

U.S. Department of Justice
United States Marshals Service

Personal History of Defendant

Taken into Federal custody by the following:

- Street Arrest (not from a correctional/detention facility)
 Custodial Arrest (from a correctional/detention facility)

- Writ Used (Must provide copy of writ)
 Prior Federal Arrest or Safekeeper - Register #: _____ - ____
 Safekeeper Location: _____

BIOGRAPHICAL INFORMATION

Last Name: THOMAS		First Name: MICHAEL		Middle Name:	
Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Transgender		Pregnant: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Race: B-Black/Black Hispanic	
Hair: BLACK		Eyes: BROWN		Height: [REDACTED]	
City of Birth: [REDACTED]		State/Country of Birth: [REDACTED]		DOB: [REDACTED]	
FBI #: [REDACTED]		State ID#: [REDACTED]		Alien #: [REDACTED]	
Resident Address/City/State/ZIP: [REDACTED]		Citizenship: USA			
Home Phone: [REDACTED]		Cell Phone: [REDACTED]		SSN: [REDACTED]	
[REDACTED]		Marital Status: Single			

COURT CASE

Agency: FBI		Agency ORI: NYFBINY00	
Agent Last Name: [REDACTED]		First Name: [REDACTED]	
Agent Phone #: [REDACTED]		Arrest Date: 11/19/2019	
Location/Facility of Arrest: 290 BROADWAY FBI NY			
Court Docket #: _____ CR		AUSA(s) Assigned: [REDACTED]	

OFFENSE

NCIC Code	Charge Description	Title/Code
	MAKING FALSE STATEMENTS	18 USC 1001
	CONSPIRACY TO MAKE FALSE STATEMENTS	18 USC 371

Known Detainers/Warrants: N Y - Agency: _____ (Must provide a copy of any detainers)

CAUTIONS AND MEDICAL

Long Term Medical Conditions (e.g., heart problems, diabetes, asthma, tuberculosis, HIV, AIDS, hepatitis, etc.): N Y

Psychiatric/Emotionally Disturbed (e.g., mental health concerns, suicidal, etc.): N Y

Injuries/Medical Ailments/Post-Op Recovery: N Y

Do the above conditions require:

Medical attention? N Y

Medication? N Y

Medical clearance by a licensed physician: N Y

Is Defendant under the influence of drugs or alcohol: N Y

Languages - English: N Y Limited

Other Language: N Y - List: _____

LAW ENFORCEMENT SENSITIVE

Security Cautions:

- | | | |
|--|--|---|
| <input type="checkbox"/> Current or former military | <input checked="" type="checkbox"/> Current or former LE/corrections | <input type="checkbox"/> Current or former intelligence |
| <input type="checkbox"/> Current or former public official | <input type="checkbox"/> Assault on LE/corrections | <input type="checkbox"/> SAM subject or candidate |
| <input type="checkbox"/> Eligible for diplomatic immunity | <input type="checkbox"/> Leadership role | <input type="checkbox"/> Separation needs <i>(Describe below)</i> |
| <input type="checkbox"/> Threat to witness <i>(Describe below)</i> | <input type="checkbox"/> CI <i>(Describe below)</i> | <input type="checkbox"/> Other <i>(Describe below)</i> |

Remarks:

ALIASES

ALIAS Last Name	ALIAS First, MI	Remark	Date of Birth	SSN	State Driver's License

ASSOCIATES / CO-DEFENDANTS / RELATIVES / CHILDREN / SIGNIFICANT OTHER

Relationship	Last Name	First, MI	Register #	Resident Address, City, State, ZIP Code	Phone
Co-Defendant	TOVA	NOEL	-		

MARKS

Scar/Mark/Tattoo (Specify)	Location	Description

VEHICLES

Vehicle Year	Make	Model	Color(s)	Vehicle Style	State and Plate #	Registration Date	VIN

LICENSES

License Number	License State

MISCELLANEOUS NUMBERS

Miscellaneous Number	Type <i>(Select from dropdown menu or type below)</i>	Remarks <i>(e.g., Issuing State or Country, etc.)</i>

OCCUPATIONS

Occupation: BOP CORRECTIONS OFFICER Company/Employer Name: FEDERAL BOP
 Employment Address: 150 PARK ROW NEW YORK NY Phone: [REDACTED]
 Start Date: End Date: Point of Contact:

FINANCIAL

Bank Name	Account Type	Account #	Branch Address	Phone #

MILITARY

Branch	Rank	Entry Date	Discharge Date	Discharge Type	Military Occupation	Remarks

REMARKS

Additional Information/Remarks/Continuation:

LAW ENFORCEMENT SENSITIVE

PROFILE

Defendant Risks: *Requires remarks below

- Escpee
- Organized Crime*
- International Terrorist
- Gang Member*
- Multiple Defendants
- Planned Murder
- Protected Witness
- Domestic Terrorist
- Significant Criminal History
- Death Penalty Case

Sex Offender:

- Arrest
- Registered
- Conviction
- Registration Violation

[+ Add History](#)

Criminal History (Select from dropdown menu or type offense below)

Arrest (#)

Conviction (#)

-	NONE	
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Remarks (e.g., name of gang or criminal organization, etc.):

- Money Launderer
- Kingpin
- Violent Offender

INTERNET SOURCE

Internet Source	Remarks (e.g., email address, website address, username, etc.)

NOTICE TO ARRESTING AGENTS: As a courtesy, the USMS may temporarily hold an arrestee received by non-USMS personnel in the cellblock until the arresting agent(s) make arrangements for the prisoner's initial appearance before a United States Magistrate. A prisoner remains the responsibility of the arresting agency until remanded to the custody of the USMS by the courts. When a courtesy hold is allowed by the USMS to be housed in a USMS cellblock, a minimum of one agent from the arresting agency must be available to respond to the cellblock in order to address any issues with their prisoner (e.g., medical, disciplinary). If the arresting agency refuses to comply with USMS procedures, the courtesy hold may be refused. Meals are not provided by the USMS, and remain the responsibility of the arresting agent(s).

ARRESTEE PROCESSING CHECKLIST
For Arresting Officer Only

- USM-312 (Personal History of Defendant)
- Medical clearance (from licensed physician), if necessary
- Copy of Arrest Warrant, if issued
- Copy of Complaint, Information, or Indictment, if completed
- Copy of Detainer(s), if issued
- Copy of Writ, if applicable
- Correctional facility discharge papers, if applicable
- Correctional facility prisoner receipt, if applicable
- Correctional facility medical summary, if applicable

Prepared By - Name: [REDACTED]

Agency: FBI/NYPD

Cell Phone: [REDACTED]

Date: 11/19/2019

ARRESTEE PROCESSING CHECKLIST
For USMS Personnel Only

- Confirm all arresting agent documentation is completed and inserted into prisoner's file
- USM-312 (Personal History of Defendant) - reviewed, signed and dated by intake DUSM/DEO
- USM-552 (Prisoner Medical Records Release Form) - completed, signed and dated by intake DUSM/DEO
- USM-18 (Federal Prisoner Property Receipt) - completed, signed and dated by intake DUSM/DEO
- USM-40/41 (Prisoner Remand) - inserted into prisoner's file
- USM-130 (Prisoner Custody Alert Notice), if applicable - inserted into prisoner's file
- FD-249 (Fingerprint Card) - printed and inserted into prisoner's file
- Prisoner Photograph (from Booking Package) - printed and inserted into prisoner's file

Reviewed By:

Badge #:

Date:

FEDERAL PRISONER'S PROPERTY RECEIPT
(Instructions on Reverse)

ITEMS RECEIVED:

NO PROPERTY// NO PROPERTY// NO PROPERTY

CELLBLOCK

INMATE NAME: MICHAEL THOMAS

MDC BROOKLYN

11/19/2019

INMATE SIGNATURE:

Original (White) - To Committing Officer
Duplicate (Yellow) - To Jailer
Triplicate (Blue) - To Prisoner
Quadruplicate (White) - Extra

FORM USM-18
(Rev 4/85)
Automated 01/01

INSTRUCTIONS

1. This Federal Prisoner's Property Receipt (Form USM-18) should be prepared in quadruplicate. Copies should be distributed as directed on the last line of each copy

Original (White) - To Committing Officer

Duplicate (Yellow) - To Jailer

Triplicate (Blue) - To Prisoner

Quadruplicate (White) - Extra

2. When a Federal prisoner is placed in a non-federal institution by a U.S. marshal, a deputy marshal, or other employee of the marshal, all spaces above the double lines should be filled in and the receiving officer should sign in the space provided, a-, evidence of the receipt of the prisoner's ro ert Co i should then be distributed as set forth above.

3. When a prisoner is released. the last two boxes on the jailer's copy will be filled in as evidence of the jailer's return of the property.

4. If, while in jail, the prisoner is allowed to spend or otherwise dispose of any money or other property listed, that fact should be noted on the jailer's copy over the prisoner's signature.

5. If a prisoner is to be released to someone other than the committing officer, the original of the receipt should be attached to the commitment. removal, or other papers, for delivery to the marshal to whom the prisoner will be released.

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 Form USM-552 is to be retained in the prisoner's files.

Section I - USMS Prisoner Information

1. Prisoner Name (Last, First, MI) THOMAS, MICHAEL		2. USMS Prisoner	
3. District Name SDNY	4. District #	5. Custody Date (Mo/Day/Yr) 11/19/2019	

Section II - Prisoner Personal Data And Medical Information

6. Date of Birth (Mo/Day/Yr) [REDACTED]		7. Social Security No. [REDACTED]	
8. Medical Insurance Information			
A) Insurance Company Name	B) Policy Number	C) Medicare /Medicaid Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name of Your Physician		10. Phone Number ()	

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 _____
Signature of USMS Intake Officer _____	Date _____

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

Form USM-552
Est. 6/98

Message Detail
Additional Inquiry Response

ORI: NYFBINY00
Federal Bureau of Investigation - New York

New York State Division of Criminal Justice Services
Alfred E. Smith Building, 80 South Swan St.
Albany, New York 12210. Tel:1-800-262-DCJS
Michael C.Green, Executive Deputy Commissioner of the NYS Division of Criminal Justice Services

● **III Information** ↑

The following information is provided in response to your request for a III search from the State of New Jersey based on:

FBI number: 25847JD9
Purpose Code: C

ATN/GREENES3

THIS RECORD IS BASED ON THE SID NUMBER IN YOUR REQUEST-
SID/ [REDACTED] E

NEW JERSEY CRIMINAL HISTORY DETAILED RECORD

USE OF THIS RECORD IS GOVERNED BY FEDERAL AND STATE REGULATIONS. UNLESS FINGERPRINTS ACCOMPANIED YOUR INQUIRY, THE STATE BUREAU OF IDENTIFICATION CANNOT GUARANTEE THIS RECORD RELATES TO THE PERSON WHO IS THE SUBJECT OF YOUR REQUEST. USE OF THIS RECORD SHALL BE LIMITED SOLELY TO THE AUTHORIZED PURPOSE FOR WHICH IT WAS GIVEN AND IT SHALL NOT BE DISSEMINATED TO ANY UNAUTHORIZED PERSONS. TO ELIMINATE A POSSIBLE DISSEMINATION VIOLATION, AND TO COMPLY WITH FUTURE EXPUNGEMENT ORDERS, THIS RECORD SHALL BE DESTROYED *IMMEDIATELY* AFTER IT HAS SERVED ITS INTENDED AND AUTHORIZED PURPOSES. ANY PERSON VIOLATING FEDERAL OR STATE REGULATIONS GOVERNING ACCESS TO CRIMINAL HISTORY RECORD INFORMATION MAY BE SUBJECT TO CRIMINAL AND/OR CIVIL PENALTIES. THIS RECORD IS CERTIFIED AS A TRUE COPY OF THE CRIMINAL HISTORY RECORD INFORMATION ON FILE FOR THE ASSIGNED STATE IDENTIFICATION NUMBER.

STATE ID NO [REDACTED] FBI NO. [REDACTED] DATE REQUESTED.

11/18/2019

NAME: THOMAS, MICHAEL A.

SEX RACE BIRTH DATE HEIGHT WEIGHT EYES HAIR BIRTH PLACE
M B [REDACTED] [REDACTED] [REDACTED] BRO BLK [REDACTED]

RECEIVING AGENCY: NYFBINY00 U.S. CITIZEN: YES

FPC: ARRRRALALL
SINGLE STATE

AFIS NO:

III:

STATUS:

DNA SAMPLE

NOT REQUIRED

COLLECTION

ALIAS NAMES/OTHER BIRTH DATES
THOMASSR, MICHAEL A. [REDACTED]

SOCIAL SECURITY NUMBERS
[REDACTED]

SCARS/MARKS/TATTOOS/MISC NUMBERS
TATTOO RIGHT ARM LION WTRIBAL DESIGN

LAST REPORTED ADDRESS/DATE : 05/06/2010
[REDACTED]

***** ARREST 001 PRE-TRIAL INTERVENTION

DOMESTIC VIOLENCE

ARRESTED 06/11/2010 AGENCY CASE NO: 42694

AGENCY: NJ0201200 PLAINFIELD PD

UNION

NAME USED: THOMAS, MICHAEL A.
[REDACTED]

DOB USED:

OFFENSE DATE: 06/11/2010

001 CNT 2C:12-1B(7)

AGG ASSAULT-ATTEMPT/CAUSE SIGNI

001 CNT 2C:13-2A

CRIMINAL RESTRAINT - RISK OF SB

001 CNT 2C:17-3A(1)

CRIMINAL MISCHIEF-DAMAGE PROPER

001 CNT 2C:33-4

HARASSMENT

001 CNT 2C:39-4A

POSS FIREARM UNLAWFUL PURPOSE

SUMMONS/WARRANT
001

AOC NUMBER: UNN10002235-

NO: W 20100010592012
09/19/2011
AGENCY: NJ020081J

DISPOSITION DATE:
MUNICIPAL COURT PLAINFIELD

DISPOSITION: PTI DISMISSED
001 CNT: 2C:12-1B(7)
ATTEMPT/CAUSE SIGN

DEG: 0

AGG ASSAULT-

DISPOSITION: PTI DISMISSED
001 CNT: 2C:13-2A
RISK OF S

DEG: 0

CRIMINAL RESTRAINT -

DISPOSITION: PTI DISMISSED
001 CNT: 2C:39-4A
PURPOSE

DEG: 0

POSS FIREARM UNLAWFUL

SUMMONS/WARRANT
001

AOC NUMBER: UNN10002235-

NO: W 20100010602012
09/19/2011
AGENCY: NJ020081J

DISPOSITION DATE:
MUNICIPAL COURT PLAINFIELD

DISPOSITION: PTI DISMISSED
001 CNT: 2C:17-3A(1)
DAMAGE PROPE

DEG: 0

CRIMINAL MISCHIEF-

DISPOSITION: PTI DISMISSED
001 CNT: 2C:33-4A
MANNER TO C

DEG: 0

HARASSMENT-COMM IN

AGGREGATE SENTENCE DATE: 09/29/2010

COURT: NJ020043J
DIVER PROGRM TRM12M
150

UNION CO SUPERIOR COURT
AMOUNT ASSESSED \$

DEPARTMENT OF CORRECTIONS DATA NOT FOUND FOR THIS SID NUMBER

CRIMINAL HISTORY DIVERSION PROGRAM AND INDICTABLE
CONVICTION SUMMARY

PRE-TRIAL INTERVENTION: 001

CONDITIONAL DISCHARGE: 000
INDICTABLE CONVICTIONS: 000
VIOLATION OF PROBATION: 000

COURT DISPOSITION INFORMATION CONTAINED IN THIS RECORD IS REPORTED ELECTRONICALLY FROM THE SENTENCING COURT. QUESTIONS CONCERNING DISPOSITION INFORMATION SHOULD BE DIRECTED TO THE MUNICIPAL OR SUPERIOR COURT LISTED ON THE RECORD. INFORMATION REGARDING CORRECTIONS TO THIS RECORD MAY BE DIRECTED TO THE COURT OF SENTENCING.

END OF CCH RECORD

END OF RECORD

80 South Swan St.
Albany, New York 12210. Tel:1-800-262-DCJS
Michael C.Green, Executive Deputy Commissioner of the NYS Division of Criminal Justice Services

• **III Information** ↑

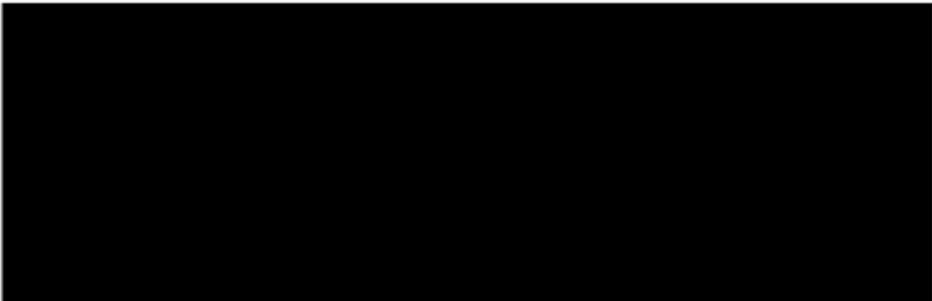
The following information is provided in response to your request for a search of the III based on:

Name: THOMAS, MICHAEL
Sex: Unknown
Race: Unknown
Date of Birth: [REDACTED]
Purpose Code: C

NYFBINY00

THIS NCIC INTERSTATE IDENTIFICATION INDEX MULTIPLE RESPONSE IS THE RESULT OF YOUR INQUIRY ON NAM/THOMAS, MICHAEL DOB/[REDACTED] SEX/X RAC/U PUR/C ATN/GREENES3

NAME	FBI NO.	INQUIRY DATE
WILKIE-THOMAS, MICHAEL JR	[REDACTED]	2019/11/18



[REDACTED]

ALIAS NAMES

[REDACTED] [REDACTED] [REDACTED]

SCARS-MARKS-
TATTOOS SOCIAL SECURITY
TAT L ARM [REDACTED]
SC L WRIST

IDENTIFICATION DATA UPDATED 2019/05/15

THE CRIMINAL HISTORY RECORD IS MAINTAINED AND AVAILABLE FROM THE FOLLOWING:

SOUTH CAROLINA - STATE ID [REDACTED]
GEORGIA - STATE ID [REDACTED]
WASHINGTON - STATE ID [REDACTED]
INDIANA - STATE ID [REDACTED]
NORTH CAROLINA - STATE ID [REDACTED]

END - 1ST NCIC III RECORD OF MULTIPLE RESPONSE

NAME	FBI NO.	INQUIRY DATE
THOMAS, MICHAEL A	[REDACTED]	2019/11/18

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR	PHOTO
M	B	[REDACTED]	[REDACTED]	[REDACTED]	BRO	BLK	N

BIRTH PLACE

[REDACTED]

FINGERPRINT CLASS PATTERN CLASS

ALIAS NAMES

THOMAS, MICHAEL ALBERT	THOMAS, MICHEAL ALBERT
THOMASSR, MICHAEL A	

SCARS-MARKS-

TATTOOS SOCIAL SECURITY MISC NUMBERS
TAT UR ARM [REDACTED] [REDACTED]

IDENTIFICATION DATA UPDATED 2019/06/13

THE CRIMINAL HISTORY RECORD IS MAINTAINED AND AVAILABLE FROM THE

FOLLOWING:

NEW JERSEY - STATE ID/ [REDACTED]

END - LAST NCIC III RECORD OF MULTIPLE RESPONSE

THE RECORD(S) CAN BE OBTAINED THROUGH THE INTERSTATE
IDENTIFICATION
INDEX BY USING THE APPROPRIATE NCIC TRANSACTION.

END