

# FEDERAL PRISONER'S PROPERTY RECEIPT

(Instructions on Reverse)

ITEMS RECEIVED:

NO PROPERTY NO PROPERTY NO PROPERTY	NO PROPERTY NO PROPERTY NO PROPERTY
NO PROPERTY NO PROPERTY NO PROPERTY	NO PROPERTY NO PROPERTY NO PROPERTY
NO PROPERTY NO PROPERTY NO PROPERTY	NO PROPERTY NO PROPERTY NO PROPERTY
NO PROPERTY NO PROPERTY NO PROPERTY	NO PROPERTY NO PROPERTY NO PROPERTY
NO PROPERTY NO PROPERTY NO PROPERTY	NO PROPERTY NO PROPERTY NO PROPERTY

CELLBLOCK	
INMATE NAME:	MDC BROOKLYN
INMATE SIGNATURE:	

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

FORM USA-15  
(Rev 4/85)  
Automated 01/01

LAW ENFORCEMENT SENSITIVE

Criminal History (Select from dropdown menu or type offense below)		+ Add History
	Arrest (#)	Conviction (#)

Remarks (e.g., name of gang or criminal organization, etc.):

N/A

- 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: Det [Redacted]  
 Agency: NYPD-NERT-7FO  
 Cell Phone: [Redacted]      Date: 7/6/19

**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: \_\_\_\_\_

Fmly. member (Brother)  
 MARK EPSTEIN  
 (917) 543-2432



UNITED STATES DEPARTMENT OF JUSTICE  
 UNITED STATES MARSHALS SERVICE  
 SOUTHERN DISTRICT OF NEW YORK

**ARRESTEE INFORMATION**

Before any arrestee can be processed by the USMS any and all medical problems/conditions must be declared. This form must be completed for each arrestee and given to the responding USMS personnel before the arrestee will be received for processing.

Arrestee name: JEFFREY EPSTEIN

Does arrestee have a prior federal arrest? Circle:  YES  NO

If yes, please list the arrestee's USMS number. \_\_\_\_\_

If you cannot identify USMS number, please provide arrest information (IE: date, arresting agency, location)

Arrestee's representation for this days proceeding: (Circle) Legal Aid CJA retained MARTY Weinberg  
 If legal aid, has arrestee met with counsel? Circle: YES NO  
 Does the arrestee have any current detainers? Circle: YES  NO  
 If yes, please list: (6117) 901-3472

Does arrestee have any long term medical condition or conditions (to include: heart problems, diabetes, asthma, tuberculosis, HIV, AIDS, hepatitis etc.)? Circle: YES  NO

Does arrestee require medication/medical attention for this condition? Circle: YES NO

Do you, as the arresting agent, currently possess at least one days dosage of the arrestee's medication?  
 Circle: YES  NO

Explain: \_\_\_\_\_

Does arrestee have/display/complain of any other medical ailments (IE: broken bones, open wounds etc.)?  
 Circle: YES  NO

Does arrestee require medication/medical attention for this condition? Circle: YES NO

Do you, as the arresting agent, currently possess at least one days dosage of the arrestee's medication?  
 Circle: YES  NO

Explain: \_\_\_\_\_

Is the arrestee a drug addict/user? Circle: YES  NO

If yes, does this require any special medical program (IE: methadone treatment)? Explain: \_\_\_\_\_

Do you, as the arresting agent, if applicable, possess a medical clearance/fit for confinement letter from a healthcare professional? Circle: YES  NO (Please attach)

**ARRESTEE PROCESSING CHECKLIST**

Please check when completed

- 1. Have you completed any and all USMS paperwork.  
To include: USMS 312 (Please fill out all forms as completely as possible)
- 2. Attached a photo of arrestee to paperwork.
- 3. Fingerprint cards  
\*1 for USMS file  
\*1 for the FBI for FPC classification
- 4. Filled out and attached the BOP-9.
- 5. Strip searched arrestee.
- 6. Taken any and all property.

ARRESTING AGENT: SA [REDACTED]

AGENCY: NY FBI - 500 C-10

CONTACT # WHILE IN THIS BUILDING: \_\_\_\_\_

\*\*\*\*\*NOTE TO ALL ARRESTING AGENTS\*\*\*\*\*

Be advised, the USMS provides the **COURTESY** of holding and producing arrestee prior to the arrestee's magistrate court appearance. However, the arrestee is not considered a USMS prisoner until a U.S. Magistrate Judge **REMANDS** said arrestee to USMS custody. This means that as the arresting agent, you must be available at all times to respond to any and all matters concerning your arrestee, as you are the responsible party.

United States Marshals Service Policy and Procedures Manual 5.1-1.(a)

LAW ENFORCEMENT SENSITIVE

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

MARKS		
Scar/Mark/Tattoo (Specify)	Location	Description
N/A		

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 (Select from dropdown menu or type below)	Remarks (e.g., Issuing State or Country, etc.)

OCCUPATIONS			
Occupation:	SELF EMPLOYED	Company/Employer Name:	SOUTHWEST TRUST COMP.
Employment Address:	VIREO ISLANDS	Phone:	340-775-2525
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
N/A						

REMARKS  
Additional Information/Remarks/Continuation:

PROFILE	
<b>Defendant Risks: *Requires remarks below</b> <input type="checkbox"/> Escpee <input type="checkbox"/> Organized Crime* <input type="checkbox"/> International Terrorist <input type="checkbox"/> Gang Member* <input type="checkbox"/> Multiple Defendants <input type="checkbox"/> Planned Murder <input type="checkbox"/> Protected Witness <input type="checkbox"/> Domestic Terrorist <input type="checkbox"/> Significant Criminal History <input type="checkbox"/> Death Penalty Case	<b>Sex Offender:</b> <input type="checkbox"/> Arrest <input type="checkbox"/> Registered <input type="checkbox"/> Conviction <input type="checkbox"/> Registration Violation

# 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 USM form 552 is to be retained in the prisoner's files.

### Section I - USMS Prisoner Information

1. Prisoner Name (Last, First, MI) <b>EPSTEIN, Jeffrey, E.</b>		2. USMS Prisoner
3. District Name <b>SDNY</b>	4. District #	5. Custody Date (Mo/Day/Yr) <b>7/6/19</b>

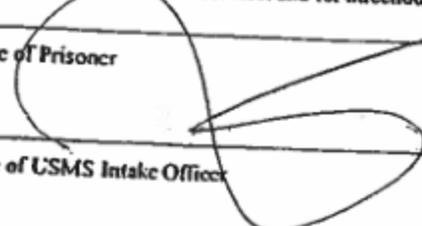
### Section II - Prisoner Personal Data And Medical Information

6. Date Of Birth (Mo/Day/Yr) <b>1-20-53</b>	7. Social Security No. <b>090-44-3348</b>
8. Medical Insurance Information	
A) Insurance Company Name <b>United Health Care</b>	B) Policy Number <i>Member</i> <b>854905597</b>
C) Medicine/Medicaid Coverage? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name Of Your Physician <b>DR. Miskowitz</b>	10. Phone Number <b>(561) 346-6269</b>

### 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 <b>7/6/19</b>
Signature of USMS Intake Officer	Date

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

ARRESTING OFFICER WILL COMPLETE ALL REQUIRED DATA ON THIS FORM PRIOR TO COMMITTING TO MCC/MDCs.		Register Number <b>76318054</b>	P I C T U R E
Name: Last <b>EPSTEIN</b>	First <b>Jeffrey</b>	Middle <b>EDWARD</b>	
AKAs:			
Race (Check) <input type="checkbox"/> B <input checked="" 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 type="checkbox"/> Other	D.O.B. <b>1/20/53</b> SSN: <b>090-44-3348</b>
			FBI: INS: Other:

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

OTHER

NARRATIVE:  
 Title: **18** USC: **371 SEX TRAFFICKING CONSPIRACY**  
 NARRATIVE:  
 Title: **18** USC: **1591(A),(b)(2) SEX TRAFFICKING OF MINORS**

Date of Offense: \_\_\_\_\_ Date of Arrest: **7-6-19** Place of Arrest: **Bergen Cty, NJ**

State of Birth <b>NY</b>	Country of Birth <b>USA</b>	Citizenship <b>Yes</b>	Current Address <b>9 E 71 STREET NEW YORK, NY</b>	Zip Code <b>10021</b>
Height Ft: <b>6</b> In: <b>00</b>	Weight <b>185</b>	Hair <b>GRAY</b>	Eyes <b>BLUE</b>	Scars / Marks / Tattoos <b>NIA</b>
Injuries / Medication <b>NIA</b>			Emergency Contact: (Name, Address, Phone Number) <b>MARK EPSTEIN (918) 543-2432</b>	

Arraigned <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Sentenced <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Special Handling: <input type="checkbox"/> Y or <input checked="" type="checkbox"/> N
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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
Clearance/Separate Checked by:			

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



UNITED STATES DISTRICT COURT  
for the  
Southern District of New York

United States of America  
v.

Jeffrey Epstein  
*Defendant*

)  
)  
)  
)  
)

Case No.

**19 CRIM 490**

**ARREST WARRANT**

To: Any authorized law enforcement officer

**YOU ARE COMMANDED** to arrest and bring before a United States magistrate judge without unnecessary delay  
(name of person to be arrested) Jeffrey Epstein  
who is accused of an offense or violation based on the following document filed with the court:

- Indictment     Superseding Indictment     Information     Superseding Information     Complaint
- Probation Violation Petition     Supervised Release Violation Petition     Violation Notice     Order of the Court

This offense is briefly described as follows:

Title 18, United States Code, Section 371 (sex trafficking conspiracy)  
Title 18, United States Code, Sections 1591(a), (b)(2), and (2) (sex trafficking of minors)

Date: 07/02/2019

City and state: New York, NY

  
*Issuing officer's signature*

The Honorable Barbara Moses, U.S. Magistrate Judge  
*Printed name and title*

**Return**

This warrant was received on (date) \_\_\_\_\_, and the person was arrested on (date) \_\_\_\_\_  
at (city and state) \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Arresting officer's signature*

\_\_\_\_\_  
*Printed name and title*