Office of Chief Medical Examiner

421 East 26th Street, New York, New York 10016
Telephone: 212.323.1900 Fax: 212.323.1920
Email: OCMEHomicideRecordsRequest@ocme.nyc.gov
Official Website: http://www.nyc.gov/ocme

Request for Medical Examiner Records

Date: August 19. 2019

Case Caption: _____

RE: Medical Examiner Case #: __- ___- _____ or Date of Death: 8 /10 / 19

Name of Decedent: Jeffrey Epstein

I am requesting the following: (please request only as needed)

- ☒ Autopsy Report
- ☒ Complete Medical Examiner Case File
- ☒ All Photographs (e.g., autopsy, identification, scene, neuropathology)
- ☐ X-Rays
- ☐ Others (please specify): _____

Should you have any questions concerning this request, my telephone number is: [redacted].

You can also contact my paralegal, _____ at _____.

Sincerely,

[redacted]

Assistant United States Attorney
US Attorney's Office , SDNY
Public Corruption Unit
1 St. Andrews Pl. NY NY 10007