

File Number 31E-NY-3027571

Field Office Acquiring Evidence NYO

Serial # of Originating Document \_\_\_\_\_

Date Received 7/6/2019

From JEFFREY EPSTEIN  
(Name of Contributor/Interviewee)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City and State)

By 

To Be Returned  Yes  No

Receipt Given  Yes  No

Grand Jury Material - Disseminate Only Pursuant to Rule 6 (e)

Federal Rules of Criminal Procedure  
 Yes  No

Federal Taxpayer Information (FTI)  
 Yes  No

Title: Arrest of Jeffrey Epstein

Reference: \_\_\_\_\_  
(Communication Enclosing Material)

Description:  Original notes re interview of  
Arrest warrant, arrest paperwork, advice of rights, receipt for property

FEDERAL BUREAU OF INVESTIGATION  
ADVICE OF RIGHTS

LOCATION

Place: Peter Domb Airport Date: 7/6/19 Time: 6:10 PM

YOUR RIGHTS

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions.

You have the right to have a lawyer with you during questioning.

If you cannot afford a lawyer, one will be appointed for you before any questioning if you wish.

If you decide to answer questions now without a lawyer present, you have the right to stop answering at any time.

CONSENT

I have read this statement of my rights and I understand what my rights are. At this time, I am willing to answer questions without a lawyer present.

*Refused to talk without lawyer*

Signed: \_\_\_\_\_

WITNESS

Witness:  \_\_\_\_\_

Witness: \_\_\_\_\_

Time: 6:11 PM

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) *ARREST WARRANT*
- Prior Federal Arrest or Safekeeper - Register #: \_\_\_\_\_
- Safekeeper Location: \_\_\_\_\_

BIOGRAPHICAL INFORMATION

Last Name: *EPSTEIN* First Name: *JEFFREY* Middle Name: *EDWARD*  
 Sex:  M  F  Transgender Pregnant:  Y  N Race: *W*  
 Hair: *GRY* Eyes: *BLUE* Height: *6'11"* Weight: *185* DOB: *1/20/53*  
 City of Birth: *BROOKLYN* State/Country of Birth: *NY* Citizenship: *Yes*  
 FBI #: \_\_\_\_\_ State ID#: \_\_\_\_\_ Alien #: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Resident Address/City/State/ZIP: *947/SE, New York, NY 10021*  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Marital Status: *S*

COURT CASE

Agency: *NY FBI* Agency ORI: *NYFBI NY00*  
 Agent Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Agent Phone #: \_\_\_\_\_ Arrest Date: *7/6/19*  
 Location/Facility of Arrest: *Teterboro Airport, Bergen County, New Jersey*  
 Court Docket #: \_\_\_\_\_ CR \_\_\_\_\_ AU'SA(s) Assigned: \_\_\_\_\_

OFFENSE

NCIC Code	Charge Description	Title/Code
	<i>SEX TRAFFICKING CONSP</i>	<i>18 USC 371</i>

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: \_\_\_\_\_

Security Cautions:

- Current or former military
- Current or former LE/corrections
- Current or former intelligence
- Current or former public official
- Assault on LE/corrections
- SAM subject or candidate
- Eligible for diplomatic immunity
- Leadership role
- Separation needs (Describe below)
- Threat to witness (Describe below)
- C1 (Describe below)
- Other (Describe below)

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: <i>Self Employed</i>	Company/Employer Name: <i>Southern Trust Comp.</i>	
Employment Address: <i>VIREN ISLANDS</i>	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"/> Escpee                  | <input type="checkbox"/> Planned Murder               |
| <input type="checkbox"/> Organized Crime*        | <input type="checkbox"/> Protected Witness            |
| <input type="checkbox"/> International Terrorist | <input type="checkbox"/> Domestic Terrorist           |
| <input type="checkbox"/> Gang Member*            | <input type="checkbox"/> Significant Criminal History |
| <input type="checkbox"/> Multiple Defendants     | <input type="checkbox"/> Death Penalty Case           |

Sex Offender:

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Arrest     | <input type="checkbox"/> Conviction             |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Registration Violation |

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

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

NIA

- 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-NYERT-TFO

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*



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: <span style="background-color: black; color: black;">[REDACTED]</span>		FBI: INS: Other:	

**CHARGES**  
CHECK CATEGORY OF CHARGE(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 <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>GRY</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</b> <span style="background-color: black; color: black;">[REDACTED]</span> <b>BROTHER</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		

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



**UnitedHealthcare**

Health Plan (80840) 911-87726-04

Member ID: 854905597 Group Number: 272605

Member: JEFFREY EPSTEIN SOUTHERN TRUST COMPANY

Payer ID 87726

**OPTUMRx**  
Rx Bin: 610279  
Rx PCN: 9999  
Rx Grp: UHC

Office: \$20 ER: \$200  
UrgCare: \$75 Spec: \$30

DOI - 0501

**UnitedHealthcare Choice Plus**  
Underwritten by UnitedHealthcare Insurance Company

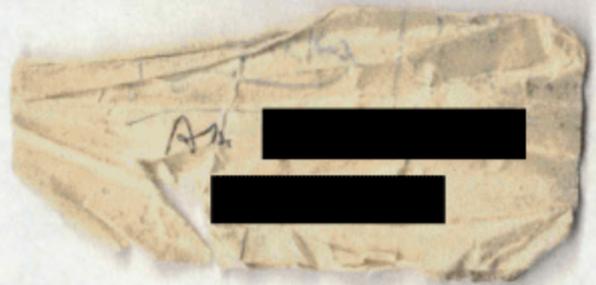
**U.S. Virgin Islands**  
**DRIVER'S LICENSE**  
USA VI DL# 0000025874 Class A  
**EPSTEIN JEFFREY E.**  
LITTLE ST. JAMES  
ST THOMAS VI 00802  
Sex: M Height: 6'0" Eyes: BLU  
DOB: 1/20/1953  
Expires: 1/20/2024  
Issued: 3/6/2019

**AMERICAN EXPRESS**  
3767 658400 15006  
02/24 77  
JEFFREY E EPSTEIN

**MEDICARE HEALTH INSURANCE**  
Name/Nombre  
**JEFFREY E EPSTEIN**  
Medicare Number/Número de Medicare  
**3NQ7-CY2-HR64**  
Entitled to/Con derecho a Coverage starts/Cobertura empieza  
**HOSPITAL (PART A) 01-01-2018**  
**MEDICAL (PART B) 02-01-2018**

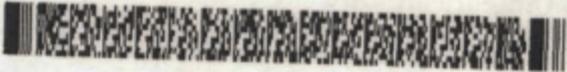
**Florida** Sunshine State  
**IDENTIFICATION CARD**  
E123-425-53-020-0  
**JEFFREY E EPSTEIN**  
358 EL BRILLO WAY  
PALM BCH, FL 33480-4730  
DOB: 01-20-1953 SEX: M HGT: 6-00  
ISSUED: 05-21-2009  
EXPIRES: 01-20-2018

**Local Boaters Option**  
Registration Card  
Name: Jeffrey Epstein  
Number: BR- 0209655  
**U.S. Customs and Border Protection**



**MEDICARE HEALTH INSURANCE**  
1-800-MEDICARE (1-800-633-4227)  
NAME OF BENEFICIARY  
**JEFFREY E EPSTEIN**  
MEDICARE CLAIM NUMBER SEX  
**090-44-3348-T MALE**  
IS ENTITLED TO EFFECTIVE DATE  
**HOSPITAL (PART A) 01-01-2018**  
**MEDICAL (PART B) 02-01-2018**  
SIGN HERE → [Signature]

Printed: 12/17/16



**Members:** We're here to help. Check benefits, view claims, find a doctor, ask a question and more.

Web: [www.myuhc.com](http://www.myuhc.com) Call anytime to speak with a Nurse  
Email: [Advocate4me@uhc.com](mailto:Advocate4me@uhc.com)  
Phone: 800-782-3740  
Mental Health: 800-842-2065

**Providers:** 877-842-3210 or [www.UnitedHealthcareOnline.com](http://www.UnitedHealthcareOnline.com)  
Medical Claims: P.O. BOX 740800 ATLANTA GA 303740800  
PR - MAPFRE - PO Box 70297, San Juan, PR 00936-8297

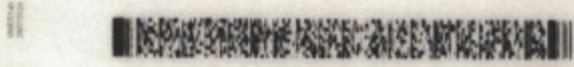


Pharmacists: 888-290-5416  
Pharmacy Claims: OptumRx PO Box 29044 Hot Springs, AR 71903

You may be asked to show this card when you get health care services. Only give your personal Medicare information to health care providers, your insurers, or people you trust who work with Medicare on your behalf. **WARNING:** Intentionally misusing this card may be considered fraud and/or other violation of federal law and is punishable by law.

Es posible que le pidan que muestre esta tarjeta cuando reciba servicios de cuidado médico. Solamente dé su información personal de Medicare a los proveedores de salud, sus aseguradores o personas de su confianza que trabajan con Medicare en su nombre. **¡ADVERTENCIA!** El mal uso intencional de esta tarjeta puede ser considerado como fraude y/u otra violación de la ley federal y es sancionada por la ley.

1-800-MEDICARE (1-800-633-4227 /  
TTY: 1-877-486-2048); [Medicare.gov](http://Medicare.gov)



**CLASS: A- Private | Endorsement(s)**

REPLACEMENT LICENSE REQUIRED WITHIN 10 DAYS OF ADDRESS CHANGE OR NAME CHANGE

*Barbara E. McIntosh*  
BARBARA E. MCINTOSH  
Director

[www.bmv.vi.gov](http://www.bmv.vi.gov)



3767 658400 15006

Please confirm you have received  
your new Card by calling  
**1-800-362-6033.**

1040715

The State of Florida retains all property rights herein.



*Christina A. Lambart*  
Executive Director  
Christina A. Lambart  
Director of Driver Licenses  
PD10006210033

[www.hsmv.state.fl.us](http://www.hsmv.state.fl.us)



## To Report Arrival, Call:

**Puerto Rico 1-877-529-6840**

**or (787) 729-6840**

**Port of St. Thomas (340) 774-6755**

**Port of St. John (340) 776-6741**

**Port of St. Croix (340) 773-1011**

1. Carry your card with you when you're away from home.
2. Let your hospital or doctor see your card when you need hospital, medical, or health services under **Medicare**.
3. Your card is good wherever you live in the United States.

**WARNING:** Issued only for use of the named beneficiary. Intentional misuse of this card is unlawful and may be punishable by fines, imprisonment, and other penalties. If found, drop in nearest U.S. Mail Box.



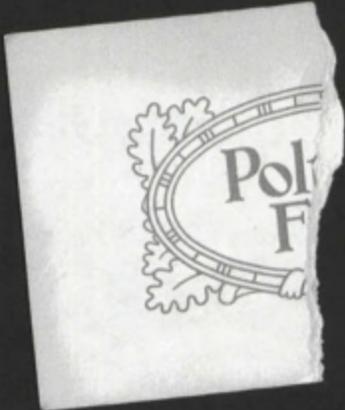
Centers for Medicare &  
Medicaid Services  
Baltimore, MD 21244-1850  
Form CMS-1966 (04/2015)

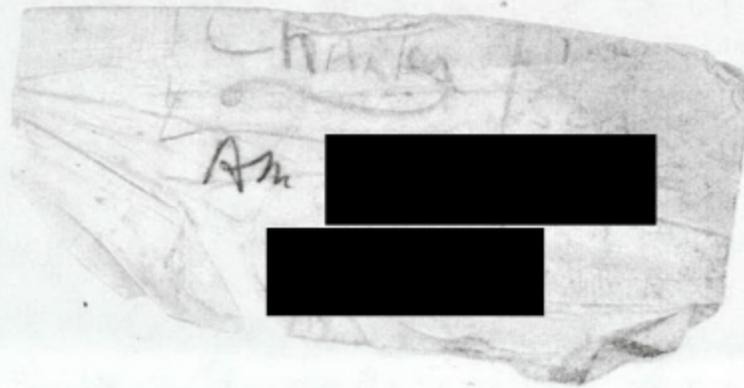
Questions about Medicare:

- visit [Medicare.gov](http://Medicare.gov)
- call 1-800-MEDICARE (1-800-633-4227); (TTY: 1-877-486-2048)









7 - 17  
8134

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
Receipt for Property

Case ID: 31E-NY-3027571

On (date) July 6, 2019

item (s) listed below were:

- Collected/Seized
- Received From
- Returned To
- Released To

(Name) Jeffrey E Epstein

(Street Address) 9 East 71 Street

(City) New York, New York 10021

Description of Item (s): U.S. Virgin Islands Driver's License, number 0000025874

Florida Driver's License, number E123-425-53-020-0

U.S. Passport, number 566672615

LUMI-NOK Swiss Made Series 3050/3950 Watch

U.S. Passport Red Cover/Case

IPhone in Red Case

Wallet (American Express Card, U.S. Customs and Border Protection Card,

2 Medicare Health Insurance Card, United HealthCare Card, \$500.00 cash,

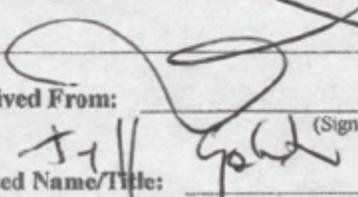
Yellow Post-It Note with writing)

Receipt from Department of Homeland Security for Detention Notice and

Custody Receipt for Detained Property, No. 1626388

IPad Model A1652, Serial DLXQGM3KGMW3

Received By: 

Received From: 

Printed Name/Title: Special Agent 

Printed Name/Title: Gold

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
Receipt for Property

Case ID: 31E-NY-3027571

On (date) July 6, 2019

item (s) listed below were:

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(Name) Jeffrey E Epstein

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(City) New York, New York 10021

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Florida Driver's License, number F123-425-53-020-0

U.S. Passport, number 566672615

LUMI-NOK Swiss Made Series 3050/3950 Watch

U.S. Passport Red Cover/Case

IPhone in Red Case

Wallet (American Express Card, U.S. Customs and Border Protection Card,

2 Medicare Health Insurance Card, United HealthCare Card, \$500.00 cash,

Yellow Post-It Note with writing)

Receipt from Department of Homeland Security for Detention Notice and

Custody Receipt for Detained Property, No. 1626388

IPad Model A1652, Serial DLXQGGM3KGMW3

Received By: [Redacted]  
(Signature)

Received From: [Signature]  
(Signature)

Printed Name/Title: Special Agent [Redacted]

Printed Name/Title: [Signature]

LEAVE BLANK

CRIMINAL

(STAPLE HERE)

LEAVE BLANK

STATE USAGE

NFF SECOND



SUBMISSION

APPROXIMATE CLASS

AMPUTATION

SCAR

STATE USAGE

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

Epstein, Jeffrey Edward

SIGNATURE OF PERSON FINGERPRINTED

SOCIAL SECURITY NO.

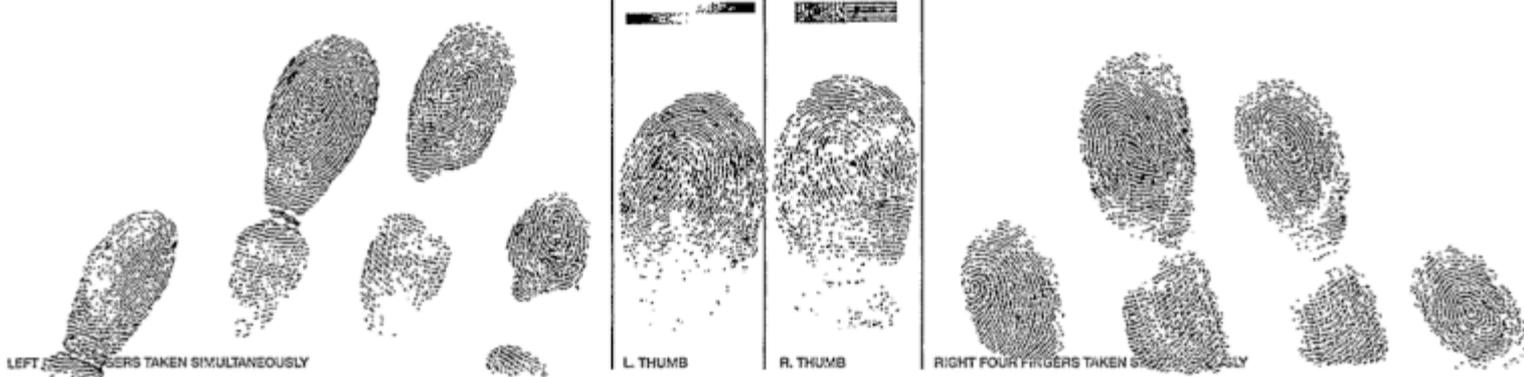


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ALIASES/MAIDEN

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

FBI NO.	STATE IDENTIFICATION NO.	DATE OF BIRTH MM DD YY	SEX	RACE	HEIGHT	WEIGHT	EYES	HAIR
		01/20/1953	M	W	6' 00"	185	BLK	GRY



**FEDERAL BUREAU OF INVESTIGATION, UNITED STATES DEPARTMENT OF JUSTICE  
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION, CLARKSBURG, WV 26303**

PRIVACY ACT OF 1974 (P.L. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.

JUVENILE FINGERPRINT SUBMISSION YES <input type="checkbox"/> TREAT AS ADULT YES <input type="checkbox"/>		DATE OF ARREST MM DD YY 07/06/2019	ORI CONTRIBUTOR NYFBINY00 ADDRESS FBI NEW YORK REPLY YES <input type="checkbox"/> DESIRED?	
SEND COPY TO: (ENTER ORI)	DATE OF OFFENSE MM DD YY 01/01/2004	PLACE OF BIRTH (STATE OR COUNTRY) NY	COUNTRY OF CITIZENSHIP US	
MISCELLANEOUS NUMBERS		SCARS, MARKS, TATTOOS, AND AMPUTATIONS		
		RESIDENCE/COMPLETE ADDRESS	CITY	STATE
OFFICIAL TAKING FINGERPRINTS (NAME OR NUMBER)	LOCAL IDENTIFICATION/REFERENCE		PHOTO AVAILABLE? YES <input type="checkbox"/> PALM PRINTS TAKEN? YES <input type="checkbox"/>	
EMPLOYER: IF U.S. GOVERNMENT, INDICATE SPECIFIC AGENCY. IF MILITARY, LIST BRANCH OF SERVICE AND SERIAL NO.			OCCUPATION	
CHARGE/CITATION 1. 01/01/2004 Title 18 USC 371 sex Trafficking-Conspiracy			DISPOSITION 1.	
2. 01/01/2004 Title 18 USC 1591 (a), (b), (2) Sex Trafficking of minors			2.	
3.			3.	
ADDITIONAL			ADDITIONAL	
ADDITIONAL INFORMATION/BASIS FOR CAUTION			STATE BUREAU STAMP	