



Prisoner Remand or Order to Deliver



PRISONER REMAND OR ORDER TO DELIVER
AND RECEIPT FOR UNITED STATES PRISONERS (SHORT FORM)

TO: MCC New York

DATE: 07/31/2019

THE FOLLOWING NAMED UNITED STATES PRISONERS:

are herewith remanded to your custody

are to be delivered to representative
presenting and signing this order

#	USMS NO.	Local Jail No.	Name
1	76318054		EPSTEIN, JEFFREY

RECEIPT

THE ABOVE NAMED PRISONER(S) WERE RECEIVED:

BY: *[Signature]*
TITLE: *OSA*

DISTRICT OR ORGAN. ADDRESS:

GRECO

UNITED STATES MARSHAL

MEDANO

BY: DEPUTY U.S. MARSHAL



U.S. Department of Justice
Federal Bureau of Prisons

Metropolitan Correction Center
New York, NY 10007

Date: July 31, 2019

MEMORANDUM FOR: J. Darden, Captain
FROM: M. Rice, Special Housing Unit Lieutenant
SUBJECT: RELEASE ORDERS FROM THE SPECIAL HOUSING UNIT

The following inmates are to be released from the Special Housing Unit.

NAME	REG. NUMBER	UNIT	RELEASE DATE	REASON	SEPARATEES
CARRILLO, JONATHAN	86996-054	5-NORTH	7-31-2019	NO INCIDENT REPORT	NONE @MCC, NY
LUCRE, BENJAMIN	85841-054	11-NORTH	7-31-2019	NO INCIDENT REPORT	SEPS ON 9N AND 7S
NAVEDO, CHRISTIAN	86719-054	11-NORTH	7-31-2019	NO INCIDENT REPORT	NONE @ MCC, NY
SAYOC, CESAR	17781-104	7-NORTH	7-31-2019	THREAT ASSESSMENT COMPLETED	NONE @ MCC, NY

Please provide a reason the inmate is being release New Commit, D/S Time Served, SIS Investigation Complete PENDING BED SPACE WILL NOT BE ACCEPTED

*I/M's should be cleared by the Captain, SIS, Unit Team, And AW (O), before an inmate is returned to the unit where the infraction was committed**

The release of this inmate (s) is authorized as indicated below:

- Completion of Disciplinary Segregation, no further action pending
- Action by the Unit Disciplinary Committee, no further action pending.
- Completion of an Investigation, no further action pending, No Incident Report
- Completion of Classification /Pending Review by Unit Team / Captain.
- New Commit/ Cleared by Medical

REQUESTED BY: M. Rice, SHU Lieutenant

REVIEWED BY: CMC

REVIEWED BY: SIS

REVIEWED BY: CAPTAIN

APPROVED: AW



Prisoner Remand or Order to Deliver

PRISONER REMAND OR ORDER TO DELIVER AND RECEIPT FOR UNITED STATES PRISONERS (SHORT FORM)

TO: MCC New York

DATE: 07/31/2019

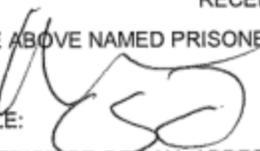
THE FOLLOWING NAMED UNITED STATES PRISONERS:

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 are to be delivered to representative
presenting and signing this order

#	USMS NO.	Local Jail No.	Name
1	86164054		CAVE, ETHAN
2	76280054		CORREA YUSTY, WILMER
3	86124054		DURANT, LAVELL
4	73746298		GOMEZ, JESUS
5	86979054		ISOM-JENKINS, JABARI
6	85875054		OUTLAW, KEITH
7	86277054		SEMIDAY, LUIS
8	72229054		SISNERO-GIL, MARLON

RECEIPT

THE ABOVE NAMED PRISONER(S) WERE RECEIVED:

BY: 
TITLE:
DISTRICT OR ORGAN. ADDRESS:

UNITED STATES MARSHAL

BY: DEPUTY U.S. MARSHAL



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AND RECEIPT FOR UNITED STATES PRISONERS (SHORT FORM)

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#	USMS NO.	Local Jail No.	Name
1	76292054		SEARLES, JARED
		63901-054	Moody, Andrew

RECEIPT

THE ABOVE NAMED PRISONER(S) WERE RECEIVED:

BY: *[Signature]*
TITLE: CSO

DISTRICT OR ORGAN. ADDRESS:

M. Greco
UNITED STATES MARSHAL

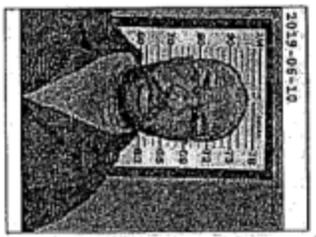
[Signature]
BY: DEPUTY U.S. MARSHAL

#104

GRP. SPECIFIC..	REG.....	IN.....	EN.....	CMC.....	QTR.....	CALT.....
C	COURT EDNY 83053-053	BROWN	MICHAEL	SEPARATION G01-705U	07:31	07:31
C	COURT EDNY 91200-053	PEREZ SANC	HUGO	SEPARATION K04-132U	07:31	07:31

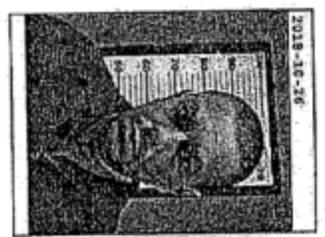
Last Name
BROWN
First Name
MICHAEL
Middle Name
BARRINGT
Height
5'09"
Weight
190
Race
BROWN
Sex
M
Regno
83053-053

Eye
BROWN
Facility
NYM



Last Name
PEREZ SANCHEZ
First Name
HUGO
Middle Name
ANTONIO
Height
5'05"
Weight
180
Race
BROWN
Sex
M
Regno
91200-053

Eye
BROWN
Facility
NYM



Handwritten signature

BP-A0392
JUNE 10

RELEASE AUTHORIZATION CDFRM

#5

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate Name Blackwell, Tayshawn	Register No. 71246-054	Institution MCC NEW YORK	Date 07-31-2019
Release Date 07-31-2019 @ 10:00 AM	Method FT REL	Detainer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Custody Will Be Taken by:

CERTIFICATION: I certify that this release is in accordance with applicable and controlling rules, regulations and statutory provisions. If this is a final release, it is based on a final release audit of the sentence computation provided by the Designation and Sentence Computation Center. I have personally reviewed all Judgment and Commitment Orders, U.S. Parole Commission Warrants, Notice of Actions, and detainer information, and there is no information which would preclude the release of this inmate.

Name/Title Smith, W/ SCSS	Signature 	Date July 31, 2019
------------------------------	---	-----------------------

Thumbprint



2240 Tiebout Ave #5A
Bronx, NY 10457

Last Name
BLACKWELL
First Name
TAYSHAWN
Middle Name
Suffix

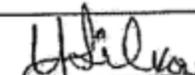
Ht. 5' 7" Wt. 175
Hx. BLK Ey. BRO

REG# 71246-054 NYM 71246-054 BLACKWELL

00-05-2019



RELEASE ACTION

Identified by: 	Released by: 
Funds Paid by: N/A	Date of Release: 7/31/2019
	Time of Release: 10:35 AM

RECEIPT OF AGENT TAKING CUSTODY

I have received the above named prisoner, together with personal property and funds in the amount of \$ _____

Name/Title	Signature	Date
------------	-----------	------

Location

Record Copy - Receiving & Discharge File in Judgment & Commitment File; Copy - Case Management, Central File (Section 5); Copy - Control Room; Copy - Hospital; Copy - Transporting Officer
 Prescribed by P5800 Replaces BP-392(58) dtd MAY 94

YES/NO MEDS _____



#3out

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS
MCC NEW YORK
150 PARK ROW, NEW YORK, NY, 10007

TRANSFER RECEIPT

DATE: Friday July 31, 2019

RECEIVED FROM L. N'DIAYE, WARDEN MCC NEW YORK, 150 PARK ROW, NEW YORK, NY 10007. THE FOLLOWING UNITED STATES PRISONER, TOGETHER WITH COMPLETE FILES FOR TRANSFER AS INDICATED: WAB-USMS-SDNY

REG.NO.	NAME	QTR	DST	RELEASE STATUS
76292-054	SEARLES, JARED	GN	USMS/SDNY	PRE REMOVE

TOTAL: 1

*** ALL 64's MED's & PAPERWORK ACCOUNTED FOR ----- ✓

*** ALL PD 15's CHRONO & PENDING CHECKED BY: ----- ✓

BOP Staff

[Handwritten Signature]
3969

BP-A0392
JUNE 10

RELEASE AUTHORIZATION CDFRM

#4

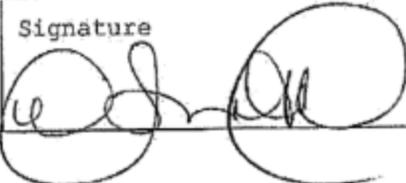
U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate Name MAHMOOD, TALLAT	Register No. 24988-014	Institution MCC NEW YORK, NY	Date 07-21-2019
Release Date 07-31-2019 @ 7:30 AM	Method FURL TRANS (CNK 3ZZ)	Detainer: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Custody Will Be Taken by:

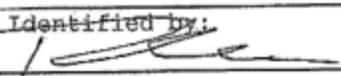
CERTIFICATION: I certify that this release is in accordance with applicable and controlling rules, regulations and statutory provisions. If this is a final release, it is based on a final release audit of the sentence computation provided by the Designation and Sentence Computation Center. I have personally reviewed all Judgment and Commitment Orders, U.S. Parole Commission Warrants, Notice of Actions, and detainer information, and there is no information which would preclude the release of this inmate.

Name/Title W. SMITH/ SCSS	Signature 	Date 7.21.19
-------------------------------------	---	------------------------



Community Solutions, Inc.
21 Cliff Street
Waterbury, CT 06710

RELEASE ACTION

Identified by: 	Released by: Y. Silva	
Funds Paid by: 	Date of Release: 7/31/2019	Time of Release: 10:00 AM

RECEIPT OF AGENT TAKING CUSTODY

I have received the above named prisoner, together with personal property and funds in the amount of \$ _____

Name/Title	Signature	Date
------------	-----------	------

Location

Record Copy - Receiving & Discharge File in Judgment & Commitment File; Copy - Case Management, Central File (Section 5); Copy - Control Room; Copy - Hospital; Copy - Transporting Officer

PDF Prescribed by P5800 Replaces BP-392(58) dtd MAY 94

YES/NO MEDS _____

U.S. DEPARTMENT OF JUSTICE
 FEDERAL BUREAU OF PRISONS
 FEDERAL REMAND FORM
 PP

7

63

ARRESTING OFFICER WILL COMPLETE ALL REQUIRED DATA ON THIS FORM PRIOR TO COMMITTING TO MCC/MDC.

Register Number
 76122-054

P
I
C
T
U
R
E

Last Name: Sanchez First: Francisco Middle:

ALIASES:

Race (Circle) Sex (Circle) Ethnic Origin (Circle) DOB SSN: FBI: INS: Other:
 B W A I M F Hispanic or Other

CHARGES
 NARRATIVE:

6/18/96 119-70-0507

Title: 18 USC: 3606

Probation Violation

Title: _____ USC: _____

State of Birth Country of Birth Citizenship Current Address Zip Code
 US US 79-08 147 st. Flushing, N.Y. 11367

Height Weight Hair Eyes Scars / Marks / Tattoos
 Ft: In: 5'9 200 Blk Bru N/A

Injuries / Medication Emergency Contact: (Name, Address, Phone Number)
 N/A 347-822-4634

Arrested Y N Sentenced Y N Special Handling: Y or N
 Y N Y N

IN IN IN IN
 Remanding Official Sign Agency/District Phone/24 Hour Number
 Sign USMS/EASTERN 718-260-0450
 Print USMS EASTERN/CELL BLOCK S. Munoz

OUT OUT OUT OUT
 Removing Official (Name) Sign Agency/District Phone/24 Hour Number
 Sign Print

FOR BOP USE ONLY

Receiving Official (Name) Sign Date / Time Releasing Official (Name) Sign Date / Time
 Sign Small CSO 7/31/19 6:20pm Sign
 Print Print

Sentry Load Data: (Must Initial) Name Search Completed by: Clearance/Separate checked by: SS

(OPTIONAL USE) ARS Code Add AKA'S Create Cash Account Deposit Cash Amt. Detainers Court Clothing Bag #
 A PRE Staff I.N. SS

RIGHT THUMBPRINT



6

**Prisoner Remand or Order to Deliver
and Receipt for United States Prisoners**

Eastern District of New York

TO: MCC NEW YORK
(Name & Title)

DATE: JULY 31, 2019

THE FOLLOWING NAMED UNITED STATES PRISONER(S):

- are herewith remanded to your custody
- are to be delivered to representative presenting and signing this order

1	<u>PEREZ SANCHEZ;HUGO 91200-053</u>	20	<u>_____</u>
2	<u>BROWN;MICHAEL 83053-053</u>	21	<u>_____</u>
3	<u>_____</u>	22	<u>_____</u>
4	<u>_____</u>	23	<u>_____</u>
5	<u>_____</u>	24	<u>_____</u>
6	<u>_____</u>	25	<u>_____</u>
7	<u>_____</u>	26	<u>_____</u>
8	<u>_____</u>	27	<u>_____</u>
9	<u>_____</u>	28	<u>_____</u>
10	<u>_____</u>	29	<u>_____</u>
11	<u>_____</u>	30	<u>_____</u>
12	<u>_____</u>	31	<u>_____</u>
13	<u>_____</u>	32	<u>_____</u>
14	<u>_____</u>	33	<u>_____</u>
15	<u>_____</u>	34	<u>_____</u>
16	<u>_____</u>	35	<u>_____</u>
17	<u>_____</u>	36	<u>_____</u>
18	<u>_____</u>	37	<u>_____</u>
19	<u>_____</u>	38	<u>_____</u>

RECEIPT
THE ABOVE NAMED UNITED STATES PRISONER(S) WERE RECEIVED:

BY: Small

TITLE: CSO

DISTRICT OR ORGAN. ADDRESS: 7/31/19 6:15 pm

BRYAN MULLEE Digitally signed by BRYAN MULLEE
Date: 2019.02.01 14:13:35 -05'00'

United States Marshal

BRYAN MULLEE Digitally signed by BRYAN MULLEE
Date: 2019.02.01 14:13:53 -05'00'

By: Deputy U.S. Marshal

FEB 04

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

MCC (5)

ARRESTING OFFICER WILL COMPLETE ALL REQUIRED DATA ON THIS FORM PRIOR TO COMMITTING TO MCC/MDCs.				Register Number 77575-054		P I C T U R E
Name: Last SANTANA		First JOSE		Middle		
AKAs: COLON, JONATHAN						
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 checked="" type="checkbox"/> F	Ethnic Origin (Check) <input checked="" type="checkbox"/> Hispanic or <input type="checkbox"/> Other	D.O.B. 8/29/76	SSN: 096-66-8488	FBI: 851005VA6 INS: Other:	

CHARGES
CHECK CATEGORY OF CHARGES(S):
 FELONY MISDEMEANOR CIVIL CONTEMPT MATERIAL WITNESS

OTHER

NARRATIVE:
Title: **PR** USC: **3653 VOSR**
NARRATIVE:
Title: _____ USC: _____

Date of Offense: _____ Date of Arrest: **7/31/19** Place of Arrest: **River's Island**

State of Birth NY	Country of Birth US	Citizenship US	Current Address BRONX, NY 49 West 225th St Apt 11L	Zip Code 10463
Height Ft: 5 In: 07	Weight 185	Hair BLK	Eyes BRO	Scars / Marks / Tattoos
Injuries / Medication			Emergency Contact: (Name, Address, Phone Number)	

Arrested Sentenced Special Handling: Y or N
Remarks:

IN	IN	IN	IN	IN
Remanding Official (Name) Sign [Signature]		Agency/District USMS / SDNY		Phone/24 Hour Number 212-331-7200
Print Dustin A. Rosen 31393				
OUT	OUT	OUT	OUT	OUT
Removing Official (Name) Sign		Agency/District		Phone/24 Hour Number
Print				

FOR BOP USE ONLY

Receiving Official (Name) Sign [Signature]	Date / Time 7/31/19 5:51pm	Releasing Official (Name) Sign	Date / Time
Print [Signature]		Print	
Sentry Load Data: (Must Initial) Name Search Completed by: [Signature]	(OPTIONAL USE) ARS Code APKE Staff Init. [Signature]	RIGHT THUMBPRINT	
Clearance/Separate Checked by: [Signature]	Create Cash Account _____		
	Deposit Cash _____ Amt.		
	Detainers _____		
	Court _____		
	Clothing Bag # _____		

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



Nelson Rodriguez

MCC (H)

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 68283-054		P I C T U R E
Name: Last Williams		First Karliak		Middle		
AKAs:						
Race (Check) <input checked="" type="checkbox"/> B <input 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. 4/8/86	SSN: 125-70-9507	FBI: 799931AC5 INS: Other:	

CHARGES

CHECK CATEGORY OF CHARGES(S):
 FELONY MISDEMEANOR CIVIL CONTEMPT MATERIAL WITNESS

OTHER

NARRATIVE:
 Title: _____ USC: _____ **5012 Probation Violation**
 NARRATIVE:
 Title: _____ USC: _____

Date of Offense: **07/21/18** Date of Arrest: **07/13/19** Place of Arrest: _____

State of Birth NY	Country of Birth U.S.A	Citizenship U.S.A	Current Address 327 West 151st, New York, NY	Zip Code 10031
Height Ft: 5 In: 05	Weight 136	Hair BRO	Eyes BRO	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 E. AI: 31501		Agency/District 115MS/SDNY		Phone/24 Hour Number 212-331-7070
OUT	OUT	OUT	OUT	OUT
Removing Official (Name) Sign Print		Agency/District		Phone/24 Hour Number

FOR BOP USE ONLY

Receiving Official (Name) Sign Print Mack CSC 7/21/19 5:50pm	Date / Time	Releasing Official (Name) Sign Print	Date / Time
Sentry Load Data: (Must Initial) Name Search Completed by:	(OPTIONAL USE) ARS Code 177E Staff Init. SK	RIGHT THUMBPRINT	
Clearance/Separate Checked by:	Add AKA's _____ Create Cash Account _____ Deposit Cash _____ Amt. _____ Detainers _____ Court _____ Clothing Bag # _____		

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



ARRESTING OFFICER WILL COMPLETE ALL REQUIRED DATA ON THIS FORM PRIOR TO COMMITTING TO MCC/MDCs.					Register Number <i>962702</i>	P I C T U R E
Name: Last <i>WILLIAMS</i>		First <i>DAVID</i>		Middle		
AKAs:						
Race (Check) <input type="checkbox"/> B <input 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:	

CHARGES

CHECK CATEGORY OF CHARGE(S):

FELONY MISDEMEANOR CIVIL CONTEMPT MATERIAL WITNESS

OTHER

NARRATIVE:

Title: _____ USC: *40CF*

NARRATIVE:

Title: _____ USC: _____

Date of Offense: _____ Date of Arrest: *2/3/91* 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) <i>912-462-3576</i>	

Arraigned <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
Removing Official (Name) Sign Print		Agency/District	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 _____ 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



11933-031

② MCC

F

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 87056-054		P I C T U R E	
Name: Last VASAIEZ	First Ana Maria	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. 10/25/1979	SSN:	FBI: INS: Other:

CHARGES
CHECK CATEGORY OF CHARGES(S):
 FELONY MISDEMEANOR CIVIL CONTEMPT MATERIAL WITNESS

OTHER
NARRATIVE:
Title: 21 USC: 846 Dangerous Drugs
NARRATIVE:
Title: _____ USC: _____

Date of Offense: 7/31/2019 Date of Arrest: 7/31/2019 Place of Arrest: Street

State of Birth	Country of Birth El Salvador	Citizenship	Current Address 2420 Morris Ave Brook, NY 10468	Zip Code 10468
Height Ft: <u>5</u> In: <u>3</u>	Weight <u>135</u>	Hair <u>Blk</u>	Eyes <u>Blu</u>	Scars / Marks / Tattoos
Injuries / Medication			Emergency Contact: (Name, Address, Phone Number) N/A	

Arrested Y N Sentenced Y N Special Handling: Y or N Remarks:

IN	IN	IN	IN
Remanding Official (Name) Sign Print <u>31467</u>	Agency/District <u>USMS / S-NY</u>	Phone/24 Hour Number <u>(612) 331-7070</u>	

OUT	OUT	OUT	OUT
Removing Official (Name) Sign Print	Agency/District	Phone/24 Hour Number	

FOR BOP USE ONLY

Receiving Official (Name) Sign Print <u>MCC (SO 7/31/19)</u>	Date / Time <u>5:46 PM</u>	Releasing Official (Name) Sign Print	Date / Time
--	-------------------------------	--	-------------

Sentry Load Data: (Must Initial) Name Search Completed by: Clearance/Separate Checked by:	(OPTIONAL USE) ARS Code <u>A</u> PRE Staff Init. <u>SS</u> 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.





Prepared on: 07/31/2019

1

Prisoner Remand or Order to Deliver

SOUTHERN NEW YORK
District 54



PRISONER REMAND OR ORDER TO DELIVER AND RECEIPT FOR UNITED STATES PRISONERS (SHORT FORM)

TO: MCC New York

DATE: 07/31/2019

THE FOLLOWING NAMED UNITED STATES PRISONERS:

are herewith remanded to your custody

are to be delivered to representative
presenting and signing this order

#	USMS NO.	Local Jail No.	Name
1	66471054		BANKS, JAMIE

RECEIPT

THE ABOVE NAMED PRISONER(S) WERE RECEIVED:

BY:

TITLE:

DISTRICT OR ORGAN. ADDRESS:

Small CSO
5:45pm.

Greco

UNITED STATES MARSHAL

Netrano

BY: DEPUTY U.S. MARSHAL