

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

+ Add History

Criminal History (Select from dropdown menu or type offense below)	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: [Redacted]

Agency: NYPD-NYEBI-TFO

Cell Phone: [Redacted] Date: 3/6/19

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*





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 NEWBERG
 If legal aid, has arrestee met with counsel? Circle: YES NO
 Does the arrestee have any current detainers? Circle: YES NO NO

If yes, please list: _____
 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 from the arrestee.

ARRESTING AGENT: _____
 AGENCY: NY FBI - 590 C-20
 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:	SOUTHMAN TRUST COMP.
Employment Address:	VIRGEN ISLANDS		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
N/A						

REMARKS

Additional Information/Remarks/Continuation:

PROFILE	
Defendant Risks: *Requires remarks below <input type="checkbox"/> Escape <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
Sex Offender: <input type="checkbox"/> Arrest <input type="checkbox"/> Registered	<input type="checkbox"/> Conviction <input type="checkbox"/> Registration Violation

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

Section I - USMS Prisoner Information

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

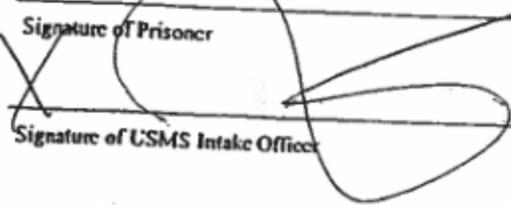
Section II - Prisoner Personal Data And Medical Information

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

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 7/6/19
Signature of USMS Intake Officer	Date

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

Form USM-552
 Ed. 07/18
 Approved 03-01

ARRESTING OFFICER WILL COMPLETE ALL REQUIRED DATA ON THIS FORM PRIOR TO COMMITTING TO MCC/MDCs.		Register Number 76318054	P I C T U R E
Name: Last EPSTEIN	First Jeffrey	Middle EDWARD	
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 type="checkbox"/> Other	D.O.B. [REDACTED]
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: **Bergin Cty, NJ**

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