

QTRG EQ ***** OCTG EQ *****

COUNT AREA	CENSUS	O U T C O U N T S E C T I O N										VERIFY COUNT	COUNT AREA	
		A T T Y	F N J	F N Y	F N Y	F S	H O S P	M S	R & D	S A N I T I D I V	T R V I S I T O R S			V O C A T I O N A L
B-A	26	.	.	.	.	.	.	.	.	.	.	.	X	26 B-A
C-A	10	.	.	.	.	.	.	.	.	.	.	.	X	10 C-A
E-N	83	.	.	.	.	.	.	.	.	.	.	.	X	83 E-N
E-S	78	.	.	.	.	3	.	.	.	.	.	3	X	75 E-S
G-N	78	.	.	.	.	.	.	.	.	.	.	.	X	78 G-N
G-S	85	1	.	.	.	.	.	.	.	.	.	1	X	84 G-S
H-A	2	.	.	.	.	.	.	.	.	.	.	.	X	2 H-A
I-N	86	1	.	.	.	.	.	.	.	.	.	1	X	85 I-N
K-N	89	.	.	.	.	.	.	.	.	.	.	.	X	89 K-N
K-S	137	.	.	.	1	10	2	.	.	.	.	13	X	124 K-S
R-A	0	.	.	.	.	.	.	.	.	.	.	.	X	0 R-A
Z-A	76	1	.	.	.	.	.	.	.	.	.	1	X	75 Z-A
Z-B	5	.	.	.	.	.	.	.	.	.	.	.	X	5 Z-B
TOTAL	755	3	.	.	1	13	2	.	.	.	.	19	736	

COUNT VERIFY X X X X

OFFICIAL PREPARING COUNT: [REDACTED]
OFFICIAL TAKING COUNT: [REDACTED]
COUNT CLEARED TIME: 5:03 pm

Good Verbal 5:00 pm

NYMH3 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-09-2019
15:39:36

CATEGORY: OCT

GROUP CODE:

ASSIGNMENT: FNYS

FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	FNYS	53358-054	CLARK	08-09-2019	K11-056U	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: 08-09-2019

Count Time: 4:00 pm

From: 
(Staff Member Supervising Inmates)

Location: FNYS

Approved: _____
pp (Operations Lieutenant)

REG..... LN..... FN..... QTR.....

53358-054 CLARK ROBERT K11-056U

B-A ___ C-A ___ E-N ___ E-S ___ G-N ___ G-S ___
H-A ___ I-N ___ K-N ___ K-S 1 R-A ___ Z-A ___ Z-B ___

Total Out-Counted: 1

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.

**METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/9/19 COUNT TIME: 4:00

FROM: [Redacted] LOCATION: FS
(Staff Member Preparing Out Count)

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 50659-014	Kirk	ES	13. 79652-054	Thomas	KS
2. 68685-006	Clark	ES	14.		
3. 50659-018	Kirk	ES	15.		
4. 77863-112	Berry	KS	16.		
5. 86764-054	Duncan	KS	17.		
6. 51702-069	Estroff	MS	18.		
7. 70161-054	Granado	MS	19.		
8. 86595-054	Nguyen	KS	20.		
9. 85970-054	Martinez	MS	21.		
10. 86022-054	Morgan	MS	22.		
11. 85927-054	Thomas	MS	23.		
12. 85927-054	Thomas	KS	24.		

OUT-COUNT BY UNIT

B-A _____ C-A _____ E-N _____ E-S 2 G-N _____ G-S _____ H-A _____
I-N _____ K-N _____ K-S 10 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.

NYMH3 530*05 *
PAGE 001 OF 001

INMATE ROSTER

* 08-09-2019
15:36:31

CATEGORY: OCT
ASSIGNMENT: ATTY

GROUP CODE:
FACILITY: NYM

OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT OPER CATG ASSIGNMENT

NUM	ASSIGNMENT	REG NO	NAME	OCT DATE	QTR	WRK
0001	ATTY	91126-053	ARAUJO	08-09-2019	I04-930U	UNASSG
0002		76318-054	EPSTEIN	08-09-2019	Z04-206LAD	UNASSG
0003		19735-104	MONES-CORO	08-09-2019	G07-756U	UNASSG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

METROPOLITAN CORRECTIONAL CENTER
NEW YORK, NY

OFFICIAL OUT COUNT

DATE: 8-9-19

COUNT TIME: 4:00pm

FROM: [Redacted] (Start/End Count)

LOCATION: Atty

APPROVED: [Signature]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 76318-054	Epstein	ZA	13.		
2. 91126-053	Araujo	IN	14.		
3. 19735-104	Mones-corro	G-S	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 _____
 I-N 1 K-N _____ K-S _____ R-A _____ Z-A 1 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 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
NEW YORK, NY**

OFFICIAL OUT COUNT

DATE: 8/9/2019

COUNT TIME: 4:00pm

FROM: [Redacted]
(Unit Member Preparing Out Count)

LOCATION: [Redacted]

APPROVED: [Redacted]
(Operations Lieutenant)

REG #	NAME	UNIT	REG #	NAME	UNIT
1. 78025-053	Nunez	KS	13.		
2. 86351-054	Marrero	KS	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 _____ H-A _____
 I-N _____ K-N _____ K-S 2 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: ZB Date: 8-9-19
Count: 5 Time: 4:00PM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: KN Date: 8/9/19
Count: 89 Time: 4pm

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ATU Date: 8-9-19
Count: 3 Time: 400PM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ZA Date: 8/9/19
Count: 75 Time: 4:00

Print Name: abel
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: IN Date: 8/9/2019
Count: 85 Time: 400pm

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GS Date: 8-9-18
Count: 84 Time: 400pm

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: K-5 Date: 8-9-19
Count: 124 Time: 4pm

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
New York, New York
Official Count Slip

Unit: FNYS Date: 08/09/2019
Count: 1 Time: 4:00 PM

1. Print Name: _____
1. Signature: _____
2. Print Name: _____
2. Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: FS Date: 8/9/19
Count: 13 Time: 4:00 PM

Print Name: _____
Signature: _____
Print Name: _____
Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: CA Date: 8/9/19
 Count: 10 Time: 4:00 pm
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: ES Date: 08-09-19
 Count: 75 Time: 4:00 pm
 Print Name: Thomas
 Signature: AT
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: HA Date: 8/9/19
 Count: 2 Time: 4:00 pm
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: BA Date: 8/9/19
 Count: 26 Time: 4:00 pm
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: EN Date: 08-09-19
 Count: 82 Time: 4:00 pm
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: GN Date: 8-9-19
 Count: 78 Time: 4:00 pm
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____

Metropolitan Correctional Center
Official Count Slip

Unit: Hosp Date: 8/9/19
 Count: 2 Time: 4:00 pm
 Print Name: _____
 Signature: _____
 Print Name: _____
 Signature: _____