

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 <i>Rapkin</i>	First <i>Setfrey</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 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:
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CHARGES
CHECK CATEGORY OF CHARGES(S):
 FELONY MISDEMEANOR CIVIL CONTEMPT MATERIAL WITNESS ...

OTHER
 NARRATIVE: *Med Emergency Trip*
 Title: _____ USC: _____
 NARRATIVE: *170 William St NY NY*
 Title: _____ USC: _____ *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 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
Removing Official (Name) Sign <i>[Signature]</i> Print <i>[Signature]</i>	Agency/District <i>BOP</i>	Phone/24 Hour Number		

FOR BOP USE ONLY

Receiving Official (Name) Sign _____ Print _____	Date / Time	Releasing Official (Name) Sign <i>[Signature]</i> Print <i>[Signature]</i>	Date / Time <i>10/1/97</i>
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Sentry Load Data: (Must Initial) Name Search Completed by: _____ Clearance/Separate Checked by: _____	(OPTIONAL USE) ARS Code <i>110</i> Add AKA's _____ Create Cash Account _____ Deposit Cash _____ Amt. _____ Detainers _____ Court _____ Clothing Bag # _____	Staff Init. _____	RIGHT THUMBPRINT 
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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(59)