



BIOGRAPHICAL INFORMATION

| | | | |
|------------------|-------------------|-----------------------|---------------|
| Last name | First name | Middle initial | Suffix |
| Maxwell | Ghislaine | N | |

| | |
|-------------------------|------------------------|
| DOB (MM/DD/YYYY) | Subject address |
| [REDACTED] | [REDACTED] |

| | | | | |
|-----------------|-------------------------|--------------|----------------------------------|----------------------------------|
| Language | Country of birth | State | Mother's country of birth | Father's country of birth |
| English | [REDACTED] | | [REDACTED] | [REDACTED] |

| | | | | | | |
|-------------|----------------------|------------|-------------------|------------------|----------------------|------------------------|
| Race | Weight (lbs.) | Sex | Hair color | Eye color | Height (Feet) | Height (Inches) |
| White | 142 | Female | BLK | BRO | 5 | 7 |

| | | | | |
|-------------------------|--------------------|------------|---------------------|------------|
| UCN (FBI Number) | USMS Number | FID | Alien number | SSN |
| | | | [REDACTED] | |

CASE INFORMATION

Court case number / Warrant number
 OFFICE : 20 - CR - 330 MISC | Sealed case | High profile case

| | | |
|----------------------------------|-----------------------------------|------------------------|
| Arresting agent last name | Arresting agent first name | Arrest location |
| [REDACTED] | [REDACTED] | [REDACTED] |

| | | |
|--|------------------------------|-----------------------------|
| Arresting agent email address (must use a .gov address) | Arresting agent phone | Arresting agency ORI |
| [REDACTED] | [REDACTED] | FBI |

SUBJECT INFORMATION

| | | | |
|--|--|---|---|
| Medical condition <input type="checkbox"/> Coughing <input type="checkbox"/> Coughing up blood <input type="checkbox"/> Night sweats <input type="checkbox"/> Unexplained fever <input type="checkbox"/> Unexplained weight loss | Mental condition <input type="checkbox"/> Thoughts of suicide <input type="checkbox"/> Thoughts of hurting yourself <input type="checkbox"/> Thoughts of hurting others <input type="checkbox"/> Known someone who has committed suicide <input type="checkbox"/> Experienced and recent loss of a family member or close friend | Was/did the subject <input type="checkbox"/> Assaultive on arrest? <input type="checkbox"/> In possession of a weapon? <input type="checkbox"/> Have martial arts training? <input type="checkbox"/> Attempted to escape after arrest? | Drug usage in the past 24 Hrs. Gang affiliations <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Suspected Separatees |
|--|--|---|---|

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ARREST INFORMATION

Arrest date (MM/DD/YYYY)

07/02/2020

Was the subject housed in a jail or medical facility?

Jail Medical No

Subject had property on arrest

Yes No No, property retained by arresting agent

If answered jail or medical facility, fill the designated fields below:

Facility name

Facility address

Admit Date

Release Date

NCIC Offense Code

Enticement of Minor for Prostitution - 6409

Remarks

Conspiracy

NCIC Offense Code

Enticement of Minor for Prostitution - 6409

Remarks

NCIC Offense Code

Transport Interstate for Sexual Activity - 3622

Remarks

Transportation of minors

NCIC Offense Code

Transport Interstate for Sexual Activity - 3622

Remarks

Conspiracy to transport

NCIC Offense Code

Perjury - 5003

Remarks

NCIC Offense Code

Remarks

NCIC Offense Code

Remarks

NCIC Offense Code

Remarks

NCIC Offense Code

Remarks

IMPORTANT: Prisoner IS NOT in USMS custody until remanded by the Magistrate Judge. **THE U.S. MARSHAL SERVICE DOES NOT ACCEPT ANY PERSONAL PROPERTY.**

DISTRICT OFFICE
NH CONCORD

SUBMIT FORM

CLEAR FORM