



State of New York
Division of Criminal Justice Services
4 Tower Place
Albany, NY 12203-3764

*****SINGLP 120 2 1 SP 0.440 001



To: JEFFREY EPSTEIN
6100 RED HOOK QUARTERS, SUITE B3
ST THOMAS VI 00802

April 11, 2011
Offender ID: 33216

From: Sex Offender Registry Unit, NYS Division of Criminal Justice Services

RE: Annual Address Verification

Sex Offender Registry Annual Address Verification Form

The Sex Offender Registration Act (SORA) requires you to review, update, and sign this Annual Address Verification Form and mail this form back to the Division of Criminal Justice Services within 10 days from receipt of this form. You must do this whether or not you have reported updated information to parole, probation or a law enforcement agency. If you attend, are enrolled at, reside at, or are employed at any institution of higher education, you must provide that information on this form. You must also report your internet service provider(s), all screen names, all e-mail addresses and all other information listed on the form. If you are a level 3 sex offender, you must report the name and address of all employers.

INSTRUCTIONS:

- 1) Review each line of information on this form carefully.
- 2) If you find any information that is incorrect or outdated, cross out incorrect or outdated information with a single line.
- 3) Enter any corrections or any new/additional information in the blank boxes provided.

THIS FORM MUST BE SIGNED AND ALL PAGES RETURNED EVEN IF NONE OF THE INFORMATION HAS CHANGED. FAILURE TO RETURN ALL PAGES OF THIS FORM WITHIN 10 DAYS OF RECEIPT IS A FELONY AND MAY RESULT IN THE ISSUANCE OF A WARRANT FOR YOUR ARREST.

Please contact the Sex Offender Registry at 518-457-3167 with any questions about this form.

OFFENDER INFORMATION

LAST NAME	FIRST NAME	MIDDLE	SSN	
EPSTEIN	JEFFREY	EDWARD	██████████	Make corrections
				<-- here

OTHER NAMES

EPSTEIN,JEFFREY EDWARD

Enter any aliases, nick names or other names used in the following section.

Empty text box for aliases/nicknames



PHYSICAL ATTRIBUTES

BIRTHDATE	HEIGHT	WEIGHT	HAIR	EYES	GLASSES	
01 /20 /1953	600	180	Gray	Blue		Make corrections
						<--- here

SCARS/MARKS/TATTOOS

Enter any other scars/marks/tattoos.

PRIMARY ADDRESS

Primary address is the address where you live most of the time.

1	NUMBER/STREET/APT			CITY	
	6100 RED HOOK QUARTERS,SUITE B3			ST THOMAS	
					Make corrections <--- here
	STATE	ZIP	COUNTY	COUNTRY	
	VI	00802		US	Make corrections <--- here
Phone # at this address: (561) 655- 7621			Enter phone # correction here --->		
Name of College / University:					

TELEPHONE NUMBER

Enter the phone number where you can be reached in the following section.

(
)			



SECONDARY ADDRESS

Secondary Address is the address where you live some of the time.

1	NUMBER/STREET/APT			CITY	Make corrections <--- here
	9 E 71ST ST			NEW YORK	
	STATE	ZIP	COUNTY	COUNTRY	Make corrections <--- here
	NY	100214102	New York	US	
	Phone # at this address:			Enter phone # correction here --->	
Name of College / University:					
2	NUMBER/STREET/APT			CITY	Make corrections <--- here
	358 EL BRILLO WAY			PALM BEACH	
	STATE	ZIP	COUNTY	COUNTRY	Make corrections <--- here
	FL	33480		US	
	Phone # at this address:			Enter phone # correction here --->	
Name of College / University:					
3	NUMBER/STREET/APT			CITY	Make corrections <--- here
	STATE	ZIP	COUNTY	COUNTRY	Make corrections <--- here
				FN	
	Phone # at this address:			Enter phone # correction here --->	
Name of College / University:					
4	NUMBER/STREET/APT			CITY	Make corrections <--- here
	49 ZORRO RANCH RD			STANLEY	
	STATE	ZIP	COUNTY	COUNTRY	Make corrections <--- here
	NM	87056		US	
	Phone # at this address:			Enter phone # correction here --->	
Name of College / University:					

Enter any additional Secondary Address in the following section

1	NUMBER/STREET/APT			CITY
	STATE	ZIP	COUNTY	COUNTRY
Enter phone # here --->				
If the above address is on the campus of a College or University, enter its name				
2	NUMBER/STREET/APT			CITY
	STATE	ZIP	COUNTY	COUNTRY
Enter phone # here --->				
If the above address is on the campus of a College or University, enter its name				



PO BOX ADDRESS

PO Box Address is allowed if mail cannot be delivered to the primary address. PO Box Address must be approved by the Post Master and Law Enforcement.

Enter any PO BOX Information in the following section

1	PO BOX			CITY	
	STATE	ZIP	COUNTY	COUNTRY	

EMPLOYMENT INFORMATION

Enter any additional employment information in the following section

1	EMPLOYER'S NAME			NUMBER/STREET/APT	
	CITY	STATE	ZIP	COUNTY	COUNTRY
	Enter phone # here --->				
If the above address is on the campus of a College or University, enter its name					
2	EMPLOYER'S NAME			NUMBER/STREET/APT	
	CITY	STATE	ZIP	COUNTY	COUNTRY
	Enter phone # here --->				
If the above address is on the campus of a College or University, enter its name					

HIGHER EDUCATION INFORMATION

Higher education includes any 2 or 4 year colleges or any trade or vocational schools.

Enter any additional education information in the following section

1	SCHOOL NAME			NUMBER/STREET/APT	
	CITY	STATE	ZIP	COUNTY	COUNTRY
	Enter phone # here --->				
2	SCHOOL NAME			NUMBER/STREET/APT	
	CITY	STATE	ZIP	COUNTY	COUNTRY
	Enter phone # here --->				

VEHICLE INFORMATION

Information of any vehicle that you own or drive.

Enter any additional vehicle information in the following section

YEAR	MAKE	MODEL	COLOR	LIC PLATE	STATE



DRIVER'S LICENSE INFORMATION

Enter any additional driver's license information in the following section

DRIVER'S LICENSE NUMBER	ISSUING STATE

INTERNET INFORMATION

SERVICE PROVIDER

SERVICE PROVIDER	
AT&T	Make corrections
	<-- here
FREE	Make corrections
	<-- here
ORAUGE TELECOM	Make corrections
	<-- here
COMCAST	Make corrections
	<-- here
SPRINT	Make corrections
	<-- here
TIME WARNER	Make corrections
	<-- here

EMAIL ADDRESS

E-MAIL ADDRESS	
████████████████████	Make corrections
	<-- here
████████████████████	Make corrections
	<-- here
JEEVACATION@GMAIL.COM	Make corrections
	<-- here



Enter any additional internet information in the following section

SERVICE PROVIDER	SCREEN NAME	E-MAIL ADDRESS

I CERTIFY THAT THE INFORMATION ON THIS FORM IS COMPLETE AND ACCURATE. I HAVE CROSSED OUT ALL INFORMATION THAT IS INCORRECT OR OUTDATED. I HAVE ADDED ALL CORRECTIONS AND ALL NEW INFORMATION. I UNDERSTAND THAT FAILING TO PROVIDE THIS INFORMATION OR PROVIDING FALSE INFORMATION IS A FELONY.

Sex Offender's
Signature

Sex Offender's
Name(print)

Date

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Return to:
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