

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-11-19

COUNT TIME: 10:00

LOCATION: AA4

FROM: [Redacted]  
(Staff Member Preparing Out Count)

APPROVED: [Redacted]  
(Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	[Redacted] Tortagline	2A	13.		
2.			14.		
3.			15.		
4.			16.		
5.			17.		
6.			18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

OUT-COUNT BY UNIT

B-A \_\_\_\_\_ C-A \_\_\_\_\_ E-N \_\_\_\_\_ E-S \_\_\_\_\_ G-N \_\_\_\_\_ G-S \_\_\_\_\_ H-A \_\_\_\_\_  
 I-N \_\_\_\_\_ K-N \_\_\_\_\_ K-S \_\_\_\_\_ R-A \_\_\_\_\_ Z-A 1 Z-B \_\_\_\_\_

Total Out-Counted: 1

This form must be submitted to the Counts and Assignments Officer **FORTY-FIVE MINUTES PRIOR** to the affected count. Prepare this form in ink. Group the inmates according to their respective housing units. This form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count Form.

\* NYMBH 530\*05 \*  
PAGE 001 OF 001

INMATE ROSTER

\* 08-11-2019  
09:38:26

CATEGORY: OCT  
ASSIGNMENT: ATTY

GROUP CODE:  
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

NUM ASSIGNMENT REG NO NAME  
0001 ATTY [REDACTED] TARTAGLIONE

OCT DATE QTR WRK  
08-11-2019 205-124LAD UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-6-19

COUNT TIME: 400 PM

FROM: [Redacted]  
(Staff Member Preparing Out Count)

LOCATION: Att conf

APPROVED: [Redacted]  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1	[Redacted]	IN	13.		
2	Araujo	ZA	14.		
3	Erstein	KN	15.		
4	Moore	ZA	16.		
5	Taraglione		17.		
6.			18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

OUT-COUNT BY UNIT

B-A \_\_\_\_\_ C-A \_\_\_\_\_ E-N \_\_\_\_\_ E-S \_\_\_\_\_ G-N \_\_\_\_\_ G-S \_\_\_\_\_ H-A \_\_\_\_\_  
 I-N 1 K-N 1 K-S \_\_\_\_\_ R-A \_\_\_\_\_ Z-A 2 Z-B \_\_\_\_\_

Total Out-Counted: \_\_\_\_\_

This form must be submitted to the Counts and Assignments Officer **FORTY-FIVE MINUTES PRIOR** to the affected count. Prepare this form in ink. Group the inmates according to their respective housing units. This form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count Form.



METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/24/19

COUNT TIME: 4:00 PM

FROM: [Redacted]  
(Staff Member Preparing Out Count)

LOCATION: Atty-CONF.

APPROVED: [Redacted]  
(Operations Director)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	[Redacted]	EPSTEIN HA	13.		
2.	[Redacted]	TARTAGLIONE Z-A	14.		
3.	[Redacted]		15.		
4.	[Redacted]		16.		
5.			17.		
6.			18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

OUT-COUNT BY UNIT

B-A \_\_\_\_\_ C-A \_\_\_\_\_ E-N \_\_\_\_\_ E-S \_\_\_\_\_ G-N \_\_\_\_\_ G-S \_\_\_\_\_ H-A 1  
 I-N \_\_\_\_\_ K-N \_\_\_\_\_ K-S \_\_\_\_\_ R-A \_\_\_\_\_ Z-A 1 Z-B \_\_\_\_\_

Total Out-Counted: 2

This form must be submitted to the Counts and Assignments Officer **FORTY-FIVE MINUTES PRIOR** to the affected count. Prepare this form in ink. Group the inmates according to their respective housing units. This form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count Form.

NYMAQ 530\*05 \*  
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INMATE ROSTER

\* 07-24-2019  
15:37:50

CATEGORY: OCT  
ASSIGNMENT: ATTY

GROUP CODE:  
FACILITY: NYM

OPER CATG ASSIGNMENT    OPER CATG ASSIGNMENT    OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	[REDACTED]	EPSTEIN	07-24-2019	H01-001L	UNASSG
0002		[REDACTED]	TARTAGLIONE	07-24-2019	Z06-215UAD	UNASSG

G0000            TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7-25-19

COUNT TIME: 400 PM

FROM: [Redacted]  
(Staff Member Preparing Out Count)

LOCATION: Atty

APPROVED: [Redacted]  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1	[Redacted]	Epstein H-A	13.		
2	[Redacted]	ELANSKY G-N	14.		
3	[Redacted]	TARTAGIONE Z-A	15.		
4.			16.		
5.			17.		
6.			18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

OUT-COUNT BY UNIT

B-A \_\_\_\_\_ C-A \_\_\_\_\_ E-N \_\_\_\_\_ E-S \_\_\_\_\_ G-N 1 G-S \_\_\_\_\_ H-A 1  
 I-N \_\_\_\_\_ K-N \_\_\_\_\_ K-S \_\_\_\_\_ R-A \_\_\_\_\_ Z-A 1 Z-B \_\_\_\_\_

Total Out-Counted: 3

This form must be submitted to the Counts and Assignments Officer FORTY-FIVE MINUTES PRIOR to the affected count. Prepare this form in ink. Group the inmates according to their respective housing units. This form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count Form.

NYMDK 530\*05 \*  
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INMATE ROSTER

\* 07-25-2019  
15:36:23

CATEGORY: OCT  
ASSIGNMENT: ATTY

GROUP CODE:  
FACILITY: NYM

OPER CATG ASSICNMENT OPRR CATG ASSIGNMENT OPRR CATG ASSIGNMENT

NUM	ASSIGNMENT	REC NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	[REDACTED]	ELANSKY	07-25-2019	G01-703I	UNASSG
0002		[REDACTED]4	EPSTEIN	07-25-2019	H01-001I	UNASSG
0003		[REDACTED]	TARTAGLIONE	07-25-2019	Y06-215UAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

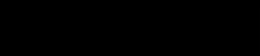
DATE: 7-27-19

COUNT TIME: 10:00 AM

FROM:   
(Staff Member Preparing Out Count)

LOCATION: Atty

APPROVED:   
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	 TARTAGLIONE	Z A	13.		
2.	 EPSTEIN	H A	14.		
3.			15.		
4.			16.		
5.			17.		
6.			18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

OUT-COUNT BY UNIT

B-A \_\_\_\_\_ C-A \_\_\_\_\_ E-N \_\_\_\_\_ E-S \_\_\_\_\_ G-N \_\_\_\_\_ G-S \_\_\_\_\_ H-A 1  
 I-N \_\_\_\_\_ K-N \_\_\_\_\_ K-S \_\_\_\_\_ R-A \_\_\_\_\_ Z-A 1 Z-B \_\_\_\_\_

Total Out-Counted: 2

This form must be submitted to the Counts and Assignments Officer **FORTY-FIVE MINUTES PRIOR** to the affected count. Prepare this form in ink. Group the inmates according to their respective housing units. This form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count Form.

NYMCO 530\*05 \*  
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INMATE ROSTER

\* 07-27-2019  
09:35:37

CATEGORY: OCT  
ASSIGNMENT: ATTY

GROUP CODE:  
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	████████	EPSTEIN	07-27-2019	H01-001L	UNASSG
0002		████████	TARTAGLIONE	07-27-2019	Z06-215UAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-01-19

COUNT TIME: 4:00 pm

FROM: Thomas  
(Staff Member Preparing Out Count)

LOCATION: Atty Cont

APPROVED: \_\_\_\_\_  
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.					13.		
2.					14.		
3.					15.		
4.					16.		
					17.		
					18.		
					19.		
					20.		
					21.		
					22.		
					23.		
					24.		



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OUT-COUNT BY UNIT

B-A \_\_\_\_\_ C-A \_\_\_\_\_ E-N \_\_\_\_\_ G-N \_\_\_\_\_ H-A \_\_\_\_\_  
 I-N 2 K-N \_\_\_\_\_ K-S \_\_\_\_\_ R-A \_\_\_\_\_ Z-A 2 Z-B \_\_\_\_\_

Total Out-Counted: 21

This form must be submitted to the Counts and Assignments Officer **FORTY-FIVE MINUTES PRIOR** to the affected count. Prepare this form in ink. Group the inmates according to their respective housing units. This form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count Form.

NYMDK 530\*05 \* INMATE ROSTER \* 08-01-2019  
PAGE 001 OF 001 15:50:29

CATEGORY: OCT GROUP CODK:  
ASSIGNMENT: ATTY FACILITY: NYM  
OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	██████████	ARAUJO	08-01-2019	I04-930U	UNASSG
0002		██████████	EPSTEIN	08-01-2019	Z04-206LAD	UNASSG
0003		██████████	MYRIE	08-01-2019	T03-922U	UNASSG
0004		██████████	TARTAGLIONE	08-01-2019	Z06-215UAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

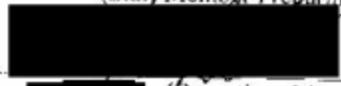
OFFICIAL OUT COUNT

DATE: 8/04/19

COUNT TIME: 10:00 AM

FROM: 

LOCATION: STAY CONF

APPROVED:   
 (Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.		MACK GN	13.		
2.		TARTAGLIONE ZA	14.		
3.		EPSTEIN ZA	15.		
4.			16.		
5.			17.		
6.			18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

OUT-COUNT BY UNIT

B-A	C-A	E-N	E-S	G-N	G-S	II-A
I-N	K-N	K-S	R-A	Z-A	Z-B	

1  
2

Total Out-Counted: 3

This form must be submitted to the Counts and Assignments Officer **FORTY-FIVE MINUTES PRIOR** to the affected count. Prepare this form in ink. Group the inmates according to their respective housing units. This form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count Form.

NYMBH 530\*05 \*  
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INMATE ROSTER

\* 08-04-2019  
09:57:51

CATEGORY: OCT  
ASSIGNMENT: ATTY

GROUP CODE:  
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	[REDACTED]	EPSTEIN	08-04-2019	204-206LAD	UNASSG
0002		[REDACTED]	MACK	08-04-2019	G05-737U	UNASSG
0003		[REDACTED]	TARTAGLIONE	08-04-2019	206-215UAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER  
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-6-19

COUNT TIME: 400 PM

FROM: [Redacted]  
(Staff Member Preparing Out Count)

LOCATION: Att Conf

APPROVED: [Redacted]  
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	[Redacted] Araujo	IN	13.		
2.	[Redacted] Epstein	ZA	14.		
3.	[Redacted] Moore	KN	15.		
4.	[Redacted] Tartaglione	ZA	16.		
5.			17.		
6.			18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

OUT-COUNT BY UNIT

B-A \_\_\_\_\_ C-A \_\_\_\_\_ E-N \_\_\_\_\_ E-S \_\_\_\_\_ G-N \_\_\_\_\_ G-S \_\_\_\_\_ H-A \_\_\_\_\_  
 I-N 1 K-N 1 K-S \_\_\_\_\_ R-A \_\_\_\_\_ Z-A 2 Z-B \_\_\_\_\_

Total Out-Counted: \_\_\_\_\_

This form must be submitted to the Counts and Assignments Officer **FORTY-FIVE MINUTES PRIOR** to the affected count. Prepare this form in ink. Group the inmates according to their respective housing units. This form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count Form.

