Federal Bureau of Investigation
Victim Services Division

Epstein Briefing RSVP
October 15, 2019 - Miami, FL || October 23, 2019 - New York, NY

Please fill out the following form and return to the VictimServices@fbi.gov emailbox by October 4, 2019.

Full Name: **Email Address:**

Phone Numbe r: **Social Security Number:**

Address 1: **Address 2:**

City: **State:** **Zip:** **Date of Birth:**

Citizenship: **Country of Birth:**

If you have spoken with a FBI Victim Specialist, please provide their name:

Can you attend?

☐ **Yes, I will attend** ☐ **No, I cannot attend**

If yes, which location will you attend?

☐ **10/15/2019 *Miami, Fl*** ☐ **10/23/2019 *New York, NY***

You are authorized to bring one support person. Will you be bringing a support person with you to the briefing?

☐ **Yes, I will bring one support person** ☐ **No, I will not bring a support person**

Will you need travel arrangements?

☐ **Yes, I will need travel arrangements** ☐ **No, I will not need travel arrangements**

If yes, which mode of transportation do you prefer?

☐ **Air** ☐ **Rail**
☐ **Bus** ☐ **Mileage reimbursement (if you are utilizing your own vehicle)**

Only economy, roundtrip fares and one checked luggage bag per person will be authorized. You will be responsible for any incidental charges incurred such as in-flight snacks, Pay-Per-View, Wi-Fi, etc.

Airport of origin:
Preferred time of travel:

Do you require lodging?

Only two nights of lodging will be authorized and only hotel room cost and tax will be authorized. You will be required to provide a credit card for incidental charges upon check in. You will be responsible for any incidental charges incurred such as snacks, mini bar, Pay-Per-View, phone charges, etc.

☐ **Yes, I will require lodging** ☐ **No, I will not require lodging**

Do you require airport transportation?

☐ **Yes, I will require transportation to/from the airport**
☐ **No, I will not require transportation to/from the airport**

Support person information

Support Person's Name:

Relationship: **Email Address:**

Phone Number: **Social Security Number:**

Address 1: **Address 2:**

City: **State:** **Zip:** **Date of Birth:**

Citizenship: **Country of Birth:**

Will your support person need travel arrangements?

☐ **Yes, my support person will need travel arrangements** ☐ **No, my support person will not need travel arrangements**

If yes, which mode of transportation do they prefer?

☐ **Air**
☐ **Bus**
☐ **Rail**
☐ **Mileage reimbursement (if they are utilizing their own vehicle)**

Only economy, roundtrip fares and one checked luggage bag per person will be authorized. You will be responsible for any incidental charges incurred such as in-flight snacks, Pay-Per-View, Wi-Fi, etc.

Airport of origin:
Preferred time of travel:

If bringing a support person, will your support person require separate lodging?

Only two nights of lodging will be authorized and only hotel room cost and tax will be authorized. You will be required to provide a credit card for incidental charges upon check in. You will be responsible for any incidental charges incurred such as snacks, mini bar, Pay-Per-View, phone charges, etc.

☐ **Yes, my support person will require separate lodging** ☐ **No, my support person will not require separate lodging**

If bringing a support person, will your support person require airport transportation?

☐ **Yes, my support person will require transportation to/from the airport**
☐ **No, my support person will not require transportation to/from the airport**

Acknowledgement and Signature

By checking and signing below, I acknowledge I have read and understand that only lodging, lodging taxes, mileage, and commercial transportation expenses (airfare, bus, train, and hotel transportation only) will be authorized as outlined above. I understand that the following will **not** be included/provided in the authorized expenses: meals, rental vehicle, entertainment, or other incidental charges.

☐ **Yes, I acknowledge the above statement** **Signature** _____ **Date:** _____