

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N											VERIFY COUNT	COUNT COUNT	AREA	
		A T T Y	F N J	F N Y	F N Y	F S	H O S	M S	R &	S A	T R D	V N W				O C I S T
B-A	26	.	.	.	1	.	.	.	.	.	.	.	1	X	25	B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	.	X	10	C-A
E-N	87	.	.	.	.	.	.	.	.	.	.	.	.	X	87	E-N
E-S	85	.	.	.	.	5	.	.	.	.	.	.	5	X	80	E-S
G-N	70	.	.	.	.	.	.	.	.	.	.	.	.	X	70	G-N
G-S	91	1	.	.	.	.	.	.	.	.	.	.	1	X	90	G-S
H-A	1	1	.	.	.	.	.	.	.	.	.	.	1	X	0	H-A
I-N	93	.	.	.	.	.	.	.	.	.	.	.	.	X	93	I-N
K-N	89	.	.	.	1	.	.	.	.	.	.	.	1	X	88	K-N
K-S	138	.	.	.	1	9	.	.	.	.	.	.	10	X	128	K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	.	X	0	R-A
Z-A	72	.	.	.	.	.	.	.	.	.	.	.	.	X	72	Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	.	X	5	Z-B
TOTAL	767	2	.	.	3	14	.	.	.	.	.	.	19		748	
COUNT VERIFY		X			XX											

OFFICIAL PREPARING COUNT: [REDACTED]
 OFFICIAL TAKING COUNT: [REDACTED]
 COUNT CLEARED TIME: 5:01 pm

Good verbal: 4:50 pm

NYMBU 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-26-2019
14:31:39

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			07-26-2019	E12-593U	FS PM
0002				07-26-2019	E07-549U	FS PM
0003				07-26-2019	K12-065U	FS PM
0004				07-26-2019	K09-025U	FS PM
0005				07-26-2019	K11-053U	FS PM
0006				07-26-2019	E07-556U	FS PM
0007				07-26-2019	K09-027U	FS PM
0008				07-26-2019	K12-061L	FS PM
0009				07-26-2019	E12-592U	FS PM
0010				07-26-2019	K12-078U	FS PM
0011				07-26-2019	E09-571U	FS PM
0012				07-26-2019	K10-045U	FS PM
0013				07-26-2019	K08-074U	FS PM
0014				07-26-2019	K10-044L	FS PM

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 7/26/19

COUNT TIME: 400 pm

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

LOCATION: F/S

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1	[REDACTED]	E-S	13.	[REDACTED]	K-S
2	[REDACTED]	K-S	14.	[REDACTED]	E-S
3	[REDACTED]	K-S	15.		
4	[REDACTED]	K-S	16.		
5	[REDACTED]	E-S	17.		
6	[REDACTED]	K-S	18.		
7	[REDACTED]	K-S	19.		
8	[REDACTED]	E-S	20.		
9	[REDACTED]	K-S	21.		
10	[REDACTED]	E-S	22.		
11	[REDACTED]	K-S	23.		
12	[REDACTED]	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 _____

Total Out-Counted: 13

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.

NYM3 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-26-2019
15:45:12

CATEGORY: OCT
ASSIGNMENT: FNYS

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYS			07-26-2019	B01-215U	UNASSG
0002				07-26-2019	K01-108U	UNASSG
0003				07-26-2019	K10-046U	UNASSG

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: 07-26-2019

Count Time: 4:00 pm

From:



(Staff Member Supervising Inmates)

Location: FNYS

Approved:

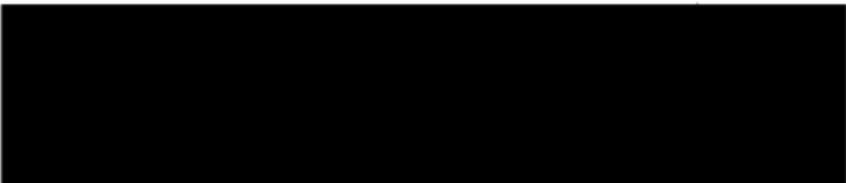
(Operations Lieutenant)

REG.....

LN.....

FN.....

QTR.....



B01-215U
K01-108U
K10-046U

B-A 1 C-A ___ E-N ___ E-S ___ G-N ___ G-S ___
H-A ___ I-N ___ K-N 1 K-S 1 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 is to be used only as an Out Count.

NYMH3 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 07-26-2019
15:14:09

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	76318-054	EPSTEIN	07-26-2019	H01-001L	UNASSG
0002				07-26-2019	G07-756U	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: Atty

APPROVED: _____
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1.	[REDACTED]	GIS	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 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
Official Count Slip

Unit: EN Date 07-26-19
Count: 87 Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date 7/26/19
Count: 10 Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date 7/26/19
Count: 25 Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date 7/26/2019
Count: 90 Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date 7/26/19
Count: 70 Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date 07-26-19
Count: 80 Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZB Date 7/26/19
Count: 5 Time: 4pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date 7/26/19
Count: 72 Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZN Date 7/26/2019
Count: 93 Time: 4:00pm
Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: FNYS Date: 7/26/19

Count: 3 Time: 4:00pm

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: K.S Date: 7/26/19

Count: 128 Time: 4:00pm

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: K-N Date: 7/26/19

Count: 88 Time: 4:00PM

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ATTNY CONF Date: 7/26/19

Count: 2 Time: 4:00pm

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: F/S Date: 7-26-19

Count: 14 Time: 4:00PM

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____