

(# 3)

7.058 PRISONER REMAND CDFRM

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
 B W A I M F
 Hispanic or

CHARGES

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**
Hr. **GRY** Ey. **BLU**
REG# **76318-054 NYM**



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



Name: Last EPSTEIN First Jeffrey

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

CHARGES
CHECK CATEGORY OF CHARGES(S):
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 9 E 71 STREET 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 (Brother)

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

Remand Sign Agency/District NYPD - FBI TFO Phone/24 Hour Number
Print Det NYPD TFO SDNY

Remove Sign Agency/District NYPD - TFO FBI Phone/24 Hour Number
Print

FOR BOP USE ONLY

Rece Sign Date / Time 7/6/19 9:19 PM Releasing Official (Name) Sign LAR Date / Time 7-8-19-915 AM

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



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

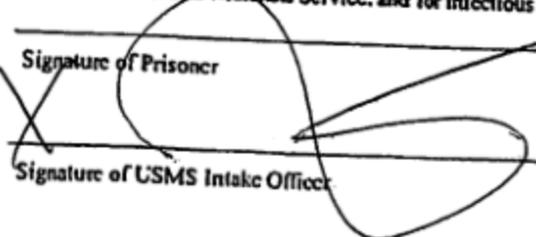
Section II - Prisoner Personal Data And Medical Information

6. Date Of Birth (Mo/Day/Yr) 1-20-53	[Redacted]	
8. Medical Insurance Information A) Insurance Company Name United health CARE	[Redacted]	C) Medicare /Medicaid Coverage? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Name Of Your Blood [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 clearances.

Signature of Prisoner 	Date 7/6/19
Signature of USMS Intake Officer	Date

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

Form USM-552
1 of 6-98
Automated 08-01

UNITED STATES DISTRICT COURT

for the

Southern District of New York

United States of America
v.

Jeffrey Epstein
Defendant

Case No.

19 CRIM 490

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

[Handwritten Signature]
Issuing officer's signature

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:

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISON

Institution: MCC NY 1. Name: EPSTEIN, JERREY
 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:

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	___
___	Bel	___	___	Purse	___	___	Candy	___
___	Billfold	___	___	Radio (w/carplug)	___	___	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	___	___	Ten	___
___	Handkerchief	___	___	Sweat Shirt	___	___	Vitamins	___
___	Headphones	___	___	Thermal Bottom	___	___		___
___	Laundry Jacket	___	___	Thermal Top	___	___		___
___	Laundry Detergent	___	___	Underwear	___	___		___
___	Legal Materials	___	___	Watch/Watchband	___	___		___
___	Letters	___	___	<u>WANTS</u>	___	___		___
___	Magazines	___	___		___	___		___
___	Mirror	___	___		___	___		___
___	Nail Clippers	___	___		___	___		___
___	Pen/Ballpoint	___	___		___	___		___
___	Pencils	___	___		___	___		___
___	Personal Papers	___	___		___	___		___
___	Photo Album	___	___		___	___		___
___	Photo	___	___		___	___		___
___	Plastic Bowl Plastic Spoon, cup	___	___		___	___		___

*ABANDONED
DUPED*

8. Items Alleged by Inmate to Have Value Over \$100.00

Description of Property	Value Alleged by Inmate
<u>None</u>	

None

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 #: 76318054 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: _____

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: CITIZENSHIP: 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

07-08-2019



SIGNATURE OF PERSON FINGERPRINTED

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 01/20/1953	SEX M	RACE W	HEIGHT 6' 00"	WEIGHT 185	EYES BL	HAIR GY



LIMITED OFFICIAL USE

Last Name
EPSTEIN
First Name
JEFFREY
Middle Name
EDWARD

Suffix

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

07-08-2019



REG# 76318-054 NYM 76318-054 EPSTEIN



None.

02E4T030
Last Name
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EDWARD Suffix

Ht. 6' 0" Wt. 185
Hr. GRY Ey. BLU

REG# 76318-054 NYM



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 <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: 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 Print	Agency/District	Phone/24 Hour Number		
OUT	OUT	OUT	OUT	OUT
Removal Official (Name) Sign Print	Agency/District <u>BOP</u>	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 USE) ARS Code <u>410</u> Add AKA'S _____ Create Cash Account _____ Deposit Cash _____ Amt. _____ Detainers _____ Court _____ Clothing Bag # _____	Staff Init. _____	RIGHT THUMB PRINT 

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

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

07-08-2019



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
[Redacted] *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
-----	-----	-----	-----	-----

Remov 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 USE) ARS Code <i>APR</i> Staff Init. _____ 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

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]

FAX: [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	UNT MGR. N. REID EXT 6421/6301		07-22-2019	1806
NYM	WRK DETAIL	UNASSG	UNASSIGNED WORK DETAIL		07-08-2019	1749

Report # Amb. Care Report
 CAD - [REDACTED] OJD Shield #
 7046

G0000 TRANSACTION SUCCESSFULLY COMPLETED

LEAVE BLANK

CRIMINAL

(STAPLE HERE)

LEAVE BLANK

STATE USAGE

OFF 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

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	First	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

*NY NY
10039*

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 Print		Agency/District	Phone/24 Hour Number	

OUT	OUT	OUT	OUT	OUT
Removal 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 USE) ARS Code <u> </u> Add AKA'S Create Cash Account <u> </u> Deposit Cash <u> </u> Amt. <u> </u> Detainers <u> </u> Court <u> </u> Clothing Bag # <u> </u>	Staff Init. <u> </u>	RIGHT THUMB PRINT 
---	--	------------------------	--

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

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

07-08-2019



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 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
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 <i>S. Dean</i>	Date / Time <i>8/10/19 7:12 AM</i>
--	-------------	---	---------------------------------------

Sentry Load Data: (Must Initial) Name Search Completed by:	(OPTIONAL USE) ARS Code <i>APR</i> Add AKA's Create Cash Account _____ Deposit Cash _____ Amt. _____ Detainers _____ Court _____ Clothing Bag # _____	Staff Init. _____ 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



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] FAX: [REDACTED]
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
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NYM CASEWORKER	UNT 5	[REDACTED]		07-22-2019	1806
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NYM UNIT	5	UNT MGR. N. REID EXT 6421/6301		07-22-2019	1806
NYM WRK DETAIL	UNASSG	UNASSIGNED WORK DETAIL		07-08-2019	1749

Report # Amb. Care Report
CAD - [REDACTED] OJD Shield #
7046

G0000 TRANSACTION SUCCESSFULLY COMPLETED

LEAVE BLANK

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

07-08-2019



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

01/20/1953

M

W

6'00"

155

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

1 L THUMB

2 R THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY