

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

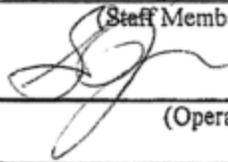
DATE: 7-23-19

COUNT TIME: 4:00pm

FROM: 

LOCATION: Atty

(Staff Member Preparing Out Count)

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. <u>76312-054</u>	<u>STEIN</u>	<u>H-A</u>	13.		
2.			14.		
3.			15.		
4.			16.		
5.			17.		
6.			18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

OUT-COUNT BY UNIT

B-A _____ C-A _____ E-N _____ E-S _____ G-N _____ G-S _____ H-A 1
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.

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-23-2019
15:28:55

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

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	76318-054	EPSTEIN	07-23-2019	H01-001L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7/24/19

COUNT TIME: 4:00 PM

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

LOCATION: Atty-CONF.

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76318-054 EPSTEIN	HA	13.		
2.	78514-054 TARTAGLIONE	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 1
 I-N _____ K-N _____ K-S _____ R-A _____ Z-A 1 Z-B _____

Total Out-Counted: 2

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

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 7-25-19

COUNT TIME: 400 PM

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

LOCATION: Atty

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76312-054	EDSTEIN H-A	13.		
2.	90791-054	ELANSKY G-N	14.		
3.	78574-054	TARTAGLIONE Z-A	15.		
4.			16.		
5.			17.		
6.			18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

OUT-COUNT BY UNIT

B-A	_____	C-A	_____	E-N	_____	E-S	_____	G-N	<u>1</u>	G-S	_____	H-A	<u>1</u>
I-N	_____	K-N	_____	K-S	_____	R-A	_____	Z-A	<u>1</u>	Z-B	_____		

Total Out-Counted: 3

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

NYMDK 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-25-2019
15:36:23

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

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	90791-054	ELANSKY	07-25-2019	G01-703L	UNASSG
0002		76318-054	EPSTEIN	07-25-2019	H01-001L	UNASSG
0003		78514-054	TARTAGLIONE	07-25-2019	Z06-215UAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE:

7-26-19

COUNT TIME:

400pm

FROM:

[Redacted]
(Staff Member Preparing Out Count)

LOCATION:

ATHV

APPROVED:

(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	19735-104	Mimes-C	13.		
2.	76318-054	Epstein	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 1 H-A 1
I-N _____ K-N _____ 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 form is to be used only as an Out-Count. No other form will be accepted in lieu of the Out-Count Form.

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 7-27-19

COUNT TIME: 10:00 AM

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

LOCATION: Ally

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	78514-054	TARTAGLIONE ZA	13.		
2.	76313-054	EPSTEIN HA	14.		
3.			15.		
4.			16.		
5.			17.		
6.			18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

OUT-COUNT BY UNIT

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

Total Out-Counted: 2

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

NYMCO 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-27-2019
09:35:37

CATEGORY: OCT
ASSIGNMENT: ATTY

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	76318-054	EPSTEIN	07-27-2019	H01-001L	UNASSG
0002		78514-054	TARTAGLIONE	07-27-2019	Z06-215UAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

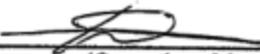
OFFICIAL OUT COUNT

DATE: 7-27-19

COUNT TIME: 400pm

FROM: 
(Staff Member Preparing Out Count)

LOCATION: Atty

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. <u>76312-054</u>	<u>EPSTEIN</u>	<u>HA</u>	13.		
2.			14.		
3.			15.		
4.			16.		
5.			17.		
6.			18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

OUT-COUNT BY UNIT

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

Total Out-Counted: _____

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

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-27-2019
15:21:57

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

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	76318-054	EPSTEIN	07-27-2019	H01-001L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 07/28/19

COUNT TIME: 10:00Am

FROM: 
(Staff Member Preparing Out Count)

LOCATION: ATTY CONF

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 86943	-054 MACK		13.		
2. 85984	-054 CABA BATISA		14.		
3. 76318	-054 Epstein		15.		
4.			16.		
5.			17.		
6.			18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

OUT-COUNT BY UNIT
 B-A _____ C-A _____ E-N _____ E-S _____ G-N 1 G-S _____ H-A 1
 I-N _____ K-N 1 K-S _____ R-A _____ Z-A _____ Z-B _____

Total Out-Counted: 3

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

NYMBH 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-28-2019
09:38:57

CATEGORY: OCT
ASSIGNMENT: ATTY
OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

GROUP CODE:
FACILITY: NYM
OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	85984-054	CABA BATISTA	07-28-2019	K03-123U	UNIT 11N
0002		76318-054	EPSTEIN	07-28-2019	H01-001L	UNASSG
0003		86943-054	MACK	07-28-2019	G05-737U	UNASSG

G0000

TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

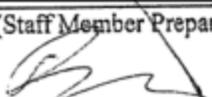
OFFICIAL OUT COUNT

DATE: 7/28/19

COUNT TIME: 4:00pm

FROM: 
(Staff Member Preparing Out Count)

LOCATION: Att'y Conf

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	85942-054	Cazarez KS	13.		
2.	76318-054	Epstein HA	14.		
3.			15.		
4.			16.		
5.			17.		
6.			18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

OUT-COUNT BY UNIT

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

* 07-28-2019
15:51:21

CATEGORY: OCT
ASSIGNMENT: ATTY

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	85942-054	CAZAREZ	07-28-2019	K10-046L	UNASSG
0002		76318-054	EPSTEIN	07-28-2019	H01-001L	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 07/28/19 COUNT TIME: 10:00Am

FROM:  LOCATION: Atty conf
(Staff Member Preparing Out Count)

APPROVED: J. R. K.
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 86943	-054 MACK		13.		
2. 85984	-054 CABA BATISA		14.		
3. 76318	-054 Epstein		15.		
4.			16.		
5.			17.		
6.			18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

OUT-COUNT BY UNIT

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

Total Out-Counted: 3

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

NYMBH 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-28-2019
09:38:57

CATEGORY: OCT
ASSIGNMENT: ATTY
OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

GROUP CODE:
FACILITY: NYM
OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	85984-054	CABA BATISTA	07-28-2019	K03-123U	UNIT 11N
0002		76318-054	EPSTEIN	07-28-2019	H01-001L	UNASSG
0003		86943-054	MACK	07-28-2019	G05-737U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 07-31-19 COUNT TIME: 4⁰⁰ pm
 FROM: Thomas LOCATION: Atty
 (Staff Member Preparing Out Count)
 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.

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 08-01-19

COUNT TIME: 4:00 pm

FROM: Thomas
(Staff Member Preparing Out Count)

LOCATION: Atty Conf

APPROVED: _____
(Operations Lieutenant)

	REG #	NAME	UNIT		REG #	NAME	UNIT
1.	91126-053	ARAUJO	IN	13.			
2.	86019-054	MYRIE	IN	14.			
3.	76318-054	EPSTEIN	ZA	15.			
4.	78514-054	TARTAGLIONE	ZA	16.			
5.				17.			
6.				18.			
7.				19.			
8.				20.			
9.				21.			
10.				22.			
11.				23.			
12.				24.			

OUT-COUNT BY UNIT

B-A _____ E-S _____ G-N _____ H-A _____
 I-N 2 K-N _____ R-A _____ Z-A 2 Z-B _____

Total Out-Counted: 4

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 a Out-Count. No other form will be accepted in lieu of the Out-Count Form.

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/2/8

COUNT TIME: 4:PM

FROM: 
(Staff Member Preparing Out Count)

LOCATION: ATTY

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	76318-054	EPSTEIN	2A	13.	
2.	91126-053	ARAJO	IN	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: _____

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

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8.3.19

COUNT TIME: 4⁰⁰ pm

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

LOCATION: Atty. Conf.

APPROVED: [Signature]
(Operations Lieutenant)

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

OUT-COUNT BY UNIT

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

Total Out-Counted: 1

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

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-3-19

COUNT TIME: 10⁰⁰ Am

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

LOCATION: Atty. Conf.

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	86407-054	Worris	KS	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 _____ K-N _____ K-S 1 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.

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

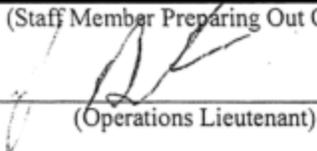
OFFICIAL OUT COUNT

DATE: 8/04/19

COUNT TIME: 10:00 AM

FROM: 
(Staff Member Preparing Out Count)

LOCATION: ATTY CONF

APPROVED: 
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	86943-054	MACK GN	13.		
2.	78514-054	TARTAGLIONE ZA	14.		
3.	76318-054	EPSTEIN ZA	15.		
4.			16.		
5.			17.		
6.			18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

OUT-COUNT BY UNIT
 B-A _____ C-A _____ E-N _____ E-S _____ G-N 1 G-S _____ H-A _____
 I-N _____ K-N _____ K-S _____ R-A _____ Z-A 2 Z-B _____

Total Out-Counted: 3

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

NYMBH 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-04-2019
09:57:51

CATEGORY: OCT
ASSIGNMENT: ATTY

GROUP CODE:
FACILITY: NYM
OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	76318-054	EPSTEIN	08-04-2019	Z04-206LAD	UNASSG
0002		86943-054	MACK	08-04-2019	G05-737U	UNASSG
0003		78514-054	TARTAGLIONE	08-04-2019	Z06-215UAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/5/19

COUNT TIME: 4⁰⁰ pm

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

LOCATION: Atty CONF

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 76318-034	EPSTEIN	ZA	13.		
2. 91126-053	ARRAUJO	IN	14.		
3. 86020-054	TORRES	ZA	15.		
4. 77980-054	PEPER	IN	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 2 K-N _____ K-S _____ R-A _____ Z-A 2 Z-B _____

Total Out-Counted: 4

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

* 08-05-2019
15:20:04

CATEGORY: OCT
ASSIGNMENT: ATTY

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	91126-053	ARAUJO	08-05-2019	I04-930U	UNASSG
0002		76318-054	EPSTEIN	08-05-2019	Z04-206LAD	UNASSG
0003		77980-054	ROPER	08-05-2019	I01-904L	UNASSG
0004		86020-054	TORRES	08-05-2019	Z03-110LAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8-6-19

COUNT TIME: 400 PM

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

LOCATION: A4 Conf

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	91126053	ARAUJO	IN	13.	
2.	76318054	ERSTEIN	ZA	14.	
3.	14532104	MOORE	KN	15.	
4.	78514054	TARTAGLIONE	ZA	16.	
5.				17.	
6.				18.	
7.				19.	
8.				20.	
9.				21.	
10.				22.	
11.				23.	
12.				24.	

OUT-COUNT BY UNIT

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

Total Out-Counted: _____

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

NYMAQ 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-06-2019
15:41:08

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: ATTY

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	91126-053	ARAUJO	08-06-2019	I04-930U	UNASSG
0002		76318-054	EPSTEIN	08-06-2019	Z04-206LAD	UNASSG
0003		14532-104	MOORE	08-06-2019	K06-145U	UNASSG
0004		78514-054	TARTAGLIONE	08-06-2019	Z06-215UAD	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-7-19

COUNT TIME: 4:00pm

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

LOCATION: Attorney Conf.

APPROVED: [Signature]
(Operations Lieutenant)

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

OUT-COUNT BY UNIT

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

Total Out-Counted: 1

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

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8/8/19

COUNT TIME: 4:00 pm

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

LOCATION: Atty CONF

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	91126-053	ARAJO	IN	13.	
2.	76318-054	EPSTEIN	ZA	14.	
3.	71776-018	IMZARTY	GS	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 1 C-A _____ E-N _____ G-N _____ H-A _____
 I-N 1 K-N _____ K-S _____ R-A _____ Z-A 1 Z-B _____

Total Out-Counted: 3

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

