

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) | Writ Used (Must provide copy of writ)
 Custodial Arrest (from a correctional/detention facility) | Prior Federal Arrest or Safekeeper - Register #: _____ - _____
 Safekeeper Location: _____

BIOGRAPHICAL INFORMATION

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

COURT CASE

Agency: FBI		Agency ORI: NYFBIN00			
Agent Last Name: _____		First Name: _____			
Agent Phone #: _____		Arrest Date: 11/19/2019			
Location/Facility of Arrest: 290 BROADWAY FBI NY					
Court Docket #: _____ CR		AUSA(s) Assigned: _____			

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	THOMAS	MICHAEL	-		

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:
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	

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

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*

Prepared By - Name: [REDACTED]

Agency: FBI/NYPD

Cell Phone: [REDACTED] **Date:** 11/19/2019

Reviewed By:

Badge #: **Date:**

FEDERAL PRISONER'S PROPERTY RECEIPT
(Instructions on Reverse)

ITEMS RECEIVED:

NO PROPERTY// NO PROPERTY// NO PROPERTY

CELLBLOCK

INMATE NAME: TOVA NOEL

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, and evidence of the receipt of the prisoner's property 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) NOEL, TOVA		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

III Status: Status in other states unknown

US Citizen: Unknown

• **NYS Criminal History Information** ↑

There is no Criminal History Information associated with this history.

• **Other History Related Information** ↑

There is no Other History Related Information associated with this history.

• **Job/License Information** ↑

Civil Information

Type of Application: Police Department Employee

Name: TOVA A NOEL

Date of Birth: [REDACTED]

Ethnicity: Unknown

SSN: [REDACTED] 3

Address: [REDACTED]

Agency ID: [REDACTED] 5

Date of Application: April 05, 2016

Application Agency: [NYCPD Applicant Investigation Unit](#)

Application Number: [REDACTED] 5

Type of Application: Correction Officer

Name: TOVA ANJANIQUE NOEL

Date of Birth: [REDACTED]

Country of Citizenship: USA

Ethnicity: Not Hispanic

SSN: [REDACTED] 3

Address: [REDACTED]

Agency ID: [REDACTED] 1

Date of Application: January 13, 2015

Application Agency: [NYS DOCCS Employee Investigation Unit](#)

Application Number: [REDACTED] 1

Type of Application: Special Officer

Name: TOVA A NOELCHRISTIAN

Date of Birth: [REDACTED]

SSN: [REDACTED] 3

Address: [REDACTED]

Agency ID: [REDACTED] C

Date of Application: August 19, 2014
Application Agency: [NYC Dept Citywide Administrative Srves-Division of City Personnel](#)
Application Number: [REDACTED] C
Type of Application: Local Service Applicant
Name: TOVA NOEL CHRISTIAN
Date of Birth: [REDACTED]
SSN: [REDACTED] 3
Agency ID: [REDACTED]
Date of Application: November 16, 2011
Application Agency: [NYS Justice Center - OPWDD - CBC Unit](#)
Application Number: [REDACTED]

• **Wanted Information** ↑

There is no NYS Wanted Information associated with this history.

• **Missing Person Information** ↑

There is no NYS Missing Information associated with this history.

• **Additional Information** ↑

Caution: Identification not based on fingerprint comparison. This record was produced as the result of an inquiry.
According to our files, this individual does not appear to have History in III. However this does not preclude the possibility that the FBI does have a record. If you desire this information, please submit a request directly to the FBI.

WARNING: Release of any of the information presented in this computerized Case History to unauthorized individuals or agencies is prohibited by federal law TITLE 42 USC 3789g(b). This report is to be used for this one specific purpose as described in the Use and Dissemination Agreement your agency has on file with DCJS. **Destroy after use and request an updated rap sheet for subsequent needs.**
All information presented herein is as complete as the data furnished to DCJS.

Message Detail
Additional Inquiry Response

ORI: NYFBINY00
Federal Bureau of Investigation - New York
NYSID: 11672345L

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

● Federal NCIC ↑

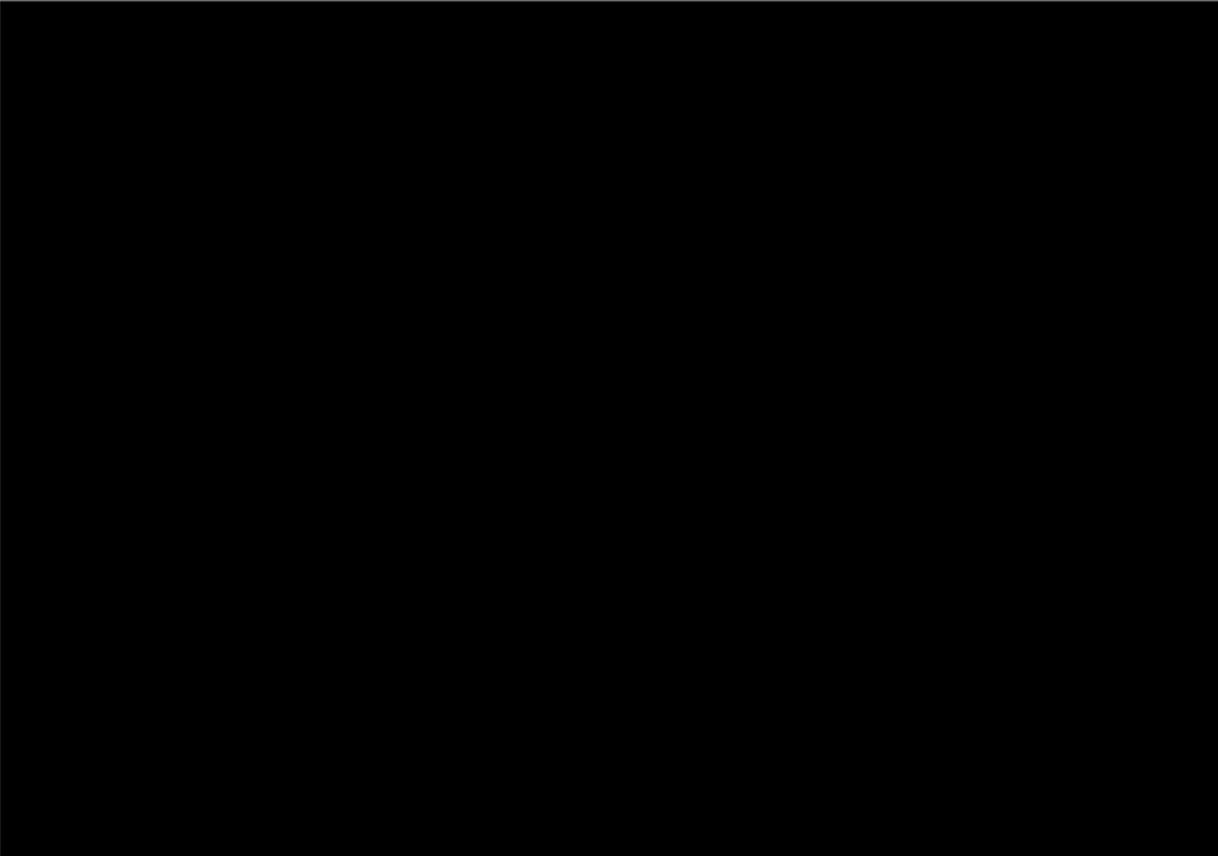
WARNING: Release of any NCIC information to unauthorized individuals or agencies, including the subject of the data, is prohibited. Please refer to section 4.2 of the CJIS security policy and Title 28, Part 20 of the code of Federal Regulations for the proper access, use, and dissemination of the information contained in the NCIC restricted and non-restricted files.

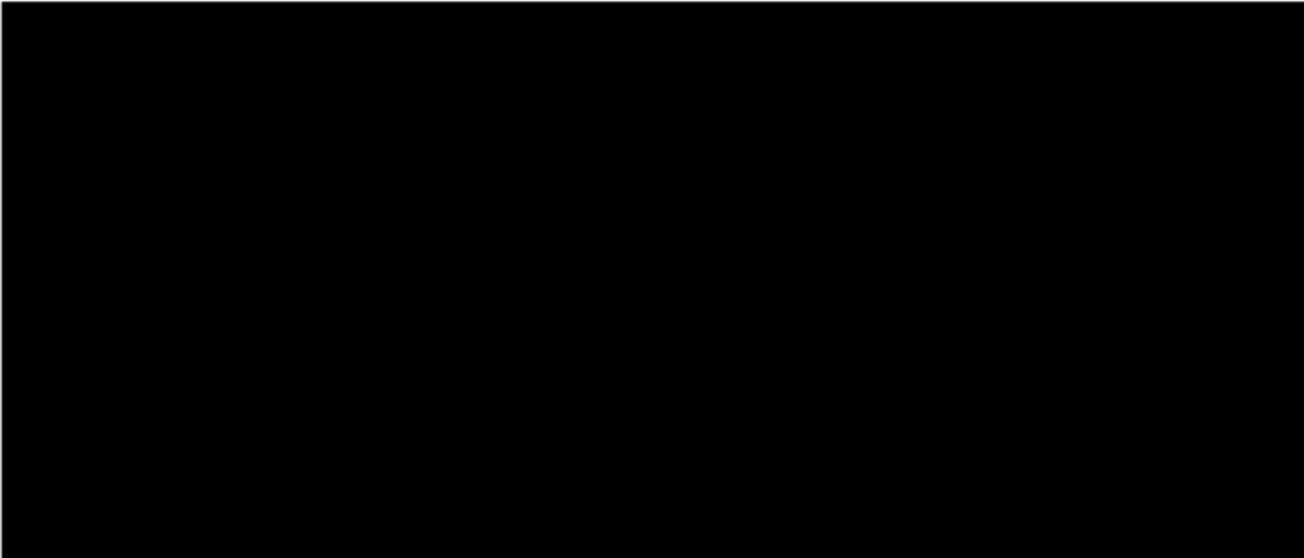
The following information is provided in response to your request for a search of the NCIC - Protection Order File based on:

Name:	NOEL, TOVA
Sex:	Female
Race:	Black
Date of Birth:	
Social Security number:	
NYFBINY00	

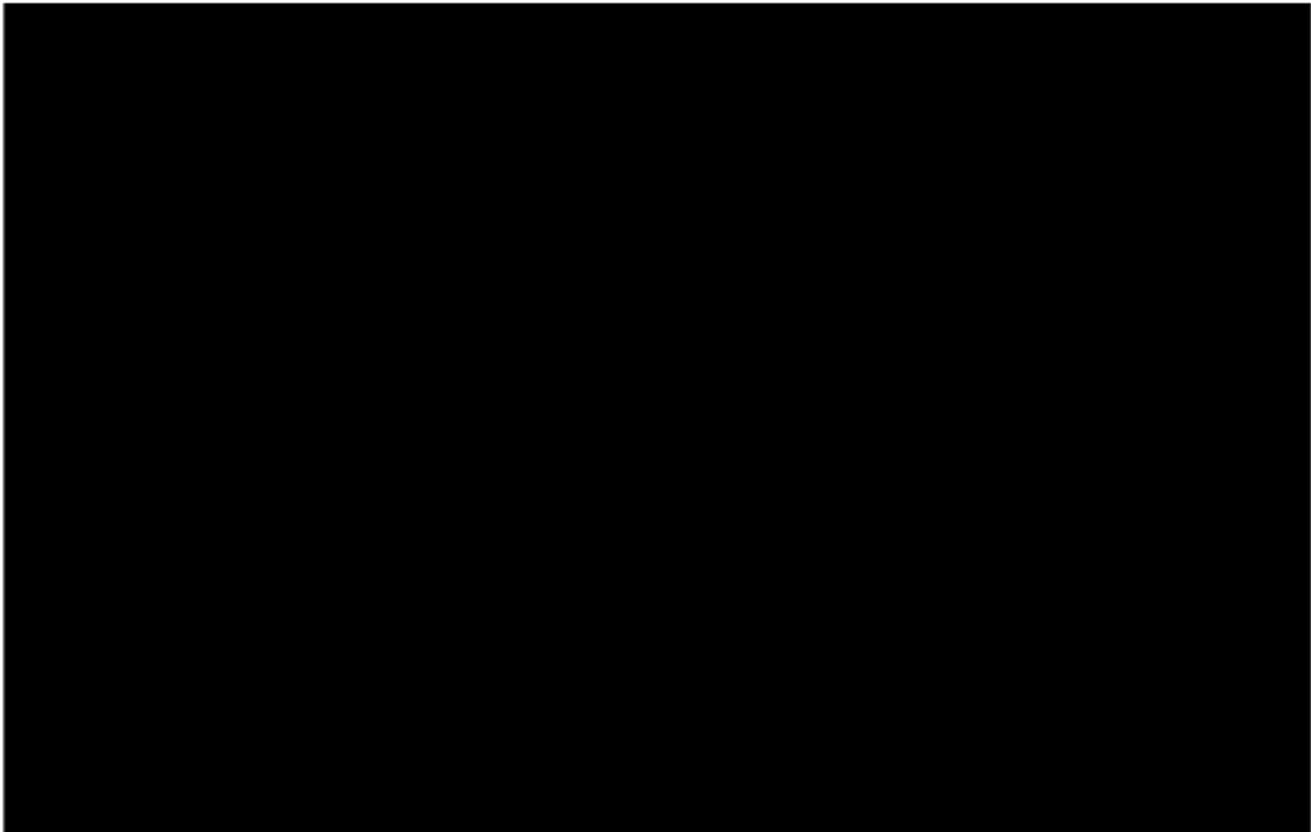
*****WARNING - THE FOLLOWING IS AN EXPIRED NCIC PROTECTION ORDER RECORD. DO NOT SEARCH, DETAIN, OR ARREST BASED SOLELY ON THIS RECORD. CONTACT ENTERING AGENCY TO CONFIRM STATUS AND TERMS OF PROTECTION ORDER*****

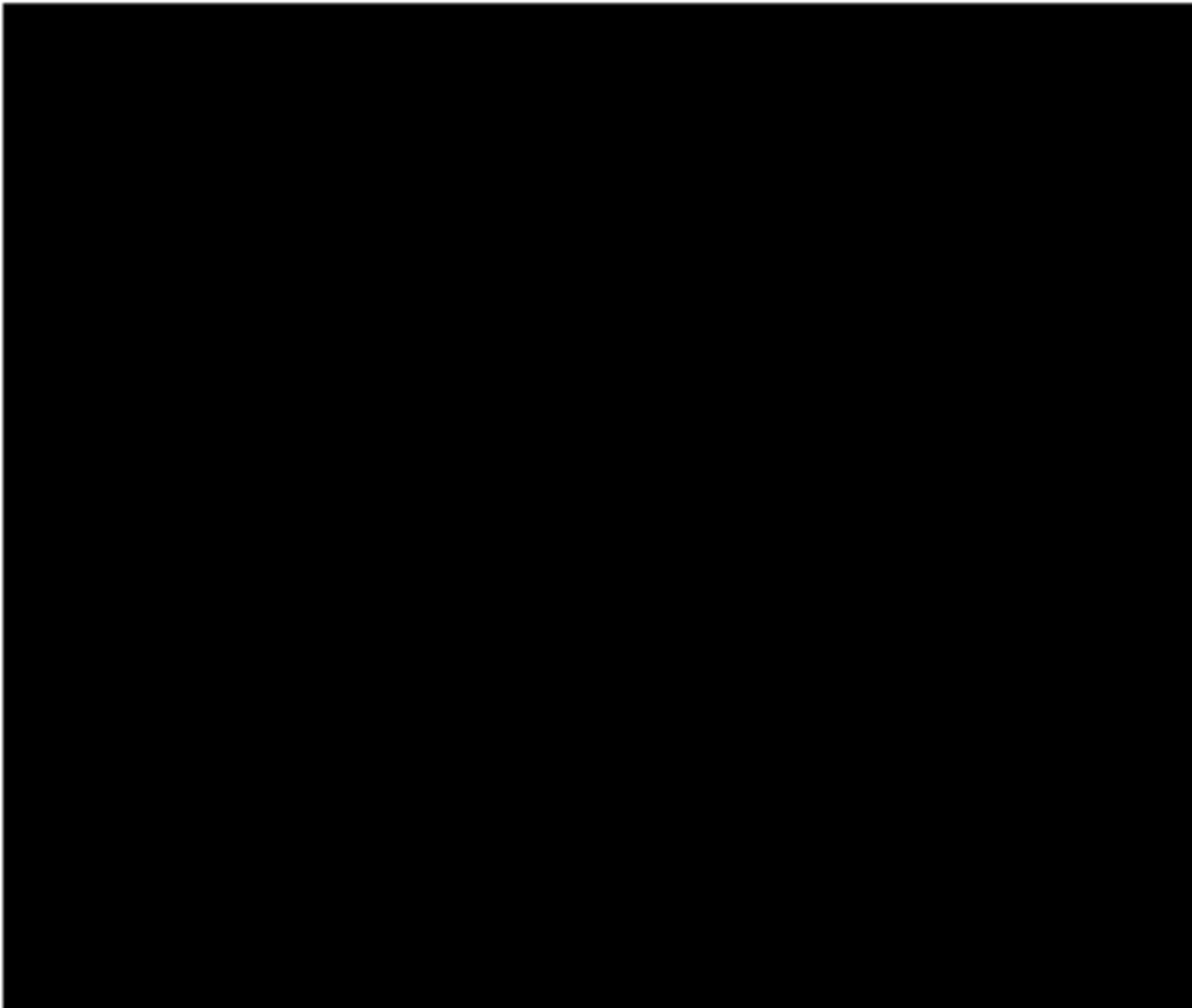
MKE/CLEARED PROTECTION ORDER





*****WARNING - THE FOLLOWING IS AN EXPIRED NCIC PROTECTION ORDER
RECORD. DO NOT
SEARCH, DETAIN, OR ARREST BASED SOLELY ON THIS RECORD. CONTACT
ENTERING
AGENCY TO CONFIRM STATUS AND TERMS OF PROTECTION ORDER*****





Message Detail
Additional Inquiry Response

ORI: NYFBINY00
Federal Bureau of Investigation - New York
NYSID: 11672345L

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

● **Federal NCIC** ↑

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The following information is provided in response to your request for a search of the NCIC - Person Files based on:

Name:	NOEL, TOVA
Sex:	Female
Race:	Black
Date of Birth:	██████████8
Social Security number:	██████████3

NYFBINY00

NO NCIC WANT SOC/██████████
NO NCIC WANT NAM/NOEL, TOVA A DOB/██████████ RAC/B SEX/F
***MESSAGE KEY QWA SEARCHES ALL NCIC PERSONS FILES WITHOUT
LIMITATIONS.