

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: [REDACTED]
City of Birth: [REDACTED] State/Country of Birth: [REDACTED] Citizenship: *Yes*
FBI #: [REDACTED] State ID#: [REDACTED] Alien #: [REDACTED] SSN: [REDACTED]
Resident Address/City/State/ZIP: *947/ST New York NY 10021*
Home Phone: [REDACTED] Cell Phone: [REDACTED] Marital Status: *S*

COURT CASE

Agency: *NY FBI* Agency ORI: *NYFBI NY00*
Agent Last Name: [REDACTED] First Name: [REDACTED]
Agent Phone #: [REDACTED] Arrest Date: *7/6/19*
Location/Facility of Arrest: *TEKERBORO AIRPORT, BERGIN COUNTY, New Jersey*
Court Docket #: _____ CR _____ AUSA(s) Assigned: _____

OFFENSE

NCIC Code	Charge Description	Title/Code
	<i>SEX TRAFFICKING CONSPIRACY</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:

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Current or former military | <input type="checkbox"/> Current or former I.E./corrections | <input type="checkbox"/> Current or former intelligence |
| <input checked="" type="checkbox"/> Current or former public official | <input type="checkbox"/> Assault on I.E./corrections | <input type="checkbox"/> SAM subject or candidate |
| <input type="checkbox"/> Eligible for diplomatic immunity | <input type="checkbox"/> Leadership role | <input type="checkbox"/> Separation needs (Describe below) |
| <input type="checkbox"/> Threat to witness (Describe below) | <input type="checkbox"/> CI (Describe below) | <input type="checkbox"/> 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: SELF Employed Company/Employer Name: SOUTHERN TRUST COMP
 Employment Address: VIREDA 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"/> Escalator | <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 |

LAW ENFORCEMENT SENSITIVE

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:

Agency: NYPD-NYFBI-110

Cell Phone:

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 DI SM DEO
- ☐ USM-552 (Prisoner Medical Records Release Form) - completed, signed and dated by intake DI SM DEO
- ☐ USM-18 (Federal Prisoner Property Receipt) - completed, signed and dated by intake DI SM 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