

Institution: MCC NY 1. Name: EPSTEIN, JERRY
 2. Register No: 76318-054 3. Unit: 102 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. 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	___	___	Coffemate	___
___	hard ___ soft ___	___	___	Shirt/Blouse	___	___	Cold drink mix, soda	___
___	Books, Religious	___	___	Shoes	___	___	Cough Drops	___
___	hard ___ soft ___	___	___	Shoes, shower	___	___	Fish Pucks	___
___	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	___	___	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: _____

No individual item over \$100.00

JAMES

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: 9:00

I have today reviewed the property returned to me. _____
 Signature of Inmate: _____ Register # 76318-054 Date 7-15-19 Time 9:00

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 _____