unexcused absence will result in a Violation of Community Control report that will be sent to the sentencing authority for proper disposition.
10. Your work schedule will be verified with your employer periodically. Any deviation in your scheduled work time and actual work time may result in a violation report being sent to the sentencing authority.
11. Medical emergencies (life threatening/sever) should be taken care of at the nearest emergency room. When the emergency has been resolved, you should immediately call your Community Control Officer to report the details of the emergency. You should also provide documentation of your visit to the emergency room.
12. Weather or natural disaster emergencies: If you are ordered to evacuate by the Palm Beach County Emergency Management, evacuate to safety to the pre-designated shelter that your officer assigned to you. If Palm Beach County clears its residents to their residences, and the normal Probation Office is still operational, go back on your normal itinerary and report as normal. Attempt to report weekly regardless of whether or not you hear the State Probation Office is open or closed. If the Office is not longer operational, report immediately to the nearest operational office.
13. If you are in life threatening danger, you may leave your residence. However, the life threatening nature of the problems must be supported by a fire or police report, etc. Call your Community Control Officer.

14. Other emergencies: (Example: death of immediate family members): During **non-business hours** these types of emergencies must be reported to the telephone **561-791-4750**. The duty officer will attempt to contact your officer or supervisor, who will contact you with instructions. Do not call this number unless is a true emergency.
15. Examples of **non-approved non-emergencies:** going to the store, doing laundry, cashing your checks, etc. These examples must be approved on your weekly itinerary **in advance. If you leave and then report your absence its considered a violation. Don't deviate from your weekly itinerary.**
16. Should you have any contact with law enforcement for any reason, you must report the incident to your officer during business hours the next working day.
17. You cannot travel out of the state or Palm Beach County for social purposes, so **do not ask**. Transfers of Community Control supervision to other states are not permitted. Transfers within the State of Florida may be possible if certain requirements are met.
18. Community Control has no provisions for "leisure activities" (Anniversaries, County Fairs, Fireworks, Parties, Family Gatherings, etc.) that is not at your home.
19. Court costs, restitution, and any other money ordered to be paid by the court will be scheduled by your officer in monthly installments. **Do not bring payments to probation.** You must pay with a money order that must be mailed to Tallahassee. The money order must be made out to "**Florida Department of Corrections**".
20. You may be tested for illegal drug use at **any** time. The court will be notified on all "positive" tests results, and an appropriate recommendation made by your officer.
21. Expect a periodic walk through of your residence.
22. Requests for early termination or roll back to regular probation will not be recommended to your sentencing judge by your officer. You must contact your attorney.
23. Community Control requires planning and good communication with your Community Control Officer. It is a "punitive program", which means it is punishment, and not intended to be convenient. It will indirectly affect all household members. Community Control is a team supervision concept, so you may expect any officer to contact you at any time.
24. Remember, if at any time your Community Control is violated, you will continue to follow all conditions of community control until your case is heard before the Sentencing Judge.
25. Your officer is not the one punishing you. This is primarily between you, the Judge, and the Department of Corrections policies.
26. It will be your decision to successfully complete the Community Control program, or be brought back before the court for an alternate disposition.

Reinstated  
by CStoa 7-22-09

 Hufos

**Notice of Responsibilities as Required by State  
For Offenders Under the Care, Custody, or Control of the Department**

**NAME:** Jeffrey Epstein

**FDC Number:** W35775

The Florida Department of Corrections is required to submit personal information about you and the offense for which you were convicted to the Florida Department of Law Enforcement (FDLE) as a Sexual Offender or Sexual Predator as defined in Florida Statutes s. 944.607, s. 775.21, or s. 943.0435.

As required by Florida Statute, your photograph will be submitted to the FDLE and will be posted on FDLE's Internet website.

While under the care, custody, and/or control of the Florida Department of Corrections, you are required by law to follow these requirements and any other requirements established by law or as part of your sentence:

1. If you are a **sexual offender** or a **sexual predator** under supervision by the Department of Corrections, you must register and provide the following information to the Department of Corrections and notify the Department of Corrections immediately if any of this information changes:
  - a. Your complete true name, date of birth, social security number, race, sex, height, weight, hair and eye color, tattoos or other identifying marks, occupation and place of employment; and permanent or legal residence and address of temporary residence; and
  - b. Any electronic mail (email) address and any instant message (IM) name.

**FAILURE TO REPORT THIS INFORMATION OR CHANGES IS A THIRD DEGREE FELONY.**

2. If you are a **sexual offender** or a **sexual predator** under supervision by the Department of Corrections, you must register in person
  - a. at your probation office and you must be photographed as part of the process.
  - b. at a driver's license office of the Department of Highway Safety and Motor Vehicles within 48 hours after registering in person with the Department of Corrections.

**FAILURE TO COMPLETE REGISTRATION IS A THIRD DEGREE FELONY.**

3. If you are a **sexual offender** or a **sexual predator**, you must report in person at a driver's license office of the Department of Highway Safety and Motor Vehicles if you change
  - a. your name by reason of marriage and/or any other legal process; or
  - b. your permanent or temporary residence or location; or
  - c. your driver's license or identification card whether or not the driver's license or identification card requires renewal.

**FAILURE TO REPORT ANY CHANGES WITHIN 48 HOURS OF MAKING CHANGES IS A THIRD DEGREE FELONY.**

**NOTE:** As applied to registration, the definition of temporary residence and permanent residence under s. 775.21(2)(f) and (g) or s. 943.0435(1)(c), F.S., are:

- **Permanent residence:** place where a person abides, lodges, or resides for 5 or more consecutive days.
- **Temporary residence:** place where a person abides, lodges, or resides for 5 or more days in the aggregate during any calendar year.

4. If you are a **sexual offender** or a **sexual predator**, you must report in person at the sheriff's office of the county in which you are located before vacating, or within 48 hours after vacating, your permanent residence if:
  - a. You are vacating or have vacated your permanent residence and you do not have another permanent or temporary residence.

5. If you report your intent to vacate your permanent residence, under number 4 above, but remain at your permanent residence you must report that information to the same sheriff's office, under number 4 above, within 48 hours after the date upon which you indicated you would vacate.

**FAILURE TO REPORT THAT YOU DID NOT VACATE YOUR RESIDENCE IS A SECOND DEGREE FELONY.**

6. If you are a **sexual offender** or a **sexual predator** under supervision by the Department of Corrections, you must provide notice to your probation office and the sheriff's office if your permanent or temporary place of residence is a motor vehicle, trailer, mobile home, or manufactured home as defined in chapter 320, F.S., or if your permanent or temporary place of residence is a live aboard vessel or houseboat as defined in chapter 327, F.S.

7. If you are a **sexual offender** or a **sexual predator** under supervision by the Department of Corrections and you are enrolled, employed, or carrying on a vocation at an institution of higher education, you must provide your probation office and the sheriff's office the name, address, and county of each institution of higher education where you are enrolled, employed, or carrying on a vocation, including each campus you are attending and your employment or enrollment status. Institutions of higher education are
  - a. community colleges, colleges, or state universities; or
  - b. independent post-secondary institutions including technical, vocational, or career centers; or
  - c. adult education facilities.

8. You must report any change in enrollment or employment status under number 7, within 48 hours of any change in status.  
**FAILURE TO INFORM THE SHERIFF'S OFFICE IS A THIRD DEGREE FELONY.**

9. If you are under supervision and you intend to establish residence in another state or jurisdiction, you must report in person to the sheriff of the county of your current residence 48 hours before the date you intend to leave Florida. At that time you must provide the sheriff with the address of your intended residence, including the municipality, county, and state.  
**FAILURE TO PROVIDE THE SHERIFF WITH THE PROPER INFORMATION IS A THIRD DEGREE FELONY.**

10. If you choose to remain in Florida after reporting that you intend to establish residence in another state or jurisdiction under number 9, you must report that you did not leave Florida in person to the sheriff within 48 hours of the date you indicated you would leave.  
**FAILURE TO REPORT THAT YOU DID NOT LEAVE FLORIDA IS A SECOND DEGREE FELONY.**

11. If you are charged with any failure to register, that charge constitutes actual notice of failure to register. If you fail to register immediately thereafter, you may face a subsequent charge of failure to register. You may not use the defense of lack of notice when charged a second time with failure to register.

12. You must maintain registration for life except as specified in s. 775.21, F.S. or s. 943.0435, F.S.

13. You must report in person twice a year during the month of your birthday and during the sixth month following your birth month to the sheriff's office in the county where you reside or otherwise located to reregister as noted in s. 775.03, F.S., s. 943.0435, F.S., or s. 944.607, F.S.

**FAILURE TO REREGISTER AS REQUIRED IS A THIRD DEGREE FELONY.**

If your birth month is:	You must reregister in:	If your birth month is:	You must reregister in:	If your birth month is:	You must reregister in:
January	January & July	May	May & November	September	March & September
February	February & August	June	June & December	October	April & October
March	March & September	July	January & July	November	May & November
April	April & October	August	February & August	December	June & December

14. Effective July 1, 2007, you must reregister during the month of your birthday and every three months thereafter if you are a sexual predator or if you have been convicted of a violation of one of the following Florida Statutes:

- s. 787.01 if certain provisions apply; or
- s. 787.02 if certain provisions apply; or
- s. 794.011, excluding s. 794.011(10); or
- s. 800.04(4)(b) if certain provisions apply; or
- s. 800.04(5)(b); or
- s. 800.04(5)(c)1 or 2 if certain provisions apply; or
- s. 800.04(5)(d) if certain provisions apply.

**FAILURE TO REREGISTER AS REQUIRED IS A THIRD DEGREE FELONY.**

If your birth month is:	You must reregister in:	If your birth month is:	You must reregister in:	If your birth month is:	You must reregister in:
January	January, April, July, & October	May	February, May, August, & November	September	March, June, September, & December
February	February, May, August, & November	June	March, June, September, & December	October	January, April, July, & October
March	March, June, September, & December	July	January, April, July, & October	November	February, May, August, & November
April	January, April, July, & October	August	February, May, August, & November	December	March, June, September, & December

15. If you are a sexual offender or a sexual predator, you must also comply with any registration requirements imposed by another state if you change your residence to another state or if you are employed, carry on a vocation, or if you are a student in another state.
16. You must respond to any address verification correspondence you receive within three weeks of the date of the correspondence.
17. You may not reside within 1,000 feet of any school, day care center, park, or playground if you have been convicted of an offense that occurred on or after October 1, 2004 against a victim that was less than 16 years of age in violation of any of the following Florida Statutes:
- s. 794.011; or
  - s. 800.04; or
  - s. 827.071; or
  - s. 847.0145.

I acknowledge that I have read and understood the above requirements.

The above requirements have been read to me and I understand them.

UPSTEIN, Tyler  
Offender Printed Name

Carman Sloa  
Witness Printed Name

[Signature]  
Signature

[Redacted]  
Witness Signature

7/22/09  
Date

7-22-09  
Date

**Distribution:**

Institution: Central Office (Original)  
FDLE (Copy)  
File (Copy)  
Sheriff's Office (Copy)  
Offender (Copy)

**Probation:**

FDLE (Original)  
P & P Offender File (Copy)  
Offender (Copy)

**Notice of Offender Responsibilities as Required by Statute  
For Offenders Being Discharged From the Care, Custody and/or Control Without Supervision**

NAME Jeffrey Epstein FDC Number W35755

The Florida Department of Corrections is required to submit personal information about you and the offense for which you were convicted to the Florida Department of Law Enforcement (FDLE) as a Sexual Offender or Sexual Predator as defined in Florida Statutes s. 944.607, s. 775.21, or s. 943.0435.

As required by Florida Statute, your photograph will be submitted to the FDLE and will be posted on FDLE's Internet website.

You will continue to be a Sex Offender or Sexual Predator as defined in s. 775.21, or s.943.0435 F.S., upon your discharge and/or termination of supervision from the Department of Corrections custody and will be required by law to do the following:

1. If you are a **sexual offender** or a **sexual predator**, you must provide the following information to the sheriff's office in the county you are residing within 48 hours of release from supervision or prison, and notify the sheriff's office immediately if any of this information changes:
  - a. Your complete true name, date of birth, social security number, race, sex, height, weight, hair and eye color, tattoos or other identifying marks; and
  - b. Any electronic mail (email) address and any instant message (IM) name.**FAILURE TO REPORT THIS INFORMATION OR CHANGES IS A THIRD DEGREE FELONY.**

2. If you are a **sexual offender** or a **sexual predator**, you must register in person
  - a. **at the sheriff's office** in the county where you establish or maintain a residence **within 48 hours** after being released from the custody, control, or supervision of the Department of Corrections or from the custody of a private correctional facility; **and**
  - b. **at a driver's license office** of the Department of Highway Safety and Motor Vehicles **within 48 hours** after registering in person at the sheriff's office in the county where you establish or maintain a residence.**FAILURE TO COMPLETE REGISTRATION IS A THIRD DEGREE FELONY.**

3. If you are a **sexual predator**, you must register in person at the sheriff's office in the county where you were designated by the court as a sexual predator **within 48 hours** after establishing or maintaining permanent or temporary residence in this state or **within 48 hours** after being released from the custody, control, or supervision of the Department of Corrections or from the custody of a private correctional facility.  
**FAILURE TO COMPLETE REGISTRATION IS A THIRD DEGREE FELONY.**

4. If you are a **sexual offender** or a **sexual predator**, you must report in person at a driver's license office of the Department of Highway Safety and Motor Vehicles if you change
  - a. your name by reason of marriage and/or any other legal process; or
  - b. your permanent or temporary residence or location; or
  - c. your driver's license or identification card whether or not the driver's license or identification card requires renewal.**FAILURE TO REPORT ANY CHANGES WITHIN 48 HOURS OF MAKING CHANGES IS A THIRD DEGREE FELONY.**

**NOTE:** As applied to registration, the definition of temporary residence and permanent residence under s. 775.21(2) (f) and (g) or s. 943.0435(1) (c), F.S. are:

- Permanent residence: place where a person abides, lodges, or resides for 5 or more consecutive days.
- Temporary residence: place where a person abides, lodges, or resides for 5 or more days in the aggregate during any calendar year.

5. If you are a **sexual offender** or a **sexual predator**, you must report in person at the sheriff's office of the county in which you are located **before vacating**, or **within 48 hours** after vacating, your permanent residence if
  - a. You are vacating or have vacated your permanent residence and you do not have another permanent or temporary residence.
6. If you report your intent to vacate your permanent residence, under number 5 above, but remain at your permanent residence you must report that information to the **same sheriff's office**, under number 5 above, **within 48 hours** after the date upon which you indicated you would vacate.  
**FAILURE TO REPORT THAT YOU DID NOT VACATE YOUR RESIDENCE IS A SECOND DEGREE FELONY.**
7. If you are a **sexual offender** or a **sexual predator**, you must register through the sheriff's office if your permanent or temporary place of residence is a motor vehicle, trailer, mobile home, or manufactured home as defined in chapter 320, F.S., or if your permanent or temporary place of residence is a live aboard vessel or houseboat as defined in chapter 327, F.S.
8. If you are a **sexual offender** or a **sexual predator** and you are enrolled, employed, or carrying on a vocation at a covered institution, you must immediately provide to the sheriff's office the name, address, and county of each covered institution where you are enrolled, employed, or carrying on a vocation, including each campus you are attending and your employment or enrollment status. Covered institutions are
  - a. community colleges, colleges, or state universities; or
  - b. independent post-secondary institutions including technical, vocational or career centers; or
  - c. adult education facilities.**FAILURE TO INFORM THE SHERIFF'S OFFICE IS A THIRD DEGREE FELONY.**
9. You must report any change in enrollment or employment status under number 8. within 48 hours of any change in status.  
**FAILURE TO INFORM THE SHERIFF'S OFFICE IS A THIRD DEGREE FELONY.**
10. If you are a **sexual offender** or a **sexual predator** and you intend to establish residence in another state or jurisdiction, you must report in person to the sheriff of the county of your current residence 48 hours **before** the date you intend to leave Florida. At that time you must provide the sheriff with the address of your intended residence, including the municipality, county, and state.  
**FAILURE TO PROVIDE THE SHERIFF WITH THE PROPER INFORMATION IS A THIRD DEGREE FELONY.**
11. If you are a **sexual offender** or a **sexual predator** and you choose to remain in Florida after reporting that you intend to establish residence in another state or jurisdiction under number 10., you must report that you did not leave Florida in person to the sheriff within 48 hours of the date you indicated you would leave.  
**FAILURE TO REPORT THAT YOU DID NOT LEAVE FLORIDA IS A SECOND DEGREE FELONY.**

12. If you are charged with any failure to register, that charge constitutes actual notice of failure to register. If you fail to register immediately thereafter, you may face a subsequent charge of failure to register. You may not use the defense of lack of notice when charged a second time with failure to register.
13. You must maintain registration for life except as specified in s. 775.21, F.S. or s. 943.0435, F.S.
14. You must report in person twice a year, during the month of your birthday and during the sixth month following your birth month, to the sheriff's office in the county in which you reside or are otherwise located to reregister in accordance with s. 775.21, s. 943.0435, or s. 944.607, F.S.  
**FAILURE TO REREGISTER AS REQUIRED IS A THIRD DEGREE FELONY.**

If your birth month is:	You must reregister in:	If your birth month is:	You must reregister in:	If your birth month is:	You must reregister in:
January	January & July	May	May & November	September	March & September
February	February & August	June	June & December	October	April & October
March	March & September	July	January & July	November	May & November
April	April & October	August	February & August	December	June & December

15. Effective July 1, 2007, you must reregister during the month of your birthday and every three months thereafter if you are a sexual predator or if you have been convicted of a violation of one of the following Florida Statutes:
- s. 787.01 if certain provisions apply; or
  - s. 787.02 if certain provisions apply; or
  - s. 794.011, excluding s. 794.011(10); or
  - s. 800.04(4)(b) if certain provisions apply; or
  - s. 800.04(5)(b); or
  - s. 800.04(5)(c)1 or 2 if certain provisions apply; or
  - s. 800.04(5)(d) if certain provisions apply.
- FAILURE TO REREGISTER AS REQUIRED IS A THIRD DEGREE FELONY**

If your birth month is:	You must reregister in:	If your birth month is:	You must reregister in:	If your birth month is:	You must reregister in:
January	January, April, July, & October	May	February, May, August, & November	September	March, June, September, & December
February	February, May, August, & November	June	March, June, September, & December	October	January, April, July, & October
March	March, June, September, & December	July	January, April, July, & October	November	February, May, August, & November
April	January, April, July, & October	August	February, May, August, & November	December	March, June, September, & December

16. If you are a **sexual offender** or a **sexual predator**, you must also comply with any registration requirements imposed by another state if you change your residence to another state or if you are employed, carry on a vocation, or are a student in another state.
17. You must respond to any address verification correspondence you receive within three weeks of the date of the correspondence.
18. You may not reside within 1,000 feet of any school, day care center, park, or playground if you have been convicted of an offense that occurred on or after October 1, 2004 against a victim that was less than 16 years of age in violation of any of the following Florida Statutes:
- s. 794.011; or
  - s. 800.04; or
  - s. 827.071; or
  - s. 847.0145.

I acknowledge that I have read and understood the above requirements.

The above requirements have been read to me and I understand them.

Deja Capstick  
 Offender Printed Name  
Carmen Spone  
 Witness Printed Name

[Signature]  
 Signature  
[Redacted]  
 Signature

7/22/09  
 Date  
7-22-09  
 Date

**Distribution:**  
 Institution: Central Office (Original)  
 FDLE (Copy)  
 File (Copy)  
 Sheriff's Office (Copy)  
 Offender (Copy)

Probation: FDLE (Original)  
 P & P Offender File (Copy)  
 Offender (Copy)



**Interstate Commission for  
Adult Offender Supervision**

**REPLY TO  
TRANSFER REQUEST**

To:  Florida	Date:  06-08-2009	Type of supervision: <input type="checkbox"/> Parole <input checked="" type="checkbox"/> Probation	Is this case: <input checked="" type="checkbox"/> Registered Sex Offender <input type="checkbox"/> Victim sensitive
From:  Virgin Islands	Phone #: [REDACTED]	Fax #: [REDACTED]	

**OFFENDER INFORMATION**

Offender's full name (last, first, MI):  Epstein, Jeffrey E.	Offender number: 210257 Sending state #: 06587245 Receiving state #:
--	--

**AKA:**

SS#: (if available)	FBI# (if available)	Sex: M	Race: White	DOB: [REDACTED]
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**RECEIVING STATE INFORMATION**

Address of offender:  Little Saint James Island			
City:  St. Thomas	State:  VI	Zip:  00802	Phone #:

**CRITERIA**

- Resident of the receiving state\* within the meaning of the Compact
- Resident Family\*\* AND Employment or Means of Support
- Military member
- Lives with Family who are Military members
- Employment Transfer of a Family member to another state
- Discretionary Plan

**EMPLOYMENT OR MEANS OF SUPPORT**

- Employer: Financial Trust Company Phone #: [REDACTED]
- Means of support: The offender's business is in the Virgin Islands

**NAMES AND RELATIONSHIP OF OTHERS RESIDING IN HOME**

Name	Relationship
Curtis & Silvina Royston	other

\* Resident of receiving state - a person who (1) has continuously inhabited a state for at least one year prior to the commission of the offense for which the offender is under supervision, (2) with the intent that such state shall be the person's principal place of residence and (3) who has not, unless incarcerated, relocated to another state or states for a continuous period of six months or more with the intent to establish a new principal place of residence.

\*\* Resident family - a parent, grandparent, aunt, uncle, adult child, adult sibling, spouse, legal guardian, or step-parent who-1) has resided in the receiving state for 180 days or longer; and 2) indicates willingness and ability to assist the offender as specified in the plan of supervision.

**CONDITIONS BEING IMPOSED BY RECEIVING STATE**

Special Condition : Administrative probation fee

**CONDITIONS STATE CAN NOT COMPLY WITH**

Special Condition : See attached conditions of probation -- Reason: We do not have a GPS system; therefore, we can not provide 24 hours per day electric monitoring.

**GROUNDS FOR REJECTION**

Review Offender Information

Review Offender Address

Review Transfer Reason

Review Transfer Justification

Review Employment / Means of Support

**DECISION OF INVESTIGATION**

**Approved**

**Denied**

Reason for denial:

Subject has reported pursuant to authorized Reporting Instructions

Date:

Reporting instructions:

Date to report:

06/22/2009

Offender to Report:

- by phone
- in person
- within **24** hours of arrival
- immediately upon arrival

Report to address:

City:

State:

Zip:

Report to:

Officer of the Day

Other: MRS. ARLINE SWAN

Phone #:

Comments/Special Instructions:

Please inform Mr. Epstein that he will have to register as a sex offender here in the Virgin Islands and, also, that he will be required to pay a Two Hundred Dollars (\$200) Administrative Fee for probation services.

Supervising Officer/Title:

Arline Swan

Date:

06-08-2009

Compact Administrator/Designee:

Charmaine Daley-Jeffers

Date:

06-08-2009

\* Resident of receiving state – a person who (1) has continuously inhabited a state for at least one year prior to the commission of the offense for which the offender is under supervision, (2) with the intent that such state shall be the person's principal place of residence and (3) who has not, unless incarcerated, relocated to another state or states for a continuous period of six months or more with the intent to establish a new principal place of residence.  
 \*\* Resident family – a parent, grandparent, aunt, uncle, adult child, adult sibling, spouse, legal guardian, or step-parent who-1) has resided in the receiving state for 180 days or longer; and 2) indicates willingness and ability to assist the offender as specified in the plan of supervision.



**Interstate Commission for  
Adult Offender Supervision**

**COMPACT ACTION  
REQUEST**

To:  Virgin Islands	Date:  06-08-2009	Type of supervision: <input type="checkbox"/> Parole <input checked="" type="checkbox"/> Probation	Is this case: <input checked="" type="checkbox"/> Registered Sex Offender <input type="checkbox"/> Victim sensitive
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From:  Florida	Phone #: [REDACTED]	Fax #: [REDACTED]
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**OFFENDER INFORMATION**

Offender's full name (last, first, MI):  Epstein, Jeffrey E.	Offender number: 210257 Sending state#: 06587245 Receiving state#:
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AKA:

SS#: (if available)	FBI#: (if available) [REDACTED]	Sex: M	Race: White	DOB: 01/20/1953
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**REQUEST**

We received reporting instructions for 6/22/09. The offender's tentative release date from jail is 7/22/09. He will need reporting instructions for after that date.  
Thank you

Supervising Officer/Location:  Rachel Shea	Date:  06-08-2009	Compact Administrator/Designee:  Karen Tucker	Date:  06-08-2009
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**REPLY**

Supervising Officer/Location:

Date:

Compact Administrator/Designee:

Date:

June 17, 2009

Florida Department of Corrections  
ATTN: Officer Rachel Shae  
3444 South Congress Ave  
Lake Worth, FL

VIA FACSIMILE 561-434-3972

RE: DC W35755

Dear Ms. Shae:

Please be advised that due to circumstances, I hereby withdraw my request for interstate transfer of supervision. Should you need any additional information, please feel free to contact me at 561-366-0084.

Sincerely,

A handwritten signature in black ink, appearing to be "Jeffrey Epstein", with a long horizontal stroke extending to the right.

Jeffrey Epstein

**Shea, Rachel**

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**From:** ICOTS Notification [REDACTED]  
**Sent:** Wednesday, June 17, 2009 9:45 AM  
**To:** Shea, Rachel  
**Subject:** Compact Case #226377 has been withdrawn

Compact Case #226377 regarding Jeffrey Epstein has been withdrawn. Please log into ICOTS for more information.

6/17/2009

EFTA01625873



# Interstate Commission for Adult Offender Supervision

(Revised 10/18/06)

## OFFENDER'S APPLICATION FOR INTERSTATE COMPACT TRANSFER

To: <b>US VIRGIN ISLAND</b>	Date: <b>5/29/2009</b>	Type of supervision: <input type="checkbox"/> Parole <input type="checkbox"/> Probation <input checked="" type="checkbox"/> Other: <b>COMMUNITY CONTROL</b>	Is this case: <input checked="" type="checkbox"/> Registered Sex Offender <input checked="" type="checkbox"/> Victim sensitive
From: <b>FLORIDA</b>	Phone #: [REDACTED]	Fax #: [REDACTED]	

### OFFENDER INFORMATION

Offender's full name (last, first, MI): <b>EPSTEIN, JEFFREY, E</b>	Offender number: Sending state#: <b>W35755</b> Receiving state#:			
AKA:				
SS#: (if available)	FBI#: (if available)	Sex: <b>MALE</b>	Race: <b>WHITE</b>	DOB: [REDACTED]

I, **JEFFREY E. EPSTEIN**, am applying for transfer of my parole/probation/other supervision from **FLORIDA** (sending state) to **US VIRGIN ISLAND** (receiving state). I understand that this transfer of supervision will be subject to the rules of the Interstate Commission for Adult Offender Supervision.

I understand that my supervision in another state may be different than the supervision I would be subject to in this state. I agree to accept any differences that may exist because I believe that transferring my supervision to **FLORIDA** (receiving state) will improve my chances for making a good adjustment in the community. I ask that the authorities to whom this application is made recognize this fact and grant my request for transfer of supervision.

In support of my application for transfer, I make the following statements:

1. If I am allowed to transfer my supervision to **US VIRGIN ISLAND** (receiving state), I plan to live with **CURTIS AND SILVINA ROYSTON**, at (full address/telephone #) **(340) 775-8100** until I am allowed by the supervising authorities to change my residence. *Little St. James Island, St. Thomas, VI 00802*
2. I will comply with the terms and conditions of my supervision that have been placed on me, or that will be placed on me by **FLORIDA** (sending state) and **US VIRGIN ISLAND** (receiving state).
3. I understand that if I do not comply with all the terms and conditions that the sending state or the receiving state, or both, placed on me, that it will be considered a violation and I may be returned to the sending state.
4. I agree to the release of any drug or alcohol treatment information from **FLORIDA** (sending state) to any authorized person in **US VIRGIN ISLAND** (receiving state) for the purpose of transferring my supervision. This consent remains in effect from this date **6/1/2009** (today's date) until I revoke this consent.
5. I agree to return to **FLORIDA** (sending state) at any time I am directed to by the sending state or the receiving state. I know that I may have a constitutional right to insist that the sending state extradite me from the receiving state or any other state where I may be found. This is commonly called the right to extradition. But I also understand and acknowledge that I have agreed to return to the sending state when ordered to do so either by the sending or receiving state. Therefore, I agree that I will not resist or fight any effort by any state to return me to the sending state and I **AGREE TO WAIVE ANY RIGHT I MAY HAVE TO EXTRADITION. I WAIVE THIS RIGHT FREELY, VOLUNTARILY AND INTELLIGENTLY.**

Offender's signature:

Date: 6/1/09

Printed name: Jeffrey Epstein

Witness: [REDACTED]

Date: 6/1/09

Printed name: DUANE WILLIAMS



Interstate Commission for  
Adult Offender Supervision  
(Revised 2/4/08)

**TRANSFER REQUEST**

To:  <b>VI</b>	Date:	Type of supervision: <input type="checkbox"/> Parole <input type="checkbox"/> Probation <input checked="" type="checkbox"/> Other: <b>Community control</b>	Is this case: <input type="checkbox"/> Victim sensitive Is this offender required to register as a sex offender in: <input checked="" type="checkbox"/> Sending State <input checked="" type="checkbox"/> Receiving State
From:  <b>FL</b>	Phone #:	Fax #:  <b>B</b>	

**OFFENDER INFORMATION**

Offender's full name (last, first, MI): <b>Epstein, Jeffrey, E.</b>	Offender number: <b>W35755</b>	Sending state #:	Receiving state #:
AKA: <b>NONE</b>			
SS#: (if available)	FBI#: (if available)	Sex: <b>M</b>	Race: <b>white</b>
			DOB:

**OFFENSE INFORMATION**

<input checked="" type="checkbox"/> Felony  <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Deferred	County of Conviction: <b>Palm Beach</b>	Case number: <b>502008CF009381 AXXX MB</b>
Instant offense: <b>916.07 - solicitation of a prostitute</b> <b>916.03 - Procuring a minor for prostitution</b>	Instant offense reduced from:	
Date sentenced: <b>06/30/08</b> Beginning supervision date: Termination of supervision date:	Proposed Institutional release date: <b>07/22/2009</b> Offender institution number: <b>W35755</b>	

\* Resident of receiving state - a person who (1) has continuously inhabited a state for at least one year prior to the commission of the offense for which the offender is under supervision, (2) with the intent that such state shall be the person's principal place of residence and (3) who has not, unless incarcerated, relocated to another state or states for a continuous period of six months or more with the intent to establish a new principal place of residence.  
 \*\* Resident family - a parent, grandparent, aunt, uncle, adult child, adult sibling, spouse, legal guardian, or step-parent who-1) has resided in the receiving state for 180 days or longer; and 2) indicates willingness and ability to assist the offender as specified in the plan of supervision.

Supervision period: 12 months

Special Conditions:

List Special Conditions:

Yes  
 No

See attached

REASONS FOR TRANSFER

Choose from one of the six reasons for transfer. See Rules 3.101 & 3.101-1 & 3.101-2 for transfer criteria

MANDATORY

1. Resident of receiving state\* within the meaning of the Compact.

Verified By:

Date:

2. Resident family AND Employment or Means of Support.

Verified By:

Date:

Family member name:

Relationship:

Address:

Phone number:

3. Military member.

Verified By:

Date:

4. Live with family who are military members

Verified By:

Date:

5. Employment transfer of family member to another state.

Verified By:

Date:

DISCRETIONARY

6. Explain: Transferee is a legal resident of receiving state and his business is located in receiving state

Verified By:

Date:

JUSTIFICATION FOR TRANSFER (Mandatory)

Transferee is a legal resident of receiving state and his business is located in receiving state.

CURRENT RESIDENCE / LOCATION

This section is to be completed to verify where the offender is located at the time the Transfer Request is completed.

Which State is the offender currently in:

Sending State /  Receiving State

If in the Sending State, is offender's current location prison or other institution?

Yes /  No

If in the Receiving State, is the offender in Receiving State with approved Reporting Instructions?

Yes /  No\*

\*If NO, order the return of this offender to the sending state in order to proceed with the transfer request process.

RECEIVING STATE RESIDENCE (Must be Verified)

Offender will reside - name and relationship:

Phone #: \

House managers  
Curtis and Silvina Royster

\* Resident of receiving state - a person who (1) has continuously inhabited a state for at least one year prior to the commission of the offense for which the offender is under supervision, (2) with the intent that such state shall be the person's principal place of residence and (3) who has not, unless incarcerated, relocated to another state or states for a continuous period of six months or more with the intent to establish a new principal place of residence.

\*\* Resident family - a parent, grandparent, aunt, uncle, adult child, adult sibling, spouse, legal guardian, or step-parent who-1) has resided in the receiving state for 180 days or longer; and 2) indicates willingness and ability to assist the offender as specified in the plan of supervision.

Address: <i>Little St James Island</i>		City: <i>St. Thomas</i>		State: <i>USVI</i>		Zip: <i>00802</i>	
Verified by:				Date:			
<b>EMPLOYMENT (Must be Verified)</b>							
Offender's employment: <i>Financial Trust Company Inc.</i>							
Employer's street address: <i>6100 Red Hook Quarter Suite B-3</i>			City: <i>St. Thomas</i>		State: <i>USVI</i>		Zip: <i>00802</i>
							Telephone #: 
Offender's employment supervisor: <i>Darren Indyke</i>				Offender's job title: <i>Chairman</i>			
Verified by:				Date:			
<b>ATTACHMENTS</b>							
Below check off the attachments to the Transfer Request included in the packet. All Mandatory attachments must be included for the packet to be complete. Any attachments in the "if available" and "sex offender" sections should be included if they are attainable by the sending state.							
<p><b>Check all information that is attached to this form:</b></p> <p><b>MANDATORY</b></p> <input type="checkbox"/> Offender's criminal history <input type="checkbox"/> Notice, if applicable, indicating supervision of offender is a victim sensitive matter <input type="checkbox"/> Copy of signed <i>Offender's Application for Interstate Compact Transfer</i> form		<input type="checkbox"/> Photograph of offender <input type="checkbox"/> Conditions of supervision <input type="checkbox"/> Any orders restricting offender's contact with victim or other persons <input type="checkbox"/> Any known orders protecting offender from contact with any other person <input type="checkbox"/> Information about whether offender is subject to sex offender registry requirements in sending state with supporting documents		<input type="checkbox"/> Instant offense details including type and severity of crime. <input type="checkbox"/> Judgment and commitment records <input type="checkbox"/> Information relating to court-ordered financial obligations <p><b>IF AVAILABLE</b></p> <input type="checkbox"/> Pre-sentence investigation report <input type="checkbox"/> Psychological evaluation <input type="checkbox"/> Medical information <input type="checkbox"/> Supervision history		<p><b>SEX OFFENDER</b></p> <input type="checkbox"/> Assessment(s) <input type="checkbox"/> Social History <input type="checkbox"/> Information regarding sex offender's criminal sexual behavior <input type="checkbox"/> Law enforcement report regarding details of sex offense <input type="checkbox"/> Victim information <input type="checkbox"/> Current/recommended supervision plan <input type="checkbox"/> Current/recommended treatment plan	
Supervising Officer/Location: <i>Duane Williams / 15-4</i>			Date:		Compact Administrator/Designee:		Date:

\* Resident of receiving state - a person who (1) has continuously inhabited a state for at least one year prior to the commission of the offense for which the offender is under supervision, (2) with the intent that such state shall be the person's principal place of residence and (3) who has not, unless incarcerated, relocated to another state or states for a continuous period of six months or more with the intent to establish a new principal place of residence.  
 \*\* Resident family - a parent, grandparent, aunt, uncle, adult child, adult sibling, spouse, legal guardian, or step-parent who-1) has resided in the receiving state for 180 days or longer; and 2) indicates willingness and ability to assist the offender as specified in the plan of supervision.

Application:



# Interstate Commission for Adult Offender Supervision

(Revised 10/18/06)

## OFFENDER'S APPLICATION FOR INTERSTATE COMPACT TRANSFER

To: <b>VI</b>	Date:	Type of supervision: <input type="checkbox"/> Parole <input type="checkbox"/> Probation <input checked="" type="checkbox"/> Other: <b>community control</b>	Is this case: <input checked="" type="checkbox"/> Registered Sex Offender <input type="checkbox"/> Victim sensitive
From: <b>FL</b>	Phone #: [REDACTED]	Fax #:	

### OFFENDER INFORMATION

Offender's full name (last, first, MI): <b>Epstein, Jeffrey, E.</b>		Offender number: <b>W35755</b>	
AKA:		Sending state#:      Receiving state#:	
SS#: (if available)	FBI#: (if available)	Sex: <b>M</b>	Race: <b>white</b>
			DOB: [REDACTED]

I, **Jeffrey Epstein**, am applying for transfer of my parole/probation/other supervision from **FL** (sending state) to **VI** (receiving state). I understand that this transfer of supervision will be subject to the rules of the Interstate Commission for Adult Offender Supervision.

I understand that my supervision in another state may be different than the supervision I would be subject to in this state. I agree to accept any differences that may exist because I believe that transferring my supervision to **VI** (receiving state) will improve my chances for making a good adjustment in the community. I ask that the authorities to whom this application is made recognize this fact and grant my request for transfer of supervision.

In support of my application for transfer, I make the following statements:

- If I am allowed to transfer my supervision to **VI** (receiving state), I plan to live with **House Managers**, at (full address/telephone #) **Art's and Silvia Royston Little St. James Island St. Thomas USVI 00402** until I am allowed by the supervising authorities to change my residence.
- I will comply with the terms and conditions of my supervision that have been placed on me, or that will be placed on me by **FL** (sending state) and **VI** (receiving state).

Offender's Application for Interstate Compact Transfer

3. I understand that if I do not comply with all the terms and conditions that the sending state or the receiving state, or both, placed on me, that it will be considered a violation and I may be returned to the sending state.
4. I agree to the release of any drug or alcohol treatment information from **FL** (sending state) to any authorized person in **VI** (receiving state) for the purpose of transferring my supervision. This consent remains in effect from this date (today's date) until I revoke this consent.
5. I agree to return to **FL** (sending state) at any time I am directed to by the sending state or the receiving state. I know that I may have a constitutional right to insist that the sending state extradite me from the receiving state or any other state where I may be found. This is commonly called the right to extradition. But I also understand and acknowledge that I have agreed to return to the sending state when ordered to do so either by the sending or receiving state. Therefore, I agree that I will not resist or fight any effort by any state to return me to the sending state and I AGREE TO WAIVE ANY RIGHT I MAY HAVE TO EXTRADITION. I WAIVE THIS RIGHT FREELY, VOLUNTARILY AND INTELLIGENTLY.

Offender's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_



Interstate Commission for  
Adult Offender Supervision

(Revised 2/4/08)

**REQUEST FOR  
REPORTING  
INSTRUCTIONS**

<p>To:</p> <p style="font-size: 2em; text-align: center;">VI</p>	<p>Date:</p>	<p>Type of supervision:</p> <p><input type="checkbox"/> Parole</p> <p><input type="checkbox"/> Probation</p> <p><input checked="" type="checkbox"/> Other: <b>Community Control</b></p>	<p>Is this case:</p> <p><input type="checkbox"/> Victim sensitive</p> <p>Is this offender required to register as a sex offender in:</p> <p><input checked="" type="checkbox"/> Sending State</p> <p><input checked="" type="checkbox"/> Receiving State</p>
<p>From:</p> <p style="font-size: 2em; text-align: center;">FL</p>	<p>Phone #:</p> <div style="background-color: black; width: 100px; height: 40px; margin: 5px;"></div>	<p>Fax #:</p> <div style="background-color: black; width: 200px; height: 40px; margin: 5px;"></div>	

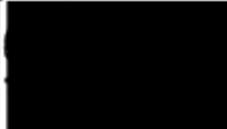
**OFFENDER INFORMATION**

<p>Offender's full name (last, first, MI):</p> <p><b>Epstein, Jeffrey, E.</b></p>		<p>Offender number:</p> <p><b>W35755</b></p>		
<p>AKA:</p> <p><b>NONE</b></p>		<p>Sending state #:</p>	<p>Receiving state #:</p>	
<p>SS#: (if available)</p>	<p>FBI#: (if available)</p>	<p>Sex: :</p> <p style="font-size: 1.5em; text-align: center;">M</p>	<p>Race:</p> <p style="font-size: 1.5em; text-align: center;">White</p>	<p>DOB:</p> <div style="background-color: black; width: 100px; height: 40px; margin: 5px;"></div>

**REASON FOR REQUESTING REPORTING INSTRUCTIONS**

Select from 1 of the reasons below. All reasons must be verified by the sending state.

<p><input type="checkbox"/> 1. Probationer living in receiving state at time of sentencing.</p> <p><i>*sex offenders must remain in sending state until reporting instructions are issued</i></p>	<p><input type="checkbox"/> 4. Live with family who are military members.</p>
<p><input type="checkbox"/> 2. Transferred offender returning to sending state.</p>	<p><input type="checkbox"/> 5. Employment transfer of family member to another state.</p>

<input type="checkbox"/> 3. Military member.		<input checked="" type="checkbox"/> 6. Expedited, explain: <i>Transferee is a legal resident of receiving state and his only business is located in receiving state.</i>	
Justification for Expedited: <i>Transferee is a legal resident of receiving state and his only business is located in receiving state.</i>			
<b>RESIDENCE (Must be Verified)</b>			
Offender will reside with: <i>Curtis and Silvina Royston</i>		Relationship: <i>House Managers</i>	Telephone #: 
Street address: <i>Little St. James Island</i>	City: <i>St. Thomas</i>	State: <i>USVI</i>	Zip: <i>00802</i>
Verified by:		Date:	
<b>EMPLOYMENT (Must be Verified)</b>			
Offender's employment: <i>Financial Trust Company, Inc.</i>			
Employer's street address: <i>6100 Red Hook Quarter Suite B-3</i>	City: <i>St. Thomas</i>	State: <i>USVI</i>	Zip: <i>00802</i>
Telephone #: 			
Offender's employment supervisor: <i>Darren Indyke</i>		Offender's job title: <i>Chairman</i>	
Verified by:		Date:	
<b>OFFENSE INFORMATION</b>			
<input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Deferred			
Instant offense(s): <i>Procure person under 18 for prostitution</i>	Description(s) (if a sex offense, include age of victim(s)):	Length of sentence: <i>6 months Palm Beach county jail with credit for one day, followed by 12 months community control</i>	
Supervision start date(s):	Supervision expiration date(s):		
Special Conditions: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	List Conditions: <i>See attached</i>		

<b>HISTORICAL INFORMATION</b>			
Note whether this offender has a history of assault or sex offense(s). Explain below.			
History of assault: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		History of sex offense: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Please explain all "Yes" checks:			
Supervising Officer/Location: <b>Duane Williams/15-4</b>		Date:	Compact Administrator/Designee: <span style="float: right;">Date: Date</span>
<b>RESULTS</b>			
Below is completed by the receiving state. Leave blank			
Reporting instructions are: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		Reason for denial:	
Date to report:		Offender to report: <input type="checkbox"/> by phone <input type="checkbox"/> in person <input type="checkbox"/> within _____ hours of arrival <input type="checkbox"/> immediately upon arrival	
Report to address:	City:	State:	Zip:
Report to: <input type="checkbox"/> Officer of the Day <input type="checkbox"/> Other:			Phone #:
Comments/Special Instructions:			
Receiving Compact Administrator/Designee:		Date:	

**SUMMARY OF STANDARD CONDITIONS AND SPECIAL CONDITIONS**

Standard Conditions:

- (1) You will report to the probation office as directed. Not later than the fifth day of each month, unless otherwise directed, you will make a full and truthful report to your officer on the form provided for that purpose.
- (2) You will pay the State of Florida the amount of \$50.00 per month, as well as 4% surcharge, toward the cost of your supervision in accordance with s. 948.09, F.S., unless otherwise exempted in compliance with Florida Statutes.
- (3) You will remain in a specified place. You will not change your residence or employment or leave the county of your residence without first procuring the consent of your officer.
- (4) You will not possess, carry or own any firearm or weapon, unless authorized by the court.
- (5) You will live without violating the law. A conviction in a court of law shall not be necessary for such a violation to constitute a violation of your probation/community control.
- (6) You will not associate with any person engaged in any criminal activity.
- (7) You will not use intoxicants to excess or possess any drugs or narcotics unless prescribed by a physician. Nor will you visit places where intoxicants, drugs or other dangerous substances are unlawfully sold, dispensed or used.
- (8) You will work diligently at a lawful occupation, advise your employer of your probation status, and support any dependents to the best of your ability, as directed by your officer.
- (9) You will promptly and truthfully answer all inquiries directed to you by the court or the officer, and allow your officer to visit in your home, at your employment site or elsewhere, and you will comply with all instructions your officer may give you.
- (10) You will pay restitution, court costs, and/or fees in accordance with special conditions imposed or in accordance with the attached orders.
- (11) You will report in person within 72 hours of your release from incarceration to the probation office in **PALM BEACH** County, Florida, unless otherwise instructed by the court or department. (This condition applies only if section 3 on the previous page is checked.) Otherwise, you must report immediately to the probation office located at **3444 SOUTH CONGRESS AVENUE, LAKE WORTH, FL 33461.**

Special Conditions:

- (1) **AS A SPECIAL CONDITION OF HIS COMMUNITY CONTROL, THE DEFENDANT IS TO HAVE NO UNSUPERVISED CONTACT WITH MINORS, AND THE SUPERVISING ADULT MUST BE APPROVED BY THE DEPARTMENT OF CORRECTIONS.**
- (2) **THE DEFENDANT IS DESIGNATED AS A SEXUAL OFFENDER PURSUANT TO FLORIDA STATUTE 943.05 AND MUST ABIDE BY ALL THE CORRESPONDING REQUIREMENTS OF**

**THE STATUTE, A COPY OF WHICH IS ATTACHED HERETO AND INCORPORATED  
HEREIN.**

---

- (3) **SPECIFIED CONTACT WITH THE PAROLE AND PROBATION OFFICER.**
- (4) **CONFINEMENT TO A DESIGNATED RESIDENCE DURING DESIGNATED HOURS.**
- (5) **YOU WILL REPORT TO YOUR OFFICER AS DIRECTED, AT LEAST ONE TIME A WEEK,  
UNLESS YOU HAVE WRITTEN CONSENT OTHERWISE.**
- (6) **YOU WILL MAINTAIN AN HOURLY ACCOUNTING OF ALL YOUR ACTIVITIES ON A DAILY  
LOG, WHICH YOU WILL SUBMIT TO YOUR OFFICER ON REQUEST.**

3444 S. Congress Ave. Lake Worth, FL 33461  
(561) 434-3960 FAX (561) 434-3972

**Department of  
Corrections**  
Probation & Parole Services  
Circuit 15

# Fax

To: Deputy Smith From: Diane Williams  
Fax: (561) 688-4929 Pages: 1  
Phone: (561) 688-4919 Date: 5/29/09  
Re: Jeffrey Epstein

Urgent  For Review  Please Comment  Please Reply  Please Recycle

• Comments:

I am requesting that you escort Mr. Epstein to the probation office located at, 3444 South Congress Ave Lake Worth FL, 33461. On June 1, 2009 @ 3:30 pm, to sign application for Interstate compact transfer.

If you have any further question you can contact me at (561) 434-3960 Mon-Fri 8:00am  
5:00pm

FAX Operator: \_\_\_\_\_

EFTA01625885

HP OfficeJet  
Personal Printer/Fax/Copier/Scanner

Fax History Report for  
15 4 Office  
94332631  
May 29 2020 11:10pm

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Last Fax

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
May 29	11:09pm	Sent	96884929	0:24	1	OK

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Result:

OK - black and white fax  
OK color - color fax

Palm Beach County Sheriff's Office - <http://www.pbso.org/>



+ click image to zoom

<b>Name:</b> EPSTEIN, JEFFREY E	<b>Race:</b> White	<b>DOB:</b> [REDACTED]
<b>Address:</b> 358 EL BRILLO WY PALM BEACH, FL 33480	<b>Facility:</b> Stockade	<b>Cell Location:</b> S-T-01-M-16-B
<b>OBTS Number:</b> N/A	<b>Booking Number:</b> 2008039316	<b>Booking Date:</b> 06/30/2008 <b>Time:</b> 10:19
<b>Arresting Agency:</b> 01 - PBSO	<b>Officer:</b> D/S DELPLATO	<b>Holds For Other Agencies:</b> No
<b>Release Date:</b> N/A	<b>Jacket Number:</b> 0338617	
<b>Warrant Number:</b> 787075K6		
<b>Charges:</b> 9999.0004	-RE-COMMIT	
	<b>Original Bond:</b> \$0.00	<b>Current Bond:</b> \$0.00
	* PROCURE PERSON UNDER AGE OF 18 FOR PROSTITUTION // CASE: 2008CF009381AXX-W	
	<b>Original Bond:</b> \$0.00	<b>Current Bond:</b> \$0.00

Information contained herein should not be relied upon for any type of legal action. PBSO cannot represent that the information is current, accurate or complete. Persons may use false identification information. True identity can only be confirmed through fingerprint comparison.

*Release date:  
7/22/09*

Palm Beach County Sheriff's Office - <http://www.pbso.org/>



+ click image to zoom

<b>Name:</b> EPSTEIN, JEFFREY E	<b>Race:</b> White	<b>DOB:</b> [REDACTED]
<b>Address:</b> 358 EL BRILLO WY PALM BEACH, FL 33480	<b>Facility:</b> Stockade	<b>Cell Location:</b> S-T-01-M-16-B
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<b>Warrant Number:</b> 787075K6		
<b>Charges:</b> 9999.0004	<b>-RE-COMMIT</b>	
	<b>Original Bond:</b> \$0.00	<b>Current Bond:</b> \$0.00
	<b>PROCURE PERSON UNDER AGE OF 18 FOR PROSTITUTION // CASE:</b> 2008CF009381AXX-W	
	<b>Original Bond:</b> \$0.00	<b>Current Bond:</b> \$0.00

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NAME: EPSTEIN, JEFFREY

JACKET #: 0338617

BOOK #: 2006036744

ALIAS NAMES: OVER 8 NAMES:

NONE

Sunday, July 23, 2006  
02:43 AM

PALM BEACH SHERIFFS OFFICE  
BOOKING CARD



INCARCERATION DATE/TIME 07/23/2006 1:56  
PRISONER TYPE LOCAL CHARGES

BKG.LOC: MDC INTAKE  
BKG.ID#: 6199  
HAIR COLOR: GRY  
EYE COLOR: BLU

DOB: [REDACTED] R/S: W/M  
AGE: 53 HEIGHT: 6 ft 0 in  
SSN: [REDACTED] WEIGHT: 180

ADDRESS: 358 EL BRILLO WY

CITY: PALM BEACH

STATE: FL ZIP: 33480

ID #: 20060723017 POUCH: 1291  
SID #: AFIS:  
ALIEN #: U.S. MARSHAL #:  
FBI #: OBTS #:

NCIC:  
DOC #:  
INCIDENT #:

ARREST ADDRESS: 3228 GUN CLUB ROAD  
ARREST DATE: 07/23/2006  
BKG. DATE: 07/23/2006  
WARRANT/CASE#: 06009454CFA99 W  
ARREST OFFICER: CASTILLO  
TRANS. OFFICER: SELF SURRENDER

CITY: WPB  
ARREST TIME: 1:30  
BKG. TIME: 1:56  
COURT DIVISION: T - MARX, KRISTA  
ARREST AGENCY: 01 - PBSO  
TRANS. AGENCY:

STATE: FL ZIP: 33406

CURRENT BOND: \$3,000.00

CD

CASE TYPE: FELONY

NOTE:

STATUTE:	COUNT:	DESCRIPTION:	CASE FLAG:
796.07 2E (FT)	1	PROSTITUTION-OFFER COMMIT ENGAGE 3RD SUBSQ OFF	
()	0	CT1) FELONY SOLICITATION OF PROSTITUTION (3F)	
()	0	**SEALED INDICTMENT** NO INFORMATION GIVEN ** SEALED INDICTMENT JUDGE KROLL	

HOLDS:

HOLD DATE/TIME:	HOLD BY:	HOLD DEPT.:	HOLD REM.DATE/TIME:	HOLD REM. BY:	HOLD REM. DEPT.:
1					
2					
3					

ALERT DESCRIPTION:	ALERT NARRATIVE:
1	
2	
3	

OVER 3 ALERTS:

KEEP SEPARATE FROM:

NONE

OVER 6 NAMES:

ASSIGNED HOUSING: \_\_\_\_\_ NTA DATE/TIME: \_\_\_\_\_ NTA LOC: \_\_\_\_\_

NCIC INTAKE: \_\_\_\_\_ NCIC RELEASE: \_\_\_\_\_ F.P. ENTERED: \_\_\_\_\_ F.P. CLEAR: \_\_\_\_\_

PALMS REL.: \_\_\_\_\_ PHOTO ID: \_\_\_\_\_ CLASSIFICATION: \_\_\_\_\_ MED.CLEAR IN: \_\_\_\_\_

MED. CLEAR REL.: \_\_\_\_\_ RELEASE MOVE: \_\_\_\_\_

ASE DATE/TIME: \_\_\_\_\_ RELEASE INFORMATION: \_\_\_\_\_

COURT DATE/TIME: \_\_\_\_\_ COURT LOCATION: \_\_\_\_\_

CLERK  WARRANTS  STATE ATTY  CENTRAL RCDS  CLASS

05 JUL 23 AM 5:51  
SHERIFFS OFFICE  
PALM BEACH, FL

340550017

1291

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

1. Request for Warrant  
2. Request for Capias  
3. Request for Warrant  
4. Request for Capias  
Juvenile

OBTS Number	Agency ORI Number FL05000000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06
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Charge Type: <input type="checkbox"/> Felony <input type="checkbox"/> Traffic Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Traffic Misdemeanor <input type="checkbox"/> Ordinance <input type="checkbox"/> Other	If Weapon Seized	Multiple Clearance Indicator
Location of Arrest (Including Name of Business) 3228 Gun Club Rd WPB, FL		Location of Offense (Business Name, Address)
Date of Arrest 072306	Time of Arrest 0130	Booking Date

Name (Last, First, Middle) Epstein, Jeffrey	Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black	Sex M	Date of Birth	Height 6.00	Weight 180	Eye Color Blue	Hair Color Gray	Complexion Fair	Build Med
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None Seen			Marital Status S	Religion None	Indication of: Alcohol Influence Drug Influence			

Local Address (Street, Apt. Number) 358 Elzavillo	(City) Palm Beach, FL	(State) FL	(Zip) 33480	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
Permanent Address (Street, Apt. Number) 1000 Red Hook Quarters Suite B3	(City) St Thomas, VI	(State) USVI	(Zip) 00802	Phone	Address Source Verbal Det
Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation Banker
DL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State) New York, NY	Citizenship USA	

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other	Name (Last) (First) (Middle)	Relationship	Residence Phone
Address (Street, Apt. Number)	(City) (State) (Zip)	Business Phone	
Notified by: (Name)	Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated

Released To: (Name)	Relationship	Date	Time
The above address was provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended	Grade
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property	Value of Property	

Drug Activity S. Sell N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Derv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
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Charge Description Felony solicitation of Prostitution	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 796.07(2) F(4)(C)(3F)	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number 06009454 CFA99DHW
			Bond	3,000

Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
			Bond	

Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
			Bond	

Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
			Bond	5

Location (Court, Room Number, Address)
Court Date and Time Month Day Year Time A.M. P.M.

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/ Custodian)	Date Signed
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Signature of Arresting Officer Name of Arresting Officer (Print) I.D. # Transporting Officer Agency
Witness here if subject signed with an "X"	PAGE OF