

QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N										VERIFY COUNT	COUNT AREA			
		A T T Y	F N J	F N Y	F N Y	F S	H O S	M S	R & D	S A N W I D I V	T R V I S I T			V I S I T	OC UO TU N T	
B-A	25	.	.	.	.	.	.	.	.	.	.	.	.	X	25	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	85	.	.	.	.	.	.	.	.	.	.	.	.	X	85	E-N
E-S	84	.	.	.	.	.	.	.	.	.	.	.	.	X	84	E-S
G-N	69	.	.	.	.	.	.	.	.	.	.	.	.	X	69	G-N
G-S	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92	G-S
H-A	0	.	.	.	.	.	.	.	.	.	.	.	.	—	0	H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92	I-N
K-N	91	.	.	.	.	.	.	.	.	.	.	.	.	X	91	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	X	138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	—	0	R-A
Z-A	69	.	.	.	.	.	.	.	.	.	.	.	.	X	69	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	760	.	.	.	.	.	.	.	.	.	.	.	.		760	

COUNT
VERIFY

OFFICIAL PREPARING COUNT: [Redacted]
 OFFICIAL TAKING COUNT: [Redacted]
 COUNT CLEARED TIME: 12:43 am

Metropolitan Correctional Center
Official Count Slip

Unit: C-A Date: 7/31/19
 Count: 10 Time: 12:43 am

Print Name: [Redacted] _____
 Signature: [Redacted] _____
 Print Name: [Redacted] _____
 Signature: [Redacted] _____

good verbal 12:40 am

Metropolitan Correctional Center
Official Count Slip
Unit: C-1A Date: 7/31/19
Count: 10 Time: 12:00 PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: EN Date: 7/31/19
Count: 85 Time: 12:01 PM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: G-8 Date: 7-31-19
Count: 92 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: KS Date: 7-31-19
Count: 138 Time: 12:01
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: E-5 Date: 7/31/19
Count: 84 Time: 12:01
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: K-N Date: 07-31-19
Count: 91 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: IN Date: 7/31/19
Count: 92 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: BA Date: 7/31/19
Count: 25 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GN Date: 7/31/19
Count: 69 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ZB Date: 7-31-19
Count: 5 Time: 12:01 AM
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ZA Date: 7/31/19
Count: 69 Time: 12:01
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											VERIFY COUNT	COUNT AREA		
		A T T Y	F N J	F N Y	F N Y	F S	H O S P	M S	R & D	S A N D I V	T R W I D V	V I S I T			OC UO TU N T	
B-A	25	.	.	.	.	.	.	.	.	.	.	.	.	X	25	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	85	.	.	.	.	.	.	.	.	.	.	.	.	X	85	E-N
E-S	84	.	.	.	.	.	.	.	.	.	.	.	.	X	84	E-S
G-N	69	.	.	.	.	.	.	.	.	.	.	.	.	X	69	G-N
G-S	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92	G-S
H-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0	H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92	I-N
K-N	91	.	.	.	.	.	.	.	.	.	.	.	.	X	91	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	X	138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	69	.	.	.	.	.	.	.	.	.	.	.	.	X	69	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	760	.	.	.	.	.	.	.	.	.	.	.	.		760	

COUNT
VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 4:11am

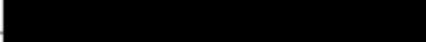
Metropolitan Correctional Center

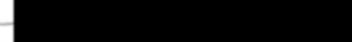
Metropolitan Correctional Center
Official Count Slip

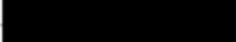
Unit: IN Date: 7/31/19
Count: 92 Time: 3:00 AM
Print Name: [REDACTED]
Signature: [REDACTED]
Print Name: [REDACTED]
Signature: [REDACTED]

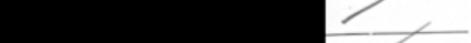
GOOD VERBAL: 3:51am

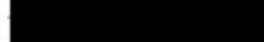
Metropolitan Correctional Center
Official Count Slip
Unit: IN Date: 7/31/19
Count: 92 Time: 3:00 AM
Print Name: 
Signature: 
Print Name: _____
Signature: _____

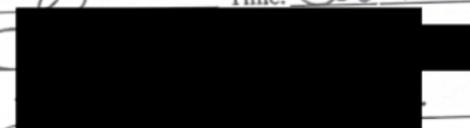
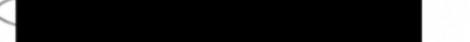
Metropolitan Correctional Center
Official Count Slip
Unit: KS Date: 7-31-19
Count: 138 Time: 3:00 AM
Print Name: 
Signature: 
Print Name: _____
Signature: _____

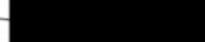
Metropolitan Correctional Center
Official Count Slip
Unit: GN Date: 7/31/19
Count: 69 Time: 3:00 AM
Print Name: 
Signature: 
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: E-S Date: 07/31/19
Count: 84 Time: 0300
Print Name: 
Signature: 
Print Name: _____
Signature: _____

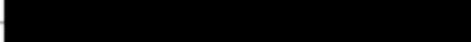
Metropolitan Correctional Center
Official Count Slip
Unit: BA Date: 7-31-19
Count: 25 Time: 3:00 AM
Print Name: 
Signature: 
Print Name: _____
Signature: _____

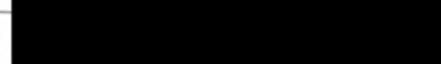
Metropolitan Correctional Center
Official Count Slip
Unit: G-S Date: 07-31-19
Count: 90 Time: 3:00 AM
Print Name: 
Signature: 
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: FN Date: 7/31/19
Count: 85 Time: 300 AM
Print Name: 
Signature: 
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: C-A Date: 7/31/19
Count: 10 Time: _____
Print Name: 
Signature: 
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ZB Date: 7/31/19
Count: 5 Time: 3:00
Print Name: 
Signature: 
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: KN Date: 7/31/19
Count: 91 Time: 3:00 AM
Print Name: 
Signature: 
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ZA Date: 7/31/19
Count: 69 Time: 3:00 am
Print Name: 
Signature: 
Print Name: _____
Signature: _____

QTRG EQ **** OCTG EQ ****

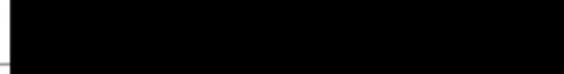
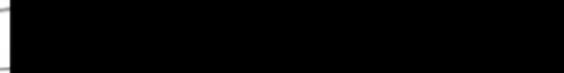
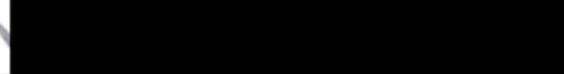
COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											VERIFIY COUNT	COUNT AREA	
		A	F	F	F	F	H	M	R	S	TR	V			OC
		T	N	N	N	S	O	S	&	A	N	I	UO		
		T	J	Y	Y		S		D	N	W	S	TU		
		Y		E	S		P			I	D	I	N		
									V	T		T			
B-A	25	.	.	.	.	.	.	.	.	.	.	.	.	X	25 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	84	.	.	.	.	.	.	.	.	.	.	.	.	X	84 E-N
E-S	84	.	.	.	.	.	.	.	.	1	.	1	.	X	83 E-S
G-N	69	.	.	.	.	.	.	.	.	.	.	.	.	X	69 G-N
G-S	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	X	1 H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	X	92 I-N
K-N	91	.	.	.	.	.	.	.	.	.	.	.	.	X	91 K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	X	138 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	69	.	.	.	.	.	.	.	.	.	.	.	.	X	69 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	760	.	.	.	.	.	.	.	.	1	.	1	.		759

COUNT VERIFY

OFFICIAL PREPARING COUNT: 
 OFFICIAL TAKING COUNT: 
 COUNT CLEARED TIME: 6:12 AM

Lead Verbal: 6:04 AM

Metropolitan Correctional Center
Official Count Slip

Unit: C-A / Date: 7-31-19
 Count: 10 / Time: 5:06 AM
 Print Name: 
 Signature: 
 Print Name: 
 Signature: 

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N										VERIFIY COUNT	COUNT AREA				
		A T T Y	F N J	F N Y	F N Y	F S	H O S	M S	R & D	S A N	T R W			V I S	OC UO TU		
B-A	25	.	.	.	.	.	.	.	.	.	.	.	.	.	X	25	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	84	.	.	.	.	.	.	.	.	.	.	.	.	.	X	84	E-N
E-S	84	.	.	.	.	.	.	.	.	1	.	1	.	.	X	83	E-S
G-N	69	.	.	.	.	.	.	.	.	.	.	.	.	.	X	69	G-N
G-S	92	.	.	.	.	.	.	.	.	.	.	.	.	.	X	92	G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.	.	.	X	1	H-A
I-N	92	.	.	.	.	.	.	.	.	.	.	.	.	.	X	92	I-N
K-N	91	.	.	.	.	.	.	.	.	.	.	.	.	.	X	91	K-N
K-S	138	.	.	.	.	.	.	.	.	.	.	.	.	.	X	138	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	69	.	.	.	.	.	.	.	.	.	.	.	.	.	X	69	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	760	.	.	.	.	.	.	.	.	1	.	1	.	.		759	

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 6:42 AM

Lead Verb: 6:06 AM

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7-31-19

COUNT TIME: 5:00 PM

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

LOCATION: TNWDVR

APPROVED: [Signature]
(Operations Lieutenant)

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

OUT-COUNT BY UNIT

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

Total Out-Counted: 1

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

NYMFM 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-31-2019
06:22:40

CATEGORY: OCT
ASSIGNMENT: TNWDVR

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	TNWDVR	57084-056	HARRISON	07-31-2019	E08-561L	TWN DRIVER

G0000 TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
Official Count Slip
Unit: C-A / Date: 7-31-19
Count: 10 / Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: HA / Date: 7-31-19
Count: 1 / Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: E-S / Date: 7/31/19
Count: 83 / Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: BA / Date: 7-31-19
Count: 25 / Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: EN / Date: 7/31/19
Count: 84 / Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: IN / Date: 7/31/19
Count: 92 / Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: GN / Date: 7/31/19
Count: 69 / Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: GS / Date: 7/31/2019
Count: 90 / Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ZB / Date: 7/31/19
Count: 5 / Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: KW / Date: 7/31/19
Count: 91 / Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: INWDR / Date: 7/31/19
Count: 1 / Time: 3:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: ZA / Date: 7/31/19
Count: 69 / Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

Metropolitan Correctional Center
Official Count Slip
Unit: KS / Date: 7-31-19
Count: 138 / Time: 5:00 AM
Print Name: [Redacted]
Signature: [Redacted]
Print Name: [Redacted]
Signature: [Redacted]

QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	OUTCOUNT SECTION											VERIFY COUNT	COUNT AREA	
		A	F	F	F	F	H	M	R	S	TR	V			OC
B-A	24								6				6		18 B-A
C-A	10														10 C-A
E-N	84														84 E-N
E-S	82							3					3	79 E-S	
G-N	70			1									1	69 G-N	
G-S	92				1								1	91 G-S	
H-A	1													1 H-A	
I-N	88	1											1	87 I-N	
K-N	89			1									1	88 K-N	
K-S	137					9							9	128 K-S	
R-A	0													0 R-A	
Z-A	75	1											1	74 Z-A	
Z-B	5													5 Z-B	
TOTAL	757	2		2	1	12				6			23	734	

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 4:39 pm

rbu: 4/35
22

Metropolitan Correctional Center

Metropolitan Correctional Center
Official Count Slip

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: Atty - Date: 07-31-19
Count: 2 - Time: 4:00 pm

1. Print Name: [REDACTED]
1. Signature: [REDACTED]
2. Print Name: _____
2. Signature: _____

QTRG EQ **** OCTG EQ ****

COUNT AREA	CENSUS	OUTCOUNT SECTION										VERIFY COUNT	COUNT AREA	
		A	F	F	F	F	H	M	R	S	TR			V	OC
		T	N	N	N	S	O	S	&	A	N	I	UO	
		T	J	Y	Y		S	D	N	W	S	TU		
		Y	E	S	P		I	D	I	N	T			
B-A	24	.	.	.	.	.	.	.	6	.	.	6		18 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.		10 C-A
E-N	84	.	.	.	.	.	.	.	.	.	.	.		84 E-N
E-S	82	.	.	.	.	3	.	.	.	.	.	3		79 E-S
G-N	70	.	.	1	.	.	.	.	.	.	.	1		69 G-N
G-S	92	.	.	.	1	.	.	.	.	.	.	1		91 G-S
H-A	1	.	.	.	.	.	.	.	.	.	.	.		1 H-A
I-N	88	1	.	.	.	.	.	.	.	.	.	1		87 I-N
K-N	89	.	.	1	.	.	.	.	.	.	.	1		88 K-N
K-S	137	.	.	.	.	9	.	.	.	.	.	9		128 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.		0 R-A
Z-A	75	1	.	.	.	.	.	.	.	.	.	1		74 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.		5 Z-B
TOTAL	757	2	.	2	1	12	.	.	.	6	.	23		734

COUNT VERIFY

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 4:35pm

Good Verbal: 4/35
1/22

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 7/31/19

COUNT TIME: 4:00 pm

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

LOCATION: Sani

APPROVED: CAD
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	56431.479	Laure BA	13.		
2.	76049.054	Carillo BA	14.		
3.	76187.054	Dreiksen BA	15.		
4.	85954.054	Nazina BA	16.		
5.	86411.054	Roberts BA	17.		
6.	76261.054	MAKsimovic BA	18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

OUT-COUNT BY UNIT

B-A 6 C-A _____ E-N _____ E-S _____ G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S _____ R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 6

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

CATEGORY: OCT
ASSIGNMENT: SANI
OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

GROUP CODE:
FACILITY: NYM
OPER CATG ASSIGNMENT

OFFICIAL OUT COUNT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	SANI	76049-054	CARRILLO	07-31-2019	B01-202L	COMMISSARY UNASSG
0002		76187-054	DREIKSENA	07-31-2019	B01-218L	COMMISSARY
0003		56431-479	LAURE-TESTISTECO	07-31-2019	B01-202U	COMMISSARY
0004		76261-054	MAKSIMOVIC	07-31-2019	B01-218U	UNASSG
0005		85954-054	NAZINA	07-31-2019	B01-219U	COMMISSARY
0006		86411-054	ROBERTS	07-31-2019	B01-201L	UNASSG

APPROVED: C. M. [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
77845-113	Bong	K-S	13		
77883-054	Clark	E-S	14		
77615-050	Dockery	E-S	15		
50703-069	Estroba	K-S	16		
76441-054	Granados	K-S	17		
76535-054	Kamara	K-S	18		
50652-018	Kirk	E-S	19		
85976-054	Marloez	K-S	20		
84024-054	Merchant	K-S	21		
85977-054	Romero	K-S	22		
79652-054	Thomas	K-S	23		
79965-054	Thomas	K-S	24		

OUT-COUNT BY UNIT

EA	CA	E-N	E-S	G-N	GS	E-A
EN	KN	K-S	RA	ZA	Z-R	

G0000 TRANSACTION SUCCESSFULLY COMPLETED

This form is to be submitted to the County and Management Office: UNITED STATE DISTRICT COURT to the official count. Prepare this form in ink. Group the inmates according to their respective working units. This form is to be used only as an Out-Count. No other items will be accepted by the Out-Count Room.

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7-31-19

COUNT TIME: 400pm

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

LOCATION: F/S

APPROVED: C. A. [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 77863-112	Bang	K-S	13.		
2. 68683-066	Clark	E-S	14.		
3. 60685-050	Doctery	E-S	15.		
4. 51702-069	Estrada	K-S	16.		
5. 76161-054	Granados	K-S	17.		
6. 86535-054	Kamara	K-S	18.		
7. 50659-018	Kirk	E-S	19.		
8. 85976-054	Martinez	K-S	20.		
9. 86026-054	Merchant	K-S	21.		
10. 85927-054	Romero	K-S	22.		
11. 79652-054	Thomas	K-S	23.		
12. 79965-054	Thomas	K-S	24.		

OUT-COUNT BY UNIT

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

B-A _____ C-A _____ E-N _____ E-S 3 G-N _____ G-S _____ H-A _____
 I-N _____ K-N _____ K-S 9 R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 12

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

CATEGORY: OCT
ASSIGNMENT: FS

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FS	77863-112	BANG	07-31-2019	K12-062U	FS PM SUICIDE OR
0002		68683-066	CLARK	07-31-2019	E12-593U	FS PM
0003		60685-050	DOCKERY	07-31-2019	E07-549U	FS PM
0004		51702-069	ESTRADA-RODRIGUEZ	07-31-2019	K09-025U	FS PM
0005		76161-054	GRANADOS-CORONA	07-31-2019	K07-007L	FS PM
0006		86535-054	KAMARA	07-31-2019	K11-053U	FS PM
0007		50659-018	KIRK	07-31-2019	E07-556U	FS PM
0008		85976-054	MARTINEZ	07-31-2019	K09-027U	FS PM
0009		86026-054	MERCHANT	07-31-2019	K12-061L	FS PM
0010		85927-054	ROMERO-GRANADOS	07-31-2019	K10-045U	FS PM
0011		79652-054	THOMAS	07-31-2019	K08-074U	FS PM
0012		79965-054	THOMAS	07-31-2019	K10-044L	FS PM

Approved: 
(Operations Lieutenant)

REG..... LN..... FN..... QTR.....
83053-053 BROWN MICHAEL G01-705U
91200-053 PEREZ SANC HUGO K04-132U

B-A C-A E-N E-S G-N I G-S
H-A J-N K-N L K-S R-A Z-A Z-B

Total Out-Counted: 2

This Roster must be submitted to the County and Assignments Officer FORTY-FIVE MINUTES PRIOR
To The start of the Out-Count. Prepare this data in ink. Group the inmates according to their respective housing
units. This is to be used only as an Out-Count.

G0000 TRANSACTION SUCCESSFULLY COMPLETED

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
150 Park Row
New York, New York 10007

Date: 07-31-2019

Count Time: 4:00 pm

From: S. ANDREA
(Staff Member Supervising Inmates)

Location: FNYE

Approved: [Signature]
(Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
83053-053	BROWN	MICHAEL	G01-705U
91200-053	PEREZ	SANC HUGO	K04-132U

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

Total Out-Counted: 2

This Form must be submitted to the Counts and Assignments Officer FORTY-FIVE MINUTES PRIOR To The affected count. Prepare this form in ink. Group the inmates according to their respective housing units. This is to be used only as an Out Count.

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: FNYE

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

OFFICIAL OUT-COUNT FORM

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYE	83053-053	BROWN	07-31-2019	G01-705U	UNASSG
0002		91200-053	PEREZ SANCHEZ	07-31-2019	K04-132U	UNASSG

Date: 07-31-2019

Count Time: 4:06 pm

Prepared: S. ANDREA
(Staff Member Supervising Inmates)

Location: FNYE

Approved: [Signature]
(Operations Lieutenant)

REG..... LN..... FN..... QTR.....

66471-054 BANKS JAMIE G11-7830

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

Total Out-Counted: 1

This Form must be submitted to the Courts and Assignments Officer FORTY-FIVE MINUTES PRIOR To The affected count. Prepare this form in ink. Group the inmates according to their respective housing units. This is to be used only as an Out Count.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

OFFICIAL OUT-COUNT FORM
Metropolitan Correctional Center
150 Park Row
New York, New York 10007

Date: 07-31-2019

Count Time: 4:00 pm

From: 
(Staff Member Supervising Inmates)

Location: FNYS

Approved: 
(Operations Lieutenant)

REG.....	LN.....	FN.....	QTR.....
66471-054	BANKS	JAMIE	G11-783U

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

Total Out-Counted: 1

This Form must be submitted to the Counts and Assignments Officer FORTY-FIVE MINUTES PRIOR
To The affected count. Prepare this form in ink. Group the inmates according to their respective housing
units. This is to be used only as an Out Count.

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-31-2019
15:50:46

CATEGORY: OCT
ASSIGNMENT: FNYS
OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

GROUP CODE:
FACILITY: NYM
OPER CATG ASSIGNMENT

NUM ASSIGNMENT REG NO NAME
0001 FNYS 66471-054 BANKS

OCT DATE QTR WRK
07-31-2019 G11-783U UNASSG

[Faint, illegible text and markings, possibly a signature or stamp, are present in this section.]

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYS	66471-054	BANKS	07-31-2019	G11-783U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 07-31-19

COUNT TIME: 4⁰⁰ pm

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: Atty

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	91126-053	Araujo FN	13.		
2.	76318-054	Epstein ZA	14.		
3.			15.		
4.			16.		
5.			17.		
6.			18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

OUT-COUNT BY UNIT

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

Total Out-Counted: 2

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

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-31-2019
15:34:37

CATEGORY: OCT
ASSIGNMENT: ATTY

GROUP CODE:
FACILITY: NYM
OPER CATG ASSIGNMENT

OPER CATG ASSIGNMENT

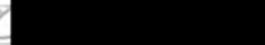
NUM	ASSIGNMENT	REG NO	NAME
0001	ATTY	91126-053	ARAUJO
0002		76318-054	EPSTEIN

OCT DATE	QTR	WRK
07-31-2019	I04-930U	UNASSG
07-31-2019	Z04-206LAD	UNASSG

G0000

TRANSACTION SUCCESSFULLY COMPLETED

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: Atty - Date: 07-31-19
Count: 2 - Time: 4:00 pm
1. Print Name: 
1. Signature: 
2. Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: IN - Date: 7/31/19
Count: 87 - Time: 4:00 pm
Print Name: 
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

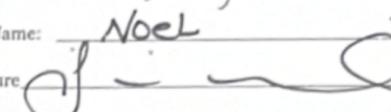
Unit: KS - Date: 7/31/19
Count: 128 - Time: 4:00 pm
Print Name: 
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA - Date: 7/31/19
Count: 10 - Time: 4:00 pm
Print Name: 
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: BA - Date: 7/31/19
Count: 18 - Time: 4:00 pm
Print Name: 
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: 4A - Date: 7/31/19
Count: 1 - Time: 4:00 pm
Print Name: 
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: 2A - Date: 7/31/19
Count: 74 - Time: 4:00
Print Name: 
Signature: _____
Print Name: Noel
Signature: 

Metropolitan Correctional Center
Official Count Slip
Unit: SANI - Date: 7/31/19
Count: 10 - Time: 4:00
Print Name: 
Signature: _____
Print Name: _____
Signature: _____

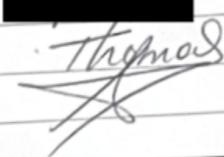
Metropolitan Correctional Center
Official Count Slip
Unit: KN - Date: 3/5/2019
Count: 88 - Time: 4:00 pm
Print Name: 
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: FN4E - Date: 7/31/19
Count: 02 - Time: 4 pm
Print Name: 
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: FN4S - Date: 7/31/19
Count: 01 - Time: 4 pm
Print Name: 
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GN - Date: 07-31-19
Count: 69 - Time: 4 pm
Print Name: 
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ZB - Date: 7/31/19
Count: 5 - Time: 4:00 pm
Print Name: 
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: ES - Date: 7/31/19
Count: 79 - Time: 4:00
Print Name: 
Signature: _____
Print Name: Thomas
Signature: 

Metropolitan Correctional Center
Official Count Slip
Unit: EW - Date: 07-31-19
Count: 84 - Time: 4:00 pm
Print Name: 
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: F/S - Date: 7-31-19
Count: 12 - Time: 4:00 pm
Print Name: 
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip
Unit: GS - Date: 7/31/2019
Count: 91 - Time: 4:00 pm
Print Name: 
Signature: _____
Print Name: _____
Signature: _____