

*CASE NO: 08-CV-80119-MARRA/JOHNSON
Notice of Supplemental Authority on Plaintiff Jane Doe's Motion for an Order to Show
Cause and for an Order to Compel and Incorporated Memorandum of Law [DE 138]*

EXHIBIT A

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS
WRITTEN MONTHLY REPORT

Officer's Name: _____
For Month Ending: _____
Date/Time submitted: _____

YOUR NAME: Jeffrey Epstein
DC#: W35755
YOUR RESIDENCE ADDRESS: (include Name of Subdivision, Apartment Complex and Number, Mobile Home Park and Lot Number, if applicable):
358 El Brillo Way
Palm Beach, FL 33480
(Provide physical location - NOT Post Office Box)
TELEPHONE No. [REDACTED]
CELLULAR TELEPHONE No. [REDACTED]
PAGER No. _____

EMPLOYER: FSF
SUPERVISOR'S NAME: Darren Indyke
EMPLOYER'S ADDRESS: [REDACTED]
West Palm Beach, FL 33401
EMPLOYER'S TELEPHONE No. [REDACTED]
CELLULAR TELEPHONE No. _____
PAGER No. _____
EMPLOYER EMAIL: _____
YOUR TOTAL MONEY EARNED MONTHLY:
\$ 10K + (Gross Amount)

Vehicle Make/Model/Year/Tag #: _____

Full time Part-time _____ Hours Worked _____
Additional (2nd) employment information: _____

List full names, ages, and your relationship to all persons who resided at your residence during this month:
[REDACTED] -63 - [REDACTED] -31 - [REDACTED] -55, [REDACTED] 25 girl/son, [REDACTED] 20 20
Staff

Have you consumed alcoholic beverages? YES NO
Have you used or bought illegal drugs or controlled substances? YES NO
Have you attended educational, vocational classes or mental health, drug, alcohol, therapy, or self-improvement programs? YES NO
(If yes, circle which one)
Have you been arrested or had any contact with law enforcement during the last month? YES NO
If yes, explain what happened on separate sheet of paper, attached to report.

If you went into debt for any reason, explain: _____
If not working, give reason and source of income: _____
If you have any questions or problems to discuss with your Officer, explain: _____

If monetary obligation owed, amount paid this month: \$ _____

Receipts are available through your probation officer. DO NOT SUBMIT CASH OR PERSONAL CHECKS!
Make money order payable to the Department of Corrections.

If monetary obligation owed and no payment made, give reason and date when payment will be made: _____

Official Use Only
Signature of Officer Receiving Report: _____
Date WMR Received: JAN 05 2010
Date WMR Due: _____
Comments: 15-4
P. O. S.

I certify the above to be true and complete:
Your Signature: _____
Mailing Address: St. James as above
City: _____
State: _____ Zip: _____
E-Mail Address: _____
(if applicable)

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS
WRITTEN MONTHLY REPORT

Officer's Name: _____
For Month Ending: _____
Date/Time submitted: _____

YOUR NAME: Jeff Epstein
DC#: W35715

EMPLOYER: FC

YOUR RESIDENCE ADDRESS: (include Name of Subdivision, Apartment Complex and Number, Mobile Home Park and Lot Number, if applicable):
308 El Brith
Palm Beach FLORIDA

SUPERVISOR'S NAME: Indyjo
EMPLOYER'S ADDRESS: _____

(Provide physical location - NOT Post Office Box)

Palm Beach 33480

TELEPHONE No. _____

EMPLOYER'S TELEPHONE No. _____

CELLULAR TELEPHONE No. _____

CELLULAR TELEPHONE No. _____

PAGER No. _____

PAGER No. _____

EMPLOYER EMAIL: _____

YOUR TOTAL MONEY EARNED MONTHLY: \$ 10,16 (Gross Amount)

Vehicle Make/Model/Year/Tag #: _____

Full time Part-time _____ Hours Worked _____
Additional (2nd) employment information: _____

List full names, ages, and your relationship to all persons who resided at your residence during this month:
63 - Friend - 30 - 22 - 25 - sister, 37 - 27 - friend friend

Have you consumed alcoholic beverages? YES NO
Have you used or bought illegal drugs or controlled substances? YES NO
Have you attended educational, vocational classes or mental health, drug, alcohol, therapy, or self-improvement programs? (If yes, circle which one) YES NO
Have you been arrested or had any contact with law enforcement during the last month? YES NO
If yes, explain what happened on separate sheet of paper, attached to report.
If you went into debt for any reason, explain: _____
If not working, give reason and source of income: _____
If you have any questions or problems to discuss with your Officer, explain: _____

If monetary obligation owed, amount paid this month: \$ _____

Receipts are available through your probation officer. DO NOT SUBMIT CASH OR PERSONAL CHECKS!
Make money order payable to the Department of Corrections.

If monetary obligation owed and no payment made, give reason and date when payment will be made: _____

Official Use Only:
Signature of Officer Receiving Report: _____
Date WMR Received: _____
Date WMR Due: _____
Comments: 2-3-20

I certify the above to be true and complete:
Your Signature: _____
Mailing Address: 308 El Brith
City: Palm Beach FL
State: FL Zip: 33480
E-Mail Address: JEEVAP@sun.com (if applicable)

Officer's Name: W. H. H. H.
For Month Ending: _____
Date/Time submitted: _____

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS
WRITTEN MONTHLY REPORT

YOUR NAME: Jeffrey Epstein
DC#: W35755

EMPLOYER: FSF

YOUR RESIDENCE ADDRESS: (include Name of Subdivision, Apartment Complex and Number, Mobile Home Park and Lot Number, if applicable):
358 El Brilloway
Palm Beach, FL 33480

SUPERVISOR'S NAME: J. D. G. J.
EMPLOYER'S ADDRESS: _____
West Palm Beach, FL 33401

(Provide physical location - NOT Post Office Box)

EMPLOYER'S TELEPHONE No. _____
CELLULAR TELEPHONE No. _____

TELEPHONE No. _____
CELLULAR TELEPHONE No. _____
PAGER No. _____

PAGER No. _____
EMPLOYER EMAIL: _____
YOUR TOTAL MONEY EARNED MONTHLY:
\$ 710.00 (Gross Amount)

Vehicle Make/Model/Year/Tag #: _____

Full time Part-time _____ Hours Worked _____
Additional (2nd) employment information: _____

List full names, ages, and your relationship to all persons who resided at your residence during this month:
_____ - 31 Fruit, _____ - Fruit 22, _____ - 65, D.J. Lugin 50

Have you consumed alcoholic beverages? YES NO
Have you used or bought illegal drugs or controlled substances? YES NO
Have you attended educational, vocational classes or mental health, drug, alcohol, therapy, or self-improvement programs? YES NO
(If yes, circle which one)
Have you been arrested or had any contact with law enforcement during the last month? YES NO
If yes, explain what happened on separate sheet of paper, attached to report.
If you went into debt for any reason, explain: _____
If not working, give reason and source of income: _____
If you have any questions or problems to discuss with your Officer, explain: _____

If monetary obligation owed, amount paid this month: \$ _____

Receipts are available through your probation officer. DO NOT SUBMIT CASH OR PERSONAL CHECKS!
Make money order payable to the Department of Corrections.

If monetary obligation owed and no payment made, give reason and date when payment will be made: _____

Official Use Only:
Signature of Officer Receiving Report: [Signature]
Date WMR Received: _____
Date WMR Due: _____
Comments: 1035AM
3/1/10

I certify the above to be true and complete:
Your Signature: [Signature]
Mailing Address: 358 El Brilloway
City: PP
State: FL Zip: 33480
E-Mail Address: _____
(if applicable)