



Registration No: 353899

Person Number: 73274

FDLE SEXUAL PREDATOR/OFFENDER REGISTRATION FORM

Agency Name: Palm Beach County SO

***** Note: Your next ReRegistration month is July of 2011 *****

Registration For: January 2011 - SEXUAL OFFENDER

Reason For Registration

Initial Registration [] Scheduled ReRegistration [X] Information Update [] Early/Late ReRegistration []

Registrant Information

Name: JEFFREY E EPSTEIN (First Middle Last, Suffix) *SSN: [REDACTED] DOB: [REDACTED] Race: White Sex: Male

*Disclosure of your Social Security Number (SSN) is mandatory pursuant to Florida law, sections 775.21, 943.0435, 944.607, 985.481, F.S., and federal law, 42 USC 16901, et seq. Use of your SSN is for the purposes of identification, FDLE may share the information with the other agencies for the same purpose.

FL DL or ID Card #: E123425530200 Height: 6' 00 " Weight: 180 lbs Hair: Grey Eyes: Blue

Place of Birth: United States Of America (usa)

Currently on Probation/Parole: [X] No [] Yes

Probation Type: [] State [] Federal [] County. Officer Name and Phone fields for each.

Out of State Travel Information (Complete if permanent, temporary, or transient address is out of state)

Options for leaving Florida: Permanently, temporarily, moving, visiting, or other. Includes Date of Departure and Date of Arrival (1/17/2011).

Table with 2 columns: Previous Permanent Address and Current Permanent Address. Includes address lines, city, state, zip, and county information.

Temporary Addresses I do NOT have a temporary address

Please note: The registrant has reported additional temporary addresses not displayed here.

1.	49 Zorro Ranch Rd (Street Address)	Stanley (City)	NM (State)	87056-9743 (Zip)	Dates you will be at this address: From: _____ To: _____
	County: Santa Fe				
2.	22 Avenue Foch 2dd (Street Address)	Paris (City)	YY (State)	00000 (Zip)	Dates you will be at this address: From: _____ To: _____
	County: Paris				
3.	9 E 71st St (Street Address)	New York (City)	NY (State)	10021-4102 (Zip)	Dates you will be at this address: From: _____ To: _____
	County: New York				

Transient Addresses I do NOT have a transient address

1.	_____ (Street Address or location)	_____ (City)	_____ (State)	_____ (Zip)	Dates you will be at this address: From: _____ To: _____
	County: _____				
2.	_____ (Street Address or location)	_____ (City)	_____ (State)	_____ (Zip)	Dates you will be at this address: From: _____ To: _____
	County: _____				
3.	_____ (Street Address or location)	_____ (City)	_____ (State)	_____ (Zip)	Dates you will be at this address: From: _____ To: _____
	County: _____				

Employment I am currently unemployed.

1.	Employer: F T C	Occupation: Owner	Start Date: _____
	Address: 6100 Redhook Quarter Ste B3 (Street Address)	St Thomas (City)	YY 00802 (State) (Zip)
	County: Us Virgin Islands	Contact Person: _____	
2.	Employer: _____	Occupation: _____	Start Date: _____
	Address: _____ (Street Address)	_____ (City)	_____ (State) (Zip)
	County: _____	Contact Person: _____	
3.	Employer: _____	Occupation: _____	Start Date: _____
	Address: _____ (Street Address)	_____ (City)	_____ (State) (Zip)
	County: _____	Contact Person: _____	

Mailing Address	Phone Numbers												
<input type="checkbox"/> Same as Permanent <input type="checkbox"/> Same as Temporary 9 E 71st St (Address Line 1) _____ (Address Line 2) _____ New York, NY 10021 (City) (State) (Zip) County: New York End Date: _____	Please note: The registrant has reported additional phones not displayed here. <input type="checkbox"/> I do NOT have or use any home or mobile phone numbers <table style="width:100%;"> <tr> <th style="width:50%;">Phone Number:</th> <th style="width:50%;">Phone Type:</th> </tr> <tr> <td>1. (561) 655-7621</td> <td>Home</td> </tr> <tr> <td>2. (561) 655-7626</td> <td>Home</td> </tr> <tr> <td>3. (212) 533-3739</td> <td>Mobile</td> </tr> <tr> <td>4. (561) 601-4569</td> <td>Mobile</td> </tr> <tr> <td>5. (561) 832-2104</td> <td>Fax</td> </tr> </table>	Phone Number:	Phone Type:	1. (561) 655-7621	Home	2. (561) 655-7626	Home	3. (212) 533-3739	Mobile	4. (561) 601-4569	Mobile	5. (561) 832-2104	Fax
Phone Number:	Phone Type:												
1. (561) 655-7621	Home												
2. (561) 655-7626	Home												
3. (212) 533-3739	Mobile												
4. (561) 601-4569	Mobile												
5. (561) 832-2104	Fax												

Vehicles	
<input type="checkbox"/> I do NOT own or use a vehicle, RV, trailer or mobile home. Please note: The registrant has reported additional vehicles not displayed here.	
1. 2005 Cadillac Other Black Truck (Year) (Make) (Model) (Color/Color Scheme) (Vehicle Type) _____ This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence _____ (License Tag #) (State)	2. 2002 Mercedes-benz 500 Series Black Auto (Year) (Make) (Model) (Color/Color Scheme) (Vehicle Type) _____ C165SP FL This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence (License Tag #) (State)
3. 2010 Chevrolet Suburban Black Truck (Year) (Make) (Model) (Color/Color Scheme) (Vehicle Type) _____ This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence _____ (License Tag #) (State)	4. 2006 Bentley Amage Black Auto (Year) (Make) (Model) (Color/Color Scheme) (Vehicle Type) _____ V752DS FL This vehicle is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence (License Tag #) (State)

Vessels	
<input type="checkbox"/> I do NOT own a vessel or houseboat. Please note: The registrant has reported additional vessels not displayed here.	
1. 2010 Other White _____ (Year) (Vessel Type) (Color/Color Scheme) (Name of Vessel) _____ This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence _____ (Registration #)	2. 2000 Other White _____ (Year) (Vessel Type) (Color/Color Scheme) (Name of Vessel) _____ This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence _____ (Registration #)
3. 2006 Jet-ski Black _____ (Year) (Vessel Type) (Color/Color Scheme) (Name of Vessel) _____ 1245L506 This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence (Registration #)	4. 2008 Other White Little C _____ (Year) (Vessel Type) (Color/Color Scheme) (Name of Vessel) _____ WJ1F1016B808 This vessel is: <input checked="" type="checkbox"/> NOT used as a residence <input type="checkbox"/> Used as a residence (Registration #)

Campus Activity I am NOT a student, employee, or volunteer at a university or institution of higher learning.

1. Student Employee Volunteer
 Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

2. Student Employee Volunteer
 Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

3. Student Employee Volunteer
 Start Date: _____ End Date: _____
 University/School Name: _____ Campus: _____
 Address: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

Cyber Communication Accounts I do NOT use any email addresses or Instant Message screen names.

Email Addresses		Instant Message Screen Names	
		Name:	Provider:
1.	████████████████████	1.	_____
2.	████████████████████	2.	_____
3.	████████████████████	3.	_____
4.	jeevacation@██████████	4.	_____
5.	_____	5.	_____

Adjudication Information

Date Adjudicated	Crime	Location of Adjudication/Conviction	Victim Information
1. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
2. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
3. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____
4. _____	_____	_____, _____ (County) (State)	<input type="checkbox"/> Minor <input type="checkbox"/> Adult Gender: _____

Were you or are you subject to registration or community notification in another state? Yes No If Yes, in what state? _____

NOTICE OF SEXUAL PREDATOR AND SEXUAL OFFENDER OBLIGATIONS

As a Sexual Predator (F.S. 775.21) or Sexual Offender (F.S. 943.0435; 944.607; or 985.481) I understand that I am required by law to abide by the following:

"Permanent residence" means a place where the person abides, lodges, or resides for 5 or more consecutive days.

"Temporary residence" means a place where the person abides, lodges, or resides, including but not limited to, vacation, business, or personal travel destinations in or out of this state, for a period of 5 or more days in the aggregate during any calendar year and which is not the person's permanent address or, for a person whose permanent residence is not in this state, a place where the person is employed, practices a vocation, or is enrolled as a student for any period of time in this state.

"Transient residence" means a place or county where a person lives, remains, or is located for a period of 5 or more days in the aggregate during a calendar year and which is not the person's permanent or temporary address. The term includes, but is not limited to, a place where the person sleeps or seeks shelter and a location that has no specific street address.

FAILURE TO COMPLY WITH ANY OF THE FOLLOWING REQUIREMENTS IS A FELONY OF THE THIRD DEGREE (UNLESS OTHERWISE NOTED).

1. I MUST report **in person** to the local Sheriff's Office within 48 hours of establishing or maintaining a residence in this state, within 48 hours of release from custody and/or supervision of Department of Corrections (DOC), Department of Children and Family Services (DCFS), or Department of Juvenile Justice (DJJ), or in the county of conviction within 48 hours of conviction if not under custody and/or supervision of DOC to register my temporary, transient, or permanent address and other information specified in statute. {F.S. 943.0435(2)(a); 775.21(6)(e)1}.
2. At initial registration, I MUST provide the following information to the department: name, date of birth, social security number, race, sex, height, weight, hair and eye color, photograph, home telephone number and any cellular telephone number, any electronic mail address and any instant message name required to be provided pursuant to paragraph s.943.0435(4)(d) F.S., address of legal residence, address of any current temporary residence, if no permanent or temporary residence, any transient residence within the state, dates of any current or known future temporary residence within the state or out of state, occupation and place of employment, date and place of each conviction, fingerprints, and a brief description of the crime or crimes committed. {F.S. 943.0435(2)(b); 775.21(6)(a)1}.
3. Within 48 hours after the initial report required as stated in requirement #2 above, I MUST report **in person** to the driver's license office of the Department of Highway Safety and Motor Vehicles (DHSMV) and provide proof of initial registration as a sexual offender or predator to secure or renew a valid Florida driver's license or identification card displaying one of the following designations: "775.21, F.S." or "943.0435, F.S.", unless a driver's license or identification card with such designation was previously secured or updated. The sexual offender shall submit to the taking of a photograph for use by the department in maintaining current records of sexual offenders. {F.S. 943.0435(3); 775.21(6)(f)}.
4. Each time my driver's license or identification card is subject to renewal, or within 48 hours after any change in my permanent, temporary, or transient residence or change in name made by marriage or other legal process, I MUST report **in person** to a driver's license office to update my driver's license or identification card and ensure that the driver's license or identification card displays the designations as identified in requirement #3. {F.S. 943.0435(4)(a); 775.21(6)(g)1}.
5. If I am enrolled, employed or carrying on a vocation at an institution of higher education in Florida, I MUST provide the name, address and county of each institution including each campus, enrollment or employment status, including each change in enrollment or employment status, i.e. commencement or termination, **in person** at the Sheriff's Office; OR, for a sexual offender on supervision with the Florida (DOC) or (DJJ), this information must be reported to the sexual offender's probation officer, within 48 hours after any change in status. {F.S. 943.0435(2)(b)2; 775.21(6)(a)b}.
6. I MUST report any electronic mail address or instant message name, prior to using such, during registration/reregistration or by providing all updates through the online system maintained by the Florida Department of Law Enforcement. {F.S.943.0435(4)(d); 775.21(6)(g)4}.
7. If I vacate a permanent, temporary, or transient residence, and do not have another permanent, temporary, or transient residence, I MUST report **in person** to the Sheriff's Office in the county where I am located within 48 hours. {F.S.943.0435(4)(b); 775.21(6)(g)2}.
8. If I report that I have vacated a permanent, temporary, or transient residence and then remain at that residence, I MUST report **in person** to the Sheriff's Office where I reported vacating my residence. Failure to report this information is a felony of the second degree. {F.S. 943.0435(4)(c); 775.21(6)(g)3}.

- 9. I understand that my address will be verified by county, state or local law enforcement agencies. {F.S. 943.0435(6);775.21(8)}.
- 10. If I intend on establishing a permanent, temporary, or transient residence in another state or jurisdiction other than the State of Florida, I MUST report **in person** to the Sheriff's Office of the county of my current residence within 48 hours before the date that I intend to leave this state to establish residence in another state or jurisdiction. {F.S. 943.0435(7); 775.21(6)(i)}.
- 11. If I intend to establish a permanent, temporary, or transient residence in another state or jurisdiction other than the State of Florida and later decide to remain in this state, I MUST report **in person** to the Sheriff's Office to which I reported my intention of leaving the state within 48 hours after the intended departure date. Failure to report this information is a felony in the second degree. {F.S. 943.0435(8); 775.21(6)(j)}.
- 12. I MUST report **in person** either twice a year (during the month of my birth and during the 6th month following my birth month) or four times a year (once during the month of my birth and every 3rd month thereafter), depending upon my offense/ designation, to the Sheriff's Office in the county in which I reside or am otherwise located to reregister. {F.S. 943.0435(14) (a); 775.21(8)(a)}.

NOTE: All Sexual Predators, Sexual Offenders convicted for offenses specified in F.S 943.0435(14), and Juvenile Sexual Offenders required to register per F.S 943.043591)(a)1.d are required to reregister four times a year. All other Sexual Offenders are required to reregister twice a year.

I AM REQUIRED TO REREGISTER TWO TIMES A YEAR; I MUST REREGISTER AS NOTED BELOW. {Sexual Offenders (943.0435), unless otherwise notified by FDLE}

Month of Birth	I must reregister in:	Month of Birth	I must reregister in:
Jan	Jan & July	July	Jan & July
Feb	Feb & Aug	Aug	Feb & Aug
Mar	Mar & Sept	Sept	Mar & Sept
April	April & Oct	Oct	April & Oct
May	May & Nov	Nov	May & Nov
June	June & Dec	Dec	June & Dec

I AM REQUIRED TO REREGISTER FOUR TIMES A YEAR; I MUST REREGISTER AS NOTED BELOW. {Sexual Predators (775.21) and Sexual Offenders (985.481), unless otherwise notified by FDLE}

Month of Birth	I must reregister in the months of:	Month of Birth	I must reregister in the months of:
Jan	Jan, April, July & Oct	July	Jan, April, July & Oct
Feb	Feb, May, Aug, & Nov	Aug	Feb, May, Aug, & Nov
Mar	Mar, June, Sept & Dec	Sept	Mar, June, Sept & Dec
April	April, July, Oct & Jan	Oct	April, July, Oct & Jan
May	May, Aug, Nov & Feb	Nov	May, Aug, Nov & Feb
June	June, Sept, Dec & Mar	Dec	June, Sept, Dec & Mar

- 13. If I live in another state, but work or attend school in Florida, I MUST register my work or school address as a temporary address within 48 hours by reporting in person to the local Sheriff's Office.{F.S. 943.0435(2); 775.21(6)(a)1b}.
- 14. I MUST respond to any address verification correspondence from FDLE within three weeks of the date of the correspondence. {F.S. 943.0435(14)(c)4; 775.21(10)(a)}.
- 15. If I am employed, carry on a vocation, am a student, or become a resident of another state, I am on notice that I may have a requirement to register under the laws of that state.
- 16. I MUST maintain registration for the duration of my life. {F.S. 943.0435(11); 775.21(6)(l)}.

PLEASE READ CAREFULLY BEFORE SIGNING

As a Sexual Predator (Florida Statute 775.21) or Sexual Offender (Florida Statute 943.0435, 944.607, or 985.481), I am required by law to abide by the requirements listed on this form. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ OR HAVE BEEN READ THE REQUIREMENTS ON THIS FORM, AND THAT I UNDERSTAND THESE REQUIREMENTS. Under penalty of perjury I declare the above is true and correct.

YOU ARE REQUIRED TO REREGISTER EACH YEAR AT THE SHERIFF'S OFFICE IN THE MONTHS OF January AND July.



Registrant: [Signature]
Signature Required

Witnessed by Reporting Officer: [Signature]
Signature Required

Printed Name: JEFFREY E EPSTEIN Date: 01/18/2011

Printed Name: OBED LEIVA Date: 01/18/2011

* OFFICIAL DOCUMENT DO NOT DESTROY*

***** NOTE: Your next ReRegistration month is July of 2011. *****