

**M e m o r a n d u m**

To: [REDACTED]

From: [REDACTED], [REDACTED], and [REDACTED]  
Assistant U.S. Attorneys  
Southern District of New York

Dated: September 22, 2021

**Re: Request for Authorization to Submit Witness Immunity Request**

**Witness Name:** [REDACTED]

**USAO No.: 2018R01618**

---

Pursuant to [SDNY Litigation-Related Approval Requirements](#) and [USAM 9-23.000](#), attached please find a Witness Immunity Request/Request for Authorization to Apply for Compulsion Order for the above witness. Your approval to submit the Witness Immunity Request to OEO is requested.

<u>[REDACTED]</u>	<u>  X  </u>	<u>          </u>	<u>  9/22/2021  </u>
	Approved	Disapproved	Date

<u>[REDACTED]</u>	<u>  x  </u>	<u>          </u>	<u>  9/23/21  </u>
	Approved	Disapproved	Date

<u>United States Attorney</u>	<u>          </u>	<u>          </u>	<u>          </u>
	Approved	Disapproved	Date