



UNITED STATES GOVERNMENT MEMORANDUM

Metropolitan Correctional Center, New York, New York

DATE: August 13, 2019

TO: [REDACTED]

FROM: [REDACTED]

SUBJECT: File removal

On August 13, 2019 at approximately 4:25 pm, Associate [REDACTED] removed the original file for Epstein, Jeffrey #76318-054. I was able to make copies of all forms and place in his duplicate file.

Last Name
EPSTEIN
First Name
JEFFREY
Middle Name
EDWARD

07-08-2019

Suffix



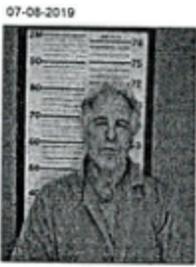
Last Name
EPSTEIN
First Name
JEFFREY
Middle Name
EDWARD
Hr. 6' 0" Wt. 185
Hr. GRY Ey. BLU
REG# 76318-054 NYM



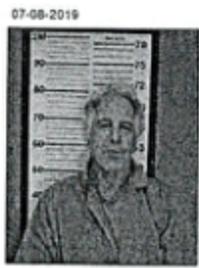
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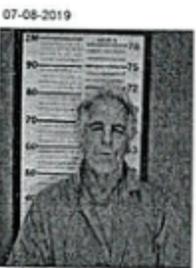
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3

U.S. DEPARTMENT OF JUSTICE

ARRESTING OFFICER WILL COMPLETE ALL REQUIRED DATA ON THIS FORM PRIOR TO COMMITTING TO MCC/MDCs.

Last Name EPSTEIN
First Name JEFFREY
Middle Name EDWARD



76318-054 EPSTEIN

Name: Last EPSTEIN First Jeffrey

Ht. 6' 0" Wt. 185

Hr. GRY Ey. BLU

REG# 76318-054 NYM

Race (Check) Sex (Check) Ethnic Origin (Check)
B X W A I M F Hispanic or Othe.

CHARGES

CHECK CATEGORY OF CHARGE(S):

X FELONY MISDEMEANOR CIVIL CONTEMPT MATERIAL WITNESS

OTHER

NARRATIVE Title: 18 USC: 371 SEX TRAFFICKING CONSPIRACY

NARRATIVE Title: 18 USC: 1581(A), (b)(2) SEX TRAFFICKING OF MINORS

Date of Offense: Date of Arrest: 7-6-19 Place of Arrest: BERGEN CTY, NJ

State of Birth NY Country of Birth USA Citizenship Yes Current Address 9 E 71 STREET New York, NY Zip Code 10021

Height Ft: 6 In: 00 Weight 185 Hair GRAY Eyes BLUE Scars / Marks / Tattoos N/A

Injuries / Medication N/A Emergency Contact: (Name, Address, Phone Number) MARK EPSTEIN (Brother)

Arrested Y X Sentenced Y X Special Handling: Y or X N

Removal Sign Agency/District NYPD-FBI TFC SDNY Phone/24 Hour Number

Removal Sign Agency/District NYPD-TFC FBI Phone/24 Hour Number

FOR BOP USE ONLY

Receiving Sign Date / Time 7/6/19 9:19 AM Releasing Official (Name) Sign Date / Time 7-8-19-9:15 AM

Sent Load Data: (Must Initial) Name Checked by: (OPTIONAL) ARS Code Add AKA's Create Cash Account Deposit Cash Amt. Detainers Court Clothing Bag # RIGHT THUMBPRINT

Original-for ISM as Remanding-Removal receipt; Copy-for Control as Removal Receipt (NCIC); Copy-For Removing Official; Copy-for Control as Remanding Receipt (Inmate); Copy-INS-Alien in Custody. (This form may be replicated via WP) This form replaces BP-S377(58) and BP-377(58) of JUL 91



United States Marshals Service (USMS)
PRISONER MEDICAL RECORDS RELEASE FORM

INSTRUCTIONS. Section I is to be completed by the USMS Intake Officer. Sections II & III are to be completed by the prisoner. Section II may be completed by the USMS Intake Officer if the prisoner is unable or unwilling, but Section III must be signed by the prisoner. If prisoner refuses to sign, note that in the signature block. All refusals should be immediately reported to the Office of Interagency Medical Services, Prisoner Services Division. The completed USM form 552 is to be retained in the prisoner's files.

Section I - USMS Prisoner Information

| | | |
|---|---------------|--|
| 1. Prisoner Name (Last, First, MI) EPSTEIN, Jeffrey, E. | | 2. USMS Prisoner |
| 3. District Name SDNY | 4. District # | 5. Custody Date (Mo/Day/Yr) 7/6/19 |

Section II - Prisoner Personal Data And Medical Information

| | | |
|--|--|---|
| 6. Date Of Birth (Mo/Day/Yr) 1-20-53 | 7. Social Security Number [REDACTED] | |
| 8. Medical Insurance Information | | |
| A) Insurance Company Name UNITED HEALTH CARE | B) Policy Number <i>member</i> 854905597 | C) Medicare /Medicaid Coverage? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 9. Name Of Prisoner [REDACTED] | 10. Phone Number [REDACTED] | |

Section III - Medical Consent And Records Release

I certify that the information I have provided above is true to the best of my knowledge.

I hereby authorize the United States Marshals Service to request, review, and have access to all medical records of care provided to me during the time that I am in the custody of that agency, and to all other medical records deemed necessary for the purposes of providing me with appropriate medical care, adjudicating medical bills for health care services provided to me while in the custody of the United States Marshals Service, and for infectious disease clearance.

| | | |
|--|------------|-----------------------|
| Signature <input checked="" type="checkbox"/> | [REDACTED] | Date 7/6/19 |
| Signature <input type="checkbox"/> | [REDACTED] | Date |

Original--Prisoner File
Copy to District File
Copy Upon Transfer

Form USM-552
1 of 1
Revised 08-01

UNITED STATES DISTRICT COURT

for the

Southern District of New York

United States of America
v.

Case No.

19 CRIM 490

Jeffrey Epstein

Defendant

ARREST WARRANT

To: Any authorized law enforcement officer

YOU ARE COMMANDED to arrest and bring before a United States magistrate judge without unnecessary delay
(name of person to be arrested) Jeffrey Epstein
who is accused of an offense or violation based on the following document filed with the court:

- Indictment
- Superseding Indictment
- Information
- Superseding Information
- Complaint
- Probation Violation Petition
- Supervised Release Violation Petition
- Violation Notice
- Order of the Court

This offense is briefly described as follows:

Title 18, United States Code, Section 371 (sex trafficking conspiracy)
Title 18, United States Code, Sections 1591(a), (b)(2), and (2) (sex trafficking of minors)

Date: 07/02/2019



City and state: New York, NY

The Honorable Barbara Moses, U.S. Magistrate Judge
Printed name and title

Return

This warrant was received on (date) _____, and the person was arrested on (date) _____
at (city and state) _____

Date: _____

Arresting officer's signature

Printed name and title

U.S. Department of Justice
United States Marshals Service

Prisoner Custody Alert Notice

Prisoner Name:

EPSTEIN, JEFFREY EDWARD

Prisoner Number:

76318054

| Original Offense Code | Original Offense Description | Remark | Arrest Date |
|-----------------------|------------------------------|---------------------------------------|-------------|
| 3699 | Sex Offense | 18 USC 371 SEX TRAFFICKING CONSPIRACY | 7/8/19 |

Alerts:

| Code | Description | Remark |
|------|-----------------|---------------------|
| MTL | Mental Concerns | Suicidal Tendencies |

Prepared By:

Received By:

Prepared Date:

Received Date:

NYMD4 535.07 * CIM CLEARANCE AND SEPARATEE DATA * 08-10-2019
 PAGE 001 OF 001 * * 07:17:28

REGISTER NO: 76318-054 NAME: EPSTEIN, JEFFREY EDWARD

| REGISTER NUMBER | LAST NAME | FIRST NAME | ARS FCL | ARS ASSIGN | ARS DATE | ARS TIME | QTR ASSIGN |
|--------------------|-----------|---------------|------------|---------------|-------------|-------------|---------------|
| 76318-054 | EPSTEIN | JEFFREY | NYM | A-PRE | 07-08-2019 | 1749 | Z04-206LAD |

***** FOI EXEMPT

P0011 THIS INMATE HAS NO CMC ASSIGNMENTS

NYMD4 600.00 * SECURITY/DESIGNATION * 08-10-2019
 PAGE 001 OF 001 * DATA * 07:18:27
 REGNO: 76318-054 NAME: EPSTEIN, JEFFREY EDWARD ORG:
 RC/SEX/AGE: W/M/66 FORM D/T: RES: NEW YORK, NY 10021
 OFFN/CHG...: SEX TRAFFICKING CONSP.
 SEX TRAFFICKING OF MINORS
 CUSTODY...: IN BIL: CITIZENSH: UNITED STATES OF AMERICA
 CIM CONS.: USM:
 JUDGE....: RECFACL/PGM: VOLSUR:
 VS DT/LOC: MOS REL: SEVERITY:
 CHP/CHS/S: VIOLENCE: ESCAPES.:
 DETAINER..: AGE: EDUC LV: HGC:
 DRUG/ALC.: TOTAL: SEC LVL:
 PUB SAFTY: CAR MD/MH: OMDT REF:
 CCM RMKS.:

P5110 DESIGNATION RECORD DOES NOT EXIST FOR THIS INMATE

NYMD4 * INMATE DISCIPLINE DATA * 08-10-2019
PAGE 001 OF 001 * CHRONOLOGICAL DISCIPLINARY RECORD * 07:18:09

REGISTER NO: 76318-054 NAME...: EPSTEIN, JEFFREY EDWARD
FUNCTION...: DIS FORMAT: CHRONO LIMIT TO MOS PRIOR TO 08-10-2019
RSP OF: NYM-NEW YORK MCC

G5463 NO ENTRIES EXIST IN CHRONOLOGICAL LOG FOR TIME PERIOD REQUESTED

LEAVE BLANK

CRIMINAL

(STAPLE HERE)

LEAVE BLANK

STATE USAGE
NFF SECOND

STATE USAGE

SUBMISSION A
LAST NAME, FIRST
EPSTEIN, JE

Last Name
EPSTEIN
First Name
JEFFREY
Middle Name
EDWARD

Suffix

07-08-2018



SIGNATURE OF PERSON FINGERPRINTED
[Handwritten Signature]

SOCIAL SECURITY N
090443348

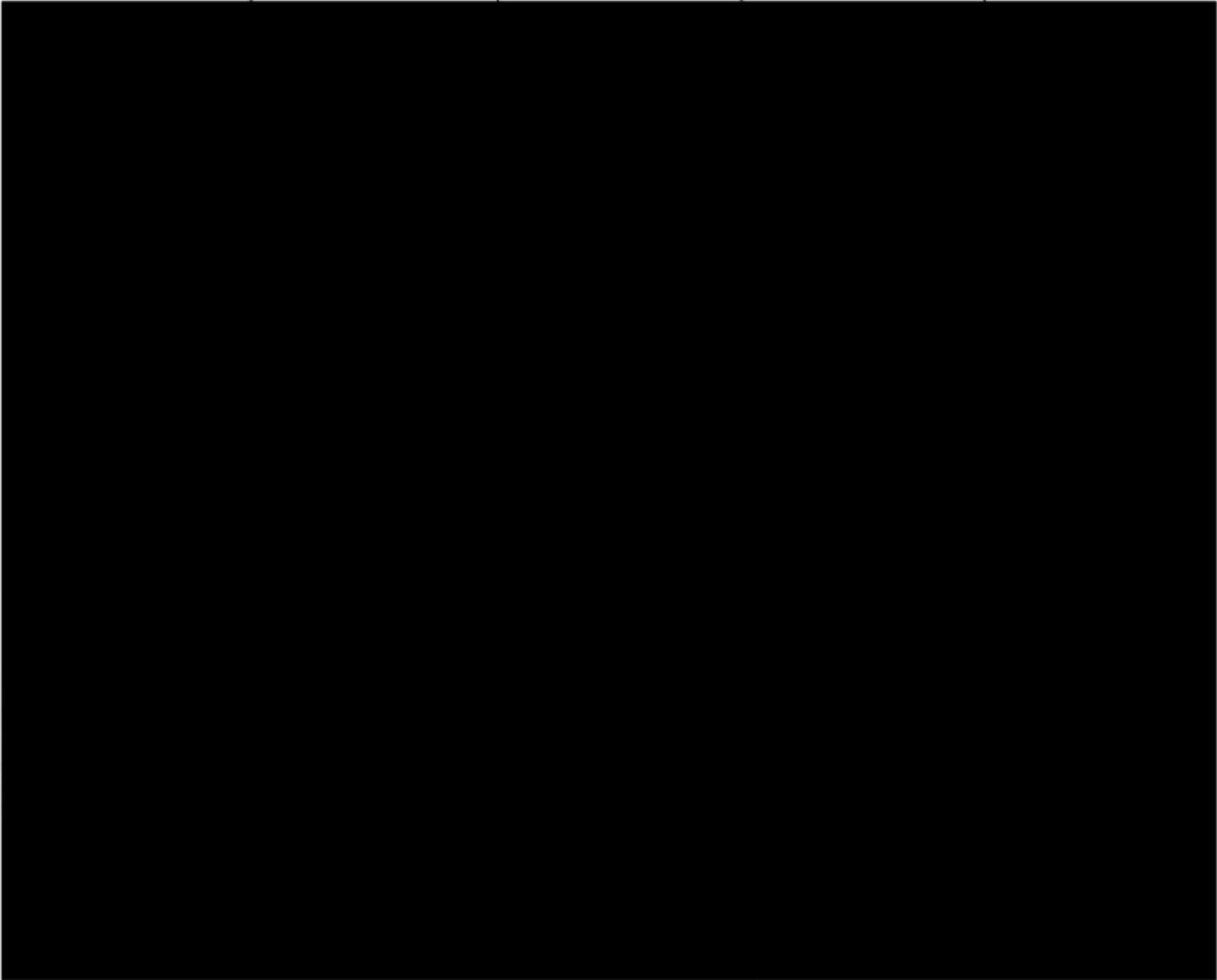
Ht. 6' 0" Wt. 185

Hr. GRY Ey. BLU

REG# 76318-054 NYM 76318-054 EPSTEIN

ALIASES/MAIDEN
LAST NAME, FIRST NAME MIDDLE NAME, SUFFIX

| FBI NO. | STATE IDENTIFICATION NUMBER | DATE OF BIRTH MM DD YY | SEX | RACE | HEIGHT | WEIGHT | EYES | HAIR |
|---------|-----------------------------|------------------------|-----|------|--------|--------|------|------|
| | | 01/20/1953 | M | W | 6' 00" | 185 | BL | GY |



Last Name

EPSTEIN

First Name

JEFFREY

Middle Name

EDWARD

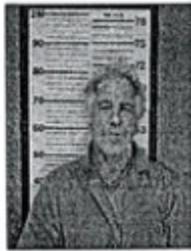
Suffix

Ht. 6' 0" Wt. 185

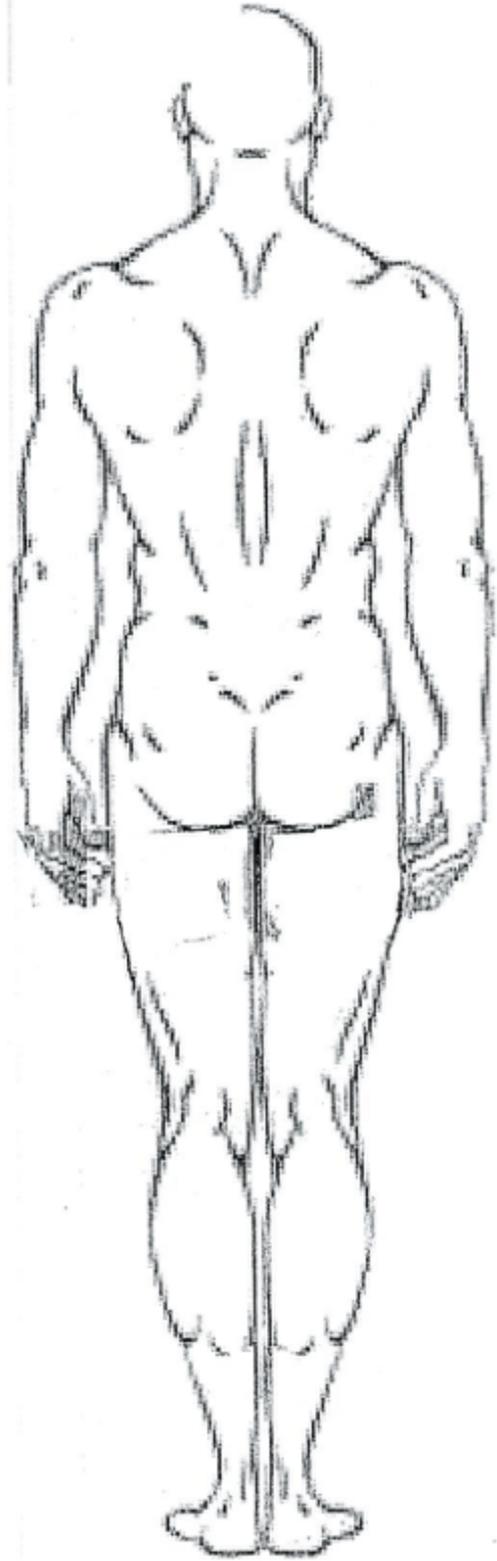
Hr. GRY Ey. BLU

REG# 76318-054 NYM 76318-054 EPSTEIN

07-08-2019



None.



Institution: MCC NY 1. Name: EPSTEIN, JEFFREY
 2. Register No: 76318-054 3. Unit: R-2 4. Date & Time of Inventory: 7-15-2019-900Am
 5. Purpose of Inventory (Check one that applies): Date and Time of Action: 76318-054
 a. Admission b. Hospital c. Writ d. Transfer e. Detention
 f. Release g. Incoming Package h. Other (specify) _____
 6. Disposition (Disp.)
 D-Donated M-Mail S-Storage
 K-Keep in Possession
 C-Contraband (Attach BP-S102)

| 7. Type of Property: | | | b. Hygiene, etc. | | | d. Food | | |
|---------------------------|---------------------------------|-------|------------------|--------------------|-------|---------|----------------------------------|-------|
| a. Personally Owned Items | | | | | | | | |
| # | Article | Disp. | # | Article | Disp. | # | Article | Disp. |
| ___ | Address Book | ___ | ___ | Plastic spoon, cup | ___ | ___ | Bean | ___ |
| ___ | Batteries | ___ | ___ | Playing Cards | ___ | ___ | Cake | ___ |
| ___ | Belt | ___ | ___ | Purse | ___ | ___ | Candy | ___ |
| ___ | Billfold | ___ | ___ | Radio (w/earplug) | ___ | ___ | Chips | ___ |
| ___ | Books, Reading | ___ | ___ | Religious Medal | ___ | ___ | Coffeemate | ___ |
| ___ | hard ___ soft ___ | ___ | ___ | Shirt/Blouse | ___ | ___ | Cold drink mix, soda | ___ |
| ___ | Books, Religious | ___ | ___ | Shoes | ___ | ___ | Cough Drops | ___ |
| ___ | hard ___ Soft ___ | ___ | ___ | Shoes, shower | ___ | ___ | Fish Packs | ___ |
| ___ | Boot | ___ | ___ | Shoes, Slippers | ___ | ___ | Fruit | ___ |
| ___ | Brassiere | ___ | ___ | Shorts | ___ | ___ | Honey, Hi-protein | ___ |
| ___ | Cap, Hat | ___ | ___ | Skirt | ___ | ___ | Instant Coffee/Instant Chocolate | ___ |
| ___ | Coat | ___ | ___ | Slip | ___ | ___ | Mayonnaise | ___ |
| ___ | Comb | ___ | ___ | Socks | ___ | ___ | Oatmeal | ___ |
| ___ | Combination Lock | ___ | ___ | Socks, Athletic | ___ | ___ | Pepperoni | ___ |
| ___ | Dress | ___ | ___ | Stamps | ___ | ___ | Noodles | ___ |
| ___ | Eyeglass Case | ___ | ___ | Stockings | ___ | ___ | Rice | ___ |
| ___ | Eyeglasses | ___ | ___ | Sunglasses | ___ | ___ | Sausage | ___ |
| ___ | Gloves | ___ | ___ | Sweat pants | ___ | ___ | Spices | ___ |
| ___ | Hairbrush/Pick | ___ | ___ | T-Shirt | ___ | ___ | Tea | ___ |
| ___ | Handkerchief | ___ | ___ | Sweat Shirt | ___ | ___ | Vitamins | ___ |
| ___ | Headphones | ___ | ___ | Thermal Bottom | ___ | ___ | | |
| ___ | Laundry Jacket | ___ | ___ | Thermal Top | ___ | ___ | | |
| ___ | Laundry Detergent | ___ | ___ | Underwear | ___ | ___ | | |
| ___ | Legal Materials | ___ | ___ | Wich/Waichband | ___ | ___ | | |
| ___ | Letters | ___ | ___ | | ___ | ___ | | |
| ___ | Magazines | ___ | ___ | | ___ | ___ | | |
| ___ | Mirror | ___ | ___ | | ___ | ___ | | |
| ___ | Nail Clippers | ___ | ___ | | ___ | ___ | | |
| ___ | Pen/Ballpoint | ___ | ___ | | ___ | ___ | | |
| ___ | Pencils | ___ | ___ | | ___ | ___ | | |
| ___ | Personal Papers | ___ | ___ | | ___ | ___ | | |
| ___ | Photo Album | ___ | ___ | | ___ | ___ | | |
| ___ | Photo | ___ | ___ | | ___ | ___ | | |
| ___ | Plastic Bowl/Plastic Spoon, cup | ___ | ___ | | ___ | ___ | | |

ABANDONED PROPERTY

1 PAINTS

8. Items Alleged by Inmate to Have Value Over \$100.00
 Description of Property _____ Value Alleged by Inmate _____

 No individual item over \$100.00

9. Article(s) listed as "Mail" (M) Are to be forwarded to (Name and Address of Consignee):

10. Claim Release: a. The receiving officer, as soon after receipt of the property as possible, will review the inventory with the inmate to verify it's accuracy. Property that is stored, kept in possession of the inmate, mailed out of the institution, or donated is to be marked in the appropriate section of this inventory form. The receiving officer certifies receipt, review and disposition of the property by signing below. The inmate by signing below certifies the accuracy of the inventory, except as noted on the form, relinquishing of all claim to articles listed as donated, receipt of all allowable items, and receipt of a copy of the inventory. When the inmate claims a discrepancy in the inventory, the receiving officer shall attempt to resolve the discrepancy. If the inmate states that there is missing or damaged property, this information should be noted under COMMENTS.

COMMENTS: _____
 Printed Name/Signature of Receiving Officer: _____ Date: 7-15-19 Time: 900
 I have today reviewed the property returned to me Signature of Inmate: _____ Register # 76318-054 Date 7-15-19 Time 900

b. Upon release of the inmate from the unit, detention, etc., the releasing officer is to give the inmate that property stored as a result of the inmate's housing. The inmate certifies release of the property, except as noted on this form, and receipt of a copy of the inventory by signing below. When the inmate claims a discrepancy in the inventory, the releasing officer shall attempt to resolve the discrepancy. If the inmate states that there is missing or damaged property, this information should be noted under COMMENTS.

COMMENTS: _____
 Printed Name/Signature of Receiving Officer: _____ Date: _____ Time: _____
 I have today reviewed the property returned to me. Signature of Inmate _____ Register # _____ Date _____ Time _____

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EDWARD Suffix
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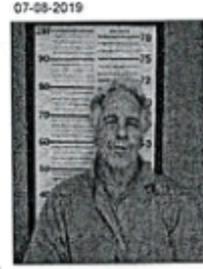
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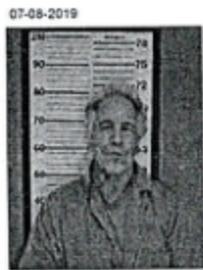
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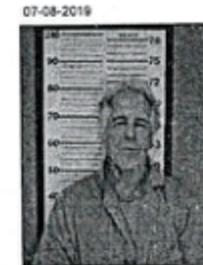
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FEB 04

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

| | | | | | | |
|---|----------------------------------|--|--------|-----------------|------------------------|---------------------------------|
| ARRESTING OFFICER WILL COMPLETE ALL REQUIRED DATA ON THIS FORM PRIOR TO COMMITTING TO MCC/MDCs. | | | | Register Number | | P I C T U R E |
| Name: Last <u>Epstein</u> | | First <u>Jeffrey</u> | | Middle | | |
| AKAs: | | | | | | |
| Race (Check) <u>B</u> <u>W</u> <u>A</u> <u>I</u> | Sex (Check) <u>M</u> <u>F</u> | Ethnic Origin (Check) <u>Hispanic or</u> <u>Other</u> | D.O.B. | SSN: | FBI: INS: Other: | |

CHARGES
 CHECK CATEGORY OF CHARGES (S):
 FELONY MISDEMEANOR CIVIL CONTEMPT MATERIAL WITNESS

OTHER
 NARRATIVE:
 Title: _____ USC: _____
 NARRATIVE:
 Title: _____ USC: _____

Med Emergency Trip
1/11/91
10035

Date of Offense: _____ Date of Arrest: _____ Place of Arrest: _____

| | | | | |
|-------------------------------|------------------|-------------|--|-------------------------|
| State of Birth | Country of Birth | Citizenship | Current Address | Zip Code |
| Height Ft: _____ In: _____ | Weight | Hair | Eyes | Scars / Marks / Tattoos |
| Injuries / Medication | | | Emergency Contact: (Name, Address, Phone Number) | |

Arrested Y N Sentenced Y N Special Handling: Y or N
 Remarks:

| | | | | |
|--|-----------------|----------------------|----|----|
| IN | IN | IN | IN | IN |
| Remanding Official (Name) Sign Print | Agency/District | Phone/24 Hour Number | | |

| | | | | |
|--|-------------------------------|----------------------|-----|-----|
| OUT | OUT | OUT | OUT | OUT |
| Removal Official (Name) Sign Print | Agency/District <i>BOP</i> | Phone/24 Hour Number | | |

FOR BOP USE ONLY

| | | | |
|--|-------------|--|-------------|
| Receiving Official (Name) Sign Print | Date / Time | Releasing Official (Name) Sign Print | Date / Time |
|--|-------------|--|-------------|

| | | |
|---|---|-------------------|
| Sentry Load Data: (Must Initial) Name Search Completed by: | (OPTIONAL) ARS Code _____ Add AKA's _____ Create Cash Account _____ Deposit Cash _____ Amt. Detainers _____ Court _____ Clothing Bag # _____ | Staff Init. _____ |
| Clearance/Separate Checked by: | _____ | |

Original-for ISM as Remanding-Removal receipt; Copy-for Control as Removal Receipt; Copy-INS-Alien in Custody; Copy-INS-Removal Receipt; Copy-for Control as Remanding Receipt (Inmate); Copy-INS-Alien in Custody.

(This form may be replicated via WP) This form replaces BP-S377(58) and BP-377(58) of JUL 91

U.S. DEPARTMENT OF JUSTICE

Last Name
EPSTEIN
First Name
JEFFREY
Middle Name
EDWARD

Suffix

Ht. **6' 0"** Wt. **185**
Ey. **GRY** Ex. **BLU**

REG# **76318-054 NYM**

07-08-2019



ARRESTING OFFICER WILL COMPLETE ALL REQUIRED DATA ON THIS FORM PRIOR TO COMMITTING TO MCC/MDCs.

Name: Last **Epstein** First **Jeffrey**
AKAs:

| | | | | | |
|--|---|---|--------|------|------------------------|
| Race (Check) <input type="checkbox"/> B <input checked="" type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> I | Sex (Check) <input checked="" type="checkbox"/> M <input type="checkbox"/> F | Ethnic Origin (Check) <input type="checkbox"/> Hispanic or <input checked="" type="checkbox"/> Other | D.O.B. | SSN: | FBI: INS: Other: |
|--|---|---|--------|------|------------------------|

CHARGES
CHECK CATEGORY OF CHARGES(S):
 FELONY MISDEMEANOR CIVIL CONTEMPT MATERIAL WITNESS

OTHER
NARRATIVE:
Title: USC: _____
NARRATIVE:
Title: USC: _____
Med Emergency Trip
NY NY 10038

Date of Offense: _____ Date of Arrest: _____ Place of Arrest: _____

| | | | | |
|----------------|------------------|-------------|-----------------|----------|
| State of Birth | Country of Birth | Citizenship | Current Address | Zip Code |
|----------------|------------------|-------------|-----------------|----------|

| | | | | |
|----------------------------|--------|------|------|-------------------------|
| Height Ft: _____ In: _____ | Weight | Hair | Eyes | Scars / Marks / Tattoos |
|----------------------------|--------|------|------|-------------------------|

| | |
|-----------------------|--|
| Injuries / Medication | Emergency Contact: (Name, Address, Phone Number) |
|-----------------------|--|

| | | |
|---|--|--|
| Arrested <input type="checkbox"/> Y <input type="checkbox"/> N | Sentenced <input type="checkbox"/> Y <input type="checkbox"/> N | Special Handling: <input type="checkbox"/> Y or <input type="checkbox"/> N Remarks: |
|---|--|--|

IN IN IN IN IN

| | | |
|--|-----------------|----------------------|
| Remanding Official (Name) Sign Print | Agency/District | Phone/24 Hour Number |
|--|-----------------|----------------------|

OUT OUT OUT OUT OUT

| | | |
|-------------------|-------------------------------|----------------------|
| Rem Sig Pri | Agency/District BoP | Phone/24 Hour Number |
|-------------------|-------------------------------|----------------------|

FOR BOP USE ONLY

| | | | |
|--|-------------|--|---------------------------------------|
| Receiving Official (Name) Sign Print | Date / Time | Releasing Official (Name) Sign Print | Date / Time 8/10/19 7:12 AM |
|--|-------------|--|---------------------------------------|

| | | | |
|---|---|----------------------------|--------------------|
| Sentry Load Data: (Must Initial) Name Search Completed by: | (OPTIONAL) ARS Code _____ Add AKM _____ Create Cash Account _____ Deposit Cash _____ Amt. _____ Detainers _____ Court _____ Clothing Bag # _____ | Staff Init. _____ _____ | RIG _____ _____ |
|---|---|----------------------------|--------------------|

Original-for ISM as Remanding-Removal receipt; Copy-for Control as Removal Receipt For Removing Official; Copy-for Control as Remanding Receipt (Inmate); Copy-INS-Alien in Custody.

(This form may be replicated via WP) This form replaces BP-S377(58) and BP-377(58) of JUL 91

NYMD4 535.03 *
PAGE 001 OF 001

INMATE PROFILE

* 08-10-2019
07:15:51

76318-054

REG

REGNO: 76318-054

FUNCTION: PRT DOB/AGE.: 01-20-1953 / 66

NAME.: EPSTEIN, JEFFREY EDWARD

R/S/ETH.: W/M/O WALSH: YES

RSP.: NYM-NEW YORK MCC

MILEAGE.: 5 MILES

PHONE: [REDACTED]

PROJ REL METHOD: UNKNOWN

FBI NO.:

PROJ REL DATE.: UNKNOWN

INS NO.:

PAR ELIG DATE.:

SSN.....: 090443348

PAR HEAR DATE.:

PSYCH: NO

DETAINER: NO

CMC...: NO

OFFN/CHG RMKS: SEX TRAFFICKING CONSP.

OFFN/CHG RMKS: SEX TRAFFICKING OF MINORS

| FACL CATEGORY | ----- | CURRENT ASSIGNMENT | ----- | EFF DATE | TIME |
|----------------|------------|------------------------------|-------|------------|------|
| NYM ADM-REL | A-PRE | PRE-SENT ADMIT, ADULT | | 07-08-2019 | 1749 |
| NYM CARE LEVEL | CARE1-MH | CARE1-MENTAL HEALTH | | 07-08-2019 | 0934 |
| NYM COR COUNSL | UNT 5N | VACANT | | 07-22-2019 | 1805 |
| NYM CASE MGT | CPSA | CERT FOOD SINCERITY APPROVAL | | 07-19-2019 | 1209 |
| NYM CASEWORKER | UNT 5 | [REDACTED] | | 07-22-2019 | 1806 |
| NYM CUSTODY | IN | IN CUSTODY | | 07-06-2019 | 2124 |
| NYM EDUC INFO | GED UNK | GED STATUS UNKNOWN | | 07-06-2019 | 2124 |
| NYM FIN RESP | UNASSG | FINANC RESP-UNASSIGNED | | 07-06-2019 | 2124 |
| NYM LEVEL | UNASSG | UNASSIGNED | | 07-06-2019 | 2124 |
| NYM MED DY ST | NOT MED CL | NOT MEDICALLY CLEARED | | 07-06-2019 | 2124 |
| NYM PGM REVIEW | OCT | OCTOBER PROGRAM REVIEW | | 10-19-2019 | 1804 |
| NYM QUARTERS | Z04-206LAD | HOUSE Z/RANGE 04/BED 206L AD | | 07-29-2019 | 1221 |
| NYM RELIGION | UNKNOWN | RELIGION UNKNOWN | | 07-06-2019 | 2124 |
| NYM SECOND RSP | 54N | USM NYS 54N NEW YORK, NY | | 07-08-2019 | 1749 |
| NYM UNIT | 5 | [REDACTED] | | 07-22-2019 | 1806 |
| NYM WRK DETAIL | UNASSG | UNASSIGNED WORK DETAIL | | 07-08-2019 | 1749 |

Report # Amb. Care Report
CAD - 97774214 OYD Shield #
[REDACTED]

G0000

TRANSACTION SUCCESSFULLY COMPLETED

LEAVE BLANK

CRIMINAL

(STAPLE HERE)

LEAVE BLANK

STATE USAGE

NFF SECOND

SUBMISSION

APPROXIMATE CLASS

AMPUTATION

SCAR

FD-249 (Rev. 3-1-10)

07-08-2019

STATE USAGE

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

Epstein, Jeffrey Edward

SIGNATURE OF PERSON FINGERPRINTED

SOCIAL SECURITY NO.

LEAVE BLANK

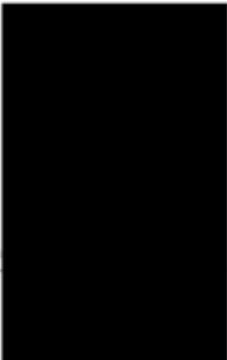


76318-054 EPSTEIN

ALIASES-MAIDEN

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

| FBI NO. | STATE IDENTIFICATION NO. | DATE OF BIRTH | MM | DD | YY | SEX | RACE | HEIGHT | WEIGHT | EYES | HAIR |
|---------|--------------------------|---------------|----|----|----|-----|------|--------|--------|------|------|
| | | 01/20/1953 | | | | M | W | 6'00" | 185 | BL | GY |



2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

| | | | | | | |
|--|---|--|--------|------|------------------------|----------------------------|
| ARRESTING OFFICER WILL COMPLETE ALL REQUIRED DATA ON THIS FORM PRIOR TO COMMITTING TO MCC/MDCs. | | | | | Register Number | P I C E R E |
| Name: Last | First | Middle | | | | |
| AKAs: | | | | | | |
| Race (Check) <input type="checkbox"/> B <input checked="" type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> I | Sex (Check) <input checked="" type="checkbox"/> M <input type="checkbox"/> F | Ethnic Origin (Check) <input type="checkbox"/> Hispanic or <input type="checkbox"/> Other | D.O.B. | SSN: | FBI: INS: Other: | |

CHARGES
CHECK CATEGORY OF CHARGES (S):
 FELONY MISDEMEANOR CIVIL CONTEMPT MATERIAL WITNESS

OTHER
 NARRATIVE: [REDACTED] USC: _____
 NARRATIVE: [REDACTED] USC: _____

Date of Offense: _____ Date of Arrest: _____ Place of Arrest: _____

| | | | | |
|-------------------------------|------------------|-------------|--|--------------------------|
| State of Birth | Country of Birth | Citizenship | Current Address | Zip Code |
| Height Ft: _____ In: _____ | Weight | Hair | Eyes | Scars / Marks / Tattoos: |
| Injuries / Medication | | | Emergency Contact: (Name, Address, Phone Number) | |

| | | |
|---|--|--|
| Arraigned <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Sentenced <input type="checkbox"/> Y <input type="checkbox"/> N | Special Handling: <input type="checkbox"/> Y or <input type="checkbox"/> N Remarks: |
|---|--|--|

| | | | | |
|-----------------------------------|-----------------|----------------------|----|----|
| IN | IN | IN | IN | IN |
| Remanding Official (Name) Sign | Agency/District | Phone/24 Hour Number | | |
| Print | | | | |

| | | | | |
|------------|-----------------|----------------------|-----|-----|
| OUT | OUT | OUT | OUT | OUT |
| [REDACTED] | Agency/District | Phone/24 Hour Number | | |
| | BOP | | | |

FOR BOP USE ONLY

| | | | |
|-----------------------------------|-------------|-----------------------------------|-------------|
| Receiving Official (Name) Sign | Date / Time | Releasing Official (Name) Sign | Date / Time |
| Print | | Print | |

| | | | |
|---|--|-------------------|------------|
| Sentry Load Data: (Must Initial) Name Search Completed by: | (OPTIONAL) ARS Co [REDACTED] Add AK [REDACTED] Create Cash Account _____ Deposit Cash _____ Amt. Detainers _____ Court _____ Clothing Bag # _____ | Staff Init. _____ | [REDACTED] |
| Clearance/Separate Checked by: | | | |

FEB 04

U.S. DEPARTMENT OF JUSTICE

Last Name
EPSTEIN
First Name
JEFFREY
Middle Name
EDWARD

Suffix

Ht. 6' 0" Wt. 185

Hr. GRY Ey. BLU

REG# 76318-054 NYM 76318-054 EPSTEIN

07-06-2019



ARRESTING OFFICER WILL COMPLETE ALL REQUIRED DATA ON THIS FORM PRIOR TO COMMITTING TO MCC/MDCs.

Name: Last Epstein First Jeffrey

AKAs:

| | | | | | |
|--|---|---|--------|------|------------------------|
| Race (Check) <input type="checkbox"/> B <input checked="" type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> I | Sex (Check) <input checked="" type="checkbox"/> M <input type="checkbox"/> F | Ethnic Origin (Check) <input type="checkbox"/> Hispanic or <input checked="" type="checkbox"/> Other | D.O.B. | SSN: | FBI: INS: Other: |
|--|---|---|--------|------|------------------------|

CHARGES

CHECK CATEGORY OF CHARGES(S):

FELONY MISDEMEANOR CIVIL CONTEMPT MATERIAL WITNESS

OTHER

NARRATIVE:
Title: _____ USC: _____
NARRATIVE:
Title: _____ USC: _____

Med Emergency Trip

*NY NY
10038*

Date of Offense: _____ Date of Arrest: _____

| | | | | |
|----------------|------------------|-------------|-----------------|----------|
| State of Birth | Country of Birth | Citizenship | Current Address | Zip Code |
|----------------|------------------|-------------|-----------------|----------|

| | | | | |
|-------------------------------|--------|------|------|-------------------------|
| Height Ft: _____ In: _____ | Weight | Hair | Eyes | Scars / Marks / Tattoos |
|-------------------------------|--------|------|------|-------------------------|

| | |
|-----------------------|--|
| Injuries / Medication | Emergency Contact: (Name, Address, Phone Number) |
|-----------------------|--|

| | | | |
|--|--|--|----------|
| Arrested <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Sentenced <input type="checkbox"/> Y <input type="checkbox"/> N | Special Handling: <input type="checkbox"/> Y or <input type="checkbox"/> N | Remarks: |
|--|--|--|----------|

IN IN IN IN IN

| | | |
|--|-----------------|----------------------|
| Remanding Official (Name) Sign Print | Agency/District | Phone/24 Hour Number |
|--|-----------------|----------------------|

OUT OUT OUT OUT OUT

| | |
|-------------------------------|----------------------|
| Agency/District <i>BOP</i> | Phone/24 Hour Number |
|-------------------------------|----------------------|

FOR BOP USE ONLY

| | | | |
|--|-------------|----------------------|-----------------------------------|
| Receiving Official (Name) Sign Print | Date / Time | (Name) [Redacted] | Date / Time <i>8/10/197:12</i> |
|--|-------------|----------------------|-----------------------------------|

| | | |
|---|---|-----------------------------------|
| Sentry Load Data: (Must Initial) Name Search Completed by: | (OPTIONAL) ARS Code _____ Add AKA _____ Create Cash Account _____ Deposit Cash _____ Amt. _____ Detainers _____ Court _____ Clothing Bag # _____ | Staff Init. _____ R [Redacted] |
|---|---|-----------------------------------|

Original-for ISM as Remanding-Removal receipt; Copy-for Control as Removal Receipt (RCIC); Copy-for Removing Official; Copy-for Control as Remanding Receipt (Inmate); Copy-INS-Alien in Custody.

(This form may be replicated via WP)

This form replaces BP-S377(58) and BP-377(58) of JUL 91



NYMD4 535.03 *
PAGE 001 OF 001

INMATE PROFILE

* 08-10-2019
07:15:51

76318-054 REG
REGNO: 76318-054 FUNCTION: PRT DOB/AGE.: 01-20-1953 / 66
NAME.: EPSTEIN, JEFFREY EDWARD R/S/ETH.: W/M/O WALSH: YES
RSP.: NYM-NEW YORK MCC MILEAGE.: 5 MILES
PHONE: 646-836-6300 FAX: 646-836-7751
PROJ REL METHOD: UNKNOWN FBI NC.:
PROJ REL DATE.: UNKNOWN INS NC.:
PAR ELIG DATE.: SSN.: 090443348
PAR HEAR DATE.: PSYCH: NO DETAINER: NO CMC.: NO

OFFN/CHG RMKS: SEX TRAFFICKING CONSP.

OFFN/CHG RMKS: SEX TRAFFICKING OF MINORS

| FACL CATEGORY | ----- | CURRENT ASSIGNMENT | ----- | EFF DATE | TIME |
|----------------|------------|------------------------------|-------|------------|------|
| NYM ADM-REL | A-PRE | PRE-SENT ADMIT, ADULT | | 07-08-2019 | 1749 |
| NYM CARE LEVEL | CARE1-MH | CARE1-MENTAL HEALTH | | 07-08-2019 | 0934 |
| NYM COR COUNSL | UNT 5N | VACANT | | 07-22-2019 | 1805 |
| NYM CASE MGT | CFSA | CERT FOOD SINCERITY APPROVAL | | 07-19-2019 | 1209 |
| NYM CASEWORKER | UNT 5 | [REDACTED] | | 07-22-2019 | 1806 |
| NYM CUSTODY | IN | IN CUSTODY | | 07-06-2019 | 2124 |
| NYM EDUC INFO | GED UNK | GED STATUS UNKNOWN | | 07-06-2019 | 2124 |
| NYM FIN RESP | UNASSG | FINANC RESP-UNASSIGNED | | 07-06-2019 | 2124 |
| NYM LEVEL | UNASSG | UNASSIGNED | | 07-06-2019 | 2124 |
| NYM MED DY ST | NOT MED CL | NOT MEDICALLY CLEARED | | 07-06-2019 | 2124 |
| NYM PGM REVIEW | OCT | OCTOBER PROGRAM REVIEW | | 10-19-2019 | 1804 |
| NYM QUARTERS | Z04-206LAD | HOUSE Z/RANGE 04/BED 206L AD | | 07-29-2019 | 1221 |
| NYM RELIGION | UNKNOWN | RELIGION UNKNOWN | | 07-06-2019 | 2124 |
| NYM SECOND RSP | 54N | [REDACTED] | | 07-08-2019 | 1749 |
| NYM UNIT | 5 | [REDACTED] | | 07-22-2019 | 1806 |
| NYM WRK DETAIL | UNASSG | UNASSIGNED WORK DETAIL | | 07-08-2019 | 1749 |

Report # Amb. Care Report
CAD-97774214 OYD Shield # [REDACTED]

G0000 TRANSACTION SUCCESSFULLY COMPLETED

(WRITE HERE)

STATE USAGE

NFF SECOND

SUBMISSION

APPROXIMATE CLASS

AMPUTATION

SCAR

FD-249 (Rev. 3-1-10)

STATE USAGE

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

Epstein, Jeffrey Edward

SIGNATURE OF PERSON FINGERPRINTED

SOCIAL SECURITY NO.

LEAVE BLANK

07-09-2019



76318-054 EPSTEIN

ALIASES/MAIDEN

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

| FBI NO. | STATE IDENTIFICATION NO. | DATE OF BIRTH | MM | DD | YY | SEX | RACE | HEIGHT | WEIGHT | EYES | HAIR |
|------------|--------------------------|---------------|----|----|----|-----|------|--------|--------|------|------|
| [REDACTED] | | 01/20/1953 | | | | M | W | 6'00" | 185 | BL | GY |

2 R. INDEX

3 R. MIDDLE

4 R. RING

5 R. LITTLE

6 L. THUMB

7 L. INDEX

8 L. MIDDLE

9 L. RING

10 L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

3

17.058 PRISONER REMAND CD FRM

U.S. DEPARTMENT OF JUSTICE

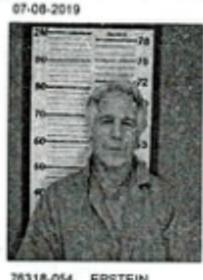
ARRESTING OFFICER WILL COMPLETE ALL REQUIRED DATA ON THIS FORM PRIOR TO COMMITTING TO MCC/MDCs.

Name: Last EPSTEIN First Jeffrey

AKAs:

Race (Check) Sex (Check) Ethnic Origin (Check)
B X W A I X M F
Hispanic or Other

Last Name EPSTEIN
First Name JEFFREY
Middle Name EDWARD
Suffix
Ht: 6' 0" Wt: 185
Hr: GRY Ey: BLU
REG# 76318-054 NYM



CHARGES CHECK CATEGORY OF CHARGES (S):
X FELONY MISDEMEANOR CIVIL CONTEMPT MATERIAL WITNESS

OTHER NARRATIVE Title: 18 USC: 371 SEX TRAFFICKING CONSPIRACY
NARRATIVE Title: 18 USC: 1591(A),(b)(2) SEX TRAFFICKING OF MINORS
Date of Offense: Date of Arrest: 7-6-19 Place of Arrest: BERGIN CTY, NJ

State of Birth NY Country of Birth USA Citizenship Yes Current Address New York, NY Zip Code 10021

Height Ft: 6 In: 00 Weight 185 Hair GRY Eyes BLUE Scars / Marks / Tattoos N/A

Injuries / Medication N/A Emergency Contact: (Name, Address, Phone Number) MARK EPSTEIN

Arrested Y X N Sentenced Y X N Special Handling: Y or X N Remarks:

IN IN IN IN IN
Agency/District NYPD-FBI TFO TFO SDNY Phone/24 Hour Number

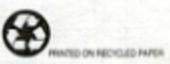
OUT OUT OUT OUT OUT
Removing Sign Agency/District NYPD-TFO FBI Phone/24 Hour Number

FOR BOP USE ONLY

Received Sign Date / Time 7/6/19 9:19 AM Releasing Official (Name) Date / Time 7-19-915 AM

Sent Name (Initial) (OPTIONAL) ARS Code Staff RIGHT THUMBPRINT
Clear Checked by: Create Cash Account Deposit Cash Amt. Detainers Court Clothing Bag #

Original-for ISM as Remanding-Removal receipt; Copy-for Control as Removal Receipt (NCIC); Copy-For Removing Official; Copy-for Control as Remanding Receipt (Inmate); Copy-INS-Alien in Custody.
(This form may be replicated via WP) This form replaces BP-S377(58) and BP-377(58) of JUL 91



NYMD4 535.03 *
PAGE 001 OF 001

INMATE PROFILE

* 08-10-2019
07:15:51

76318-054 REG
REGNO: 76318-054 FUNCTION: PRT DOB/AGE.: 01-20-1953 / 66
NAME.: EPSTEIN, JEFFREY EDWARD R/S/ETH.: W/M/O WALSH: YES
RSP.: NYM-NEW YORK MCC MILEAGE.: 5 MILES
PHONE: [REDACTED]

PROJ REL METHOD: UNKNOWN FBI NO.:
PROJ REL DATE.: UNKNOWN INS NO.:
PAR ELIG DATE.: SSN.: 090443348
PAR HEAR DATE.: PSYCH: NO DETAINER: NO CMC.: NO

OFFN/CHG RMKS: SEX TRAFFICKING CONSP.

OFFN/CHG RMKS: SEX TRAFFICKING OF MINORS

| FACL CATEGORY | --- | CURRENT ASSIGNMENT | --- | EFF DATE | TIME |
|----------------|------------|------------------------------|-----|------------|------|
| NYM ADM-REL | A-PRE | PRE-SENT ADMIT, ADULT | | 07-08-2019 | 1749 |
| NYM CARE LEVEL | CARE1-MH | CARE1-MENTAL HEALTH | | 07-08-2019 | 0934 |
| NYM COR COUNSL | UNT 5N | VACANT | | 07-22-2019 | 1805 |
| NYM CASE MGT | CFSA | CERT FOOD SINCERITY APPROVAL | | 07-19-2019 | 1209 |
| NYM CASEWORKER | UNT 5 | [REDACTED] | | 07-22-2019 | 1806 |
| NYM CUSTODY | IN | IN CUSTODY | | 07-06-2019 | 2124 |
| NYM EDUC INFO | GED UNK | GED STATUS UNKNOWN | | 07-06-2019 | 2124 |
| NYM FIN RESP | UNASSG | FINANC RESP-UNASSIGNED | | 07-06-2019 | 2124 |
| NYM LEVEL | UNASSG | UNASSIGNED | | 07-06-2019 | 2124 |
| NYM MED DY ST | NOT MED CL | NOT MEDICALLY CLEARED | | 07-06-2019 | 2124 |
| NYM PGM REVIEW | OCT | OCTOBER PROGRAM REVIEW | | 10-19-2019 | 1804 |
| NYM QUARTERS | 204-206LAD | HOUSE Z/RANGE 04/BED 206L AD | | 07-29-2019 | 1221 |
| NYM RELIGION | UNKNOWN | RELIGION UNKNOWN | | 07-06-2019 | 2124 |
| NYM SECOND RSP | 54N | USM NYS 54N NEW YORK, NY | | 07-08-2019 | 1749 |
| NYM UNIT | 5 | UNT MGR. [REDACTED] | | 07-22-2019 | 1806 |
| NYM WRK DETAIL | UNASSG | UNASSIGNED WORK DETAIL | | 07-08-2019 | 1749 |

Report # Amb. Care Report
CAD-97774214 OYD Shield #
[REDACTED]

G0000 TRANSACTION SUCCESSFULLY COMPLETED

FEB 04

U.S. DEPARTMENT OF JUSTICE

Last Name EPSTEIN
First Name JEFFREY
Middle Name EDWARD

Suffix

Ht. 6' 0" Wt. 185

Hr. GRY Ey. BLU

REG# 76318-054 NYM

07-06-2019



ARRESTING OFFICER WILL COMPLETE ALL REQUIRED DATA ON THIS FORM PRIOR TO COMMITTING TO MCC/MDCs.

Name: Last Epstein First Jeffrey

AKAs:

| | | | | | |
|--|---|---|--------|------|------------------------|
| Race (Check) <input type="checkbox"/> B <input checked="" type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> I | Sex (Check) <input checked="" type="checkbox"/> M <input type="checkbox"/> F | Ethnic Origin (Check) <input type="checkbox"/> Hispanic or <input checked="" type="checkbox"/> Other | D.O.B. | SSN: | FBI: INS: Other: |
|--|---|---|--------|------|------------------------|

CHARGES

CHECK CATEGORY OF CHARGE(S):

FELONY MISDEMEANOR CIVIL CONTEMPT MATERIAL WITNESS

OTHER

NARRATIVE:
Title: USC: _____
NARRATIVE:
Title: USC: _____

Med Emergency Trip
NY NY
10038

Date of Offense: _____ Date of Arrest: _____ Place of Arrest: _____

| | | | | |
|-----------------------|------------------|-------------|--|-------------------------|
| State of Birth | Country of Birth | Citizenship | Current Address | Zip Code |
| Height Ft: In: | Weight | Hair | Eyes | Scars / Marks / Tattoos |
| Injuries / Medication | | | Emergency Contact: (Name, Address, Phone Number) | |

| | | | |
|---|--|--|----------|
| Arrested <input type="checkbox"/> Y <input type="checkbox"/> N | Sentenced <input type="checkbox"/> Y <input type="checkbox"/> N | Special Handling: <input type="checkbox"/> Y or <input type="checkbox"/> N | Remarks: |
|---|--|--|----------|

| | | | | |
|-----------------------------------|-----------------|----------------------|----|----|
| IN | IN | IN | IN | IN |
| Remanding Official (Name) Sign | Agency/District | Phone/24 Hour Number | | |
| Print | | | | |

| | | | | |
|---------------------------------|-----------------|----------------------|-----|-----|
| OUT | OUT | OUT | OUT | OUT |
| Removal Official (Name) Sign | Agency/District | Phone/24 Hour Number | | |
| Print | BOP | | | |

FOR BOP USE ONLY

| | | | |
|-----------------------------------|-------------|---------------------------------|-----------------|
| Receiving Official (Name) Sign | Date / Time | Release Official (Name) Sign | Date / Time |
| Print | | Print | 9/10/19 7:12 PM |

| | | |
|---|---|-------------------|
| Sentry Load Data: (Must Initial) Name Search Completed by: | (OPTIONAL) ARS Code Add AKA Create Cash Account Deposit Cash _____ Amt. Detainers Court Clothing Bag # | Staff Init. _____ |
| Clearance/Separate Checked by: | | |

Original-for ISM as Remanding-Removal receipt; Copy-for Control as Removal Receipt (NCIC); Copy-For Removing Official; Copy-for Control as Remanding Receipt (Inmate); Copy-INS-Alien in Custody.

(This form may be replicated via WP) This form replaces BP-S377(58) and BP-377(58) of JUL 91



| | | | | | | |
|--|---|---|--------|--------|------------------------|---------------------------------|
| ARRESTING OFFICER WILL COMPLETE ALL REQUIRED DATA ON THIS FORM PRIOR TO COMMITTING TO MCC/MDCs. | | | | | Register Number | F I C T U R E |
| Name: Last <i>Rapstein</i> | | First <i>Jeffrey</i> | | Middle | | |
| AKAs: | | | | | | |
| Race (Check) <input type="checkbox"/> B <input checked="" type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> I | Sex (Check) <input checked="" type="checkbox"/> M <input type="checkbox"/> F | Ethnic Origin (Check) <input type="checkbox"/> Hispanic or <input checked="" type="checkbox"/> Other | D.O.B. | SSN: | FBI: INS: Other: | |

CHARGES
CHECK CATEGORY OF CHARGES(S):
 FELONY MISDEMEANOR CIVIL CONTEMPT MATERIAL WITNESS

OTHER
 NARRATIVE: *Med Emergency Trip*
 Title: _____ USC: _____
 NARRATIVE: _____
 Title: _____ USC: _____

Date of Offense: _____ Date of Arrest: _____ Place of Arrest: _____

| | | | | |
|-------------------------------|------------------|-------------|--|-------------------------|
| State of Birth | Country of Birth | Citizenship | Current Address | Zip Code |
| Height Ft: _____ In: _____ | Weight | Hair | Eyes | Scars / Marks / Tattoos |
| Injuries / Medication | | | Emergency Contact: (Name, Address, Phone Number) | |

Arraigned Y N Sentenced Y N Special Handling: Y or N
Remarks:

| | | | | |
|-----------------------------------|-----------------|----------------------|----|----|
| IN | IN | IN | IN | IN |
| Remanding Official (Name) Sign | Agency/District | Phone/24 Hour Number | | |
| Print | | | | |

| | | | | |
|---------------|-----------------|----------------------|-----|-----|
| OUT | OUT | OUT | OUT | OUT |
| Remov Sign | Agency/District | Phone/24 Hour Number | | |
| Print | <i>BOP</i> | | | |

FOR BOP USE ONLY

| | | | |
|------------------------------------|-------------|-----------------------------------|----------------|
| Receiving Official (Name): Sign | Date / Time | Releasing Official (Name) Sign | Date / Time |
| Print | | Print | <i>8/10/97</i> |

| | | | |
|---|--|-------------------|--|
| Sentry Load Data: (Must Initial) Name Search Completed by: | (OPTIONAL) ARS Cod _____ Add AKA's _____ Create Cash Account _____ Deposit Cash _____ Amt. _____ Detainers _____ Court _____ Clothing Bag # _____ | Staff Init. _____ | |
| Clearance/Separate Checked by: | | | |

Original-for ISM as Remanding-Removal receipt; Copy-for Control as Removal Receipt; Copy-For Removing Official; Copy-for Control as Remanding Receipt (Inmate); Copy-INS-Align in custody.
 (This form may be replicated via WP) This form replaces BP-S377(58) and BP-377(58) of JUL 91



United States Marshals Service (USMS)
PRISONER MEDICAL RECORDS RELEASE FORM

INSTRUCTIONS. Section I is to be completed by the USMS Intake Officer. Sections II & III are to be completed by the prisoner. Section II may be completed by the USMS Intake Officer if the prisoner is unable or unwilling, but Section III must be signed by the prisoner. If prisoner refuses to sign, note that in the signature block. All refusals should be immediately reported to the Office of Interagency Medical Services, Prisoner Services Division. The completed USM form 552 is to be retained in the prisoner's files.

Section I - USMS Prisoner Information

| | | |
|---|---------------|--|
| 1. Prisoner Name (Last, First, MI) EPSTEIN, Jeffrey, E. | | 2. USMS Prisoner |
| 3. District Name SDNY | 4. District # | 5. Custody Date (Mo/Day/Yr) 7/6/19 |

Section II - Prisoner Personal Data And Medical Information

| | | |
|--|--|---|
| 6. Date Of Birth (Mo/Day/Yr) 1-20-53 | 7. Social Security # [REDACTED] | |
| 8. Medical Insurance Information | | |
| A) Insurance Company Name UNITED HEALTH CARE | B) Policy Number MEMBER 854905597 | C) Medicare /Medicaid Coverage? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 9. Name Of Your Physician [REDACTED] | 10. Phone Number [REDACTED] | |

Section III - Medical Consent And Records Release

I certify that the information I have provided above is true to the best of my knowledge.

I hereby authorize the United States Marshals Service to request, review, and have access to all medical records of care provided to me during the time that I am in the custody of that agency, and to all other medical records deemed necessary for the purposes of providing me with appropriate medical care, adjudicating medical bills for health care services provided to me while in the custody of the United States Marshals Service, and for all other purposes.

| | |
|-------------------------|-----------------------|
| Signature of [REDACTED] | Date 7/6/19 |
| Signature of [REDACTED] | Date |

Original--Prisoner File
Copy to District File
Copy Upon Transfer

Form USM-552
Est. 6-98
Revised 03-01

UNITED STATES DISTRICT COURT

for the

Southern District of New York

United States of America
v.

Case No.

19 CRIM 490

Jeffrey Epstein

Defendant

ARREST WARRANT

To: Any authorized law enforcement officer

YOU ARE COMMANDED to arrest and bring before a United States magistrate judge without unnecessary delay
(name of person to be arrested) Jeffrey Epstein
who is accused of an offense or violation based on the following document filed with the court:

- Indictment
- Superseding Indictment
- Information
- Superseding Information
- Complaint
- Probation Violation Petition
- Supervised Release Violation Petition
- Violation Notice
- Order of the Court

This offense is briefly described as follows:

Title 18, United States Code, Section 371 (sex trafficking conspiracy)
Title 18, United States Code, Sections 1591(a), (b)(2), and (2) (sex trafficking of minors)



Date: 07/02/2019

City and state: New York, NY

The Honorable Barbara Moses, U.S. Magistrate Judge
Printed name and title

Return

This warrant was received on (date) _____, and the person was arrested on (date) _____
at (city and state) _____

Date: _____

Arresting officer's signature

Printed name and title

U.S. Department of Justice
United States Marshals Service

Prisoner Custody Alert Notice

Prisoner Name:

EPSTEIN, JEFFREY EDWARD

Prisoner Number:

76318054

| Original Offense Code | Original Offense Description | Remark | Arrest Date |
|-----------------------|------------------------------|---------------------------------------|-------------|
| 3699 | Sex Offense | 18 USC 371 SEX TRAFFICKING CONSPIRACY | 7/8/19 |

Alerts:

| Code | Description | Remark |
|------|-----------------|---------------------|
| MTL | Mental Concerns | Suicidal Tendencies |

Prepared By:

Received By:

Prepared Date:

Received Date:

Institution: MCC NY 1. Name: EPSTEIN, JERREY
 2. Register No: 7638-054 3. Unit: 102 4. Date & Time of Inventory: 7-15-2019-900AM

5. Purpose of Inventory (Check one that applies): Date and Time of Action: 7638-054
 a. Admission b. Hospital c. Write d. Transfer e. Detention
 f. Release g. Incoming Package h. Other (specify) _____
 6. Disposition (Disp.)
 D-Donated M-Mail S-Storage
 K-Keep in Possession
 C-Contraband (Attach BP-S102)

7. Type of Property:

| a. Personally Owned Items | | | b. Hygiene, etc. | | | d. Food | | |
|---------------------------|--------------------|-------|------------------|--------------------|-------|---------|----------------------------------|-------|
| # | Article | Disp. | # | Article | Disp. | # | Article | Disp. |
| ___ | Address Book | ___ | ___ | Plastic spoon, cup | ___ | ___ | Bean | ___ |
| ___ | Batteries | ___ | ___ | Playing Cards | ___ | ___ | Cake | ___ |
| ___ | Belt | ___ | ___ | Purse | ___ | ___ | Candy | ___ |
| ___ | Billfold | ___ | ___ | Radio (w/carplug) | ___ | ___ | Chips | ___ |
| ___ | Books, Reading | ___ | ___ | Religious Medal | ___ | ___ | Coffee/tea | ___ |
| ___ | hard ___ soft ___ | ___ | ___ | Shirt/Blouse | ___ | ___ | Cold drink mix, soda | ___ |
| ___ | Books, Religious | ___ | ___ | Shoes | ___ | ___ | Cough Drops | ___ |
| ___ | hard ___ soft ___ | ___ | ___ | Shoes, shower | ___ | ___ | Fish Packs | ___ |
| ___ | Boot | ___ | ___ | Shoes, Slippers | ___ | ___ | Fruit | ___ |
| ___ | Brassiere | ___ | ___ | Shorts | ___ | ___ | Honey, Hi-protein | ___ |
| ___ | Cap, Hat | ___ | ___ | Skirt | ___ | ___ | Instant Coffee/Instant Chocolate | ___ |
| ___ | Coat | ___ | ___ | Slip | ___ | ___ | Mayonnaise | ___ |
| ___ | Comb | ___ | ___ | Socks | ___ | ___ | Oatmeal | ___ |
| ___ | Combination Lock | ___ | ___ | Socks, Athletic | ___ | ___ | Pepperoni | ___ |
| ___ | Dress | ___ | ___ | Stamps | ___ | ___ | Noodles | ___ |
| ___ | Eyeglass Case | ___ | ___ | Stockings | ___ | ___ | Rice | ___ |
| ___ | Eyeglasses | ___ | ___ | Sunglasses | ___ | ___ | Sausage | ___ |
| ___ | Gloves | ___ | ___ | Sweat pants | ___ | ___ | Spices | ___ |
| ___ | Hairbrush/Pick | ___ | ___ | T-Shirt | ___ | ___ | Tea | ___ |
| ___ | Handkerchief | ___ | ___ | Sweat Shirt | ___ | ___ | Vitamins | ___ |
| ___ | Headphones | ___ | ___ | Thermal Bottoms | ___ | ___ | | ___ |
| ___ | Laundry Jacket | ___ | ___ | Thermal Top | ___ | ___ | | ___ |
| ___ | Laundry Detergent | ___ | ___ | Underwear | ___ | ___ | | ___ |
| ___ | Legal Materials | ___ | ___ | Watch/Watchband | ___ | ___ | | ___ |
| ___ | Letters | ___ | ___ | | ___ | ___ | | ___ |
| ___ | Magazines | ___ | ___ | | ___ | ___ | | ___ |
| ___ | Mirror | ___ | ___ | | ___ | ___ | | ___ |
| ___ | Nail Clippers | ___ | ___ | | ___ | ___ | | ___ |
| ___ | Pen/Ballpoint | ___ | ___ | | ___ | ___ | | ___ |
| ___ | Pencils | ___ | ___ | | ___ | ___ | | ___ |
| ___ | Personal Papers | ___ | ___ | | ___ | ___ | | ___ |
| ___ | Photo Album | ___ | ___ | | ___ | ___ | | ___ |
| ___ | Photo | ___ | ___ | | ___ | ___ | | ___ |
| ___ | Plastic Bowl | ___ | ___ | | ___ | ___ | | ___ |
| ___ | Plastic Spoon, cup | ___ | ___ | | ___ | ___ | | ___ |

ABANDONED PROPERTY

8. Items Alleged by Inmate to Have Value Over \$100.00
 Description of Property: _____ Value Alleged by Inmate: _____

 X No individual item over \$100.00

9. Article(s) listed as "Mail" (M) Are to be forwarded to (Name and Address of Consignee): _____

10. Claim Release: a. The receiving officer, as soon after receipt of the property as possible, will review the inventory with the inmate to verify its accuracy. Property that is stored, kept in possession of the inmate, mailed out of the institution, or donated is to be marked in the appropriate section of this inventory form. The receiving officer certifies receipt, review and disposition of the property by signing below. The inmate by signing below certifies the accuracy of the inventory, except as noted on the form, relinquishing of all claim to articles listed as donated, receipt of all allowable items, and receipt of a copy of the inventory. When the inmate claims a discrepancy in the inventory, the receiving officer shall attempt to resolve the discrepancy. If the inmate states that there is missing or damaged property, this information should be noted under COMMENTS.

COMMENTS: _____
 Printed Name/Signature of Receiving Officer: _____ Date: 7-15-19 Time: 900
 I have today reviewed the property returned to me. _____
 Signature of Inmate: _____ Register #: 7638054 Date: 7-15-19 Time: 900

b. Upon release of the inmate from the unit, detention, etc., the releasing officer is to give the inmate that property stored as a result of the inmate's housing. The inmate certifies release of the property, except as noted on this form, and receipt of a copy of the inventory by signing below. When the inmate claims a discrepancy in the inventory, the releasing officer shall attempt to resolve the discrepancy. If the inmate states that there is missing or damaged property, this information should be noted under COMMENTS.

COMMENTS: _____
 Printed Name/Signature of Receiving Officer: _____ Date: _____ Time: _____
 I have today reviewed the property returned to me. _____
 Signature of Inmate: _____ Register #: _____ Date: _____ Time: _____

NYMD4 535.07 * CIM CLEARANCE AND SEPARATEE DATA * 08-10-2019
 PAGE 001 OF 001 * * 07:17:28

REGISTER NO: 76318-054 NAME: EPSTEIN, JEFFREY EDWARD

| REGISTER NUMBER | LAST NAME | FIRST NAME | ARS FCL | ARS ASSIGN | ARS DATE | ARS QTR TIME | ARS ASSIGN |
|--------------------|-----------|---------------|------------|---------------|-------------|--------------------|---------------|
| 76318-054 | EPSTEIN | JEFFREY | NYM | A-PRE | 07-08-2019 | 1749 | Z04-206LAD |

***** FOI EXEMPT

P0011 THIS INMATE HAS NO CMC ASSIGNMENTS

NYMD4 600.00 * SECURITY/DESIGNATION * 08-10-2019
 PAGE 001 OF 001 * DATA * 07:18:27
 REGNO: 76318-054 NAME: EPSTEIN, JEFFREY EDWARD ORG:
 RC/SEX/AGE: W/M/66 FORM D/T: RES: NEW YORK, NY 10021
 OFFN/CHG...: SEX TRAFFICKING CONSP.
 SEX TRAFFICKING OF MINORS
 CUSTODY...: IN BIL: CITIZENSH: UNITED STATES OF AMERICA
 CIM CONS.: USM:
 JUDGE....: RECFACL/PGM: VOLSUR:
 VS DT/LOC: MOS REL: SEVERITY:
 CHP/CHS/S: VIOLENCE: ESCAPES.:
 DETAINER...: AGE: EDUC LV: HGC:
 DRUG/ALC...: TOTAL: SEC LVL:
 PUB SAFTY: CAR MD/MH: OMDT REF:
 CCM RMKS.:

P5110 DESIGNATION RECORD DOES NOT EXIST FOR THIS INMATE

NYMD4 * INMATE DISCIPLINE DATA * 08-10-2019
PAGE 001 OF 001 * CHRONOLOGICAL DISCIPLINARY RECORD * 07:18:09

REGISTER NO: 76318-054 NAME.: EPSTEIN, JEFFREY EDWARD
FUNCTION...: DIS FORMAT: CHRONO LIMIT TO MOS PRIOR TO 08-10-2019
RSP OF: NYM-NEW YORK MCC

G5463 NO ENTRIES EXIST IN CHRONOLOGICAL LOG FOR TIME PERIOD REQUESTED

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CRIMINAL

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STATE USAGE

NFF SECOND

SUBMISSION

APPROXIMATE CLASS

AMPUTATION

SCAR

FD-249 (Rev. 3-1-10)

07-08-2019

STATE USAGE

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

Epstein, Jeffrey Edward

SIGNATURE OF PERSON FINGERPRINTED

SOCIAL SECURITY NO.

LEAVE BLANK



76318-054 EPSTEIN

ALIASES/MAIDEN

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

FBI NO.

STATE IDENTIFICATION NO.

DATE OF BIRTH MM DD YY

SEX

RACE

HEIGHT

WEIGHT

EYES

HAIR

01/20/1953

M

W

6'00"

185

BL

GY

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

FEDERAL BUREAU OF INVESTIGATION, UNITED STATES DEPARTMENT OF JUSTICE
 CRIMINAL JUSTICE INFORMATION SERVICES DIVISION, CLARKSBURG, WV 26306

1110-0046

The FBI's acquisition, preservation, and exchange of identification information is generally authorized under 28 USC 534. This FD-249 is to be used for criminal justice purposes, such as incident to arrests and incarcerations. The Applicant form (FD-258) contains applicable Paperwork Reduction Act and Privacy Act notices and should be used for noncriminal justice purposes. A Social Security Account Number (SSAN) is helpful to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), any Federal, State, or local government agency which requests an individual to disclose his/her SSAN is responsible for informing the person whether disclosure is mandatory or voluntary, by what statutory or other authority the SSAN is solicited, and what uses will be made of it. FD-249 (Rev. 3-1-10)

| | | | | | | | |
|--|--|---|--|---|--|---|-------|
| JUVENILE FINGERPRINT SUBMISSION YES <input type="checkbox"/> TREAT AS ADULT YES <input type="checkbox"/> | | DATE OF ARREST MM DD YY 07/06/2019 | | ORI NY030117C CONTRIBUTOR METRO CORR CENTER ADDRESS NEW YORK, NY REPLY YES <input type="checkbox"/> DESIRED? | | | |
| SEND COPY TO: (ENTER ORI) | | DATE OF OFFENSE MM DD YY | | PLACE OF BIRTH (STATE OR COUNTRY) | | COUNTRY OF CITIZENSHIP | |
| MISCELLANEOUS NUMBERS | | SCARS, MARKS, TATTOOS, AND AMPUTATIONS | | | | | |
| | | RESIDENCE/COMPLETE ADDRESS | | | | CITY | STATE |
| OFFICIAL TAKING FINGERPRINTS (NAME OR NUMBER) | | LOCAL IDENTIFICATION/REFERENCE | | | | PHOTO AVAILABLE? YES <input type="checkbox"/> | |
|  | | | | | | PALM PRINTS TAKEN? YES <input type="checkbox"/> | |
| | | INDICATE SPECIFIC AGENCY, BRANCH OF SERVICE AND SERIAL NO. | | | | OCCUPATION | |
| CHARGE/CITATION 1. | | DISPOSITION 1. | | | | | |
| 2. | | 2. | | | | | |
| 3. | | 3. | | | | | |
| ADDITIONAL | | ADDITIONAL | | | | | |
| ADDITIONAL INFORMATION/BASIS FOR CAUTION | | STATE BUREAU STAMP | | | | | |

LEAVE BLANK

CRIMINAL

(STAPLE HERE)

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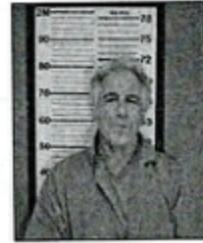
STATE USAGE
NFF SECOND

STATE USAGE

SUBMISSION A
LAST NAME, FIRST I
EPSTEIN, JE

Last Name
EPSTEIN
First Name
JEFFREY
Middle Name
EDWARD

07-08-2019



SIGNATURE OF PERSON FINGERPRINTED
[Handwritten Signature]

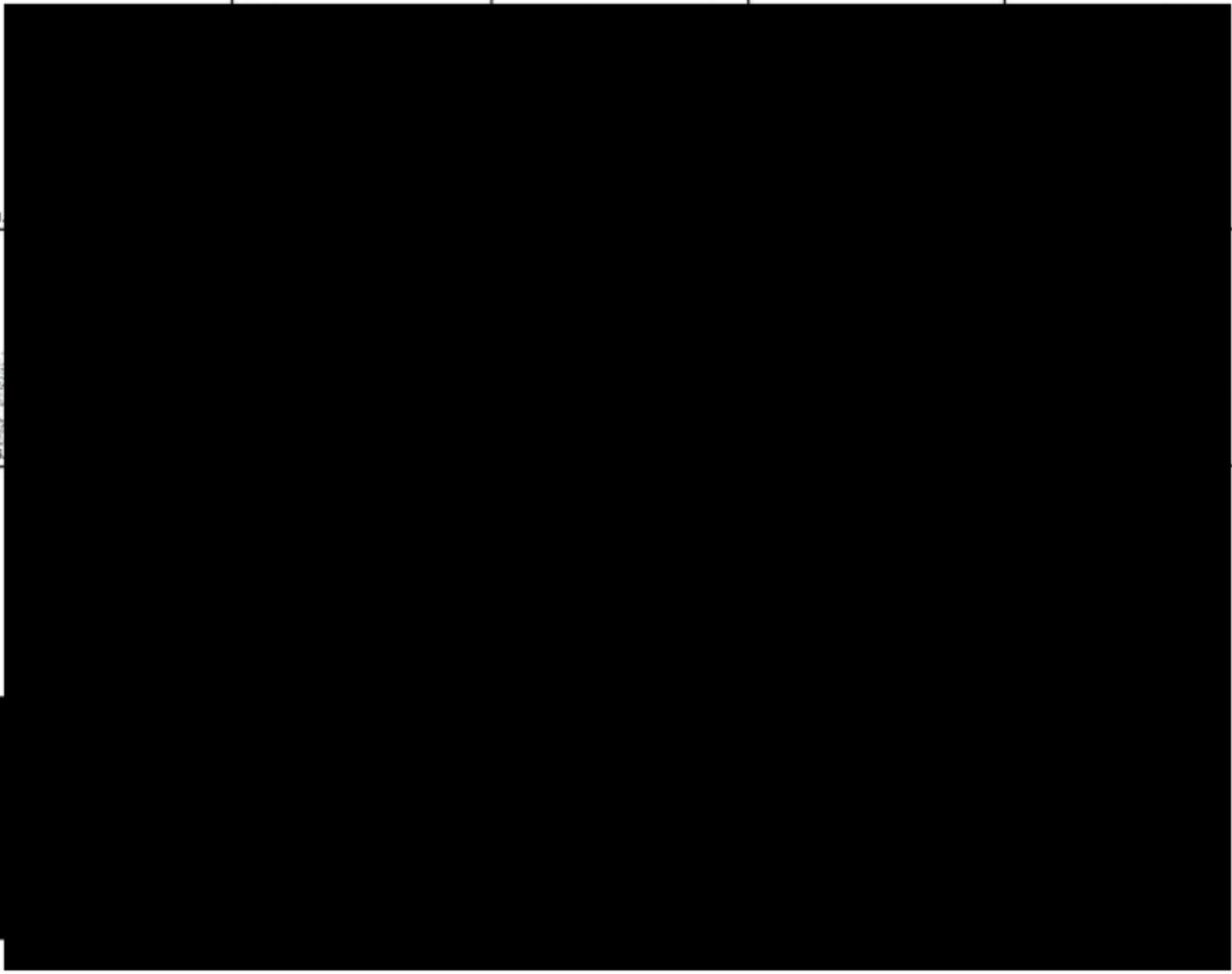
SOCIAL SECURITY N
090443348

Hi: **6' 0"** Wt: **185**
Hi: **GRY** Ey: **BLU**

REG# **76318-054** NYM 76318-054 EPSTEIN

ALIASES/MAIDEN
LAST NAME, FIRST NAME MIDDLE NAME, SUFFIX

| FBI NO. | STATE IDENTIFICATION NUMBER | DATE OF BIRTH MM DD YY | SEX | RACE | HEIGHT | WEIGHT | EYES | HAIR |
|---------|-----------------------------|------------------------|-----|------|--------|--------|------|------|
| | | 01/20/1953 | M | W | 6' 00" | 185 | BL | GY |



**FEDERAL BUREAU OF INVESTIGATION, UNITED STATES DEPARTMENT OF JUSTICE
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION, CLARKSBURG, WV 26306**

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| | | | | | |
|---|--|---|--|--|--|
| JUVENILE FINGERPRINT SUBMISSION YES <input type="checkbox"/> | | DATE OF ARREST MM DD YY 07/08/2019 | | ORI NY030117C CONTRIBUTOR ADDRESS | |
| TREAT AS ADULT YES <input type="checkbox"/> | | | | REPLY YES DESIRED? <input checked="" type="checkbox"/> | |
| SEND COPY TO (ENTER ORI) | | DATE OF OFFENSE MM DD YY | | PLACE OF BIRTH (STATE OR COUNTRY) NY | |
| | | | | COUNTRY OF CITIZENSHIP US | |
| MISCELLANEOUS NUMBERS | | SCARS, MARKS, TATTOOS, AND AMPUTATIONS | | | |
| [REDACTED] | | RESIDENCE/COMPLETE ADDRESS NEW YORK, NY, 10021 | | CITY NEW YORK STATE NY | |
| OFFICIAL TAKING FINGERPRINTS [REDACTED] | | LOCAL IDENTIFICATION/REFERENCE 76318054 | | PHOTO AVAILABLE? YES <input type="checkbox"/> PALM PRINTS TAKEN? YES <input type="checkbox"/> | |
| EMPLOYER: IF U.S. GOVERNMENT, INDICATE SPECIFIC AGENCY. IF MILITARY, LIST BRANCH OF SERVICE AND SERIAL NO. | | | | OCCUPATION | |
| CHARGE/CITATION 1. | | | | DISPOSITION 1. | |
| 2. | | | | 2. | |
| 3. | | | | 3. | |
| ADDITIONAL | | | | ADDITIONAL | |
| ADDITIONAL INFORMATION/BASIS FOR CAUTION | | | | STATE BUREAU STAMP | |

LIMITED OFFICIAL USE

Last Name

EPSTEIN

First Name

JEFFREY

Middle Name

EDWARD

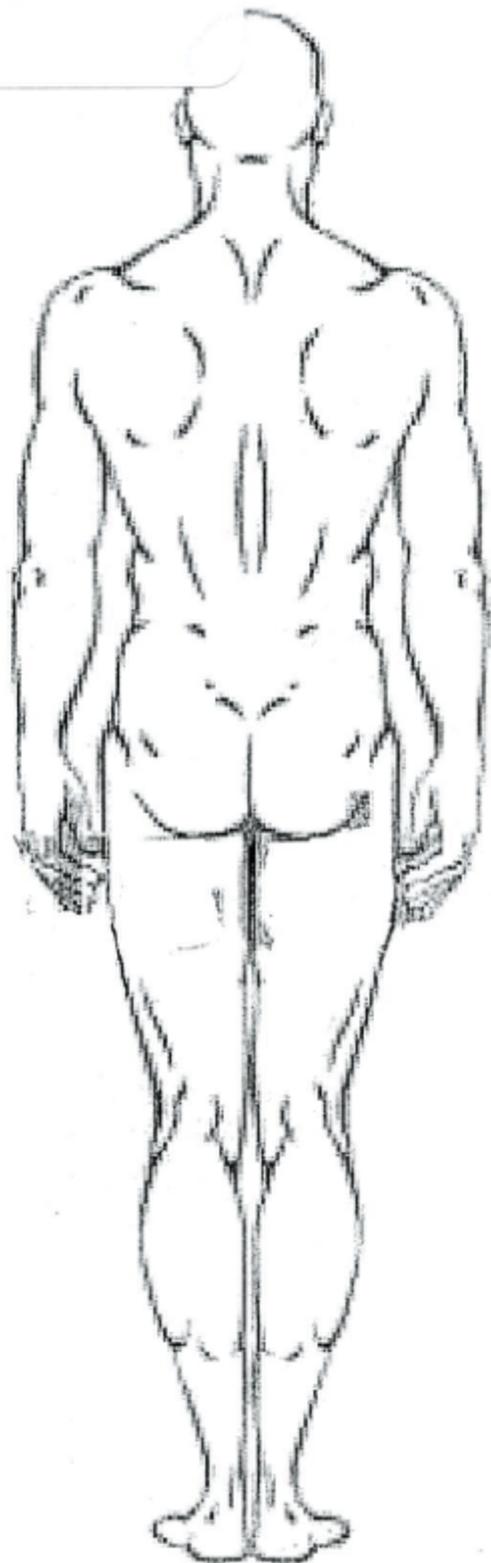
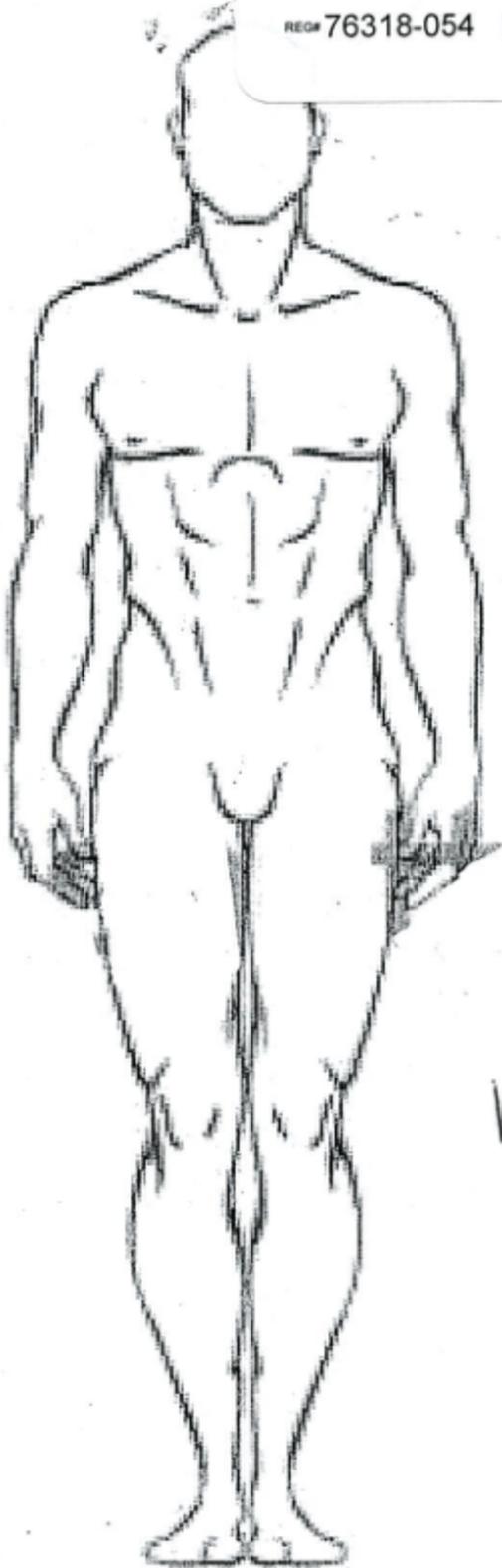
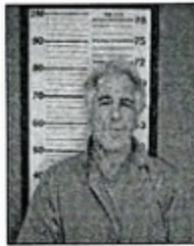
Suffix

Ht. 6' 0" Wt. 185

Hr. GRY Ey. BLU

REG# 76318-054 NYM 76318-054 EPSTEIN

07-08-2019



None.

Institution: MCC NY 1. Name: EPSTEIN, JEFFREY
 2. Register No: 76318-054 3. Unit: R&D 4. Date & Time of Inventory: 7-15-2019- 9:00 AM
 5. Purpose of Inventory (Check one that applies): Date and Time of Action: 76318-054
 a. Admission b. Hospital c. Write d. Transfer e. Detention
 f. Release g. Incoming Package h. Other (specify) _____
 6. Disposition (Disp.)
 D-Donated M-Mail S-Storage
 K-Keep in Possession
 C-Contraband (Attach BP-S102)

7. Type of Property:

| a. Personally Owned Items | | | b. Hygiene, etc. | | | d. Food | | |
|---------------------------|---------------------------------|-------|------------------|--------------------|-------|---------|----------------------------------|-------|
| # | Article | Disp. | # | Article | Disp. | # | Article | Disp. |
| ___ | Address Book | ___ | ___ | Plastic spoon, cup | ___ | ___ | Bean | ___ |
| ___ | Batteries | ___ | ___ | Playing Cards | ___ | ___ | Cake | ___ |
| ___ | Belt | ___ | ___ | Purse | ___ | ___ | Candy | ___ |
| ___ | Billfold | ___ | ___ | Radio (w/earplug) | ___ | ___ | Chips | ___ |
| ___ | Books, Reading | ___ | ___ | Religious Medal | ___ | ___ | Coffecmate | ___ |
| ___ | hard ___ soft ___ | ___ | ___ | Shirt/Blouse | ___ | ___ | Cold drink mix, soda | ___ |
| ___ | Books, Religious | ___ | ___ | Shoes | ___ | ___ | Cough Drops | ___ |
| ___ | hard ___ soft ___ | ___ | ___ | Shoes, shower | ___ | ___ | Fish Packs | ___ |
| ___ | Boot | ___ | ___ | Shoes, Slippers | ___ | ___ | Fruit | ___ |
| ___ | Brassiere | ___ | ___ | Shorts | ___ | ___ | Honey, Hi-protein | ___ |
| ___ | Cap, Hat | ___ | ___ | Skirt | ___ | ___ | Instant Coffee/Instant Chocolate | ___ |
| ___ | Coat | ___ | ___ | Slip | ___ | ___ | Mayonnaise | ___ |
| ___ | Comb | ___ | ___ | Socks | ___ | ___ | Oatmeal | ___ |
| ___ | Combination Lock | ___ | ___ | Socks, Athletic | ___ | ___ | Pepperoni | ___ |
| ___ | Dress | ___ | ___ | Stamps | ___ | ___ | Noodles | ___ |
| ___ | Eyeglass Case | ___ | ___ | Stockings | ___ | ___ | Rice | ___ |
| ___ | Eyeglasses | ___ | ___ | Sunglasses | ___ | ___ | Sausage | ___ |
| ___ | Gloves | ___ | ___ | Sweat pants | ___ | ___ | Spices | ___ |
| ___ | Hairbrush/Pick | ___ | ___ | T-Shirt | ___ | ___ | Tea | ___ |
| ___ | Handkerchief | ___ | ___ | Sweat Shirt | ___ | ___ | Vitamins | ___ |
| ___ | Headphones | ___ | ___ | Thermal Bottom | ___ | ___ | | |
| ___ | Laundry Jacket | ___ | ___ | Thermal Top | ___ | ___ | | |
| ___ | Laundry Detergent | ___ | ___ | Underwear | ___ | ___ | | |
| ___ | Legal Materials | ___ | ___ | Witch/Witchband | ___ | ___ | | |
| ___ | Letters | ___ | ___ | | ___ | ___ | | |
| ___ | Magazines | ___ | ___ | | ___ | ___ | | |
| ___ | Mirror | ___ | ___ | | ___ | ___ | | |
| ___ | Nail Clippers | ___ | ___ | | ___ | ___ | | |
| ___ | Pen/Ballpoint | ___ | ___ | | ___ | ___ | | |
| ___ | Pencils | ___ | ___ | | ___ | ___ | | |
| ___ | Personal Papers | ___ | ___ | | ___ | ___ | | |
| ___ | Photo Album | ___ | ___ | | ___ | ___ | | |
| ___ | Photo | ___ | ___ | | ___ | ___ | | |
| ___ | Plastic Bowl/Plastic Spoon, cup | ___ | ___ | | ___ | ___ | | |

ABANDONED PROPERTY

8. Items Alleged by Inmate to Have Value Over \$100.00
 Description of Property: _____ Value Alleged by Inmate: _____

 No individual item over \$100.00

9. Article(s) listed as "Mail" (M) Are to be forwarded to (Name and Address of Consignee):

10. Claim Release: a. The receiving officer, as soon after receipt of the property as possible, will review the inventory with the inmate to verify it's accuracy. Property that is stored, kept in possession of the inmate, mailed out of the institution, or donated is to be marked in the appropriate section of this inventory form. The receiving officer certifies receipt, review and disposition of the property by signing below. The inmate by signing below certifies the accuracy of the inventory, except as noted on the form, relinquishing of all claim to articles listed as donated, receipt of all allowable items, and receipt of a copy of the inventory. When the inmate claims a discrepancy in the inventory, the receiving officer shall attempt to resolve the discrepancy. If the inmate states that there is missing or damaged property, this information should be noted under COMMENTS.

COMMENTS: _____
 Printed Name/Signature of Receiving Officer: _____ Date: 7-15-19 Time: 900
 I have today reviewed the property returned to me _____
 Signature of Inmate: _____ Register #: 76318-054 Date: 7-15-19 Time: 900

b. Upon release of the inmate from the unit, detention, etc., the releasing officer is to give the inmate that property stored as a result of the inmate's housing. The inmate certifies release of the property, except as noted on this form, and receipt of a copy of the inventory by signing below. When the inmate claims a discrepancy in the inventory, the releasing officer shall attempt to resolve the discrepancy. If the inmate states that there is missing or damaged property, this information should be noted under COMMENTS.
 COMMENTS: _____
 Printed Name/Signature of Receiving Officer: _____ Date: _____ Time: _____
 I have today reviewed the property returned to me. _____
 Signature of Inmate: _____ Register #: _____ Date: _____ Time: _____

GENERAL INSTRUCTIONS AND PROCEDURES FOR HANDLING INMATE PERSONAL PROPERTY

(For specific information on Disposition of Offender Personal Property to Chapter 15, PS 5500.1, Custodial Manual.)

1. The officer preparing the inventory is to list all property picked up, including that property identified as contraband. The officer is to show the quantity of each item in the first blank space preceding the name of the property. Property is not to be identified as "1 Lot." Upon completion of the inventory, both the form and property are forwarded to the receiving unit. The officer is to certify the inventory by signature in the space below.

Signature of Officer Preparing the Inventory: _____ Date: _____ Time: _____

Printed Name of Officer Preparing Inventory: _____

2. The receiving officer will, as soon as practicable after receipt of the property, review the inventory with the inmate to verify the accuracy of the inventory. The receiving officer is to give the inmate all allowable items, and record this action by placing a "K" in the "Disp." space opposite the name of the property. Property marked "S" is stored until the inmate is able to receive the property (for example, release from the unit). Property which is donated is recorded by placing a "D" in the "Disp." space opposite the name of the property. Property which is to be mailed to another person is recorded by placing a "M" in the "Disp." space opposite the name of the property. When property is mailed out, each package is to be individually inventoried and accounted for by certified mail slip, etc. (See Chapter 15, Custodial Manual). Property identified as contraband is recorded by placing a "C" in the "Disp." space opposite the name of the property. The "Confiscation and Disposition of Contraband" form is also to be completed.

The receiving officer certifies receipt, review disposition of the property by signing in section 10 (a), page 1, of this form. In the same section, the inmate, by signing, certifies the accuracy of the inventory, except as noted on the form, relinquishing of all claim to articles listed as donated (D), receipt of all allowable items (K), and receipt of a copy of the inventory. When the inmate claims a discrepancy in the inventory, the receiving officer shall attempt to resolve the discrepancy.

3. Upon an inmate's release from the unit, detention, etc., the releasing officer is to give the inmate that property which has been stored as a result of the placement. The releasing officer certifies release of the property by signing in section 10 (b), page 1, of this form. In the same section, the inmate, by signing, certifies receipt of all property marked "S". When the inmate claims a discrepancy in the inventory, the releasing officer shall attempt to resolve the discrepancy.

4. In unusual circumstances, such as receiving an inmate just prior to shift change, whereby the receiving officer is to store the property and notify the relief officer of the need to inventory the property. In such cases, the relief officer also becomes the receiving officer and signs in the appropriate space.

ADDITIONAL INSTRUCTIONS & PROCEDURES - SPECIAL HOUSING UNITS

(In addition to the general instruction above, the following procedures are to occur whenever an inmate is placed in a special housing unit.)

1. When an inmate is placed in special housing status, which inmate's property is to be secured as soon as possible. The inmate is to be given the opportunity to advise staff of the inmate's property and its location within the housing area. Where property is not immediately removed from the inmate's regular housing area, staff is to ensure that the property is placed in the inmate's locker and is secured with a Captain's lock (not the inmate's own lock). The name of the officer securing the property is to be recorded in the space below.

Signature of Officer Securing Property: _____ Date: _____ Time: _____

Printed Name of Officer Securing Property: _____

2. When an inmate is placed in special housing status, the name of the officer assigned to pick-up and inventory the property is to be recorded at the space below and in the log book. Where practicable, the same officer should handle the securing, pick-up and inventory of the inmate's property.

Signature of Officer Picking-Up Property: _____ Date: _____ Time: _____

Printed Name of Officer Picking-Up Property: _____

3. Where possible, one of the officers working in detention is designated property officer. That officer has general responsibility for the property and, except in unusual circumstances, property is only issued during that officer's shift, so that one officer supervises and documents the disposition of property.

4. A copy of the Form 40 or, for intra-unit movement, a local form for identifying inmate personal property is to be retained within Special Housing Unit for at least two years.

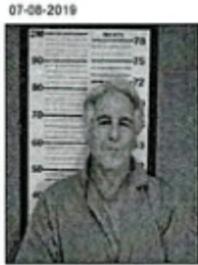
Last Name
EPSTEIN
First Name
JEFFREY
Middle Name
EDWARD Suffix
Ht. **6' 0"** Wt. **185**
Hr. **GRY** Ey. **BLU**
REG# **76318-054 NYM**



Last Name
EPSTEIN
First Name
JEFFREY
Middle Name
EDWARD Suffix
Ht. **6' 0"** Wt. **185**
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REG# **76318-054 NYM**



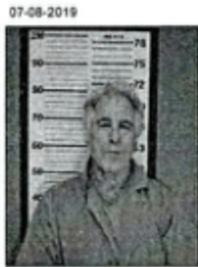
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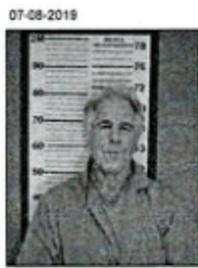
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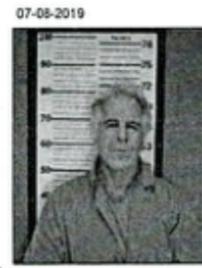
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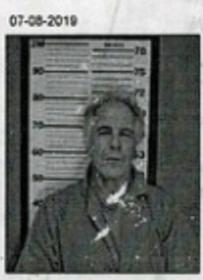




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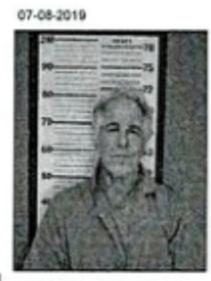


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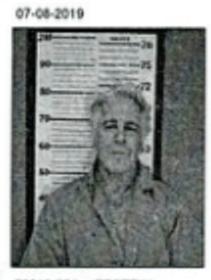


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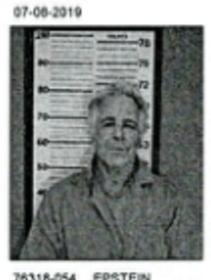


76318-054 EPSTEIN

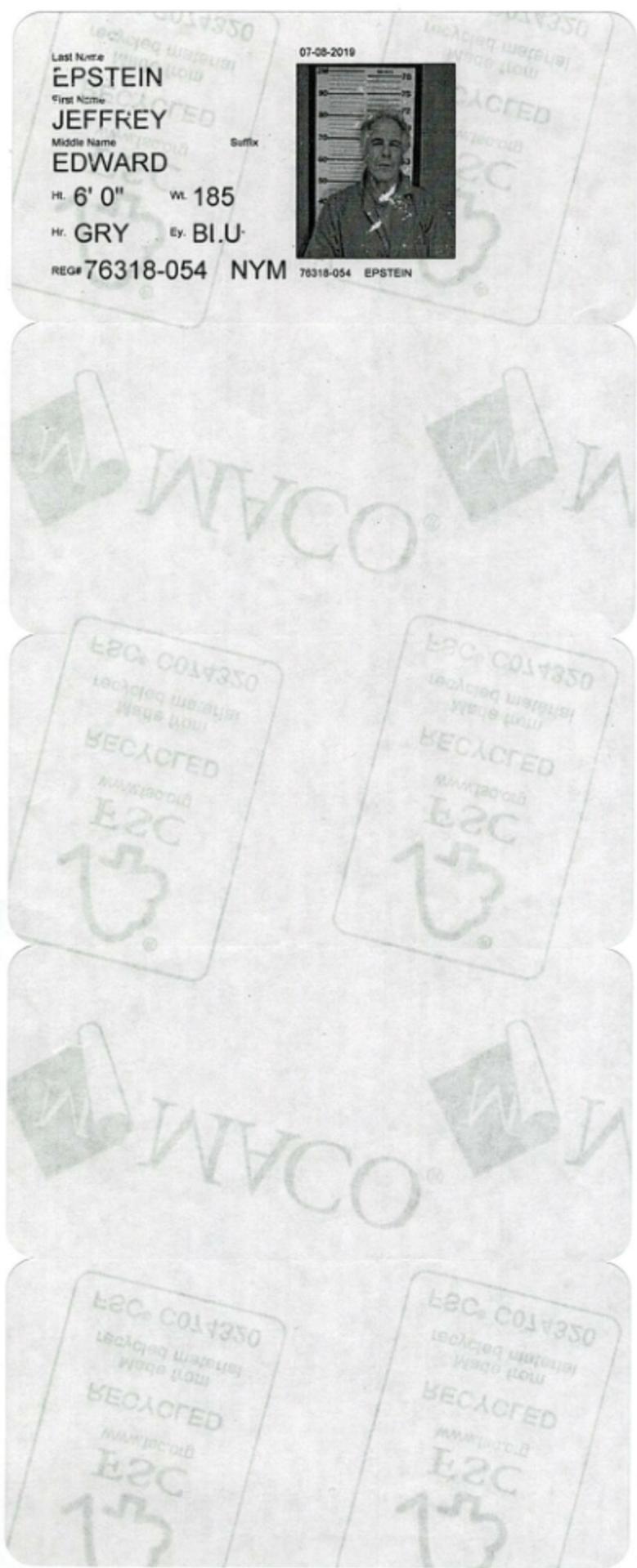
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REG# **76318-054** **NYM**



76318-054 EPSTEIN





BP-A0381

JUN 10

INMATE ACTIVITY RECORD

**U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS**

| | | |
|---------------------------------|-------------------------------------|-------------------------------|
| NAME <i>Epstein, Jeffrey</i> | REGISTER NUMBER <i>76318-054</i> | INSTITUTION <i>MCC, NY</i> |
|---------------------------------|-------------------------------------|-------------------------------|

| Date | Issue | Initials | Staff Members |
|---------------|---------------|------------|---------------|
| <i>7.8.19</i> | <i>Intake</i> | [REDACTED] | [REDACTED] |

ACTION

| | | | |
|----------------|-----------------------|------------|------------|
| <i>7.22.19</i> | <i>Program review</i> | [REDACTED] | [REDACTED] |
|----------------|-----------------------|------------|------------|

| Date | Issue | Initials | Staff Members |
|------|-------|----------|---------------|
| | | | |

ACTION

| Date | Issue | Initials | Staff Members |
|------|-------|----------|---------------|
| | | | |

ACTION

| Date | Issue | Initials | Staff Members |
|------|-------|----------|---------------|
| | | | |

ACTION

| Date | Issue | Initials | Staff Members |
|------|-------|----------|---------------|
| | | | |

ACTION

FILE IN SECTION 2 UNLESS APPROPRIATE FOR PRIVACY FOLDER

SECTION 2

DEC 94

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

NYM Institution Epstein - Jeffrey Edward 76318-054 5-NORTH Unit 7.22.19

1. Name 2. Reg. No. 3. Date

4. Initial Pre-Trial Review Date 5. Inmate Present (Yes/No) Yes

6. Key Indicators/Considerations: The following items were considered or reviewed during your Pre-Trial Review.

| | | | |
|---|------------------------------------|-------------------------------|---------------------------------|
| Separation Needs | <u>CURRENT/REVIEWED</u> | Media Interest | <u>INITIAL/CURRENT/UNK/NONE</u> |
| Work | <u>Unassgn/orderly</u> | Counseling | <u>UPON REQUEST</u> |
| Quarters | <u>5-NORTH</u> | Detainers | <u>YES/NO/UNK</u> |
| Intake Screening & other Pre-trial notification forms | <u>COMPLETED</u> | Behavioral Adjustment Custody | <u>CLEAR HAS I/R - IN</u> |
| Education/VT | <u>GED HAS/NEEDS ESL HAS/NEEDS</u> | Mental/Physical Health | <u>stable</u> |
| Religious Programming | <u>Secur</u> | Visiting | <u>ACTIVE/INACTIVE</u> |
| Recreation | <u>PART</u> | Bail Status | <u>PENDING N/A-IRRELEGIBLE</u> |
| Court Status | <u>A-PRE/A-HLD</u> | 8. Asst U.S. Atty: | <u>Unknown</u> |
| 7. Next Court Date: | <u>July 25 2019</u> | | |

9. Team Comments: (To include changes in present status) Positive lifestyle program, recreation roof and unit exercise program, unit based programs, leisure activities, library services, religious programs and participate in work programs.

10. Signatures: [Redacted] Date of next review: 10.19.19

Team Chairperson, [Redacted] Inmate 407/408 REVIEWED AND CURRENT Date 7.22.19

cc: Inmate File

(THIS FORM AMY BE REPLICATED VIA WP)

NEW YORK MCC

VISITOR LIST FOR

EPSTEIN, JEFFREY - Register

76318-054

Date: 07/22/2019 15:15

NO DATA

X



ACKNOWLEDGEMENT OF INMATE, PART 1 & 2

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

This form is to be completed by each inmate upon initial entry into the custody of the BOP. Staff shall also complete and sign as appropriate. The form is then re-completed only when the inmate desires a change in any section.

| | | |
|---|-------------------------------------|------------------------------------|
| Name of Inmate <u>Epstein, Jeffrey</u> | Register Number <u>76318-054</u> | Institution <u>MCC NEW YORK</u> |
|---|-------------------------------------|------------------------------------|

1. CORRESPONDENCE

The staff of each institution of the Bureau of Prisons has the authority to open all mail addressed to you before it is delivered to you. "Special Mail" (mail from the President and Vice President of the U.S., Attorneys, Members of the U.S. Congress, Embassies and Consulates, the U.S. Department of Justice (excluding the Bureau of Prisons but including U.S. Attorneys)), other Federal Law enforcement officers, State Attorney General, Prosecuting Attorneys, Governors, U.S. Courts, (including U.S. Probation Officers and State Courts) may be opened only in your presence to be checked for contraband. This procedure occurs only if the sender adequately identifies himself or herself on the envelope and the front of the envelope is marked "Special Mail-Open only in the presence of the inmate." Other mail may be open and read by the staff.

If you do not want your general correspondence opened and read, the Bureau will return it to the Postal Service. This means that you will not receive such mail. You may choose whether you want your general correspondence delivered to you subject to the above conditions, or returned to the Postal Service. Whatever your choice, special mail will be delivered to you, after it is opened in your presence and checked for contraband. You can make your choice by signing Part I or Part II.

Part I - General Correspondence to be returned to the Postal Service

I have read or had read to me the foregoing notice regarding mail. I do not want my general correspondence opened and read. I REQUEST THAT THE BUREAU OF PRISONS RETURN MY GENERAL CORRESPONDENCE TO THE POSTAL SERVICE. I understand that special mail will be delivered to me, after it is opened in my presence and checked for contraband.

| | | |
|---------------------------|-----------------------|------------|
| Signature of Inmate _____ | Register Number _____ | Date _____ |
|---------------------------|-----------------------|------------|

Part II - General Correspondence to be Opened, Read and Delivered

I ~~have read or~~ had read to me the foregoing notice regarding mail. I WISH TO RECEIVE MY GENERAL CORRESPONDENCE. I understand that the Bureau of Prisons may open and read my general correspondence if I choose to receive same. I also understand that special mail will be delivered to me, after it is opened in my presence and checked for contraband.

| | | |
|--|----------------------------------|--------------------|
| Signature of Inmate <u>[Signature]</u> | Register Number <u>76318-054</u> | Date <u>7.8.19</u> |
|--|----------------------------------|--------------------|

Inmate refused to sign this form. He (She) was advised by me that the Bureau of Prisons retains the authority to open and read all general correspondence. The inmate was also advised that his (her) refusal to sign this form will be interpreted as an indication that he (she) wishes to receive general correspondence subject to the conditions in Part II above.

| | |
|---|------------|
| Printed Name /Signature of Staff Member _____ | Date _____ |
|---|------------|

2. AUTHORIZATION FOR DISPOSITION OF FUNDS

While confined within a prison facility under custody of the U.S. Attorney General or the Attorney General's designee(s), an inmate is prohibited from directly receiving or possessing (unless specifically authorized by the local institution) U.S. currency or checks, or other forms of negotiable instruments. To account for funds received on behalf of the inmate, the Bureau of Prisons establishes for each inmate a Prisoner's Trust Fund Account. The Director, Bureau of Prisons, or the Director's authorized designee(s) serves as the custodian of any and all funds received by an inmate while the inmate is incarcerated in the custody of the U.S. Attorney General.

I hereby authorize do not authorize [mark one] the Director, Bureau of Prisons, or the Director's authorized designee(s), and the Warden or the Warden's authorized designee(s) in this or in any other federal institution in which I may later be confined, to sign my name as endorsement on all checks, money orders, or bank drafts, or other forms of negotiable instruments, for deposit to my credit in the Prisoners Trust Fund Account, as long as I am a prisoner in the Bureau of Prisons. I understand that by not providing this authorization, I will not be able to receive checks, money orders, or bank drafts, or other forms of negotiable instruments while confined.

I further understand that all negotiable instruments sent to me should reference my name and register number in order to provide for proper deposit to my account. If my name and register number are not referenced the institution mail room officer may return the negotiable instrument to the sender.

| | | |
|--|----------------------------------|--------------------|
| Signature of Inmate <u>[Signature]</u> | Register Number <u>76318-054</u> | Date <u>7.8.19</u> |
|--|----------------------------------|--------------------|

Inmate refused to sign this form. He (she) was advised by me that his (her) refusal to sign this form will be interpreted as an indication that he (she) does not authorize the Bureau of Prisons to endorse on his (her) behalf all checks, money orders, or bank drafts, or other forms of negotiable instruments for deposit to his (her) credit in the Prisoner's Trust Fund Account and that he(she) will not be able to receive such funds while confined.

| | |
|---|------------|
| Printed Name /Signature of Staff Member _____ | Date _____ |
|---|------------|

ACKNOWLEDGMENT OF INMATE, PART 3 & 4

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

3. MONITORING OF INMATE TELEPHONE CALLS

The Bureau of Prisons reserves the authority to monitor (this includes recording) conversations on any telephone located within its institutions, said monitoring to be done to preserve the security and orderly management of the institution and to protect the public. An inmate's use of institutional telephones constitutes consent to this monitoring. A properly placed phone call to an attorney is not monitored. You must contact your unit team to request an unmonitored attorney call.

I ~~have read~~ or had read to me (~~cross out one~~) the above notification on the monitoring of inmate telephone calls. I understand that telephone calls I make from institution telephones may be monitored and recorded.

Signature of Inmate _____ Date 7.8.19

I hereby certify that the above information was (~~cross out incorrect statements~~) (provided to the inmate ~~to read~~) and ~~for~~ was (read and fully explained by me to the above inmate). The inmate (signed)/(refused) to sign.

Z Gardner
Printed Name of Staff Member

[Signature]
Signature of Staff Member

7.8.19
Date

4. NOTIFICATION IN CASE OF DEATH / ILLNESS, DISPOSITION OF PROPERTY

In the event I should die, I direct that my Brother whose name is MARK EPSTEIN
(Relationship)

and whose address is _____
(Street) (City) (State) (Zip Code)



notified.

In the event the Bureau of Prisons staff is unable to locate the above designated person, following a reasonable search, I authorize the substitution of the following person in his or her stead.

(Name) (Relationship) (Address) (Telephone Number)

I authorize the Bureau of Prisons to transmit my property and personal effects including money remaining to my credit in, or due me from the Bureau of Prisons to my next of kin in accordance with state law.

I agree further that disposition may be made of my personal property located within the prison facility, including clothing, in accordance with the rules and regulations of the Bureau of Prisons.

In case of serious illness or other emergency the above named persons may be contacted to be notified of my condition. I also desire and authorize that the following be notified.

| Name | Relationship | Address | Telephone Number |
|------|--------------|---------|------------------|
| | | | |
| | | | |

Signature of Inmate _____ Date 7.8.19

I hereby certify that the above notification was (~~cross out incorrect statements~~) (provided to the inmate ~~to read~~) and ~~for~~ was (read and fully explained by me to the above named inmate) before the inmate (voluntarily signed)/(refused to sign) this notification this July day of 8 2019



7.8.19
Date

I. INSTRUCTIONS

The staff member conducting intake screening shall advise the pretrial inmate, depending upon the design, structure, and operation of the individual institution, that the inmate may have contact with convicted inmates. The inmate is to be asked to sign the appropriate portion in Section II of this Pretrial Inmate Work Waiver/Notice of Separation. If the inmate refuses to sign this segment of the form, staff shall document this refusal on the form.

A pretrial inmate who wishes to waive the exemption from work must sign the appropriate portion in Section IV of this Pretrial Inmate Work Waiver/Notice of Separation. This form must be completed prior to the issuance of a work assignment. If the inmate's behavior suggests an inability to comprehend the waiver, or if the inmate has been admitted to a mental health referral for evaluation or treatment, the inmate must be referred to a mental health professional for an assessment as to competency to sign the waiver. The waiver may be rescinded at the inmate's request and reasons for the rescission should be documented in Section V of this form and signed by a staff member. The waiver shall be maintained in the inmate's unit file or record office file and will remain in the file as a permanent document. The inmate may be given a copy of this form if the inmate so requests.

II. NOTICE OF SEPARATION

A. I understand that it is possible that I will have contact with inmates already convicted of a crime. I ~~am~~ am not (circle one) aware of any reason why my having contact with convicted prisoners would pose a threat to my safety or the safety of others.

B. [Signature] 76318-054 7.8.19 [Redacted]
Inmate Signature Reg. No. Date Staff Signature/Title

B. Inmate Refuses to Sign

Date Staff Signature/Title

REASONS STATED (IF ANY):

NAME.....: EPSTEIN, JEFFREY EDWARD
REGISTER NO: 76318-054
RACE / SEX.: WHITE / MALE
RESIDENCE..: NEW YORK, NY 10021

UNIT.....:
DOB (AGE): 01-20-1953 (66)
ETHNIC...: OTHER THAN HISP
RSP OF...: NYM COURT

***** I N M A T E I N T E R V I E W *****

DATE / TIME ARRIVED: 07-08-2019 16:05 TIME INTERVIEWED: 6:00 pm

- 1) DO YOU KNOW OF ANY REASON THAT YOU SHOULD NOT BE PLACED IN GENERAL POPULATION ? YES ___ NO
- 2) HAVE YOU ASSISTED LAW ENFORCEMENT AGENTS IN ANY WAY ? YES ___ NO
- 3) ARE YOU A CIM CASE ? YES ___ NO
- 4) HAVE YOU TESTIFIED AGAINST ANYONE IN COURT ? YES ___ NO
- 5) ARE YOU A MEMBER/ASSOCIATE OF ANY GANG ? YES ___ NO
- 6A) HAVE YOU EVER BEEN SEXUALLY ASSAULTED ? YES ___ NO
- 6B) HAVE YOU RECENTLY BEEN SEXUALLY ASSAULTED ? YES ___ NO

INTERVIEWER COMMENTS: Prea Criteria Met
No concerns to report

CIRCLE ONE:
 HAVE / HAVE NOT RECEIVED A BUREAU OF PRISONS "ADMISSIONS AND ORIENTATION BOOKLET" DEFINING MY "RIGHTS AND RESPONSIBILITIES" AND THE "PROHIBITED ACTS AND DISCIPLINARY SEVERITY SCALE".

DO YOU WISH TO SELF-IDENTIFY YOUR SEXUAL ORIENTATION, GENDER IDENTITY, ANY DISABILITIES, AND/OR SELF-PERCEPTION OF VULNERABILITY ? YES ___ NO N/A ___

INMATE COMMENT: _____

INMATE SIGNATURE: [Signature] DATE: 7.8.19

INTERVIEWER: [Redacted] TITLE: CSW DATE: 07-08-2019

***** S T A F F C H E C K L I S T *****

- PSI REVIEWED ? YES ___ NO
- CENTRAL FILE REVIEWED ? YES ___ NO
- IS THERE A HISTORY OF SEXUALLY AGGRESSIVE BEHAVIOR ? YES ___ NO ___

COMMENTS: Files Not Available during intake.

IF GENERAL PHYSICAL APPEARANCE IS NOT GOOD, EXPLAIN: _____

PSYCH ALERT (YES/NO).....: NO (IF YES, DO NOT RELEASE TO GENERAL POPULATION, NOTIFY PSYCHOLOGY)
OK FOR GENERAL POPULATION: YES NO ___ (IF NO, EXPLAIN) _____

PRE-TRIAL INMATE INTERVIEW FORM

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

Epstein, Jeffrey 76318-054 7-8-19
Inmate Name Reg. No. Date

- 1. Bond Information: Detained
- 2. Offense: SEX TRAFFICKING CONSP/SEX TRAFFICKING OF MINOR
- 3. Detainer: Not Enough Info
- 4. Prior Commitments (Offense/Facility/Year): Soliciting Prostitutes Palm Beach 2009
- 5. History of Escape (Year): Not Enough Info
- 6. History of Violence (Year): Not Enough Info
- 7. Medical/Psychological Concerns: None
- 8. SENTRY Information: A-100
- 9. Separation Needs: NI
- 10. Notoriety: Broad Publicity Case
- 11. Most Recent Employment: Banking
- 12. Language Spoken: English

Case Manager's Recommendation: Appears to be OK for resolution

Interviewer's Signature: 

Unit Manager's Comments: _____

JUNE 10

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISON

Institution MCC New York
Unit R&D

Every effort will be made to provide a safe working environment. As a new commitment you are being provided with a copy of the safety regulations as reflected below, and a copy of the Inmate Accident Compensation Procedures. You are required to sign and date this form at the bottom to indicate you have received this information.

1. Each inmate worker is required to exercise care, cooperation, and common sense in the performance of his work assignment. Horseplay on the job will not be tolerated.
2. An inmate worker will perform only that work to which he is assigned. Unauthorized use of machines or equipment, or performance of work in an area not specifically assigned, is forbidden and subject to disciplinary action. Machines or equipment in the work area shall not be used to fabricate or repair personal items.
3. Inmate workers are not authorized to utilize personal radios while on the job detail.
4. Operating machinery without the use of safety guard(s) as provided is forbidden and subject to disciplinary action.
5. Do not adjust, oil, clean, repair, or perform any other maintenance to any machinery while it is in motion. Stop the machinery first and use lock-out devices when provided.
6. To protect against physical injury and/or health hazard, each inmate worker is required to use all safety equipment provided. Personal protective equipment such as hard hats, hearing protection, goggles, respirators, aprons, arm guards, wire mesh gloves, and safety shoes are to be used in designated areas and must be worn in the proper manner.
7. Safety equipment must be worn in accordance with the institution personal protective assessment.
8. Vehicle drivers must obey all institutional driving rules.
9. Do not ride on tractors, forklifts, or any other tow vehicle. The operator is the only person authorized in the use of such machinery.
10. Do not stand up in a moving vehicle or attempt to dismount before the vehicle has come to a complete stop. Sit on seats provided and keep safety chains in place on open back vehicles.
11. Smoking is prohibited.
12. Safety hazards are to be reported to your work supervisor immediately. If the work supervisor does not agree that an unsafe condition exists, you are to report the unsafe condition to the institution's Safety Manager for further consideration.
13. If you are injured while performing your work assignment, no matter how minor it may seem, report the injury report to your work supervisor. Failure to report a work injury within a maximum of 48 hours may result in the forfeiture of lost time wages and/or inmate accident compensation.
14. If you suffer a work injury, and feel your injury has resulted in some degree of physical impairment, you may file a claim for Inmate Accident Compensation. To do so, you should contact the Safety Manager 45 days prior to your release or transfer to a Community Treatment Center. The Safety Manager will assist you in completing your claim and will arrange a medical evaluation which must be performed with regard to your claimed injury.

I have read the information.

Witnessed by

EPSTEIN, JEFFREY

Inmate Name

Reg. No.

76318-054

Date

7.8.19

cc: Signed copy will be forwarded to the Inmate Central File. Refusal to sign for receipt will be noted on the form.

Note: Should the inmate indicate in any way he is unable to read, safety regulations will be read to him, and Inmate Accident Compensation Procedures explained.

III. POLICY

Bureau of Prisons policy states a pretrial inmate may not be compelled to work other than to perform housekeeping tasks in the inmate's own cell and in the community living area.

FOR STAFF USE
ONLY

I am referring this inmate to the institution's psychologist/psychiatrist because:

____ The inmate's behavior suggests the inmate may not be able to comprehend this waiver.

____ The inmate has been admitted for mental evaluation or treatment.

Staff Signature/Printed Name/Title

Date

IV. WORK WAIVER

I ~~have read~~ or had read to me the policy provisions in Section II of this form and would like to volunteer for a work assignment which entails more than housekeeping tasks. I understand that as a person not convicted of a crime I may not be required to work.



Inmate Signature

76318054

Reg. No.

7.8.19

Date



V. REVOCATION OF WAIVER

I hereby rescind the work waiver previously claimed above:

Inmate Signature

Reg. No.

Date

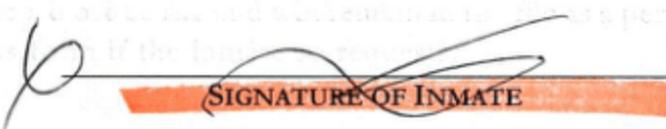
Staff Signature/Title

STAFF COMMENTS:

ID Card/Lanyard/ID Holder

New York, New York

I certify that I received an Inmate ID Card/Lanyard/ID Holder from MCC New York Staff. I understand that I must maintain this ID card visible on my person at all times, excluding lock-down hours. I further understand staff will confiscate this ID card when I am at court, furlough or escorted trips. I will also be required to surrender this card to Correctional Systems Staff upon release or transfer from this institution. I will be charged \$5.00 replacement cost should I lose or misplace this ID card/lanyard/ID holder. Lastly, I understand that this ID Card is the property of the Metropolitan Correctional Center – New York.


SIGNATURE OF INMATE

Epstein, Jeffrey
PRINT

76318-054
REGISTER NUMBER

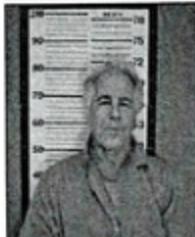
7.8.19
DATE

ST

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07-08-2019

| | |
|----------------|-----------------------|
| Last Name | EPSTEIN |
| First Name | JEFFREY |
| Middle Name | EDWARD |
| Suffix | |
| Ht. 6' 0" | Wt. 185 |
| Hr. GRY | Ey. BLU |
| REG# 76318-054 | NYM 76318-054 EPSTEIN |



INMATE PICTURE ID LABEL

FEDERAL BUREAU OF PRISONS
METROPOLITAN CORRECTIONAL CENTER OF NEW YORK (MCC)