09/21/09
OPSB003-XX

OFFENDER COP OBLIGATIONS
CHANGE ORDER

TIME: 16:34:23
PAGE: 1

OFFICER NUMBER: 07824
OFFICER NAME: SLOANE, CARMEN

DOC NO: W35755 NAME: EPSTEIN, JEFFREY STATUS: ACTIVE P/P

PFX	ACCT SEQ	CO	CASE NUMBER	PAYEE ID NUMBER	ACCT TYPE	ORIGINAL COP OBLIG.	SUR	PAYMENT SCHEDULE	CURRENT BALANCE	FINAL PYMNT DUE	
01	001	50	0809381	10COUNT050	03 C	473.00	Y	0.00	0.00	03/23/10	
01	001	50	0809381	33DCDRG000	09 C	65.00	Y	10.00	65.00	03/23/10	416
01	001	50	0809381	33DCTRN001	24 C	24.00	Y	0.00	0.00	07/21/10	
01	001			36STFLA001	11 O	600.00	Y	54.55	485.54	07/21/10	

OFFICER: [redacted] DATE: 9-23-09

SUPERVISOR: [redacted] DATE: 9/22/09

CJIT: [redacted] DATE: 10/13/09

AS OF: 08/07/09

FLORIDA DEPARTMENT OF CORRECTIONS — TIME: 15:23:16 — PAGE: 1
COURT ORDERED PAYMENTS — OFFICE: LAKE WORTH
OFFENDER FINANCIAL OBLIGATION AGREEMENT
VERIFICATION DOCUMENT — OFFICER: SLOANE, CARMEN

OPS0112-02

OFFENDER: EPSTEIN, JEFFREY

DOC NO: W35755 SUPERVISION BEGIN DATE: 07/22/09 SCHED TERM DATE: 07/21/10

PAYEE: DEPARTMENT OF CORRECTIONS DRUG TESTING
PAYEE ID: 33DCDRG000
PREFIX: 01
ACCT SEQ: 001
CASE NO: 0809381 UNIF CS#:
STATUS: SUSPENDED

FINAL PAYMENT DUE DATE:	03/23/10	% PAID	0%
ORIGINAL AMOUNT OWED:	$65.00	% SUPERVISION REMAINING:	92%
NET CHANGE:	$0.00DB	PAYMENT SCHEDULE:	$10.00
TOTAL OBLIGATION:	$65.00DB	AVERAGE PAYMENT	$0.00
PAID TO DATE:	$0.00	LAST PAYMENT DATE:	00/00/00
BALANCE	$65.00DB	SURCHARGE	Y

PAYEE: DC OFFICER TRAINING/EQUIPMENT SURCHARGE
PAYEE ID: 33DCTRN001
PREFIX: 01
ACCT SEQ: 001
CASE NO: 0809381 UNIF CS#:
STATUS: DEFERRED

FINAL PAYMENT DUE DATE:	07/21/10	% PAID	0%
ORIGINAL AMOUNT OWED:	$24.00	% SUPERVISION REMAINING:	92%
NET CHANGE:	$0.00DB	PAYMENT SCHEDULE:	$10.00
TOTAL OBLIGATION:	$24.00DB	AVERAGE PAYMENT	$0.00
PAID TO DATE:	$0.00	LAST PAYMENT DATE:	00/00/00
BALANCE	$24.00DB	SURCHARGE	Y

PAYEE: STATE OF FLORIDA COST OF SUPERVISION
PAYEE ID: 36STFLA001
PREFIX: 01
ACCT SEQ: 001
CASE NO: UNIF CS#:
STATUS: OPEN

FINAL PAYMENT DUE DATE:	07/21/10	% PAID	0%
ORIGINAL AMOUNT OWED:	$600.00	% SUPERVISION REMAINING:	92%
NET CHANGE:	$0.00DB	PAYMENT SCHEDULE:	$54.55
TOTAL OBLIGATION:	$600.00DB	AVERAGE PAYMENT	$0.00
PAID TO DATE:	$0.00	LAST PAYMENT DATE:	00/00/00
BALANCE	$600.00DB	SURCHARGE	Y

RECAP	ORIGINAL OBLIGATIONS:	$689.00
	TOTAL SURCHARGE:	$27.56
	TOTAL NET CHANGE:	$0.00DB
	TOTAL PAYMENTS:	$0.00
	TOTAL BALANCE:	$716.56DB

ALL COPS PAYMENTS ARE TO BE MADE PAYABLE TO THE DEPARTMENT OF CORRECTIONS (DC), AND ARE TO BE IN GUARANTEED FORM OF PAYMENT SUCH AS A MONEY ORDER OR CASHIER'S CHECK. VISA AND MASTERCARD MAY BE ACCEPTED.

SURCHARGE DUE: $2.98
PAYMENTS DUE: $74.55

REQUIRED PAYMENT: [redacted] $77.53

..RIFIED BY OFFICE[redacted] DATE: 8-11-09

I UNDERSTAND MY SPECIAL CONDITION(S) TO FULFILL THIS FINANCIAL OBLIGATION(S) PRIOR TO MY SCHEDULED SUPERVISION TERMINATION DATE(S) AS ORDERED BY THE SENTENCING AUTHORITY, AND ACKNOWLEDGE RECEIPT OF A COPY OF THIS FINANCIAL OBLIGATION AGREEMENT. FAILURE TO [redacted] COULD RESULT IN A VIOLATION OF SUPERVISION.

OFFENDER [redacted] DATE: 8-11-09

EFTA01625439

07/24/09 OFFENDER COP OBLIGATIONS TIME: 08:35:52
OPSB003-XX CHANGE ORDER PAGE: 1

OFFICER NUMBER: 07824
OFFICER NAME: SLOANE, CARMEN

DOC NO: W35755 NAME: EPSTEIN, JEFFREY STATUS: ACTIVE P/P

PFX	ACCT SEQ	CO	CASE NUMBER	PAYEE ID NUMBER	ACCT TYPE	ORIGINAL COP OBLIG.	SUR	PAYMENT SCHEDULE	CURRENT BALANCE	FINAL PYMNT DUE
01	001	50	0809381	10COUNT050	03 S	473.00	Y	59.13	473.00	03/23/10
01	002	50	0809381	10COUNT050	03 S	473.00	Y	59.13	473.00	03/23/10
01	001	50	0809381	33DCDRG000	09 S	65.00	Y	10.00	65.00	03/23/10
01	001	50	0809381	33DCTRN001	24 D	24.00	Y	10.00	24.00	07/21/10
01	001			36STFLA001	11 O	600.00	Y	50.00	600.00	07/21/10

Delete entered in error

604

OFFICE[redacted] DATE: 7-24-09

SUPERVISOR: [redacted] DATE: 7/24/09

CJIT: [redacted] DATE: 7/24/09

Officer: 15-4

Date: 6-30-08

Court-Ordered Payment System

INPUT FORM

FOR OP02 1 INITIAL ENTRY OF PAYEE

*Offender Epstein, Jeff.

*DC # W35755

PAYEE TYPE CODE	PAYEE NAME*	PAYEE ADDRESS*	CONTACT PERSON/ PHONE NUMBER	PAYEE ID# IF KNOWN	OFFCR INIT	SUPV INIT	DATA ENTRY INITIAL DATE
33	Drug Testing						
33	Training Trust Fund			33DCDRG000	GA	✓	HS 7/22/09
10	P.B. Cty. Clerk			33DETRN001	GA	✓	
10	P.B. Cty. Clerk			10COUNT050	GA	—	
25	P.B. Cty. Clerk (P.D. Fee)			10COUNT050	GA	—	
				25COUNT250			

FOR OP03 1 – OR – OP04 1 OR 2 INITIAL ENTRY OF PAYEE ACCOUNT

PFX*	SEQ*	CNTY CODE	CASE#	ACCT TYPE*	ORIGINAL OBLIGATION	MONTHLY PAYMENT SCHEDULE	FINAL PAY DUE DATE	CLAIM# POLICY# ATTENTION	S/D/H/PAYEE ACCOUNT?	CMNT CODE
50	2008	CF009381AXXXMB								
01	001	50	08-09381	09	65.					
01	001	50	08-09381	24	24.				S	500
01	001	50	08-09381	03	473.				D	500
01	002	50	08-09381	03	473.			CF-AMB	S	500
	001	50		26				FOR 06-9454 CF MB/PD Fee	S	500
									S	500

Please enter on OP04

FOR OP22 2 INITIAL ENTRY OF SUPERVISION FEE MONTHLY RATE

T RATE F DATE __/__/__	COS ☐ ADM ☐	INIT RATE	Supv Length OR End Date	Reason	OFCR INIT/ DATE __/__/__	SUPV INIT/ DATE __/__/__	DATA ENTRY INIT. DATE __/__/__
T RATE F DATE __/__/__	EM ☐	INIT RATE	Supv Length OR End Date	Reason	OFCR INIT/ DATE __/__/__	SUPV INIT/ DATE __/__/__	DATA ENTRY INIT. DATE __/__/__

FOR OP24 2 INITIAL ENTRY OF PRC SUBSISTENCE DAILY RATE

T RATE F DATE __/__/__	RATE ☐ $6.00 ☐ $0.00	PRC Length=364 Days-OR END DATE __/__/__	Reason	OFCR INIT/ DATE __/__/__	SUPV INIT/ DATE __/__/	DATA ENTRY INI DATE / /

EFTA01625441

OFFICER Sloane
DATE 7/24/09

COURT-ORDERED PAYMENT SYSTEM
CHANGE FORM

OFFENDER Epsh
DOC # W35755

1
Override Payment Undisbursed/Internal
OP08 4 (Senior Clerk)

Payee Name
Payee ID #
Pfx # ____ Seq # ____ Amount $ ____
Comment Code
Payee Name
Payee ID #
Pfx # ____ Seq # ____ Amount $ ____
Comment Code
Officer Initials
Supervisor Initials
Senior Clerk Init/Date

2
Change Original Obligation
Sentencing Authority-Ordered/COS Prepay
OP06 1 (Lead Clerical)

Payee Name Clerk of Court
Payee ID # 10county050
Pfx # 01 Seq # 001
Increase Obligation $
Decrease Obligation $ 413.00
$ ____ COS Balance x .25 = $ ____ Change Amount
Comment Code 609
Officer Initials
Supervisor Initials
Lead Clerical Init/Date 7-24-09

3
EM Rate Change
OP22 2 (CJIT)

Effective Date ____/____/____
New Rate $
Number of Months New Rate In Effect
- OR -
End Date of New Rate ____/____/____
Function = R
Reason Code
Officer Initials
Supervisor Initials
CJIT Init/Date

4
Transfer Payment from One DC#/ Payee to Another
(COPS Accounting)

Amount of Payment $
Receipt Date
FROM: DOC #
Payee ID #
Pfx # ____ Seq #
TO: DOC #
Payee ID #
Pfx # ____ Seq #
Comment Code
Officer Initials
Supervisor Initials
COPS Acctng Init/Date

5
Delete Override
OP08 4 (Senior Clerk)

Payee Name
Payee ID #
Pfx # ____ Seq # ____ Amount $ ____
Comment Code
Payee Name
Payee ID #
Pfx # ____ Seq # ____ Amount $ ____
Comment Code
Officer Initials
Supervisor Initials
Senior Clerk Init/Date

6
Change to Obligation
Correction/Input Error
OP06 1 (Lead Clerical)

Payee Name
Payee ID#
Pfx # ____ Seq #
Increase Obligation $
Decrease Obligation $
Comment Code
Officer Initials
Supervisor Initials
Lead Clerical Init/Date

7
COS Rate Change
OP22 2 (CJIT)

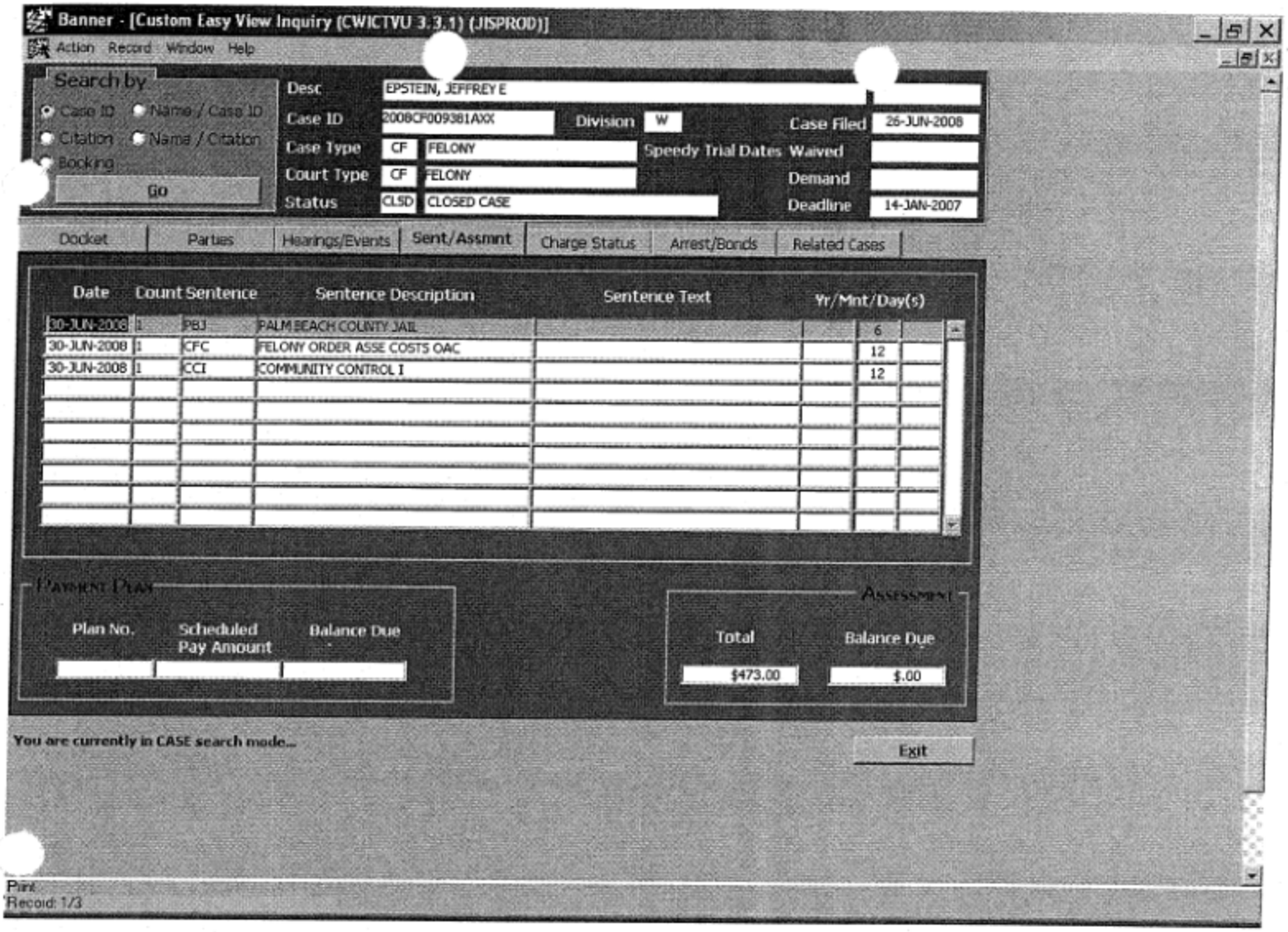
Effective Date ____/____/____
New Rate $
Number of Months New Rate in Effect
-OR-
End Date of New Rate ____/____/____
Function = R
Reason Code
Officer Initials
Supervisor Initials
CJIT Init/Date

8
Refund/Overpayment to DC Payee
(COPS Acctg Approval Request)

Office Locator Code #
Offender Address: Street Address
City State Zip
Pfx #
Seq #
Amount $
Comment Code
Officer Initials
Supervisor Initials
COPS Acctng Init/Date

COPS Change Form
DOC 03-251 (05/03)

EFTA01625442


Banner - [Custom Easy View Inquiry (CWICTVU 3.3.1) (JISPROD)]
Action Record Window Help
Search by
Case ID
Name / Case ID
Citation
Name / Citation
Booking
Go
Desc EPSTEIN, JEFFREY E
Case ID 2008CF009381AXX
Division W
Case Filed 26-JUN-2008
Case Type CF FELONY
Speedy Trial Dates Waived
Court Type CF FELONY
Demand
Status CLSD CLOSED CASE
Deadline 14-JAN-2007
Docket
Parties
Hearings/Events
Sent/Assmnt
Charge Status
Arrest/Bonds
Related Cases
Date Count Sentence Sentence Description Sentence Text Yr/Mnt/Day(s)
30-JUN-2008 1 PBJ PALM BEACH COUNTY JAIL 6
30-JUN-2008 1 CFC FELONY ORDER ASSE COSTS OAC 12
30-JUN-2008 1 CCI COMMUNITY CONTROL I 12
Payment Plan
Plan No.
Scheduled Pay Amount
Balance Due
Assessment
Total
Balance Due
$473.00
$.00
You are currently in CASE search mode...
Exit
Print
Record: 1/3

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

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS
WRITTEN MONTHLY REPORT

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. _____

Vehicle Make/Model/Year/Tag #: _____

EMPLOYER: FSF
SUPERVISOR'S NAME: Darren Indyke
EMPLOYER'S ADDRESS:
250 S. Australian Ave Suite 1404
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*)

Full time X 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:
JL.-63 - SH.-31 - VC-55, [redacted] - 25 girl/fri, RA, ZB. 20 20
STAFF

	YES	NO
Have you consumed alcoholic beverages?	☐	☒
Have you used or bought illegal drugs or controlled substances?	☐	☒
Have you attended educational, vocational classes or mental health, drug, alcohol, therapy, or self-improvement programs?	☐	☒
(If yes, circle which one) Have you been arrested or had any contact with law enforcement during the last month? 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:

RECEIVED
JAN 05 2010
15-4

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

EFTA01625444

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

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS
WRITTEN MONTHLY REPORT

YOUR NAME: Jeffrey Epstein
DC#: W35795
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 FLORIDA
(*Provide physical location – NOT Post Office Box*)
TELEPHONE No. [redacted]
CELLULAR TELEPHONE No. [redacted]
PAGER No. _____

Vehicle Make/Model/Year/Tag #: ~

EMPLOYER: PF
SUPERVISOR'S NAME: Darren
EMPLOYER'S ADDRESS:
250 Australian Ave
Palm Beach 33480
EMPLOYER'S TELEPHONE No. [redacted]
CELLULAR TELEPHONE No. _____
PAGER No. ~
EMPLOYER EMAIL: ~
YOUR TOTAL MONEY EARNED MONTHLY:
$ 410,12 (*Gross Amount*)

Full time X **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:
Jan L. 63 - Friend - SH. 30 - ZG 22 - [redacted] LT - girlfriend, LF, JF - friends
Ad. 27 Friend Friend Friend

	YES	NO
Have you consumed alcoholic beverages?	☐	☒
Have you used or bought illegal drugs or controlled substances?	☐	☒
Have you attended educational, vocational classes or mental health, drug, alcohol, therapy, or self-improvement programs? (If yes, circle which one)	☐	☒
Have you been arrested or had any contact with law enforcement during the last month? 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: _____ 2.12.20
Date WMR Due: _____ 2.3.20.
Comments:

I certify the above to be true and complete:
Your Signature: _____
Mailing Address: 358 El Brillo
City: Palm Beach
State: FL **Zip:** 33480
E-Mail Address: Jeevacation@gmail.com
(*if applicable*)

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

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS
WRITTEN MONTHLY REPORT

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. _____

Vehicle Make/Model/Year/Tag #: _____

EMPLOYER: FSF
SUPERVISOR'S NAME: Fidgie
EMPLOYER'S ADDRESS:
250 S. Australian Ave. Suite 1404
West Palm Beach, FL 33401
EMPLOYER'S TELEPHONE No. [redacted]
CELLULAR TELEPHONE No. _____
PAGER No. _____
EMPLOYER EMAIL: _____
YOUR TOTAL MONEY EARNED MONTHLY:
$ +10,000 (*Gross Amount*)

Full time X 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] SA - 31 Friend, ZG - Friend 22, J.L.B - 65, D.L. Lawyer 50

	YES	NO
Have you consumed alcoholic beverages?	☐	☐
Have you used or bought illegal drugs or controlled substances?	☐	☐
Have you attended educational, vocational classes or mental health, drug, alcohol, therapy, or self-improvement programs? (If yes, circle which one)	☐	☒
Have you been arrested or had any contact with law enforcement during the last month? 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: [redacted]

Date WMR Received: 1035AM 3/1/16
Date WMR Due: _____
Comments: _____

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

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

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS
WRITTEN MONTHLY REPORT

YOUR NAME: Jack Epstein
DC#: _____
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. _____
PAGER No. _____

Vehicle Make/Model/Year/Tag #: CAD/ESCALADE/2005/QZ9-9GT

EMPLOYER: FLORIDA SCIENCE FOUNDATION
SUPERVISOR'S NAME: DARREN INDYKE
EMPLOYER'S ADDRESS:
250 AMERICAN AVE N. #1404
WPB, FL 33401
EMPLOYER'S TELEPHONE No. [redacted]
CELLULAR TELEPHONE No. _____
PAGER No. _____
EMPLOYER EMAIL: _____
YOUR TOTAL MONEY EARNED MONTHLY:
$_____ (*Gross Amount*)

Full time X Part-time ____ Hours Worked ____
Additional (2nd) employment information: [redacted]

List full names, ages, and your relationship to all persons who resided at your residence during this month:
NO ONE - JUST RELEASED FROM PBSO CITY JAIL

	YES	NO
Have you consumed alcoholic beverages?	☐	☒
Have you used or bought illegal drugs or controlled substances?	☐	☒
Have you attended educational, vocational classes or mental health, drug, alcohol, therapy, or self-improvement programs? (If yes, circle which one)	☐	☒
Have you been arrested or had any contact with law enforcement during the last month?	☒	☐

If yes, explain what happened on separate sheet of paper, attached to report.
If you went into debt for any reason, explain: JUST RELEASED
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: _____
RECEIVED
Date WMR Received: JUL 22 2009
Date WMR Due: _____
Comments: 15-4

I certify the above to be true and complete:
Your Signature: _____
Mailing Address: 358 EL BRILLO WAY
City: PALM BEACH
State: FL Zip: 33480
E-Mail Address: _____
(*if applicable*)

215

APPT. WITH OFFICER DUANE WILLIAMS @ 3:30

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

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS
WRITTEN MONTHLY REPORT

YOUR NAME: JEFFREY EPSTEIN
DC#: _____
YOUR RESIDENCE ADDRESS: (*include Name of Subdivision, Apartment Complex and Number, Mobile Home Park and Lot Number, if applicable*):

PBSC STOCKADE

(*Provide physical location – NOT Post Office Box*)

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

Vehicle Make/Model/Year/Tag #: _____

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

EMPLOYER'S TELEPHONE No. _____
CELLULAR TELEPHONE No. _____
PAGER No. _____
EMPLOYER EMAIL: _____
YOUR TOTAL MONEY EARNED MONTHLY:
$_____ (*Gross Amount*)

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:

	YES	NO
Have you consumed alcoholic beverages?	☐	☒
Have you used or bought illegal drugs or controlled substances?	☐	☒
Have you attended educational, vocational classes or mental health, drug, alcohol, therapy, or self-improvement programs? (If yes, circle which one)	☐	☒
Have you been arrested or had any contact with law enforcement during the last month? 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:

RECEIVED
JUN 01 2009
15-4

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

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

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS
WRITTEN MONTHLY REPORT

YOUR NAME: Jeff Epstein
DC#: _____
YOUR RESIDENCE ADDRESS: (*include Name of Subdivision, Apartment Complex and Number, Mobile Home Park and Lot Number, if applicable*):

358 CC Blvd.
PR T 33780

(*Provide physical location – NOT Post Office Box*)

TELEPHONE No. [redacted]
CELLULAR TELEPHONE No. [redacted]
PAGER No. _____

Vehicle Make/Model/Year/Tag #: _____

EMPLOYER: FSE
SUPERVISOR'S NAME: India
EMPLOYER'S ADDRESS:
357 Bridge

EMPLOYER'S TELEPHONE No. [redacted]
CELLULAR TELEPHONE No. _____
PAGER No. _____
EMPLOYER EMAIL: _____
YOUR TOTAL MONEY EARNED MONTHLY:
$ 410.00 (*Gross Amount*)

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:

	YES	NO
Have you consumed alcoholic beverages?	☐	☒
Have you used or bought illegal drugs or controlled substances?	☐	☒
Have you attended educational, vocational classes or mental health, drug, alcohol, therapy, or self-improvement programs? (If yes, circle which one)	☐	☒
Have you been arrested or had any contact with law enforcement during the last month? 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: 8.05

RECEIVED
AUG 04 2009

Date WMR Received: _____
Date WMR Due: _____
Comments: 15-4 CS

I certify the above to be true and complete:
Your Signature: _____
Mailing Address: 358 CC Blvd.
City: Port Bob
State: FL **Zip:** 33483
E-Mail Address: Jeevacation.2gmail.com
(if applicable)

EFTA01625449

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

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS
WRITTEN MONTHLY REPORT

YOUR NAME: Jeffrey Epstein
DC#: 435755
YOUR RESIDENCE ADDRESS: (*include Name of Subdivision, Apartment Complex and Number, Mobile Home Park and Lot Number, if applicable*):
358 El Brillo
Palm Beach 33480
(*Provide physical location – NOT Post Office Box*)
TELEPHONE No. [redacted]
CELLULAR TELEPHONE No. [redacted]
PAGER No. _____

Vehicle Make/Model/Year/Tag #: _____

EMPLOYER: FSF
SUPERVISOR'S NAME: Indirect.
EMPLOYER'S ADDRESS:
250 Australian
West Palm
EMPLOYER'S TELEPHONE No. [redacted]
CELLULAR TELEPHONE No. [redacted]
PAGER No. _____
EMPLOYER EMAIL: _____
YOUR TOTAL MONEY EARNED MONTHLY:
$ 10,000 + (*Gross Amount*)

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:

	YES	NO
Have you consumed alcoholic beverages?	☐	☑
Have you used or bought illegal drugs or controlled substances?	☐	☒
Have you attended educational, vocational classes or mental health, drug, alcohol, therapy, or self-improvement programs? (If yes, circle which one)	☐	☒
Have you been arrested or had any contact with law enforcement during the last month? 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: _____

For Use Only
Signature of Officer Receiving Report: _____
Date WMR Received: SEP 01 2009
Date WMR Due: _____
Comments: 15-4

RECEIVED

I certify the above to be true and complete:
Your Signature: _____
Mailing Address: 358 El Brillo
City: PBach F
State: FL Zip: 33480
E-Mail Address: _____

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

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS
WRITTEN MONTHLY REPORT

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

Vehicle Make/Model/Year/Tag #: _____

EMPLOYER: FSF
SUPERVISOR'S NAME: Invoice...
EMPLOYER'S ADDRESS:
250 Australian Ave

EMPLOYER'S TELEPHONE No. [redacted]
CELLULAR TELEPHONE No. _____
PAGER No. _____
EMPLOYER EMAIL: _____
YOUR TOTAL MONEY EARNED MONTHLY:
$ +10,000 (*Gross Amount*)

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] Girlfriend 24yr old

	YES	NO
Have you consumed alcoholic beverages?	☐	☒
Have you used or bought illegal drugs or controlled substances?	☐	☒
Have you attended educational, vocational classes or mental health, drug, alcohol, therapy, or self-improvement programs? (If yes, circle which one)	☐	☒
Have you been arrested or had any contact with law enforcement during the last month? 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: 10-6-09 8:10 Am

I certify the above to be true and complete:
Your Signature: _____
Mailing Address: 358 El Bella
City: Palm Beach
State: FL Zip: 33480
E-Mail Address: _____
(*if applicable*)

DC3-268 (Revised 6-01)

Officer Sloane,
As you are already aware, though I was in 100% compliance with your instructions,, regarding my ability to walk to work, and perfectly on schedule. I was stopped by captain Frick of the palm beach police and told I was in violation of my probation. He said that he had spoken to your supervisor, that he had my schedule in his hand , and was going to arrest me for a violation of probation. I was on the corner of south Ocean Blvd, and Clarke avenue ,, on my way to the north bridge, on my way to work. I understand that he told you that I was one quarter to a half mile off of my route. That is a total fabrication. A simple check of the map shows it is in a direct line to the office. He eventually agreed with that assessment. Only after speaking indirectly to you. He then asked that he be given a copy of my schedule, so that his force could monitor my probation. I understand that request was denied.

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

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS
WRITTEN MONTHLY REPORT

YOUR NAME: Jeff Epstein
DC#: W35715
YOUR RESIDENCE ADDRESS: (*include Name of Subdivision, Apartment Complex and Number, Mobile Home Park and Lot Number, if applicable*):

(*Provide physical location – NOT Post Office Box*)

TELEPHONE No. [redacted]
CELLULAR TELEPHONE No. [redacted]
PAGER No. —

EMPLOYER: FSF
SUPERVISOR'S NAME: Indyke.
EMPLOYER'S ADDRESS:
250 Australian
WPB

EMPLOYER'S TELEPHONE No. [redacted]
CELLULAR TELEPHONE No. _____
PAGER No. _____
EMPLOYER EMAIL: _____
YOUR TOTAL MONEY EARNED MONTHLY:
$ 910,000 (*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] - Girlfriend

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

If you went into debt for any reason, explain: Lawyer Spoke re Identity Theft

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: 11-3-09
Date WMR Due: _____
Comments: 8:10

I certify the above to be true and complete:
Your Signature: _____
Mailing Address: 358 Lee Bill.
City: Palm Beach
State: FL Zip: 33480
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: 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. _____

Vehicle Make/Model/Year/Tag #: _____

EMPLOYER: FSF
SUPERVISOR'S NAME: Darren Indyke
EMPLOYER'S ADDRESS:
250 S. Australian Ave Suite 404
West Palm Beach, FL 33401
EMPLOYER'S TELEPHONE No [redacted]
CELLULAR TELEPHONE No. _____
PAGER No. _____
EMPLOYER EMAIL: _____
YOUR TOTAL MONEY EARNED MONTHLY:
$ 10,000+ (*Gross Amount*)

Full time X **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], Age 24, Girlfriend

	YES	NO
Have you consumed alcoholic beverages?	☐	☒
Have you used or bought illegal drugs or controlled substances?	☐	☒
Have you attended educational, vocational classes or mental health, drug, alcohol, therapy, or self-improvement programs? (If yes, circle which one)	☐	☒
Have you been ~~arrested~~ or had any contact with law enforcement during the last month? police	☒	☐

If yes, explain what happened on separate sheet of paper, attached to report. came to house for false fire alarm
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: 8/15

I certify the above to be true and complete:
Your Signature: _____
Mailing Address: 358 El Brillo Way
City: Palm Beach
State: FL **Zip:** 33480
E-Mail Address: _____
(*if applicable*)

MONDAY/LUNES 7-27
Day/Día Date/Fecha

e/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
)0 am		
0		
0		
0		
)0		
)0		
MORNING/ MAÑANA		
00 am		
00		
:00		
:00	Office	
0:00		
1:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00	Office 4:00	
5:00		
EVENING/ NOCHE		
6:00 pm	Home	
7:00		
8:00		
9:00		
1		
11:00		

TUESDAY/MARTES 7-28
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00 (7:30)	Leave Home for Probation	
8:00	Home	
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 7-22
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00	4:00 Home	
5:00		
EVENING/ NOCHE		
:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 7-23
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	10:30 Leave Home for Work	
11:00		
AFTERNOON/ TARDE		
12:00 pm	12:30 Leave Home for Work	
1:00		
2:00		
3:00	3:30 Home	
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

Sch[redacted]: 2:45

7-22-09

(Officer's Signature/Date)

Offender/DC# Tyler, Epstein W35755

Home Address/*Dirección Domiciliaria*: 358 El Brillo Palm Beach, FLORIDA

Telephone/*Tele. de Casa*: [redacted]

Cell Ph/*Tele. Celular*: [redacted]

Employer/Patrono: Florida Science Found

Work Address/Dirección del Trabajo: 250 Australian P.B.

Work phone/*Tele. del Trabajo#*: [redacted]

Pager/*Buscador #*

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO 7-25

Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm	Leave for Office	
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm	Home	
7:00		
8:00		
9:00		
10:00		
11:00		

FRIDAY/VIERNES 7-24

Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00	Leave for Office	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00	8:30 Home	
9:00		
10:00		
11:00		

SUNDAY/DOMINGO 7-26

Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm	Leave for office	
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm	Home	
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES ~~July 27~~ Aug 3
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
	MIDNIGHT/ MEDIA NOCHE	
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
	MORNING/ MAÑANA	
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00	Office	
	AFTERNOON/TARDE	
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
	EVENING/ NOCHE	
6:00 pm		
7:00		
8:00		
9:00	Home	
10:00		
11:00		

TUESDAY/MARTES July 28
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
	MIDNIGHT/ MEDIA NOCHE	
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
	MORNING/ MAÑANA	
6:00 am		
7:00	7:30 Probation	
8:00		
9:00	office	
10:00		
11:00		
	AFTERNOON/ TARDE	
12:00 pm		
1:00	~~office~~	
2:00		
3:00		
4:00		
5:00	Home	
	EVENING/ NOCHE	
6:00 pm		
7:00	~~Colonial 300 Colonial~~	
8:00		
9:00	~~Home~~	
10:00		
11:00		

WEDNESDAY/MIERCOLES July 29.
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
	MIDNIGHT/ MEDIA NOCHE	
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
	MORNING/ MAÑANA	
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00	office	
	AFTERNOON/ TARDE	
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
	EVENING/ NOCHE	
6:00 pm		
7:00	Colonial 300 - Attorney	
8:00		
9:00	Home	
10:00		
11:00		

THURSDAY/JUEVES July 30
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
	MIDNIGHT/ MEDIA NOCHE	
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
	MORNING/ MAÑANA	
6:00 am		
7:00		
8:00	8:30 Leave Home.	
9:00	office	
10:00		
11:00		
	AFTERNOON/ TARDE	
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
	EVENING/ NOCHE	
6:00 pm		
7:00		
8:00	office Home	
9:00		
10:00		
11:00		

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

Sch [redacted] 7:50 Am

(Officer's Signature/Date) 7-28-09

Offender/DC# Jeffrey Epstein W35755

Home Address/*Dirección Domiciliaria*: 358 El Brillo Palm Bch Florida

Telephone/*Tele. de Casa*: [redacted]

Cell Ph/*Tele. Celular*: [redacted]

Employer/Patrono: FSP

Work Address/Dirección del Trabajo: 250 Australian Suite 1404

Work phone/*Tele. del Trabajo#*: [redacted]

Pager/*Buscador #*

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

8/4/09

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO Aug 1 (Day/Día) (Date/Fecha)

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm	Office	
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00	Home.	
10:00		
11:00		

FRIDAY/VIERNES July 31 (Day/Día) (Date/Fecha)

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm	Office	
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00	Colonial 300	
9:00		
10:00	Home.	
11:00		

SUNDAY/DOMINGO Aug 2 (Day/Día) (Date/Fecha)

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm	Office.	
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00	Home	
11:00		

MONDAY/LUNES Day/Día 8/10 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES Day/Día 8/11 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	Probation	
8:00		
9:00	Shopping Home Depot	
10:00		
11:00	Home office	
AFTERNOON/ TARDE		
12:00 pm		
1:00	8/10	
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00	300 Civil Lane	
10:00		
11:00		

WEDNESDAY/MIERCOLES Day/Día 8/5 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00	Dr Keith	
3:00		
4:00		Suite 1403
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00	Home	
11:00		

THURSDAY/JUEVES Day/Día 8/6 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

EFTA01625459

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

[redacted] By: 8:13 8-4-09

(Officer's Signature/Date)

Offender/DC# Toby Gyden w35755

Home Address/*Dirección Domiciliaria:* 358 Cr Rd. Port Bend

Telephone/*Tele. de Casa:* [redacted]

Cell Ph/*Tele. Celular:* _____

Employer/Patrono: FSF

Work Address/Dirección del Trabajo: 20 Avenida Suite 1704

Work phone/*Tele. del Trabajo#:* [redacted]

Pager/*Buscador #* _____

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

FRIDAY/VIERNES Day/Día 8/7 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm	Therapy	Late Worky n/a
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm	n/a	
7:00		
8:00		
9:00		
10:00		
11:00		

SATURDAY/SABADO Day/Día 8/8 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00	X work	
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00	n/a	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm	X	
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO Day/Día 8/9 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00	X work	
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00	n/a	
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00	X	
9:00		
10:00		
11:00		

EFTA01625460

MONDAY/LUNES 8/17
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES 8/18
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	Probation	
8:00	& Home Depot	
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 8/12
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 8/13
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

EFTA01625461

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

[redacted]: 8:19

8-11-08

(Officer's Signature/Date)

Offender/DC# Jeffrey Gaston W35775

Home Address/*Dirección Domiciliaria*: 358 CR 81

Telephone/*Tele. de Casa*: [redacted]

Cell Ph/*Tele. Celular*:

Employer/Patrono: FSF

Work Address/Dirección del Trabajo: 25 Australian VRD 1404. PB.

Work phone/*Tele. del Trabajo#*: [redacted]

Pager/*Buscador #*

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

8/18/07

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

FRIDAY/VIERNES Day/Día 8/14 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SATURDAY/SABADO Day/Día 8/16 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00	30 Client	
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00	hm	
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00	30 Client	
9:00		
10:00		
11:00		

SUNDAY/DOMINGO Day/Día 8/16 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00	30 Client.	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES 8/24
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00	Rec	
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES 8/25
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	Probation	
8:00		
9:00	Jm Dept	
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 8/19
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00	Club 300	Lounge
11:00		

THURSDAY/JUEVES 8/20
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00	Bon Chovi	Lounge
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

EFTA01625463

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

[redacted] By: 8-18-09 8:00A
(Officer's Signature/Date)

Offender/DC# Jeffrey Gyshi: W35755

Home Address/*Dirección Domiciliaria:* 358 a St

Telephone/*Tele. de Casa:* [redacted]

Cell Ph/*Tele. Celular:* _____

Employer/Patrono: FSF

Work Address/Dirección del Trabajo: 25 Austin,

Work phone/*Tele. del Trabajo#:* [redacted]

Pager/*Buscador #* _____

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

8/25/09

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO 8/22
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

FRIDAY/VIERNES 8/21
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO 8/23
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES 8/31
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES 9/1
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	PROBATION	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 8/26
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 8/27
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00	PBT	
9:00		
10:00		
11:00	Prof Whitney	- BUSINESS
AFTERNOON/ TARDE		
12:00 pm		
1:00	PBT	
2:00	OFFICE.	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DC3-207 (R/S) (7/02)

EFTA01625465

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

[redacted] d By: 10:45 hr 8/25/09

(Officer's Signature/Date)

Offender/DC# [redacted] W35755

Home Address/*Dirección Domiciliaria*: 358 EL Brillo Palm Beach 33480

Telephone/*Tele. de Casa*: [redacted]

Cell Ph/*Tele. Celular*: [redacted]

Employer/Patrono: FSI

Work Address/Dirección del Trabajo: 250 Australia, WPB 1404

Work phone/*Tele. del Trabajo#*: [redacted]

Pager/*Buscador #*

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

FRIDAY/VIERNES 8/28
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SATURDAY/SABADO 8/29
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO 8/30
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES 1/7
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00	leave 8:30	
9:00		home all
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00	leave	day
2;00		
3:00		
4:00		
5:00	leave (5)	
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
1:00		

TUESDAY/MARTES 9/8
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	Probation	
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 9/2
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00	leave 8:30	
9:00		Deposition
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00	leave	
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 9/3
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00	leave 8:30	
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00	Dep. Lawyers	
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00	leave (9)	
9:00		
10:00		
11:00		

EFTA01625467

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

Schedule Approved By: [redacted] 9/1/09 9:49a

(Officer's Signature/Date)

Offender/DC# W35755 J 1/4 Gaskin

Home Address/*Dirección Domiciliaria*: 350 SE 8th Pl B FLA 3348

Telephone/*Tele. de Casa*: [redacted]

Cell Ph/*Tele. Celular*:

Employer/Patrono: F-57

Work Address/Dirección del Trabajo: 250 Australian West Palm 1404

Work phone/*Tele. del Trabajo#*: [redacted]

Pager/*Buscador #*

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

FRIDAY/VIERNES Day/Día 9/4 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:30	Leave to PBT	
AFTERNOON/ TARDE		
12:00 pm		
1:00	office	
2:00		
3:00	PBT	Airport Medical
4:00		
5:00		
EVENING/ NOCHE	office	
6:00 pm		
7:00		
8:00	Leave 9	
9:00		
10:00		
11:00		

SATURDAY/SABADO Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	leave 10:3	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00	office	
2:00		
3:00		
4:00		
5:00	leave 5	
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO Day/Día 9/6 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES 9/7
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00	Leave 8:20	
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00	office	
2;00		
3:00		
4:00		
5:00	Leave (5)	
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES 9/8
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	Probation	
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 9/2
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00	Leave 8:30	
9:00		
10:00	office	Deposition
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00	office	
3:00		
4:00		
5:00	Leave 5	
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 9/3
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00	Leave 8:30	
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00	Depo Lawyers	
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm	office	
7:00		
8:00	Leave (9)	
9:00		
10:00		
11:00		

EFTA01625469

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

Sc[redacted]d By: 9/1/09 4:44p

(Officer's Signature/Date)

Offender/DC# W35755 J 1/1 Gyster

Home Address/*Dirección Domiciliaria*: 350 EL Bath Path B FLA 3345

Telephone/*Tele. de Casa*: [redacted]

Cell Ph/*Tele. Celular*: [redacted]

Employer/Patrono: FSF

Work Address/Dirección del Trabajo: 250 Australian West Palm 1404

Work phone/*Tele. del Trabajo#*: [redacted]

Pager/*Buscador #*

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO Day/Día 9/5 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	Leave 10:3	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00	Leave 5	
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

FRIDAY/VIERNES Day/Día 9/4 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:30	Leave to PBT	
AFTERNOON/ TARDE		
12:00 pm	Office	
1:00		
2:00		
3:00	PBT	Airport Medical
4:00		
5:00	Office	
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00	Leave 7	
9:00		
10:00		
11:00		

SUNDAY/DOMINGO Day/Día 9/6 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00	AM	
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DC3-207 (E/S) (7-02)

MONDAY/LUNES 9/21
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	Leave for work	
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00	Home	
9:00		
10:00		
11:00		

TUESDAY/MARTES 9/22
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	Reunion.	
8:00		
9:00		
10:00	Leave for Mediate Africa Matrix	
11:00		
AFTERNOON/ TARDE		
12:00 pm	PB Cafe 1655 #706	Mediation
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 9/16
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	Leave for Office	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00	5:30 Gotham	
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 9/17
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	Leave for Office	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00	Dona? - Depo	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

S[redacted] By: 8:30 Am 9-15-09

(Officer's Signature/Date)

Offender/DC# W35705 Ricky Epstein

Home Address/*Dirección Domiciliaria*: 358 SE Bill Pah Bar Terrace

Telephone/*Tele. de Casa*: [redacted]

Cell Ph/*Tele. Celular*: [redacted]

Employer/Patrono:

Work Address/Dirección del Trabajo: 20 Australian

Work phone/*Tele. del Trabajo#*: [redacted]

Pager/*Buscador #*:

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

FRIDAY/VIERNES 9/14

Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00	Leave for work	
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SATURDAY/SABADO 9/15

Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00	Leave for work	
10:00		
11:00		
AFTERNOON/ TARDE		
om		
EVENING/ NOCHE		
	Home	

SUNDAY/DOMINGO 9/16

Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00	Leave for work	
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm	Home	
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES 9/28
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES 9/29
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	LOOK FOR PROBATION	
8:00		
9:00		
10:00	10:30 MEDIATION	
11:00		
AFTERNOON/ TARDE		
12:00 pm	PALM BEACH LAKES BLVD.	
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 9/23
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 9/24
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		Possible Depo
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		PBA..?
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

EFTA01625473

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

Sc[redacted]r: 8:19 Am

9-22-09

(Officer's Signature/Date)

Offender/DC# W 3[redacted]

Home Address/*Dirección Domiciliaria*: 33[redacted] El Thillo

Telephone/*Tele. de Casa*: [redacted]

Cell Ph/*Tele. Celular*: [redacted]

Employer/Patrono:

Work Address/Dirección del Trabajo: 250 Arcmalin West Palm Beach

Work phone/*Tele. del Trabajo#*: [redacted]

Pager/*Buscador #*

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según lengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

FRIDAY/VIERNES Day/Día 9/25 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00	LEAVE PM	
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00	MIAMI	Beach
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00	Home	
9:00		
10:00		
11:00		

SATURDAY/SABADO Day/Día 9/26 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO Day/Día 9/27 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DC3-207 (F/S) (7-02)

MONDAY/LUNES 10/5
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES 10/6
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	probation	
8:00		
9:00	Home	
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00	Home	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 9/30
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00	Leave 9 work	
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00	Home.	
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 10/1
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

S [redacted] 8:22 9-29-09

(Officer's Signature/Date)

Offender/DC# Jeffrey Epstein 49574

Home Address/*Dirección Domiciliaria:* 358 El Brillo Palm Beach

Telephone/*Tele. de Casa:* [redacted]

Cell Ph/*Tele. Celular:*

Employer/Patrono:

Work Address/Dirección del Trabajo: 250 Australia

Work phone/*Tele. del Trabajo#:* [redacted]

Pager/*Buscador #*

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

FRIDAY/VIERNES 10/2

Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SATURDAY/SABADO 10/3

Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO 10/4

Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES 10/11 — Day/Día — Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00	Office — Comfort	
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2;00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm	Home	
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES 10/13 — Day/Día — Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	Protein	
8:00		
9:00	Home	
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm	Moms Ruff + CO. Office Furniture	
1:00		
2:00		
3:00	office	
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 10/7 — Day/Día — Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	Home?	
11:00	Office	
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm	Home	
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 10/8 — Day/Día — Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00	Jack Goldbergs Off	
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00	Depo	
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

Sche[redacted] 10-6-09

[redacted] 8:10a

(Officer's Signature/Date)

Offender/DC# Jeffrey Epstein W35574

Home Address/*Dirección Domiciliaria:* 358 El Brillo Palm Beach Florida

Telephone/*Tele. de Casa:* [redacted]

Cell Ph/*Tele. Celular:* [redacted]

Employer/Patrono: FSF

Work Address/Dirección del Trabajo: 250 Australia Palm Beach

Work phone/*Tele. del Trabajo#:* [redacted]

Pager/*Buscador #*_____

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

FRIDAY/VIERNES 10/5

Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SATURDAY/SABADO 10/11

Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	Leave for Off	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO 10/12

Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm	Leave For Off	
1:00		
2:00		
3:00		
4:00	Off	
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES 10/15/ _____
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	leave 10 work	
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00	10	
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00	leave 7 home	
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES 10/2 _____
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	Probation	
8:00		
9:00	4hrs	
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00	4:0	
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm	Hom	
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 10/14 _____
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	leave 10 work	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00	leave 7 Home	
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 10/15 _____
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	Leave for Work	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00	0/8.	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm	Hom	
7:00		
8:00		
9:00		
10:00		
11:00		

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

[redacted] 8:26 10-13-09

(Officer's Signature/Date)

Offender/DC#: Jeffrey Epstein W35755

Home Address/*Dirección Domiciliaria*: 358 El Brillo Way Palm Beach, FL 33480

Telephone/*Tele. de Casa*: [redacted]

Cell Ph/*Tele. Celular*: [redacted]

Employer/Patrono: FSF

Work Address/Dirección del Trabajo: 250 S. Australian Ave West Palm Beach

Work phone/*Tele. del Trabajo#*: [redacted]

Pager/*Buscador #*: _____

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "*Certifico que éste horario es la verdad segun tengo entendido y creo.*"

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

FRIDAY/VIERNES Day/Día 10/16 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	leave for work	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00	off	
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00	Home	
8:00		
9:00		
10:00		
11:00		

SATURDAY/SABADO Day/Día 10/17 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	Work	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00	off	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00	Home	
9:00		
10:00		
11:00		

SUNDAY/DOMINGO Day/Día 10/18 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm	leave for Home	
1:00		
2:00	off	
3:00		
4:00	Home	
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES 10/27
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	1st Leave for Work	
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2;00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00	hm 8 Hom	
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES 10/28
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	PROBATION	
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 10/21
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	Leave 10 Home Depot	
11:00		
AFTERNOON/ TARDE		
12:00 pm	Office	
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00	hm 8	
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 10/22
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	Lun 10	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00	office	
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00	hm 8	
8:00		
9:00		
10:00		
11:00		

EFTA01625481

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

Sch[redacted] 8:04 Am

(Officer's Signature/Date) 10-20-09

Offender/DC#: Jeffrey Epstein W35755

Home Address/*Dirección Domiciliaria*: 358 El Brillo Way Palm Beach, FL 33480

Telephone/*Tele. de Casa*: [redacted]

Cell Ph/*Tele. Celular*: [redacted]

Employer/Patrono: FSF

Work Address/Dirección del Trabajo: 250 S. Australian Ave. West Palm Beach

Work phone/*Tele. del Trabajo#*: [redacted]

Pager/*Buscador #*:

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO 10/4
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00	Leave for work	
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00	Home	
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

FRIDAY/VIERNES 10/4
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	Leave for work	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00	Home	
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO 10/6
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	Leave for Work	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00	Home	
9:00		
10:00		
11:00		

DC3-207 (E/S) (7-02)

EFTA01625482

MONDAY/LUNES 11/2 — Day/Día — Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00	Leave Home	
3:00		
4:00		
5:00	Mom	
EVENING/ NOCHE		
6:00 pm		
7:00	Classes	
8:00		
9:00	Rag Block	
10:00		
11:00	In 1130	

TUESDAY/MARTES 11/3 — Day/Día — Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	Practice	
8:00		
9:00		
10:00		
11:00	Lab (11)	
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00	1/10	
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00	Home	
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 10/28 — Day/Día — Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00	Leave for work	
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00	1/10	
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm	Home	
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 10/29 — Day/Día — Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	Leave for work	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00	1/10	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00	Home	
8:00		
9:00		
10:00		
11:00		

DCJ 207 (B/S) (7-09)

EFTA01625483

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

Sch [redacted] 8:15 10-27-09

(Officer's Signature/Date)

Offender/DC#: Jeffrey Epstein W35755

Home Address/*Dirección Domiciliaria*: 358 El Brillo Way Palm Beach, FL 33480

Telephone/*Tele. de Casa*: [redacted]

Cell Ph/*Tele. Celular*: _____

Employer/Patrono: FSF

Work Address/Dirección del Trabajo: 250 S. Australian Ave West Palm Beach

Work phone/*Tele. del Trabajo#*: [redacted]

Pager/*Buscador #*: _____

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO 10/31 (Day/Día) (Date/Fecha)

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	Lesc at 1030	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00	house hunt	
2:00	PB/manhattan	
3:00		
4:00		
5:00	[illegible]	
EVENING/ NOCHE		
6:00 pm	hm b	
7:00		
8:00		
9:00		
10:00		
11:00		

FRIDAY/VIERNES 10/30 (Day/Día) (Date/Fecha)

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	Leave for work	
11:00		
AFTERNOON/ TARDE		
12:00 pm	office	
1:00		
2:00	D. Keith	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00	Home	
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO 11/1 (Day/Día) (Date/Fecha)

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm	Leave for work	
1:00		
2:00	office	
3:00		
4:00	Home	
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DC3-207 (E/S) (7-02)

MONDAY/LUNES 11/9
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	Leave for work	
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00	Home	
9:00		
10:00		
11:00		

TUESDAY/MARTES 11/10
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	PROBATION.	
8:00		
9:00		
10:00	Im PBI	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00	office.	
5:00		
EVENING/ NOCHE		
6:00 pm	Home	
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 11/4
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00	Leave for work	
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm	Home	
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 11/5
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00	Hilt - WPB Air	
2:00		
3:00		
4:00	Dr Kurt - Del Wolfe	
5:00		
EVENING/ NOCHE		
6:00 pm	Home	
7:00		
8:00		
9:00		
10:00		
11:00		

DC3-207 (E/S) (7-02)

EFTA01625485

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

S [redacted] 11-3-09 8:10

(Officer's Signature/Date)

Offender/DC#: Jeffrey Epstein W35755

Home Address/*Dirección Domiciliaria*: 358 El Brillo Way Palm Beach FL 33480

Telephone/*Tele. de Casa*: [redacted]

Cell Ph/*Tele. Celular*: [redacted]

Employer/Patrono: FSF

Work Address/Dirección del Trabajo: 250 S. Australian Ave West Palm Beach

Work phone/*Tele. del Trabajo#*: [redacted]

Pager/*Buscador #*: _____

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo"*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO 11/7 (Day/Día, Date/Fecha)

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	Leave for Work	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

FRIDAY/VIERNES 11/6 (Day/Día, Date/Fecha)

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	Leave for ~~Home~~ Work	
11:00		
AFTERNOON/ TARDE		
12:00 pm	Household	
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00	Home	
10:00		
11:00		

SUNDAY/DOMINGO 11/8 (Day/Día, Date/Fecha)

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm	Leave for Work	
1:00		
2:00		
3:00		
4:00		
5:00	Home	
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DC3-207 (F/S) (7-02)

MONDAY/LUNES 11/16
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES 11/17
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	PROBATION	
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00	Old Town – Bogan	
4:00		
5:00	Home	
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 11/11
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 11/12
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

EFTA01625487

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

Sch [redacted] 8:10

(Officer's Signature/Date) 11-10-09

Offender/DC# Jeffrey Epstein W35755

Home Address/*Dirección Domiciliaria:* 358 El Brillo Way Palm Beach FL 33480

Telephone/*Tele. de Casa* [redacted]

Cell Ph/*Tele. Celular:*

Employer/Patrono: FSF

Work Address/Dirección del Trabajo: 250 S. Australian Ave West Palm Beach

Work phone/*Tele. del Trabajo#:* [redacted]

Pager/*Buscador #*

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO 11/14

Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

FRIDAY/VIERNES 11/13

Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00	Vía Depo	
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO 11/15

Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DC3-207 (E/S) (7-02)

EFTA01625488

MONDAY/LUNES 11/23
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	Leave for work	
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00	Home	
9:00		
10:00		
11:00		

TUESDAY/MARTES 11/24
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	PBOBation	
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00	Office	
4:00	3:30 Attorney	
5:00	Barajas & Olivia	
EVENING/ NOCHE		
6:00 pm	6:30	
7:00	Home	
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 11/18
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	Leave for Office	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00	Office	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00	Home	
10		
:00		
10:00		
11:00		

THURSDAY/JUEVES 11/19
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	Leave for Office	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00	Office	
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00	Home	
8:00		
9:00		
10:00		
11:00		

EFTA01625489

DEPARTMENT OF CORRECTIONS

COMMUNTY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

Sc[redacted] 8:12
11-17-09
(Officer's Signature/Date)

Offender/DC#: Jeffrey Epstein W35755

Home Address/*Dirección Domiciliaria*: 358 El Brillo Way Palm Beach, FL 33480

Telephone/*Tele. de Casa*: [redacted]

Cell Ph/*Tele. Celular*: [redacted]

Employer/*Patrono*: FSF

Work Address/*Dirección del Trabajo*: 250 S. Australian Ave West Palm Beach

Work phone/*Tele. del Trabajo#*: [redacted]

Pager/*Buscador #*

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO 11/22
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	Leave for work	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00	Home	
8:00		
9:00		
10:00		
11:00		

FRIDAY/VIERNES 11/20
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	Leave for work	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00	Home	
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO 11/22
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	Leave for work	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00	Home	
8:00		
9:00		
10:00		
11:00		

DC3-207 (E/S) (7-02)

12-02-09
12-08-09

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIAL

OFFENDER SCHEDULE/ ***ITINERARIO DEL OFENSOR***

Sched [redacted] 8:19Am

12-1-09

(Officer's Signature/Date)

Offender/DC# Jeffrey Epstein W35755

Home Address/*Dirección Domiciliaria* 358 El Brillo Way Palm Beach FL 33480

Telephone/*Tele. de Casa* [redacted]

Cell Ph/*Tele. Celular:*

Employer/Patrono: FSF

Work Address/*Dirección del Trabajo:* 250 S. Australian Ave. West Palm Beach

Work phone/*Tele. del Trabajo#* [redacted]

Pager/*Buscador #*

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones:*

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que este horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO 12/5

Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

FRIDAY/VIERNES 12/4

Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO 12/6

Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DC3-207 (E/S) (7-02)

EFTA01625491

MONDAY/LUNES Day/Día 12-7 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES Day/Día 12-8 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm	Home	
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES Day/Día 12/2 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES Day/Día 12/3 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

11:45 Home

DCS-207 (B/S) (7-02)

EFTA01625492

MONDAY/LUNES Day/Día 12-7 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2;00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00	Hm	
9:00		
10:00		
11:00		

TUESDAY/MARTES Day/Día 12-8 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	PRODUCING	
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		DK-PBA
EVENING/ NOCHE		
6:00 pm	Home	
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES Day/Día 12/2 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES Day/Día 12/3 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

11:45 Home

EFTA01625493

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

Sch [redacted] 8:19Am

(Officer's Signature/Date) 12-1-09

Offender/DC# Jeffrey Epstein W35755

Home Address/*Dirección Domiciliaria:* 358 El Brillo Way Palm Beach FL 33480

Telephone/*Tele. de Casa* [redacted]

Cell Ph/*Tele. Celular:*

Employer/Patrono: FSF

Work Address/Dirección del Trabajo: 250 S. Australian Ave West Palm Beach

Work phone/*Tele. del Trabajo#* [redacted]

Pager/*Buscador #*

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

FRIDAY/VIERNES Day/Día 12/4 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SATURDAY/SABADO Day/Día 12/5 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
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10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
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2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO Day/Día 12/6 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
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5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DC3-207 (E/S) (7-02)

EFTA01625494

12-09-09
to
12-15-09

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

Sc[redacted]y: 8:09 12-8-09
(Officer's Signature/Date)

Offender/DC#: Jeffrey Epstein W35755

Home Address/*Dirección Domiciliaria*: 358 El Brillo Way Palm Beach, FL 33480

Telephone/*Tele. de Casa*: [redacted]

Cell Ph/*Tele. Celular*: [redacted]

Employer/Patrono: FSF

Work Address/*Dirección del Trabajo*: 250 S. Australian Ave. West Palm Beach

Work phone/*Tele. del Trabajo*#: [redacted]

Pager/*Buscador* #: _____

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "*Certifico que éste horario es la verdad según mi leal entendimiento.*"

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

FRIDAY/VIERNES Day/Día 12/11 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
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8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SATURDAY/SABADO Day/Día 12/12 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO Day/Día 12/13 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
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4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
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8:00		
9:00		
10:00		
11:00		

DC3-207 (B/S) (7-02)

EFTA01625495

MONDAY/LUNES Day/Día 12/14 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
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11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES Day/Día 12/15 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
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11:00		
AFTERNOON/ TARDE		
12:00 pm		
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5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES Day/Día 12/9 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
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8:00		
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10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
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3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES Day/Día 12/10 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
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4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DC3-207 (B/S) (7-02)

EFTA01625496

02-03-10
to
02-09-10

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

S[redacted] By:

(Officer's Signature/Date)

Offender/DC# 423755 J Epstein

Home Address/*Dirección Domiciliaria:* 358 El Brillo Palm Bch, Fla.

Telephone/*Tele. de Casa:* [redacted]

Cell Ph/*Tele. Celular:* [redacted]

Employer/Patrono: Self

Work Address/*Dirección del Trabajo:* 200 Banks Rd Palm Bch

Work phone/*Tele. del Trabajo#:* [redacted]

Pager/*Buscador #*

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones:*

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *Certifico que éste horario es la verdad según tengo entendido y creo.*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO Day/Día 2-6 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

FRIDAY/VIERNES Day/Día 2-5 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
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10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
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3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO Day/Día 2-7 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
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11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
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4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES Day/Día 2-8 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
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AFTERNOON/ TARDE		
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5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES Day/Día 2-9 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
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AFTERNOON/ TARDE		
12:00 pm		
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5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES Day/Día 2-3 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
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8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
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4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES Day/Día 2-4 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
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5:00		
MORNING/ MAÑANA		
6:00 am		
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11:00		
AFTERNOON/ TARDE		
12:00 pm		
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4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

EFTA01625498

MONDAY/LUNES Day/Día 12/11 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
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AFTERNOON/TARDE		
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EVENING/ NOCHE		
6:00 pm		
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11:00		

TUESDAY/MARTES Day/Día 12/12 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	ROBOTW	
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
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3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES Day/Día 12/16 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
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9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
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4:00		
5:00		
EVENING/ NOCHE		
pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES Day/Día 12/17 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
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11:00		
AFTERNOON/ TARDE		
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5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

[redacted]y: 8:05

(Officer's Signature/Date) 12-15-09

Offender/DC#: Jeffrey Epstein W35755

Home Address/*Dirección Domiciliaria*: 358 El Brillo Way Palm Beach, FL 33480

Telephone/*Tele. de Casa*: [redacted]

Cell Ph/*Tele. Celular*:

Employer/Patrono: FSF

Work Address/Dirección del Trabajo: 250 S. Australian Ave West Palm Beach

Work phone/*Tele. del Trabajo#*: [redacted]

Pager/*Buscador #*:

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO 12/13

Day/Día — Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		

FRIDAY/VIERNES 12/18

Day/Día — Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO 12/20

Day/Día — Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		

12-23-09
to
12-29-09

CANDICE ELKINS DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

Approved: [redacted] 810AM 12/2/09

(Officer's Signature/Date)

Offender/DC#: Jeffrey Epstein W35755

Home Address/*Dirección Domiciliaria*: 358 El Brillo Way Palm Beach, FL 33480

Telephone/*Tele. de Casa*: [redacted]

Cell Ph/*Tele. Celular*:

Employer/*Patrono*: FSF

Work Address/*Dirección del Trabajo*: 250 S. Australian Ave West Palm Beach

Work phone/*Tele. del Trabajo#*: [redacted]

Pager/*Buscador #*:

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que este horario es la verdad segun tengo entendido y creo."*

(Offender's Signature/Date)/(*Firma del Ofensor/Fecha*)

FRIDAY/VIERNES 12/25

Day/Día | Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SATURDAY/SABADO 12/26

Day/Día | Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO 12/27

Day/Día | Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DC3-207 (E/S) (7-02)

EFTA01625501

MONDAY/LUNES 1/15
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES 1/16
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 1/17
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 1/18
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DCJ-207 (8/5) (1-02)

EFTA01625502

MONDAY/LUNES 1/4
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	↑10	
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2;00	d/ia	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm	↓7	
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES 1/5
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	PROBATION	
8:00		
9:00	Marble 10 am	
10:00	PBSO to Register	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00	NWT	
3:00		
4:00	Criton - Attorney	
5:00	Bryan Gue	
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 12/30
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00	↑11	
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00	d/ie	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm	↓7	
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 12/31
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00	Sports stop	SPORTS AUTHORITY
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DC3-207 (E/S) (7-02)

EFTA01625503

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OF[redacted]HEDULE/ *ITINERARIO DEL OFENSOR*

Sch[redacted]ved By: 8:10AM 12/29/09

(Officer's Signature/Date)

Offender/DC#: Jeffrey Epstein W35755

Home Address/*Dirección Domiciliaria*: 358 El Brillo Way Palm Beach, FL 33480

Telephone/*Tele. de Casa*: [redacted]

Cell Ph/*Tele. Celular*: _____

Employer/Patrono: FSF

Work Address/Dirección del Trabajo: 250 S. Australian Ave West Palm Beach

Work phone/*Tele. del Trabajo#*: [redacted]

Pager/*Buscador #*: _____

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que este horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

FRIDAY/VIERNES Day/Día 1 Date/Fecha 1

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SATURDAY/SABADO Day/Día 1 2 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO Day/Día 1 3 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

EFTA01625504

MONDAY/LUNES 1/11
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	-10	
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00	Office	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00	-8	
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES 1/12
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	Probation	
8:00		
9:00		
10:00	10	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00	2:00 - Meeting with attorney - Crist	
3:00		
4:00		
5:00	Home	
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00	8	
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 1/6
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am	Leave for Airport NY	
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00	NY	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 1/7
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00	Leaving VT	NY for
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am	VT	
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00	Home 9:30	
10:00		
11:00		

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

[redacted]: 1-5-10

(Officer's Signature/Date) 8:30 a

Offender/DC# Jeffrey Epstein W35755

Home Address/*Dirección Domiciliaria:* 358 El Brillo Way Palm Beach, FL 33480

Telephone/*Tele. de Casa* [redacted]

Cell Ph/*Tele. Celular:*

Employer/Patrono: FSF

Work Address/Dirección del Trabajo: 250 S. Australian Ave. West Palm Beach

Work phone/*Tele. del Trabajo#:* [redacted]

Pager/*Buscador #*

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

FRIDAY/VIERNES 1/8
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	10	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SATURDAY/SABADO 1/9
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO 1/10
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DC3-207 (R/S) (7-03)

MONDAY/LUNES 1/10
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2;00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
1:00		

TUESDAY/MARTES 1/9
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	Prep Work	
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00	3:30 - Crafton	
4:00		
5:00		
EVENING/ NOCHE		
~~6:00 pm~~		
~~7:00~~ 6:30	Home	
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 1/13
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 1/14
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00	Home -	
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DC3-207 (P/S) (7-02)

EFTA01625507

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

Schedu[redacted] 8:11 a 1-12-2010

(Officer's Signature/Date)

Offender/DC#: Jeffrey Epstein W35755

Home Address/*Dirección Domiciliaria*: 358 El Brillo Way Palm Beach, FL 33480

Telephone/*Tele. de Casa*: [redacted]

Cell Ph/*Tele. Celular*: _____

Employer/Patrono: FSF

Work Address/Dirección del Trabajo: 250 S. Australian Ave. West Palm Beach

Work phone/*Tele. del Trabajo#*: [redacted]

Pager/*Buscador #*: _____

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO Day/Día 1/16 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

FRIDAY/VIERNES Day/Día 1/15 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am	VI Gym	
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00	To hm	
11:00		

SUNDAY/DOMINGO Day/Día 1/17 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES 1/5
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES 1/6
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	PEDICATION	
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 1/20
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 1/21
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

Sch [redacted] 8:00 A 1-19-2010
(Officer's Signature/Date)

Offender/DC#: Jeffrey Epstein W35755

Home Address/*Dirección Domiciliaria*: 358 El Brillo Way Palm Beach, FL 33480

Telephone/*Tele. de Casa*: [redacted]

Cell Ph/*Tele. Celular*:

Employer/Patrono: FSF

Work Address/Dirección del Trabajo: 250 S. Australian Ave. West Palm Beach

Work phone/*Tele. del Trabajo#*: [redacted]

Pager/*Buscador #*:

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

FRIDAY/VIERNES Day/Día 1/22 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	WORK	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00	H.O	
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00	NONE	
10:00		
11:00		

SATURDAY/SABADO Day/Día 1/23 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	H.O	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00	H.O	
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO Day/Día 1/24 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	H.O	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00	H.O	
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES 2/15
Day/Día Date/Fecha

ime/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am	Leave	
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2;00		
3:00	NY	
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00	in VT.	
10:00		
11:00		

TUESDAY/MARTES 2/16
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	Breakfast	
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00	V.T.	
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00	9:30 Home	
10:00		
11:00		

WEDNESDAY/MIERCOLES 2/10
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 2/11
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00	Meeting with Scott Link at Esperante	
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm	12:30 Meeting at Josephsburg office	
1:00		
2:00		Mtgs.
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00	Home	
9:00		
10:00		
11:00		

DC3-207 (E/S) (7-02)

EFTA01625511

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

Sch[redacted]y: 8:15 Am

(Officer's Signature/Date) 2-9-2010

Offender/DC#: Jeffrey Epstein W35755

Home Address/*Dirección Domiciliaria*: 358 El Brillo Way Palm Beach, FL 33480

Telephone/*Tele. de Casa*: [redacted]

Cell Ph/*Tele. Celular*:

Employer/Patrono: FSF

Work Address/Dirección del Trabajo: 250 S. Australian Ave West Palm Beach

Work phone/*Tele. del Trabajo#*: [redacted]

Pager/*Buscador #*

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

FRIDAY/VIERNES 2/12
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00	Mark Buckstein meeting in ~~Palm~~ Boca	
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SATURDAY/SABADO 2/13
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO 2/14
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DC3-207 (E/S) (7-02)

EFTA01625512

MONDAY/LUNES Day/Día 2/15 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am	leave	
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00	NY	
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00	in VT.	
10:00		
1:00		

TUESDAY/MARTES Day/Día 2/16 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	[redacted]	
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00	[redacted]	
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00	9:30 Home	
10:00		
11:00		

WEDNESDAY/MIERCOLES Day/Día 2/10 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES Day/Día 2/11 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00	Meeting with Scott Link at Esperante	
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm	12:30 Meeting at Josephsburgs office	
1:00		
2:00	Mtom.	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00	Home	
9:00		
10:00		
11:00		

DC3-207 (E/S) (7-02)

EFTA01625513

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVITIES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

Sc[redacted]y: 8:15 Am

(Officer's Signature/Date) 2-9-2010

Offender/DC#: Jeffrey Epstein W35755

Home Address/*Dirección Domiciliaria:* 358 El Brillo Way Palm Beach, FL 33480

Telephone/*Tele. de Casa*: [redacted]

Cell Ph/*Tele. Celular:*

Employer/Patrono: FSF

Work Address/Dirección del Trabajo: 250 S. Australian Ave West Palm Beach

Work phone/*Tele. del Trabajo#:* [redacted]

Pager/*Buscador #*

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

FRIDAY/VIERNES 2/12
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00	Mark Buckstein meeting in ~~BTH~~ Boca	
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SATURDAY/SABADO 2/13
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO 2/14
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DC3-207 (E/S) (7-02)

EFTA01625514

MONDAY/LUNES 2/16
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00	Miami	Dept
2:00	15 Ctyl.	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

AM

TUESDAY/MARTES 2/23
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am	Work Hrs.	
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00	NY	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

PM

NY

WEDNESDAY/MIERCOLES 2/17
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		Depo
8:00		
9:00	Arrive 9:30	UC Dept
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		1250 Rockpoint
2:00	Depo dept	Suite 300
3:00		
4:00	Pt Pk	
5:00	Valet	
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 2/18
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00	6 Work Hours POS.	
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00	NY	
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

Sche[redacted]: 2/5/10
(Officer's Signature/Date)

Offender/DC#: Jeffrey Epstein W35755

Home Address/*Dirección Domiciliaria*: 358 El Brillo Way Palm Beach, FL 33480

Telephone/*Tele. de Casa*: [redacted]

Cell Ph/*Tele. Celular*: _____

Employer/Patrono: FSF

Work Address/Dirección del Trabajo: 250 S. Australian Ave. West Palm Beach

Work phone/*Tele. del Trabajo#*: [redacted]

Pager/*Buscador #*: _____

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que este horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO _____ Day/Día _____ Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	10	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		Title - 198
2:00		
3:00		Home Depot
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

FRIDAY/VIERNES 2/19 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00	NY	
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00	V 1100 - Arrive par.	
11:00	Home.	

SUNDAY/DOMINGO 2/21 Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00	Home	
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES 3/1
Day/Día Date/Fecha

me/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00	REPORT TO PROBATION	
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

10:30 Shop or 1 Hour Lunch

TUESDAY/MARTES 3/2
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
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3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

N4

WEDNESDAY/MIERCOLES 2/24
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

N4

11:30 Start at Bil.

THURSDAY/JUEVES 2/25
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

office

EFTA01625517

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

[redacted]**DER SCHEDULE/** ***ITINERARIO DEL OFENSOR***

[redacted]**e Approved By:** 11:14AM 9/23/16

(Officer's Signature/Date)

Offender/DC#: Jeffrey Epstein W35755

Home Address/*Dirección Domiciliaria:* 358 El Brillo Way Palm Beach, FL 33480

Telephone/*Tele. de Casa:* [redacted]

Cell Ph/*Tele. Celular:* [redacted]

Employer/Patrono: FSF

Work Address/Dirección del Trabajo: 250 S. Australian Ave West Palm Beach

Work phone/*Tele. del Trabajo#:* [redacted]

Pager/*Buscador #*_____

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO 2/27
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00	Home Dept. 2-4	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

FRIDAY/VIERNES 2/26
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO 2/28
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
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2:00		
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4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DC3-207 (E/S) (7-02)

EFTA01625518

MONDAY/LUNES 3/8
Day/Día Date/Fecha

...e/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2;00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		

TUESDAY/MARTES 3/9
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00	PROBATION	(9)
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 3/3
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 3/4
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
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2:00		
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4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

EFTA01625519

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVITIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

[redacted]NDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

[redacted] **e Approved By:** 3/1/10 1035AM

(Officer's Signature/Date)

Offender/DC#: Jeffrey Epstein W35755

Home Address/*Dirección Domiciliaria:* 358 El Brillo Way Palm Beach FL 33480

Telephone/*Tele. de Casa* [redacted]

Cell Ph/*Tele. Celular:* [redacted]

Employer/Patrono: FSF

Work Address/Dirección del Trabajo: 250 S. Australian Ave West Palm Beach

Work phone/*Tele. del Trabajo#* [redacted]

Pager/*Buscador #*

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO 3/6

Day/Día — Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00	Miami - Perched 612-345-9872	
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

FRIDAY/VIERNES 3/6

Day/Día — Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00	Leave H Boca	
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00	VJ.	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00	V 11:31 PBF	

SUNDAY/DOMINGO 3/7

Day/Día — Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00	Flew	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DC3-207 (E/S) (7-02)

MONDAY/LUNES 3/15
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2;00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES 3/11
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00	PROBATION	
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 3/9
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
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5:00		
EVENING/ NOCHE		
6:00 pm		
7		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 3/10
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
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8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
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2:00		
3:00		
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5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

EFTA01625521

DEPARTMENT OF CORRECTIO

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

[redacted] **DER SCHEDULE/** ***ITINERARIO DEL OFENSOR***

Approved By: 3/9/16 930AM

(Officer's Signature/Date)

Offender/DC#: Jeffrey Epstein W35755

Home Address/*Dirección Domiciliaria:* 358 El Brillo Way Palm Beach, FL 33480

Telephone/*Tele. de Casa* [redacted]

Cell Ph/*Tele. Celular:*

Employer/Patrono: FSF

Work Address/Dirección del Trabajo: 250 S. Australian Ave. West Palm Beach

Work phone/*Tele. del Trabajo#* [redacted]

Pager/*Buscador #*

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones:*

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

FRIDAY/VIERNES 3/12

Day/Día — Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
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8:00		
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10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
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3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SATURDAY/SABADO 3/17

Day/Día — Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
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11:00		
AFTERNOON/ TARDE		
12:00 pm		
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4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO 3/14

Day/Día — Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

03-17-10
to
03-23-10

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE / ACTIVITY LOG

DAILY ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIAL

[redacted]

OFFENDER SCHEDULE/ ITINERARIO DEL OFENSOR

Approved By: 3/16/10 5:15PM

(Officer's Signature/Date)

Offender/DC#: Jeffrey Epstein W35755

Home Address/Dirección Domiciliaria: 358 El Brillo Way Palm Beach FL 33480

Telephone/Tele. de Casa: [redacted]

Cell Ph/Tele. Celular:

Employer/Patrono: FSt

Work Address/Dirección del Trabajo: 250 S. Australian Ave West Palm Beach

Work phone/Tele. del Trabajo#: [redacted]

Pager/Buscador #:

Comments/Instructions/Rules/Restrictions – Comentario/Instrucciones/Reglas/Restricciones:

HOURLY ACCOUNTING/HORARIO

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." "Certifico que este horario es la verdad según lo entendido yo creo."

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

FRIDAY/VIERNES Day/Día 3/19 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
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2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SATURDAY/SABADO Day/Día 3/20 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
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EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO Day/Día 3/21 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
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AFTERNOON/ TARDE		
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EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DC3-207 (B/S) (7-02)

MONDAY/LUNES 3/12
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES 3/23
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 3/17
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 3/18
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

EFTA01625524

03-24-10
03-30-10

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIAL

[redacted] SCHEDULE/ *ITINERARIO DEL OFENSOR*

Approved By: 3/23/10 550PM

(Officer's Signature/Date)

Offender/DC#: Jeffrey Epstein W35755

Home Address/*Dirección Domiciliaria*: 358 El Brillo Way Palm Beach, FL 33480

Telephone/*Tele. de Casa*: [redacted]

Cell Ph/*Tele. Celular*:

Employer/Patrono: FSF

Work Address/*Dirección del Trabajo*: 250 S. Australian Ave. West Palm Beach

Work phone/*Tele. del Trabajo#*: [redacted]

Pager/*Buscador #*:

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO Day/Día 3/27 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00	11:30	
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00	5	
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

FRIDAY/VIERNES Day/Día 3/26 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm	NM	
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00	NM	

SUNDAY/DOMINGO Day/Día 3/28 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DC3-207 (B/S) (7-02)

EFTA01625525

MONDAY/LUNES 3/29
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00	BOCA A	
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES 3/30
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm	PR. APT.	
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 3/24
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 3/25
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

EFTA01625526

MONDAY/LUNES 3/29
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00	BOCA A	
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
:00		

TUESDAY/MARTES 3/30
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm	PROBOTIN.	
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 3/24
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
:00		
:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 3/25
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

EFTA01625527

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

[redacted] ER SCHEDULE/ *ITINERARIO DEL OFENSOR*

Approved By: 3/23/10 550PM

(Officer's Signature/Date)

Offender/DC#: Jeffrey Epstein W35755

Home Address/*Dirección Domiciliaria*: 358 El Brillo Way Palm Beach FL 33480

Telephone/*Tele. de Casa*: [redacted]

Cell Ph/*Tele. Celular*:

Employer/Patrono: FSF

Work Address/Dirección del Trabajo: 250 S. Australian Ave. West Palm Beach

Work phone/*Tele. del Trabajo#*: [redacted]

Pager/*Buscador #*:

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO Day/Día 3/27 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00	11:30	
AFTERNOON/ TARDE		
12:00 pm	Spirits Auth	
1:00	Hair Dept	
2:00		
3:00		
4:00		
5:00	5	
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

FRIDAY/VIERNES Day/Día 3/26 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm	N4	
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00	N4	

SUNDAY/DOMINGO Day/Día 3/28 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00	Hair	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DC3-207 (E/S) (7-02)

9:00am 2/11 (Thursday)
Scott Link
222 Lakeview Avenue, Suite 1250
Esperante
West Palm Beach, Fl 33401
[redacted]

12:30pm 2/11 (Thursday)
Robert Josefsberg, Esq.
25 West Flagler Street, Suite 800
Miami, FL 33130
[redacted]

1:00pm 2/12 (Friday)
Mark Buckstein
2424 N. Federal Highway, Suite 451
Boca Raton, Fl 33431
[redacted]

MONDAY/LUNES 4/5
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/TARDE		
12:00 pm		
1:00	165 Mercatio.	
2:00	Pebbles	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

TUESDAY/MARTES 4/6
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00	Office	
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm	Probation	
7:00		
8:00		
9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 3/31
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00	Office	
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
pm		
	CAT - Hou	ACROSS FROM
8:00	Park	
9:00		
10:00		
11:00		

THURSDAY/JUEVES 4/1
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00	Office	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

[redacted]

OFFENDER SCHEDULE/ *ITINERARIO DEL OFENSOR*

Approved By: 3/30/10 545PM

(Officer's Signature/Date)

Offender/DC#: Jeffrey Epstein W35755

Home Address/*Dirección Domiciliaria:* 358 El Brillo Way Palm Beach, FL 33480

Telephone/*Tele. de Casa:* [redacted]

Cell Ph/*Tele. Celular:* [redacted]

Employer/Patrono: FSF

Work Address/Dirección del Trabajo: 250 S. Australian Ave West Palm Beach

Work phone/*Tele. del Trabajo#:* [redacted]

Pager/*Buscador #*_____

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

_____

_____

_____

_____

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

_____

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO 4/3
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

FRIDAY/VIERNES 4/2
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO 4/4
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

03-31-10
to
04-06-10

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIAL

[redacted] **ER SCHEDULE/** ***ITINERARIO DEL OFENSOR***

Approved By: 3/30/10 5:45PM

(Offender's Signature/Date)

Offender/DC#: Jeffrey Epstein W35755

Home Address/*Dirección Domiciliaria*: 358 El Brillo Way Palm Beach, FL 33480

Telephone/*Tele. de Casa*: [redacted]

Cell Ph/*Tele. Celular*: [redacted]

Employer/Patrono: FSF

Work Address/*Dirección del Trabajo*: 250 S. Australian Ave. West Palm Beach

Work phone/*Tele. del Trabajo*#: [redacted]

Pager/*Buscador* #

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que este horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

SATURDAY/SABADO Day/Día 4/3 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

FRIDAY/VIERNES Day/Día 4/2 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

SUNDAY/DOMINGO Day/Día 4/4 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
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EVENING/ NOCHE		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

MONDAY/LUNES 4/5
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
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MORNING/ MAÑANA		
6:00 am		
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EVENING/ NOCHE		
6:00 pm		
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10:00		
11:00		

TUESDAY/MARTES 4/6
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
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5:00		
MORNING/ MAÑANA		
6:00 am		
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AFTERNOON/ TARDE		
12:00 pm		
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EVENING/ NOCHE		
6:00 pm		
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9:00		
10:00		
11:00		

WEDNESDAY/MIERCOLES 3/31
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
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AFTERNOON/ TARDE		
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EVENING/ NOCHE		
6:00 pm		
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10:00		
11:00		

THURSDAY/JUEVES 4/1
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
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MORNING/ MAÑANA		
6:00 am		
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5:00		
EVENING/ NOCHE		
6:00 pm		
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9:00		
10:00		
11:00		

EFTA01625533

04-07-10
to
04-13-10

DEPARTMENT OF CORRECTIO

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

[redacted] SCHEDULE/ *ITINERARIO DEL OFENSOR*

[redacted]proved By: 405 PM 4/6/10
(Officer's Signature/Date)

Offender/DC#: Jeffrey Epstein W35795

Home Address/*Dirección Domiciliaria*: 358 El Brillo Way
Palm Beach, FL 33480

Telephone/*Tele. de Casa*: [redacted]

Cell Ph/*Tele. Celular*: [redacted]

Employer/Patrono: FSF

Work Address/*Dirección del Trabajo*:
250 S. Australian Ave. West Palm Beach

Work phone/*Tele. del Trabajo*#: [redacted]

Pager/*Buscador* #: _____

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

FRIDAY/VIERNES 4/9
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
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11:00		
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EVENING/ NOCHE		
6:00 pm		
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11:00		

SATURDAY/SABADO 4/13
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
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MORNING/ MAÑANA		
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EVENING/ NOCHE		
6:00 pm		
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SUNDAY/DOMINGO 4/10
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
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MORNING/ MAÑANA		
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11:00		

DC3-207 (B/S) (7-02)

EFTA01625534

MONDAY/LUNES Day/Día 4/12 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
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AFTERNOON/TARDE		
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5:00		
EVENING/ NOCHE		
6:00 pm		
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11:00		

TUESDAY/MARTES Day/Día 4/13 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
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MORNING/ MAÑANA		
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AFTERNOON/ TARDE		
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EVENING/ NOCHE		
6:00 pm		
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10:00		
11:00		

WEDNESDAY/MIERCOLES Day/Día 4/7 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
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MORNING/ MAÑANA		
6:00 am		
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AFTERNOON/ TARDE		
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EVENING/ NOCHE		
6:00 pm		
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8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES Day/Día 4/8 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
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AFTERNOON/ TARDE		
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EVENING/ NOCHE		
6:00 pm		
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11:00		

DC3-207 (B/S) (7-02)

EFTA01625535

04-14-10
to
04-20-10

DEPARTMENT OF CORRECTIONS

COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

ITINERARIO Y CALENDARIO DE ACTIVIDADES DIARIAS DEL OFENSOR DE ARRESTO RESIDENCIÁL

[redacted] SCHEDULE/*ITINERARIO DEL OFENSOR*

Approved By: 4/13/10 650PM

(Signature/Date)

Offender DC#: Jeffrey Epstein W35755

Home Address/*Dirección Domiciliaria*: 358 El Brillo Way Palm Beach, FL 33480

Telephone/*Tele. de Casa*: [redacted]

Cell Ph/*Tele. Celular*:

Employer/Patrono: FSF

Work Address/*Dirección del Trabajo*: 250 S. Australian Ave. West Palm Beach

Work phone/*Tele. del Trabajo*: [redacted]

Pager/*Buscador #*:

Comments/Instructions/Rules/Restrictions – *Comentario/Instrucciones/Reglas/Restricciones*:

HOURLY ACCOUNTING/*HORARIO*

"I certify that the hourly accounting submitted is true to the best of my knowledge and belief." *"Certifico que éste horario es la verdad según tengo entendido y creo."*

(Offender's Signature/Date)/(Firma del Ofensor/Fecha)

FRIDAY/VIERNES Day/Día 4/16 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT / MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING / MAÑANA		
6:00 am		
7:00		
8:00		
9:00	Dr.	
10:00	2001 Flatley	
11:00		
AFTERNOON/ TARDE		
12:00 pm		
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4:00		
5:00		
EVENING/ NOCHE		
6:00 pm		
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10:00		
11:00		

SATURDAY/SABADO Day/Día 4/17 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
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MORNING/ MAÑANA		
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EVENING/ NOCHE		
6:00 pm		
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11:00		

SUNDAY/DOMINGO Day/Día 4/18 Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
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MORNING/ MAÑANA		
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EVENING/ NOCHE		
6:00 pm		
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11:00		

DC3-207 (B/S) (7-02)

EFTA01625536

MONDAY/LUNES 4/13
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
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EVENING/ NOCHE		
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11:00		

TUESDAY/MARTES 4/14
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
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MORNING/ MAÑANA		
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AFTERNOON/ TARDE		
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EVENING/ NOCHE		
6:00 pm		
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WEDNESDAY/MIERCOLES 4/14
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
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4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
7:00		
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9:00	444 Rockwall	
10:00		
11:00		
AFTERNOON/ TARDE		
12:00 pm		
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2:00	Dep	
3:00		
4:00		
5:00		
EVENING/ NOCHE		
6:00 pm	FT Lauderdale	600 South
7:00	Legal	Andrews Ave
8:00		
9:00		
10:00		
11:00		

THURSDAY/JUEVES 4/15
Day/Día Date/Fecha

Time/Hora	Location/Localización	Activity/Actividad
MIDNIGHT/ MEDIA NOCHE		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING/ MAÑANA		
6:00 am		
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AFTERNOON/ TARDE		
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EVENING/ NOCHE		
6:00 pm		
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9:00		
10:00		
11:00		

DC3-207 (E/S) (7-02)

EFTA01625537

Sloane, Carmen

From: Eva Dubin [redacted]
Sent: Monday, November 16, 2009 5:29 PM
To: Sloane, Carmen
Subject: Regarding Jeffrey Epstein

Dear Officer Sloane,

We are the parents of three children , , and . They are all under the age of 18. I am aware that Jeffrey Epstein is a registered sex offender and had plead guilty to soliciting for prostitution, and procuring a minor for prostitution. I am 100% comfortable with Jeffrey Epstein around my children. I, Eva Dubin, am an internist, and have known Jeffrey for over 20 years. Please feel free to contact us at [redacted]

Sincerely,

Eva and Glenn Dubin

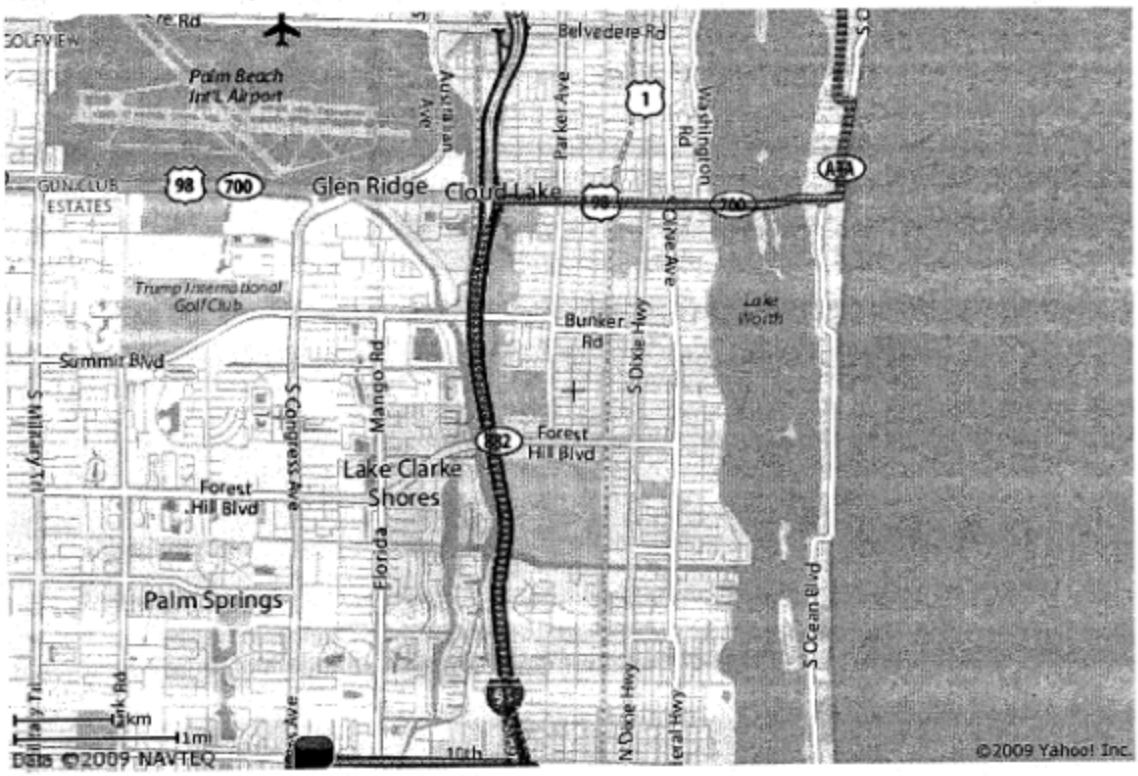
Windows 7: I wanted simpler, now it's simpler. I'm a rock star.

New User? Sign Up | Sign In | Help Get the New, Safer IE8 Yahoo! Mail

Search Web Search

YAHOO! LOCAL Maps

When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.



A 3444 S Congress Ave, Lake Worth, FL, 33461

1. Start at **3444 S CONGRESS AVE, LAKE WORTH** going toward **10TH AVE N** - go **0.2** mi
2. Turn **R** on **10TH AVE N** - go **1.4** mi
3. Turn **L** to take ramp onto **I-95 N** toward **W PALM BCH** - go **3.0** mi
4. Take exit **#68/SOUTHERN BLVD** - go **0.4** mi
5. Turn **R** on **SOUTHERN BLVD(US-98 E)** - go **1.9** mi
6. Turn **L** on **S OCEAN BLVD(SR-A1A)** - go **0.7** mi
7. Turn **L** on **S COUNTY RD(SR-A1A)** - go **0.7** mi
8. Turn **L** on **EL BRILLO WAY**
9. Arrive at **258 EL BRILLO WAY, PALM BEACH,** on the **L**

B 258 EL Brillo Way, Palm Beach, Fl 33480

Total Distance: 8.27 mi, Total Travel Time: 18 mins

PP79 0 W35755 04062009 1130 P150BZ4 04/08/10 10.15.51
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 002
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

	DATE	TIME	TYP	NARRATIVE
_	04/06/09	1130	TC	DWILLIAMS
_	05/05/09	9901	CN	ON THIS DATE RECIEVED COURT ORDER CORRECTING SCRIVENER'S ERROR STATING THAT COMMUNITY CONTROL SPECIAL CONDITION # 26 TO BE SUPERVISED BY DOC BY MEANS OF E/M DEVICE D AND SPECIAL CONDITION #27 E/M 24 NOURS PER DAY PER BE DELETE -D. DWILLIAMS
_	07/22/09	0850	TC	RECEIVED PHONE CALL FROM CAPTAIN GEORGE FRICK, HEAD OF CRIMINAL INVESTIGATIONS FOR THE PALM BEACH POLICE DEPARTMENT WANTING TO KNOW THE SPECIFICS OF WHAT HOUSE ARREST (COMMUNITY CONTROL). I EXPLAINED THAT HE WILL HAVE TO FILL OUT A SCHEDULE EACH WEEK WHICH WILL BE APPROVED BY HIS OFFICER. THAT HE IS REQUIRED TO STAY WITHIN THE WALLS OF

F4=RETURN TO PREVIOUS SCREEN F1=MAIN MENU F6=SCREENS F7=REPORTS
F2=1ST PAGE F3=PGDN F12=IT05 AC I=PP76/U=PP76/T=PP78

PP79 0 W35755 07222009 0850 P150BZ4 04/08/10 10.15.56
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 003
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

A	DATE	TIME	TYP	NARRATIVE
_	07/22/09	0850	TC	HIS RESIDENCE AT ALL TIMES WHEN HOME. HE ASKED IF THE SUBJECT WAS ALLOWED TO STOP A RESTUARANT ON THE WAY HOME FROM WORK AND I TOLD HIM NO. HE HAS TO GO STRAIGHT HOME. I TOLD HIM IF HE HAD ANY OTHER QUESTIONS HE COULD CALL MR WILLIAMS OR ME. BGLADSTONE
_	07/22/09	1215	TC	CALLED AND LEFT MESSAGE WITH A WOMEN WHO ANSWERED THE PHONE. WHEN ASKED WHEN THE DEFT WOULD BE BACK SHE STATED HE WAS TAKING A SWIM. ADVISED TO HAVE DEFT CALL THIS OFFICER AS SOON AS POSSIBLE. CS. '
_	07/22/09	1445	OP	INSTRUCTED/DELIVERED CONDITIONS OF SUPERVISION; NOTIFIED OFFENDER OF EXPECTATIONS WHILE ON SUPERVISION & CONSEQUENCES OF FAILING TO COMPLY WITH CONDITIONS OF SUPERVISION; REVIEWED

F4=RETURN TO PREVIOUS SCREEN F1=MAIN MENU F6=SCREENS F7=REPORTS
F2=1ST PAGE F3=PGDN F12=IT05 AC I=PP76/U=PP76/T=PP78

PP79 0 W35755 07222009 1445 P150BZ4 04/08/10 10.16.00
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 004
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

A	DATE	TIME	TYP	NARRATIVE
_	07/22/09	1445	OP	INSTRUCTED/DELIVERED CONDITIONS OF SUPERVISION; NOTIFIED OFFENDER OF EXPECTATIONS WHILE ON SUPERVISION & CONSEQUENCES OF FAILING TO COMPLY WITH CONDITIONS OF SUPERVISION; REVIEWED GRIEVANCE PROCESS, AFTER HOURS CONTACT PROCEDURE, FIREARMS/WEAPONS/EXPLOSIVES, CRIMINAL REGISTRATION, DRUG TESTING, EMPLOYER NOTIFICATION, INVOLVEMENT IN CRIME ACCOUNTS, RESTORATION OF CIVIL RIGHTS & HIPAA. WRITTEN MONTHLY REPORT RECEIVED FOR CURRENT MONTH. DEFT HAD BEEN INSTRUCTED ON INTAKE PAPERWORK AT THE PBCJ. REINSTRUCTED ON ORDERS AND HOW TO FILL OUT COMM CONTROL SCHEDULE. DEFT STATED SEVERAL TIMES THAT HE WAS GOING TO COMPLY WITH ALL THE CONDITIONS OF SUPERVISION. PHOTO WAS TAKEN AND RAPID ID WAS CONDUCTED

F4=RETURN TO PREVIOUS SCREEN F1=MAIN MENU F6=SCREENS F7=REPORTS
F2=1ST PAGE F3=PGDN F12=IT05 AC I=PP76/U=PP76/T=PP78

PP79 0 W35755 07222009 1445 P150BZ4 04/08/10 10.16.03
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 005
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

A	DATE	TIME	TYP	NARRATIVE
_	07/22/09	1445	OP	INSTRUCTED/DELIVERED CONDITIONS OF SUPERVISION; NOTIFIED OFFENDER OF EXPECTATIONS WHILE ON SUPERVISION & CONSEQUENCES OF FAILING TO COMPLY WITH CONDITIONS OF SUPERVISION; REVIEWED GRIEVANCE PROCESS, AFTER HOURS CONTACT PROCEDURE, FIREARMS/WEAPONS/EXPLOSIVES, CRIMINAL REGISTRATION, DRUG TESTING, EMPLOYER NOTIFICATION, INVOLVEMENT IN CRIME ACCOUNTS, RESTORATION OF CIVIL RIGHTS & HIPAA. SHOWED NO OUTSTANDING WARRANTS. PER DRIVER AND VEHICLE INFORMATION DATABASE - CONDITIONAL MESSAGE - STATES SEXUAL OFFENDER. INSTRUCTED DEFT TO BRING IN REGISTRATION FORM AND ID NEXT TUES. INSTRUCTED ON COMMUNITY CONTROL GUIDELINES. DEFT READ AND SIGNED NOTICE OF RESPONSIBILITIES BOTH A AND B FORMS. CSLOANE.

F4=RETURN TO PREVIOUS SCREEN F1=MAIN MENU F6=SCREENS F7=REPORTS
F2=1ST PAGE F3=PGDN F12=IT05 AC I=PP76/U=PP76/T=PP78

PP79 0 W35755 07222009 1821 P150BZ4 04/08/10 10.16.06
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 006
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

A	DATE	TIME	TYP	NARRATIVE
_	07/22/09	1821	HP	WALK THROUGH VISUAL INSPECTION CONDUCTED NO VIOLATIONS FOUND. CS.
_	07/22/09	1822	FC	DEFT'S GIRLFRIEND,ASSISTANT AND PARALEGAL. DEFT HAS WACKENHUT SECURITY IN FRONT OF HIS RESIDENCE 24 HOURS A DAY.
_	07/22/09	9901	G1	INTAKE NEW CASE NEW OFFICER IS GLADSTONE,BART E
_	07/22/09	9902	TR	TRANSFER WITHIN FLA. NEW OFFICER IS SLOANE, CARMEN
_	07/22/09	9903	RC	NO NEW ARREST
_	07/24/09	0930	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED. PROTECTED HEALTH INFORMATION DISCLOSED DISCUSSED THE RULES OF COMM CONTROL AND ANSWERED ANY QUESTIONS DEFT HAD. DEFT STATES THAT HE NEEDS TO

F4=RETURN TO PREVIOUS SCREEN F1=MAIN MENU F6=SCREENS F7=REPORTS
F2=1ST PAGE F3=PGDN F12=IT05 AC I=PP76/U=PP76/T=PP78

PP79 0 W35755 07242009 0930 P150BZ4 04/08/10 10.16.10
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 007
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

A	DATE	TIME	TYP	NARRATIVE
_	07/24/09	0930	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED. SWIM FOR HEALTH REASON, HE STATED HE HAS [redacted] AND SWIMMING GIVES HIM RELIF FROM THE PAIN. THE SWIMMING ISSUE HAS BEEN ADDRESSED AND THE DEFT'S ATTORNEY WILL BE TAKING BACK TO COURT FOR COURT PERMISSION. DEFT'S BODY GUARD IGOR HAS WEAPON PERMIT TO CARRY A WEAPON. ADVISED THAT I WOULD BE DISCUSSING THE GUN ISSUE WITH MY SUPERVISOR AND WE WILL DETERMINE IF THE BODY GUARD WILL BE ABLE TO HAVE HIS GUN WHILE LIVING THERE. THE DEFT IS AWARE OF WHAT IS EXCEPTED FROM HIM WHILE ON COMMUNITY CONTROL. CS.
_	07/24/09	0931	FC	DEFT'S GIRLFRIEND, BODY GUARD, AND HOUSE MANAGER. WACKENHUT SECURITY IN FRONT OF THE DEFT'S RESIDENCE. CS.
_	07/24/09	9901	CN	PROTECTED HEALTH INFORMATION DISCLOSED

F4=RETURN TO PREVIOUS SCREEN F1=MAIN MENU F6=SCREENS F7=REPORTS
F2=1ST PAGE F3=PGDN F12=IT05 AC I=PP76/U=PP76/T=PP78

PP79 0 W35755 07242009 9901 P150BZ4 04/08/10 10.16.13
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 008
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

A	DATE	TIME	TYP	NARRATIVE
_	07/24/09	9901	CN	PROTECTED HEALTH INFORMATION DISCLOSED HAND DELIVERED TO THE PROBATION IN A ENVELOPE WITH PROTECTED BY HIPPA WRITTEN ON IT. INSIDE ENVELOPE IS A LETTER FROM HIS DOCTOR AND OTHER HEALTH PROTECTED INFORMATION. CS.
_	07/27/09	1045	OC	DEFT'S GIRLFRIEND CAME IN TO PICK UP EXTRA COMM CONTROL SCHEDULE. CS.
_	07/28/09	0750	OP	WRITTEN MONTHLY REPORT RECEIVED FOR CURRENT MONTH. DEFT SUBMITTED PROOF OF EMPLOYMENT - CERTIFICATE OF INCORPORATION FOR THE C.O.U.Q. FOUNDATION AND FINANCIAL TRUST COMPANY, INC. SUBMITTED OLD CC SCHEDULE AND NEW SCHEDULE APPROVED. CS.
_	07/28/09	1535	TP	CALLED DEFT - INSTRUCTED HE IS NOT TO HAVE ANY

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PP79 0 W35755 07282009 1535 P150BZ4 04/08/10 10.16.16
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 009
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

A	DATE	TIME	TYP	NARRATIVE
_	07/28/09	1535	TP	WEAPONS ON HIS PROPERTY. IF WEAPONS ARE FOUND, HE COULD BE A POSSIBLE VIOLATION. ALSO ADVISED THAT HE WOULD NEED A COURT-ORDER TO SWIM IN HIS POOL. CS.
_	07/28/09	9901	EN	DEFT IS SELF EMPLOYMENT - PROVIDED DOCUMENTATION OF BOTH FINANCIAL COMPANY AND CHARITABLE ORGANIZATIONS. CS.
_	07/28/09	9902	EV	VEIFIED THROUGH DOCUMENTS PROVIDED BY DEFT. CS.
_	08/04/09	0813	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED WRITTEN MONTHLY REPORT RECEIVED FOR CURRENT MONTH. COMPLETED OT23, INSTRUCTED TO MAKE PAYMENTS. CS.
_	08/05/09	1015	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED. DEFT STATED THAT HIS DOCTOR WANTED TO PUT HIM IN THE LAKE WORTH POOL FOR THERAPY. ADVISED THIS OFFICER

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PP79 0 W35755 08052009 1015 P150BZ4 04/08/10 10.16.20
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 010
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

A	DATE	TIME	TYP	NARRATIVE
_	08/05/09	1015	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED. WOULD CHECK ON IT. CS. PROTECTED HEALTH INFORMATION DISCLOSED
_	08/05/09	1016	FC	SECURITY GUARD, PARALEGAL AND GIRLFRIEND. CS.
_	08/05/09	1130	TP	CALLED AND ADVISED ACCORDING TO THE CA, HIS ATTORNEY HAS TO TAKE IT BACK TO COURT IF HE WANTS TO GO INTO THE POOL. CS.
_	08/07/09	1015	TC	CALLED STATE ATTORNEY'S OFFICE DIV W - AND LEFT MESSAGE RE: SPECIAL CONDITION - OF MANDATORY PUBLIC SERIVCE. CS.
_	08/11/09	0814	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED INSTRUCTED ON OFOA. CS.

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PP79 0 W35755 08122009 0805 P150BZ4 04/08/10 10.16.24
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 011
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

A	DATE	TIME	TYP	NARRATIVE
_	08/12/09	0805	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED. DEFT WORKING IN HIS HOME OFFICE. CS.
_	08/17/09	1550	TC	SPOKE WITH DIV W - CALLED REGARDING THE SPECIAL CONDITION OF "MANDATORY PUBLIC SERVICE" THIS OFFICER EXPLAINED THAT THERE WERE NO PUBLIC SERVICE HOURS ORDERED AND WANT TO CLARIFY WANT WAS MEANT - SHE STATED THAT ASST. STATE ATTORNEY DOES NOT WORK WITH THE STATE ANYMORE AND THE CASE WAS CLOSED. SHE STATED PROBATION WOULD HAVE TO TAKE IT BACK TO COURT TO CLARIFY THE CONDITION. CS.
_	08/17/09	1600	CN	CALLED AND LEFT MESSAGE WITH DEFT'S ATTORNEY - REGARDING CLARIFICATION. CS.
_	08/18/09	0800	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED

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F2=1ST PAGE F3=PGDN F12=IT05 AC I=PP76/U=PP76/T=PP78

PP79 0 W35755 08182009 0800 P150BZ4 04/08/10 10.16.27
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 012
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

A.	DATE	TIME	TYP	NARRATIVE
_	08/18/09	0800	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED ADVISED DEFT THAT THIS OFFICER NEEDED CLARIFICATION REGARDING CONDITION OF MANDATORY PUBLIC SERVICE. ADVISED A MESSAGE WAS LEFT FOR HIS ATTORNEY. CS.
_	08/19/09	0831	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.
_	08/19/09	1640	TC	RECIEVED A PHONE CALL FROM CAPTAIN GEORGE FRICK OF THE PALM BEACH ONE OF HIS OFFICERS JUST SAW THE SUBJECT WALKING DOWN A1A. HE ASKED WHAT THEY COULD DO I EXPLAINED THAT THEY COULD ARREST THE SUBJECT FOR VIOLATION OF COMMUNITY CONTROL IF THEY CATCH HIM DOING THAT. I GAVE THEM THE STATUTE NUMBER TO ARREST HIM AND EMAILED HIM A COPY OF THE SUBJECT'S ORDERS. CAPTAIN FRICK CALLED AGAIN ABOUT 5 MINUTES LATER TO SAY THEY HAVE MR. EPSTEIN WITH THEM RIGHT NOW. HE TOLD THEM THAT MS. SLOANE GAVE HIM PERMISSION TO WALK FROM HIS HOUSE

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PP79 0 W35755 08192009 1640 P150BZ4 04/08/10 10.16.30
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 013
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

	DATE	TIME	TYP	NARRATIVE
_	08/19/09	1640	TC	TO HIS OFFICE SINCE HE DOES NOT HAVE A DRIVERS LICENSE. I CONFIRMED WITH MS. SLOANE THAT THIS IS TRUE AND THAT HE WAS SCHEDULED TO BE AT WORK. BGLADSTONE
_	08/20/09	0830	TC	RECEIVED A CALLED FROM CAPT FICK OF THE PALM BEACH POLICE DEPARTMENT. HE HAS REQUESTED DEFT'S CC SCHEDULE. CS.
_	08/20/09	0915	TC	CALLED AND SPOKE TO THE DEFT REGARDING WHAT HAPPEN YESTERDAY. HE STATED HE WAS WALKING TO WORK AND THE PALM BEACH POLICE DEPARTMENT STOP TO QUESTION HIM ABOUT BEING OUT OF HIS RESIDENCE. ADVISED THAT THIS OFFICER WAS CALLED TO CLARIFY HIS SCHEDULE. INSTRUCTED THAT HE IS TO TAKE THE DIRECT ROUTE TO HIS OFFICE AND THAT HE

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PP79 O W35755 08202009 0915 P150BZ4 04/08/10 10.16.34
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 014
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

	DATE	TIME	TYP	NARRATIVE
_	08/20/09	0915	TC	NEEDS TO BE MORE SPECIFIC ON HIS SCHEDULE. DEFT AGREED. CS.
_	08/20/09	0945	TC	ASST STATE ATTORNEY BARBARA BURNS CALLED - SHE ADVISED THAT SHE WAS TOLD THAT THE DEFT WAS ARRESTED ON A VOP. ADVISED THAT THE DEFT WAS NOT ARRESTED BUT WAS QUESTIONED BY THE PALM BEACH POLICE DEPARTMENT. DEFT WAS WALKING TO WORK, BUT HAD PERMISSION TO GO OR BE AT WORK AT THE TIME HE WAS STOP BY THE PALM BEACH POLICE DEPARTMENT. CS.
_	08/20/09	1430	TC	CALLED AND SPOKE WITH CAPT FICK - ADVISED THAT IT WAS GOING TO BE TOO DIFFCULT TO PROVIDE HIM WITH A COPY OF THE DEFT'S SCHEDULE EVERY WEEK DUE TO THE

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PP79 0 W35755 08202009 1430 P150BZ4 04/08/10 10.16.37
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 015
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

	DATE	TIME	TYP	NARRATIVE
_	08/20/09	1430	TC	FACT THAT THESE SCHEDULE SOMETIMES CHANGE DURING THE WEEK AND IT WOULD BE DIFFCULT TO KEEP HIM UPDATED ON ANY CHANGES AND THE SCHEDULE THAT HE WOULD RECEIVE ON TUE, MIGHT NOT BE ACCURATE IF CHANGES ARE MADE DURING THAT WEEK. CS.
_	08/21/09	0950	CN	EMAILED CAPT FRICK OF THE PALM BEACH POLICE DEPARTMENT CONTACT #S. CS.
_	08/22/09	0840	FC	SECURTIY GUARD. CS.
_	08/22/09	0841	HP	ADVISED DEFT THAT HE WILL BE REPORTING TO OFFICER HILL THE NEXT TWO WEEK. INSTRUCTED TO CARRY HIS SCHEDULE WITH HIM AT ALL TIME. OFFICER HILL WILL

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PP79 0 W35755 08222009 0841 P150BZ4 04/08/10 10.16.40
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 016
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

	DATE	TIME	TYP	NARRATIVE
_	08/22/09	0841	HP	INSTRUCT AGAIN ON TUE AND HAVE HIM SIGN A LETTER THAT STATES HE IS TO CARRY HIS SCHEDULE WITH HIM AT ALL TIMES. DEFT EXPLAINED TO THIS OFFICER THE ROUTE HE TAKES TO WORK - ACCORDING TO WHAT HE SAID - THE ROUTE LOOKS LIKE IT IS THE DIRECT ROUTE TO HIS OFFICE. DEFT EXPLAINED THAT HE TAKES THE 2ND BRIDGE OVER TO GET TO HIS OFFICE. HIS OFFICE IS LOCATED CLOSER TO THE 2ND PALM BEACH BRIDGE. CS.
_	08/25/09	1114	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED SUB REPORTED TO PROBATION. SUB INSTRUCTED ON CARRYING HIS SCHEDULE WITH HIM AT ALL TIMES. SUB SIGNED FORM VERIFYING INSTRUCTION. THEN THE SUB ASKED IF HE WAS THE ONLY ONE TO HAVE TO DO THIS? THIS OFFICER INFORMED SUB THAT ALL CC CASE OFFENDERS ARE REQUIRED TO CARRY THEIR SCHEDULES WITH THEM

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PP79 0 W35755 08252009 1114 P150BZ4 04/08/10 10.16.43
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 017
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

A DATE TIME TYP NARRATIVE
_ 08/25/09 1114 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED
FURTHER MORE THAT BY NOT HAVING HIS SCHEDULE COULD CAUSE ISSUES IF REQUESTED TO PRODUCE HIS SCHEDULE AND HE COULD NOT BECAUSE HE DID NOT HAVE IT ON HIS PERSON. THIS OFFICER ADVIS ADVISED THE SUB TO CARRY THE COPY IN HIS BILLFOLD. SUB THEN ASKED ABOUT A CONTACT NUMBER IN CASE OF AN EMERGENCY. WHEN ASKED TO DEFINE EMERGENCY BY THIS OFFICER SUB STATED MEDICAL TYPE OF EMERGENCIES, THIS OFFICER REMINDED THE SUB OF THE FORM OFFICER SLOAN GAVE HIM WITH A CONTACT NUMBER TO CALL IN CASE OF SUCH EMERGENCIES BETWEEN THE HOURS OF 5PM TO 8AM MONDAY THRU FRIDAY AND 24 HOURS ON THE WEEKEND. ANYTHING THAT HAPPENS MONDAY THRU FRIDAY BETWEEN 8AM TO 5PM TO CALL THE PROBATION OFFICE. SUB SCHEDULE WAS APPROVED AFTER SOME CHANGES TO WHICH THE SUB BROUGHT TO THIS OFFICER'S ATTENTION THE SUB STATED THAT HE WAS INFORMED TO NOT KEEP LATE OFFICE

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PP79 0 W35755 08252009 1114 P150BZ4 04/08/10 10.16.48
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 018
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

A DATE TIME TYP NARRATIVE
_ 08/25/09 1114 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED
HOURS SO HE DECIDED TO BREAK UP THE HOURS OF WORK AND HOME
SUB WAS QUESTIONED ON WHY HE WOULD WORK LATE ON SUNDAY AND
AN HOUR EXTRA ON THAT SAME DAY, THE SUB THEN DECIDED TO NOT
WORK LATE ON SUNDAY. SCHEDULE WAS APPROVED AND SIGNED AFTER
THIS.CHILL
_ 08/26/09 1210 TC
RECEIVED PHONE CALL FROM CAPTAIN FRICK FROM PALM BEACH
POLICE DEPARTMENT THAT HE WAS INFORMED THAT THE SUBJECT IS
IN NEW YORK CITY AS WE SPEAK. HE WAS INFORMED BY THE
ASST. US ATTORNEY. I CALLED CPSO CONRAD HILL
WHO IS SUPERVISING THE OFFENDER WHILE CPSO SLOANE IS ON
ANNUAL AND HE IS GOING TO THE SUBJECT'S OFFICE TO VERIFY
HE IS THERE. HE IS SCHEDULED TO BE AT THE OFFICE FROM
9AM TILL 1PM TODAY. BGLADSTONE

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PP79 0 W35755 08262009 1230 P150BZ4 04/08/10 10.16.51
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 019
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

A DATE TIME TYP NARRATIVE
_ 08/26/09 1230 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.
OFFICER MADE CONTACT WITH SUB AT HIS RESIDENCE. SUB WAS SCHE
SCHEDULED TO BE AT WORK AT 250 S. AUSTRAILIAN BLVD, BUT DID
NOT GO DUE TO NOT HAVING A DRIVER. THIS OFFICER INFORMED SUB
TO CONTACT OFFICE ON DAYS HE IS NOT GOING TO WORK AND
STAYING HOME. THIS OFFICER MADE ATTEMPT TO CONTACT THE SUB
AT HIS LISTED EMPLOYMENT OFFICE, BUT WAS UNABLE TO AFTER
THE OFFICER WENT TO THE 250 ADDRESS. THE OFFENDER'S OFFICE
IS STILL IN THE SAME BUILDING AND SUITE THE NAME OF THE
OFFICE IS NOT ON THE DOOR.CHILL
_ 09/01/09 0930 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED
OFFENDER REPORTED TO COMMUNITY CONTROL PLEASE READ CN AND
TC CASENOTES. CHILL
_ 09/01/09 1039 TC
OFFICER CONTACTED ATTY ROY BLACK OF BLACK, SREBNICK,

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PP79 0 W35755 09012009 1039 P150BZ4 04/08/10 10.16.54
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 020
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

A DATE TIME TYP NARRATIVE
_ 09/01/09 1039 TC
KORNSPAN, STUMPF. THIS OFFICER CONTACTED MR. BLACK IN REGARD TO A LETTER WITH HIS SIGNITURE ON IT STATING THAT THE OFFEND OFFENDER WAS TO MEET WITH HIM AT HIS MIAMI OFFICE FOR A DEPOSITION ON SEPT 2, 2009. THIS OFFICER SPOKE WITH ATTY BLA BLACK WHO WOULD NOT DISCLOSE WHETHER OR NOT THIS WAS ACCURAT ACCURATE BUT ONLY STATE THAT THE OFFENDER WAS COMING TO HIS OFFICE TO TALK TO HIM. THIS OFFICER NOTIFIED MR. BLACK THAT THIS WAS NOT ACCEPTABLE DUE TO THE FACT THAT THE CURRENT SUPERVISION THAT THE OFFENDER WAS ON DID NOT PRETAIN TO ANY CONVERSTAION WITH HIS SELF AND THE OFFENDER BEING THAT THE ATTY FOR THIS CASE WAS JACK GOLDBERGER, ESQ. AND NOT HIM ALSO THAT DUE TO THE FACT THAT THE OFFENDER WAS ON COMMUNITY CONTROL HE WAS NOT ALLOWED TO JUST GO TALK TO AN ATTY IN ANOTHER COUNTY WITH OUT JUSTIFIABLE REASON, AT

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PP79 0 W35755 09012009 1039 P150BZ4 04/08/10 10.16.57
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 021
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

A. DATE TIME TYP NARRATIVE
_ 09/01/09 1039 TC
THIS POINT MR. BLACK BECAME SOMEWHAT DEMEANING TO THIS OFFICER BY STATING THAT HE DID NOT HAVE TO DISCLOSE THE PURPOSE OF THE MEETING WITH THE OFFENDER AND HIMSELF TO A STATE EMPLOYEE/ STATE OFFICER WHO IS SUPERVISING THE OFFENDER. AT THIS POINT THE ATTY WAS PUT ON HOLD WHILE THIS OFFICER REVIEWED THE FILE AND SPOKE WITH HIS SUPERVISOR. UPON REVIEW OF THE OFFENDER'S FILE HE DOES NOT HAVE ANY SC THAT ALLOWS HIM TO TRAVEL TO ANOTHER COUNTY FOR ANY UNRELATED MEETINGS TO HIS CURRENT SUPERVISION, THIS WAS MADE
_ 09/01/09 1041 CN
_ 09/03/09 1750 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.
_ 09/07/09 1100 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.
DISCUSSED THE PAST 2 WEEKS - DEFT STATES HE SIGNED THE INTERSTATE COMPACT AGREEMENT. CS

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PP79 0 W35755 09072009 1101 P150BZ4 04/08/10 10.17.01
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 022
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

A	DATE	TIME	TYP	NARRATIVE
_	09/07/09	1101	FC	HOME COLLATERAL - SPOUSE/SIGNIFICANT OTHER. DEFT'S GIRLFRIEND - [redacted] AND BOYGUARY IGOR. CS.
_	09/08/09	0815	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED
_	09/11/09	9901	CN	RE: SORR - DEFT'S RESIDENCE HAS BEEN VERIFIED AND HE HAS PROVIDED PROOF OF SEX OFFENDER REGISTRATION. CS.
_	09/15/09	0001	DT	DRUG TEST NEGATIVE
_	09/15/09	0002	OP	DRUG TEST NEGATIVE
_	09/15/09	0830	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED DEFT DRUG TESTED, ISP COMPLETED. CS.
_	09/15/09	1916	HP	WALK THROUGH VISUAL INSPECTION CONDUCTED
_	09/18/09	0800	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED. SPOKE WITH DEFT. HE ADVISED THAT HE HAD RAN INTO ONE OF THE VICTIMS WHILE HE WAS LEAVING HIS OFFICE.

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PP79 0 W35755 09182009 0800 P150BZ4 04/08/10 10.17.04
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 023
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

A	DATE	TIME	TYP	NARRATIVE
_	09/18/09	0800	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED. THE VICTIM WAS IN THE OFFICE BUILDING WITH HER ATTORNEY (ADAM HOROWITZ - [redacted]) SHE WAS GOING TO BE DISPOSED. CS.
_	09/18/09	1519	CN	RECEIVED A EMAIL FROM THE CIRCUIT ADM. MRS BAKER WITH AN ATTACHED. THE ATTACHED WAS A DECLARATION BY THE VICTIMS ATTORNEY FILED IN THE FEDERAL COURT SHOWING THAT THE DEFT HAD CONTACT WITH THE VICTIM. CS.
_	09/18/09	1520	CN	FILE HAS BEEN REVIEWED - THE COURTS DID NOT ORDER NO CONTACT WITH THE VICTIMS. THIS OFFICER WILL REVIEW THAT COURT FILE. CS.
_	09/18/09	1600	TP	

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PP79 0 W35755 09182009 1600 P150BZ4 04/08/10 10.17.07
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 024
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

A. DATE TIME TYP NARRATIVE
_ 09/18/09 1600 TP
CALL THAT DEFT. DEFT EXPLAINED THAT HE WAS AT HIS
OFFICE BUILDING TO WATCH THAT DEPO ON VIDEO.
HE STATED THAT DEPO WAS TO START AT 1:00PM. HE DECEIDED
TO SET UP THE VIDEO AT HIS HOME. UPON LEAVING THE
OFFICE BUILDING HE RAN INTO ONE OF THE VICTIMS AND
HER ATTORNEY. HE STATED HIS ATTORNEY ALSO FILE
A MOTION IN THE FEDERAL COURTS. CS.
_ 09/18/09 1615 TC
CALL AND SPOKE WITH ATTORNEY HOROWITZ [redacted]
AND ADVISED THAT THIS OFFICER NEEDED TO FURTHER
INVESTIGATED RE: ANY CONTACT ORDER AND WILL
GET BACK TO HIM ON MONDAY. CS.
_ 09/18/09 9901 IR COMPLETED INITIAL REVIEW
_ 09/21/09 0800 CN

F4=RETURN TO PREVIOUS SCREEN F1=MAIN MENU F6=SCREENS F7=REPORTS
F2=1ST PAGE F3=PGDN F12=IT05 AC I=PP76/U=PP76/T=PP78

PP79 0 W35755 09212009 0800 P150BZ4 04/08/10 10.17.10
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 025
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

A	DATE	TIME	TYP	NARRATIVE
_	09/21/09	0800	CN	WENT TO THE PALM BEACH COUNTY CLERK OF COURT - REVIEWED DEFT'S FILE. DID NOT HAVE A "NO CONTACT WITH THE VICTIMS ORDERS". CONFERED WITH MRS BAKER. CS
_	09/21/09	1030	TC	CALLED ADAM HOROWITZ - ATTORNEY FOR ONE OF THE VICTIMS. ADVISED THAT THERE IS NO ORDER STATED HE IS NOT TO HAVE CONTACT WITH THE VICTIMS IN HIS CRIMINAL CASE. THE ATTORNEY ADVISED THAT IT WAS IN THE TRANSCRIPTS AND HE WAS GOING TO EMAIL IT TO THIS OFFICER. CS.
_	09/21/09	9901	A3	SENTENCE STRUCTURE, INDIVIDUALIZED SUPERVISION PLAN AND COURT ORDERED PAYMENT SYSTEM AUDITED.
_	09/21/09	9902	SA	SUPERVISION ORDERS AUDITED
_	09/21/09	9903	SS	SENTENCE STRUCTURE AUDITED
_	09/21/09	9904	P3	OP03 AUDIT COMPLETED

F4=RETURN TO PREVIOUS SCREEN F1=MAIN MENU F6=SCREENS F7=REPORTS
F2=1ST PAGE F3=PGDN F12=IT05 AC I=PP76/U=PP76/T=PP78

PP79 0 W35755 09222009 0819 P150BZ4 04/08/10 10.17.14
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 026
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

A DATE TIME TYP NARRATIVE
_ 09/22/09 0819 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED
SPOKE ABOUT HIM RUN INTO THE VICTIM ON THE
DAY OF THE DISPO. ADVISED THAT ATTORNEY HOROWITZ
EMAILED THE CRIMINAL COURT TRANSCRIPT THAT STATES
NO VICTIM CONTACT - ADVISED THAT THIS WOULD BE
INVESTIGATED. CS.
_ 09/29/09 0822 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED
DEFT SET FOR ANOTHER DEPO VIA VIDEO, HE STATED THEY
WERE GOING TO REQUEST THROUGH THE COURTS THAT HE IS
ABLE TO BE PRESENT AT THESE DEPOS. DEFT ASKED IF
HE IS ABLE TO SWIM IN HIS POOL. THIS OFFICER ADVISED
THAT AFTER CONFERRING WITH THE CIRCUIT ADM IN THE PAST
HE IS NOT TO SWIM IN HIS POOL. CSLOANE
_ 10/01/09 1925 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.
PROTECTED HEALTH INFORMATION DISCLOSED

F4=RETURN TO PREVIOUS SCREEN F1=MAIN MENU F6=SCREENS F7=REPORTS
F2=1ST PAGE F3=PGDN F12=IT05 AC I=PP76/U=PP76/T=PP78

PP79 0 W35755 10012009 1925 P150BZ4 04/08/10 10.17.17
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 027
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

A	DATE	TIME	TYP	NARRATIVE
_	10/01/09	1925	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED. DEFT STATED HE WAS GOING TO HAVE A MRI TOMORROW. CSLOANE
_	10/02/09	0750	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.
_	10/06/09	0810	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED WRITTEN MONTHLY REPORT RECEIVED FOR CURRENT MONTH. DEFT SIGNED THE HALLOWEEN RULES. CSLOANE.
_	10/13/09	0826	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED
_	10/14/09	0741	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.
_	10/16/09	9901	RR	RE-REVIEW
_	10/17/09	2025	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.
_	10/17/09	2026	FC	HOUSE STAFF. CSLOANE
_	10/20/09	0804	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED ADVISED THAT STATE ATTORNEY HAS NOT SET COURT DATE

F4=RETURN TO PREVIOUS SCREEN F1=MAIN MENU F6=SCREENS F7=REPORTS
F2=1ST PAGE F3=PGDN F12=IT05 AC I=PP76/U=PP76/T=PP78

PP79 0 W35755 10202009 0804 P150BZ4 04/08/10 10.17.21
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 028
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

A	DATE	TIME	TYP	NARRATIVE
_	10/20/09	0804	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED REGARDING - NO CONTACT ORDER AND MANDATORY PUBLIC SERVICE. CS.
_	10/23/09	0850	TP	RETURNED DEFT'S CALLED - DEFT STATES HIS HOUSE WAS BROKEN INTO EARLY THURSDAY MORNING 10-22 AT AROUND 3:15AM - AT THE BEGINNING OF DEFT'S SUPERVISION, WACKEN HUT SECURITY WAS THERE 24 HOURS A DAY. THE DEFT SCALED BACK THE SECURITY TO 9:00PM TO 9:00AM A COUPLE OF MONTHS AGO. DEFT STATED WACKENHUT MADE A REPORT. ADVISED DEFT TO MAKE A POLICE REPORT. DEFT STATED HE WAS ADVISED BY HIS ATTORNEY NOT TO MAKE THE POLICE REPORT BECAUSE OF THE MEDIA. DEFT STATED THAT HE DOES NOT BELIEVE ANYTHING WAS STOLEN. CSLOANE
_	10/23/09	1040	CN	

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PP79 0 W35755 10232009 1040 P150BZ4 04/08/10 10.17.24
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 029
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

AC	DATE	TIME	TYP	NARRATIVE
_	10/23/09	1040	CN	RECEIVED AGREED ORDER SIGNED BY JUDGE COLBATH - STATED THE SPECIAL CONDITION OF "MANDATORY PUBLIC SERVICE" IS DELETED. CSLOANE
_	10/26/09	0800	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED. DEFT SHOWED THIS OFFICER WERE THERE WAS AN ATTEMPT TO BREAK IN ON BOTH HIS SLIDING GLASS DOORS - ONE THAT LEADS INTO HIS HOME OFFICE AND THE OTHER DOOR LEADS TO HIS HOME. DEFT STATES HE MIGHT MOVE. INSTRUCTED TO ADVISE THIS OFFICER OF HIS NEW ADDRESS BEFORE HE MOVES. CSLOANE.
_	10/27/09	0815	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED DEFT ADVISED THAT HE WOULD GOING TO LOOK FOR A NEW HOUSE IN PALM BEACH DUE TO THE BREAK-IN. CSLOANE
_	10/30/09	1015	TC	

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PP79 0 W35755 10302009 1015 P150BZ4 04/08/10 10.17.27
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 030
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

AC DATE TIME TYP NARRATIVE
_ 10/30/09 1015 TC
RECEIVED A CALLED REQUESTING DEFT'S FILE. THE PERSON STATED SHE WAS A CITIZEN AND DID WANT TO GIVE HER NAME. SHE STATED WHEN SHE PICKS UP THE PAPERWORK THIS OFFICER WOULD KNOW WHO SHE IS. THIS OFFICER ADVISED THAT RECORDS COULD NOT BE GIVEN TO HER TODAY AND WOULD HAVE TO BE APPROVED BY THE CIRCUIT ADM. THE CALLER DID NOT SEEM TO LIKE THIS RESPONSE AND ASKED FOR THE CIRCUIT ADM. #. CSLOANE.
_ 10/30/09 1130 TP
SPOKE WITH DEFT - HE STATED HE RECEIVED A CALLED FROM THE THE POSTAL INSPECTOR'S OFFICE REGARDING SOMEONE USING HIS ID AND POSSIBLE FRAUD. CSLOANE.
_ 11/02/09 1103 HP
_ 11/02/09 1104 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.

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F2=1ST PAGE F3=PGDN F12=IT05 AC I=PP76/U=PP76/T=PP78

PP79 0 W35755 11032009 0810 P150BZ4 04/08/10 10.17.31
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 031
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

AC	DATE	TIME	TYP	NARRATIVE
_	11/03/09	0810	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED WRITTEN MONTHLY REPORT RECEIVED FOR CURRENT MONTH. CSLOANE
_	11/09/09	0746	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.
_	11/10/09	0810	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED WEEKLY ACTIVITY RPT & SCHEDULE RECEIVED/REVIEWED. NO INCONSISTENCIES FOUND. CSLOANE
_	11/10/09	1330	CN	RECEIVED AN EMAIL FROM ASST. STATE ATTORNEY BARBARA BURNS WANTING TO KNOW IF THE DEFT HAD PERMISSION TO BE FLYING IN A HELICOPTER. ADVISED THAT HE HAD PERMISSION TO GO TO PALM BEACH AIRPORT TO CUSTOMIZE HIS HELICOPTER. ALSO ADVISED THAT HE WAS GIVEN PERMISSION TO SEE HIS ATTORNEY IN MIAMI AND HE WENT IN A HELICOPTER.

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F2=1ST PAGE F3=PGDN F12=IT05 AC I=PP76/U=PP76/T=PP78

PP79 0 W35755 11102009 1330 P150BZ4 04/08/10 10.17.33
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 032
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

AC	DATE	TIME	TYP	NARRATIVE
_	11/10/09	1330	CN	ADVISED TO GIVE DATES, AND HIS PAST SCHEDULES CAN BE CHECKED. SHE ALSO STATED IN THE EMAIL - RE: NO VICTIM CONTACT ORDER. YES THERE WAS A NO CONTACT REQUIRMENT BUT IT NEVER GOT FILED IN WRITING. SHE HAS PREPARED ONE AND SENT IT TO THE DEFT'S ATTORNEY FOR THE DEFT TO SIGN. CSLOANE.
_	11/17/09	0812	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED WEEKLY ACTIVITY RPT & SCHEDULE RECEIVED/REVIEWED. NO INCONSISTENCIES FOUND. CSLOANE
_	11/18/09	0750	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.
_	11/23/09	1152	TC	RECEIVED AN EMAIL FROM EVA DUBIN - SHE STATED SHE WILL BE VISITING THE DEFT ON THE THANKSGIVING HOLIDAYS

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PP79 0 W35755 11232009 1152 P150BZ4 04/08/10 10.17.37
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 033
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

AC DATE TIME TYP NARRATIVE
_ 11/23/09 1152 TC
AND HAS 3 MINOR CHILDREN. THIS OFFICER SPOKE WITH
MRS DUBIN TO MAKE SURE SHE WAS AWARE OF THE CHARGES AND
THE SPECIAL CONDTION HE HAS ON PROBATION. SHE ASSURED THIS
OFFICER THAT HER CHILDREN WILL NOT BE ALONE WITH
THE DEFT. THIS OFFICER APPROVED THE VISIT. CSLOANE.
_ 11/24/09 0827 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED
WEEKLY ACTIVITY RPT & SCHEDULE RECEIVED/REVIEWED.
NO INCONSISTENCIES FOUND.
CSLOANE
_ 11/26/09 0813 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.
_ 11/30/09 1609 FP OFFENDER IN COURT
S APPEARED IN CRT TODAY IN REGARDS TO A REQUEST TO TRAVEL
FOR LEGAL MATTERS. S'S REQUEST WAS GRANTED IN PART. S GRANT
ED PERMISSION TO TRAVEL ON 12/3 BUT DENIED AS TO 12/12/09.

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F2=1ST PAGE F3=PGDN F12=IT05 AC I=PP76/U=PP76/T=PP78

PP79 0 W35755 11302009 1609 P150BZ4 04/08/10 10.17.40
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 034
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

AC	DATE	TIME	TYP	NARRATIVE
_	11/30/09	1609	FP	OFFENDER IN COURT S'S ASSIGNED OFFICER NOTIFIED OF CRT APPEARANCE. S'S OFFCR ALSO PROVIDED COPY OF NO CONTACT ORDER FROM 11/18/09.SYARNS
_	11/30/09	9901	CN	DEFT WAS IN COURT TODAY - COURTS ALLOWING DEFT TO TRAVEL TO NEW YORK FOR 1 DAY ON DECEMBER 3. CSLOANE.
_	12/01/09	0819	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED WEEKLY ACTIVITY RPT & SCHEDULE RECEIVED/REVIEWED. NO INCONSISTENCIES FOUND. WRITTEN MONTHLY REPORT RECEIVED FOR CURRENT MONTH. DEFT WAS GIVEN PERMISSION BY THE COURTS TO TRAVEL FOR 1 DAY (DEC 3) TO NEW YORK. DEFT PROVIDED ITINERARY - PLACED IN FILE. CSLOANE.
_	12/02/09	0803	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED. INSTRUCTED DEFT TO CALL ON FRIDAY TO ADVISE THAT HE

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PP79 0 W35755 12022009 0803 P150BZ4 04/08/10 10.17.43
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 035
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

AC	DATE	TIME	TYP	NARRATIVE
_	12/02/09	0803	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED. IS BACK IN PALM BEACH COUNTY. CSLOANE
_	12/04/09	0831	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED. VERIFIED THAT DEFT WAS BACK FROM NEW YORK. DEFT STATED HE ARRIVED AT THE PBI AT APPROX. 11:15 PM LAST NIGHT. DEFT STATES HE DID NOT GET EVERYTHING HE NEEDED TO ACCOMPLISHED DONE AND WILL BE GOING BACK TO COURT FOR TO REQUEST ANOTHER TRAVEL DATE. ADVISED TO KEEP THIS OFFICER INFORMED. CSLOANE.
_	12/08/09	0809	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED DEFT STATES HE WILL BE GOING TO COURT ON MONDAY - TO ASK FOR TRAVEL. CSLOANE.
_	12/15/09	0805	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED DEFT STATED HIS ATTORNEY WILL BE SPEAKING TO THE ASST. STATE ATTORNEY REGARDING MORE TRAVEL.

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F2=1ST PAGE F3=PGDN F12=IT05 AC I=PP76/U=PP76/T=PP78

PP79 0 W35755 12182009 0830 P150BZ4 04/08/10 10.17.50
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 037
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

AC DATE TIME TYP NARRATIVE
_ 12/18/09 0830 FP
WASN'T.THAT SHE WAS TOLD BY HER BOSS THAT THEY WOULD
BE INVESTIGATING THE SITUATION. THIS OFFICER STATED
THAT I SHOULD BE INFORMED OF THE SITUATION, SO THE
CASE CAN BE SUPERVISER ACCORDINGLY. SHE ALSO STATED
THAT THE WITNESS WAS NOT COMING FORTH. THIS OFFICER
INFORMED BOTH SUPERVISOR GAINES AND OFFICE SUPERVISOR
BARETT. THIS OFFICER ADVISED THE ASST. STATE
ATTORNEY THAT THIS OFFICER NEEDS TO BE INFORMED
REGARDING INFORMATION CONCERNING THE DEFT. IF THE
STATE NEEDED EXTRA CONTACT OR SURVELLIANCE ON THIS
CASE THEY SHOULD INFORM THIS OFFICER. THIS OFFICER
IS NOT ABLE TO SUPERVISOR THE CASE PROPERLY IF
PERTINENT INFORMATION IS BEING WITHHELD FROM THIS
OFFICER. CSLOANE

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PP79 0 W35755 12152009 0805 P150BZ4 04/08/10 10.17.46
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 036
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

AC DATE TIME TYP NARRATIVE
_ 12/15/09 0805 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED
STATES COURT DATE SET FOR FRIDAY. CSLOANE.
_ 12/16/09 1842 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.
_ 12/16/09 1843 FC
_ 12/18/09 0830 FP
DEFT'S ATTORNEY ADVISED THAT DEFT WAS IN THE CAFE
ON THE 1ST FLOOR OF THE COURTHOUSE. ATTORNEY GOLDBERG
STATED THE DEFT DID NOT HAVE TO BE PRESENT. THIS
OFFICER LATER MET WITH THE DEFT AT THE CAFE. THE
DEFT'S TRAVEL WAS APPROVED BY THE COURTS. DEFT
CAN TRAVEL FOR OVER NIGHT AND RETURN THE NEXT DAY.
THIS OFFICER DEFERRED TO THE COURT REGARDING TRAVEL.
THIS OFFICER WAS INFORMING THE ASST. STATE ATTORNEY
BARBARA BURNS THAT THE DEFT WAS IN COMPLIANCE WITH
HIS SUPERVISION. SHE MADE A COMMENT THAT MAYBE HE

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PP79 0 W35755 12182009 1030 P150BZ4 04/08/10 10.17.54
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 038
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

AC	DATE	TIME	TYP	NARRATIVE
_	12/18/09	1030	CN	SPOKE WITH OFFENDER REGARDING HIS OBLIGATION TO NOTIFY MS. SLOANE BEFORE TRAVELING AND IF SHE IS UNAVAILABLE TO NOTIFY OFFICER OF THE DAY.ALSO, REMINDED HIM HE IS EXPECTED TO CALL IMMEDIATELY IF THERE IS A DELAY WITH HIS TRAVEL BACK FROM HIS TRIP. DURING THE HOLIDAY PERIOD AND WILL AS ALWAYS FOLLOW HIS SCHEDULE AND BE AT HOME OR WORK.OFFENDER EXPRESSED A DESIRE TO COMPLETE SUPERVISION AND GO ON WITH HIS LIFE;WRITER TOLD OFFENDER WE'RE HERE TO ENFORCE THE CONDITIONS OF SUPERVISION AND TO ASSIT HIM IN COMPLETING SUPERVISION.W.GAINES
_	12/18/09	2017	TP	PHONED OFFENDER TO VERIFY WRITER WAS AT HIS GATE ENTRANCE AND TO COME OUT.W.GAINES
_	12/18/09	2020	HP	HOME PERSONAL - VERIFIED NEW RESIDENCE.

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PP79 0 W35755 12222009 0810 P150BZ4 04/08/10 10.17.57
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 039
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

AC	DATE	TIME	TYP	NARRATIVE
_	12/22/09	0810	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED
_	12/29/09	0810	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED
_	12/30/09	1242	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.
_	01/01/10	0815	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.
_	01/05/10	0830	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED WEEKLY ACTIVITY RPT & SCHEDULE RECEIVED/REVIEWED. NO INCONSISTENCIES FOUND. WRITTEN MONTHLY REPORT RECEIVED FOR CURRENT MONTH. ISSUED TRAVEL PERMIT - DEFT WAS APPROVED BY THE COURTS TO TRAVEL FOR OVER NIGHT STAYS. DEFT TO TRAVEL TO NEW YORK ON 1-6-10 AND GO TO THE US VIGIRN ISLAND FROM NEW YORK ON 1-7-10. ITINERARY WAS EMAILED TO THIS OFFICER FROM DEFT'S ASSISTANT. CSLOANE.
_	01/05/10	1030	OP	PICKED UP TRAVEL PERMIT. PRIOR TO PICKING UP TRAVEL

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PP79 0 W35755 01052010 1030 P150BZ4 04/08/10 10.18.00
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 040
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

Ac	DATE	TIME	TYP	NARRATIVE
_	01/05/10	1030	OP	PERMIT - DEFT WENT TO REGISTER AT THE PBSO. COPY REGISTRATION FORM FOR FILE. CSLOANE.
_	01/08/10	0720	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.
_	01/11/10	0000	CN	DEFT ADVISED ON 1-8-10 THAT HE WILL BE TRAVELING TO NEW YORK ON THE 13TH AND TO THE US VIGIRN ISLANDS ON 1-15. INSTRUCTED TO PROVIDE ITINERARY FOR BOTH TRAVEL DATES. THE DEFT HAS BEEN GIVING PERMISION TO TRAVEL BY THE COURTS. CSLOANE.
_	01/12/10	0811	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED WEEKLY ACTIVITY RPT & SCHEDULE RECEIVED/REVIEWED. NO INCONSISTENCIES FOUND. ISSUED TRAVEL PERMIT. CSLOANE

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PP79 0 W35755 01122010 1540 P150BZ4 04/08/10 10.18.03
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 041
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

Ac	DATE	TIME	TYP	NARRATIVE
_	01/12/10	1540	TP	OFFENDER PHONED ADVISING THAT THE POWER IS OUT AT HIS RESIDENCE,AND IS EXPECTED TO BE OUT UNTIL MIDNIGHT. SINCE THE TEMPERATURE WILL BE IN THE 40'S OR 50'S HE WANTS TO TRAVEL TO NEW YORK TWELVE HOURS EARLIER TODAY.W.GAINES
_	01/12/10	1645	OP	S REPORTED AND PICKED UP TRAVEL PERMIT TO LEAVE AT 8:30 PM. FROM PBIA. DWILLIAMS
_	01/14/10	0730	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED. STATES HE WAS ABLE TO GET A LOT ACCOMPLISHED IN NEW YORK. CSLOANE.
_	01/14/10	0800	FC	VERIFIED WITH WAKENHUT OFFICER THAT DEFT WAS HOME PRIOR TO 12:00 AM ON 1-13. CSLOANE.
_	01/19/10	0800	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED

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PP79 0 W35755 01192010 0800 P150BZ4 04/08/10 10.18.07
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 042
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

AC	DATE	TIME	TYP	NARRATIVE
_	01/19/10	0800	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED DEFT STATES HE WILL BE TRAVELING NEXT WEEK - INSTRUCTED TO HAVE ITINERARY EMAILED. CSLOANE.
_	01/19/10	1857	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.
_	01/24/10	0935	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.
_	01/25/10	0820	TP	SUBJ CALLED AND REQUESTED PERMISSION TO ATTEND A 9:00 AM MEETING. SUBJ STATED THAT THE MEETING ISN'T ON HIS CURRENT SCHEDULE. I ADVISED SUBJ THAT THIS OD CAN'T AUTHORIZE A SCHEDULE CHANGE. G GREEN
_	01/25/10	0920	TP	SPOKE WITH OFFENDER TO CLARIFIED HE IS HAVING A MEETING OR DEPOSITION;NEED TO GO IN EARLY AT 9:30AM TODAY FOR DEPOSITIO OFFENDER ADVISED DEPOSITION WILL BE ALL DAY.W.GAINES
_	01/26/10	0816	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED

F4=RETURN TO PREVIOUS SCREEN F1=MAIN MENU F6=SCREENS F7=REPORTS
F2=1ST PAGE F3=PGDN F12=IT05 AC I=PP76/U=PP76/T=PP78

PP79 0 W35755 01262010 0816 P150BZ4 04/08/10 10.18.11
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 043
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

AC	DATE	TIME	TYP	NARRATIVE
_	01/26/10	0816	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED DEFT STATES HE WILL NOT BE TRAVELING THIS WEEK. TRAVEL PERMIT CANCELLED. CSLOANE.
_	01/27/10	0600	CN	CONDUCTED SURVEILLANCE FROM 6:30AM - 7:50AM - NO VIOALTIONS NOTED. CSLOANE.
_	01/30/10	0900	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.
_	02/03/10	0815	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED WEEKLY ACTIVITY RPT & SCHEDULE RECEIVED/REVIEWED. NO INCONSISTENCIES FOUND. DEFT TRAVELING TO THE US VIRGIN ISLANDS TOMORROW - TRAVEL PERMIT APPROVED. DEFT STATED HIS BACK WAS HURTING AND WANT TO STOP AT WALGREEN FOR SOME BENGAY - STOP APPROVED. CSLOANE.
_	02/04/10	9901	CN	

F4=RETURN TO PREVIOUS SCREEN F1=MAIN MENU F6=SCREENS F7=REPORTS
F2=1ST PAGE F3=PGDN F12=IT05 AC I=PP76/U=PP76/T=PP78

PP79 0 W35755 02042010 9901 P150BZ4 04/08/10 10.18.14
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 044
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

AC	DATE	TIME	TYP	NARRATIVE
_	02/04/10	9901	CN	DEFT DID NOT TRAVEL TO THE US VIRGIN ISLANDS - NEW PERMIT APPROVED FOR TRAVEL TO THE US VIRGIN ISLANDS ON 2-5 RETURNING THE SAME DAY. CSLOANE.
_	02/08/10	0821	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED. DEFT STATES HE CALLED THE EMERGENCY # TO LET THEM KNOW THAT HE WAS BACK FROM HIS TRIP. HE WAS INSTRUCTED TO CALL THE NUMBER BY SUPERVISOR GAINES. HE STATED HE SPOKE WITH SGT. JOHNSON. CSLOANE.
_	02/09/10	0815	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED
_	02/10/10	1035	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.
_	02/11/10	9901	TR	TRANSFER WITHIN FLA. NEW OFFICER IS ELKINS,CANDICE D
_	02/12/10	1624	CN	P.O.RECEIVED ITINERARY FROM PREVIOUS OFC SLOANE REGARDING

F4=RETURN TO PREVIOUS SCREEN F1=MAIN MENU F6=SCREENS F7=REPORTS
F2=1ST PAGE F3=PGDN F12=IT05 AC I=PP76/U=PP76/T=PP78

PP79 0 W35755 02122010 1624 P150BZ4 04/08/10 10.18.17
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 045
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

AC	DATE	TIME	TYP	NARRATIVE
_	02/12/10	1624	CN	S'S TRAVEL TO ST.THOMAS ON BUSINESS/TRAVEL HAS BEEN APPROVED AND WILL BE READY FOR PICK-UP WHEN S REPORTS IN ON MON.CELKINS
_	02/14/10	1849	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.
_	02/15/10	0900	OP	S REPORTED GAVE TRAVEL PERMIT THAT WAS ALREADY APPROVED, S SIGNED WAIVER OF EXTRADITION AND I APPROVED SCHEDULE/TM
_	02/17/10	0851	TP	P.O.RECEIVED PHONECALL FROM S THAT HE HAD RETURN BACK FROM H HIS TRIP LAST NIGHT-S ASKED IF WE RECEIVED NEW ITINERARY FOR 2/18-2/19/THIS OFC STATED THAT WE DID RECEIVE IT AND IT WILL BE READY AROUND 3PM TODAY/S WILL BE TRAVELING TO NEW JERSEY.CELKINS
_	02/17/10	1420	CN	

F4=RETURN TO PREVIOUS SCREEN F1=MAIN MENU F6=SCREENS F7=REPORTS
F2=1ST PAGE F3=PGDN F12=IT05 AC I=PP76/U=PP76/T=PP78

PP79 0 W35755 02172010 1420 P150BZ4 04/08/10 10.18.20
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 046
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

AC	DATE	TIME	TYP	NARRATIVE
_	02/17/10	1420	CN	TRAVEL PERMIT APPROVED AND WAS EMAILED TO S'S STAFF ATTN: STORY COWLES.CELKINS
_	02/22/10	1840	TP	P.O.RECEIVES PHONECALL FROM S'S ASSNT. STORY COWLES THAT S WILL BE TRAVELING TOMM FOR LEGAL ISSUES TO NY/STORY APLOGIZED FOR IT BEING LAST MIN AND STATED ITIENERARY IS BEING SENT NOW TO THIS OFC'S WORK EMAIL/S IS SET TO LEAVE TOMM AND RETURN ON 2/24.CELKINS
_	02/22/10	2112	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED. WALK THROUGH VISUAL INSPECTION CONDUCTED THIS OFC CONDUCTED A WALK-THRU WITH OFC WILLIAMS/S SHOWED THESE OFC HIS WHOLE HOUSE/NO PROBLEMS.CELKINS
_	02/23/10	1114	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED S WAS REINSTRUCTED ON HIS ORDERS/S WAS GIVEN TRAVEL PERMIT

F4=RETURN TO PREVIOUS SCREEN F1=MAIN MENU F6=SCREENS F7=REPORTS
F2=1ST PAGE F3=PGDN F12=IT05 AC I=PP76/U=PP76/T=PP78

PP79 0 W35755 02232010 1114 P150BZ4 04/08/10 10.18.24
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 047
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

AC	DATE	TIME	TYP	NARRATIVE
_	02/23/10	1114	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED TO TRAVEL TO NY AND WILL RETURN ON 2/24-S MADE AWARE TO CALL THIS OFC ONCE HE RETURNS.CELKINS
_	02/24/10	1545	CN	P.O.RECEIVES EMAIL FROM S'S ASSTN THAT HE WILL BE TRAVELING ON 3/2-3/3 TO NEW YORK FOR DRS APPT AND LEGAL MTGS AND ALSO ON 3/5 TO THE VIRGIN ISLANDS FOR BUSINESS MTGS/P.O. TO GET ITENERARY READY AND HAVE SUP LOOK OVER/P.O.MADE PHONE CALL TO S'S ASSTN THAT S IS TO REPORT ON MON@ 1030AM CELKINS
_	03/01/10	1036	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED WRITTEN MONTHLY REPORT RECEIVED FOR CURRENT MONTH. S REPORTED IN AND WAS GIVEN TRAVEL PERMITS/THIS OFC ALSO GOT THE HOME PHONE# TO THE NEW YORK ADDRESS TO VERIFY S IS ABIDING BY SCHEDULE FOR FUTURE.CELKINS

F4=RETURN TO PREVIOUS SCREEN F1=MAIN MENU F6=SCREENS F7=REPORTS
F2=1ST PAGE F3=PGDN F12=IT05 AC I=PP76/U=PP76/T=PP78

PP79 0 W35755 03012010 1458 P150BZ4 04/08/10 10.18.27
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 048
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

AC DATE TIME TYP NARRATIVE
_ 03/01/10 1458 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.
_ 03/09/10 0930 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED
S EXPRESSED THAT HE MAY BE GOING FOR EARLY TERMINATION/S
ASKED HOW DOES HE GO ABOUT THAT/S MADE AWARE THAT HE HAS TO
CONTACT HIS ATTORNEY AND THEY SET A MOTION AS THIS OFC WILL
NOT RECOMMEND EARLY TERM/SUP WILLIE GAINES WAS PRESENT
DURING THIS CONVERSATION.CELKINS
_ 03/11/10 1622 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.
_ 03/11/10 9901 HV HOME PERSONAL - VERIFIED NEW RESIDENCE.
_ 03/14/10 1324 HP HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.
_ 03/14/10 9901 HV HOME PERSONAL - VERIFIED NEW RESIDENCE.
_ 03/16/10 1715 OP OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED
_ 03/17/10 1350 CN
P.O.RECEIVED ITINERARY FROM S'S ASSTN REGARDING S'S TRAVEL
FROM 3/25-3/26 AND ON 3/22-TRAVEL WAS APPROVED BY SUP/S

F4=RETURN TO PREVIOUS SCREEN F1=MAIN MENU F6=SCREENS F7=REPORTS
F2=1ST PAGE F3=PGDN F12=IT05 AC I=PP76/U=PP76/T=PP78

PP79 0 W35755 03172010 1350 P150BZ4 04/08/10 10.18.31
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 049
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

AC	DATE	TIME	TYP	NARRATIVE
_	03/17/10	1350	CN	MADE AWARE IT IS READY FOR PICKUP ON FRI.CELKINS
_	03/19/10	1301	EV	EPS - EMPLOYMENT PERSONAL SECONDARY JOB
_	03/19/10	1301	FP	EMPLOYMENT COLLATERAL - SUPERVISOR/OWNER CONTACTED NO PROBLEMS THIS OFC WENT TO S'S EMPLOYMENT/S WAS ON LUNCH FROM HIS DISPO/S WORKS ON 14TH FLOOR/S STATED HIS HOME WAS BROKEN INTO THIS PAST WEEKEND-S SAYS THAT THEY NOTIFIED THE POLICE AND HE HAS A POLICE REPORT/S SAYS THAT HE THINKING ABOUT CALLING MY SUP AND NOTIFYING HIM/P.O.SAID THAT WAS FINE CELKINS
_	03/19/10	9901	CN	RECEIVED CALL FROM OFFENDER THAT SOMEONE ATTEPTED TO BREAK INTO HIS RESIDENCE AROUND 10:30PM ON 3-17-10 AND THE PALM BEACH POLICE DEPARTMENT HAS BEEN NOTIFIED.W.GAINES

F4=RETURN TO PREVIOUS SCREEN F1=MAIN MENU F6=SCREENS F7=REPORTS
F2=1ST PAGE F3=PGDN F12=IT05 AC I=PP76/U=PP76/T=PP78

PP79 0 W35755 03232010 1750 P150BZ4 04/08/10 10.18.35
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 050
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

AC	DATE	TIME	TYP	NARRATIVE
_	03/23/10	1750	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED S WAS GIVEN TRAVEL PERMIT FOR 3/25-26 AND 3/29-30.CLEKINS
_	03/24/10	1120	CN	P.O.RECEIVES PHONECALL FROM A [redacted] THAT SHE WAS WRITING A BOOK ON S/SHE WENT ON TO SAY THAT SHE HAD HIS PHONE# BUT IT WAS NOW DISCONNECTED AND SHE WANTED TO KNOW IF I HAD A CURRENT ONE/BECAUSE OF S'S STATUS THIS OFC DID NOT GIVE OUT HIS PHONE#/THIS OFC TOLD MS. [redacted] THAT SHE COULD NOT GET THE # FROM ME AS HER WRITING A BOOK HAS NOTHING TO DO WITH A COURTORDER GIVING ME PERMISSION TO RELEASE HIS INFORMATION.CELKINS
_	03/25/10	0920	CN	BARBARA BURNS PHONED REGARDING THE OFFENDER'S REQUEST FOR EARLY TERM; THE DEPARTMENT OF CORRECTIONS WILL OBJECT TO THE EARLY TERMINATION.W.GAINES

F4=RETURN TO PREVIOUS SCREEN F1=MAIN MENU F6=SCREENS F7=REPORTS
F2=1ST PAGE F3=PGDN F12=IT05 AC I=PP76/U=PP76/T=PP78

PP79 0 W35755 03302010 1812 P150BZ4 04/08/10 10.18.38
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 051
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

	DATE	TIME	TYP	NARRATIVE
_	03/30/10	1812	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED S WANTED TO SPEAK WITH SUP GAINES REGARDING EARLY TERM/NO PROBLEMS.CELKINS
_	03/30/10	2128	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED.
_	03/31/10	1545	TP	OFFENDER PHONED TO ADVISE THAT HIS ATTORNEY WILL BE BEFORE THE COURT ON MONDAY APRIL 5,2010 TO MODIFY HIS ORDER TO TRAVEL OUT OF STATE FOR MORE THAN ONE NIGHT FOR BUISNESS NOTICE WILL BE SENT BY ATTORNEY.W.GAINES
_	04/01/10	1600	OP	WRITTEN MONTHLY REPORT RECEIVED FOR CURRENT MONTH. S CAME IN AND RECEIVED SIGNED TRAVEL FOR HIM TO TRAVEL TO NEW YORK FOR 4/7&4/8-COPY OF TRAVEL PERMIT WAS EMAILED TO INTERSTATE COMPACT.CELKINS
_	04/06/10	1805	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED S TO TRAVEL TO NY TOMM AND RETURN ON 4/8-NO PROBLEMS.CELKINS

F4=RETURN TO PREVIOUS SCREEN F1=MAIN MENU F6=SCREENS F7=REPORTS
F2=1ST PAGE F3=PGDN F12=IT05 AC I=PP76/U=PP76/T=PP78

PP79 0 W35755 04062010 1805 P150BZ4 04/08/10 10.18.42
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 052
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

Ac	DATE	TIME	TYP	NARRATIVE
_	04/06/10	1805	OP	OFFICE PERSONAL/ SUBMITTED COMMUNITY CONTROL SCHED WEEKLY ACTIVITY RPT & SCHEDULE RECEIVED/REVIEWED. NO INCONSISTENCIES FOUND.
_	04/06/10	2010	HP	HOME PERSONAL - ROUTINE CONTACT. NO CHANGES NOTED. S HOME.CELKINS

DISPLAY COMPLETE - F4=RETURN F1=MAIN MENU F6=SCREENS F7=REPORTS
F2=1ST PAGE F12=IT05 AC I=PP76/U=PP76/T=PP78

PP79 0 W35755 07152008 9901 P150BZ4 04/08/10 10.15.02
DORB079 OFFENDER CONTACT/COMMENT SUMMARY PAGE: 001
DC NO: W35755 NAME: EPSTEIN, JEFFREY SUPV LVL: CC7 TERM DT: 07/21/2010
STAT:01 ACTIVE OFFICER: 24398-ELKINS,CANDICE CUR.LOC: 154 LAKE WORTH

A	DATE	TIME	TYP	NARRATIVE
_	07/15/08	9901	CN	RECEIVED PALM BEACH POLICE INVESTIGATIVE REPORT FROM ASA BEHAVOLEK. FORWARDED IT TO OFC D WILLIAMS 15-4. WBARTELS
_	07/30/08	9901	FP	SAW S AT THE STOCKADE INSTRUCTED HIM ON ORDER OF COMMUNITY CONTROL I. S STATED HIS RELEASE DATE IS JULY 22, 2009. S WAS INSTRUCTED TO REPORT TO LAKE WORTH OFFICE IMMEDIATELY UPON RELEASE. S WAS INSTRUCTED TO REGISTER AS A SEX OFFENDER W/IN 48 HOURS OF RELEASE. DWILLIAMS
_	02/27/09	9901	FC	WENT TO THE STOCKADE DEPUTY STATED S IS STILL IN CUSTODY AT THE STOCKADE. DWILLIAMS
_	04/06/09	1130	TC	SPOKE TO DEPUTY BRAZER FROM PBSO INMATE RECORD AND HE ADVISE THE S IS IN CUSTODY WITH A TENTATIVE RELEASE DATE OF 9/24/09

F4=RETURN TO PREVIOUS SCREEN F1=MAIN MENU F6=SCREENS F7=REPORTS
F2=1ST PAGE F3=PGDN F12=IT05 AC I=PP76/U=PP76/T=PP78

Sloane, Carmen

From: Story Cowles [redacted]
Sent: Wednesday, November 11, 2009 11:14 AM
To: Sloane, Carmen
Subject: Schedule for Mr. Epstein

Re: Helicopter flights

Good Morning Officer Sloane,
Our records indicate that Mr. Epstein has only taken one helicopter flight which was on September 14th to Miami. The other flight that he took was on August 27th to visit Sikorski Helicopters. That trip Mr. Epstein flew on a small plane, hr had a helicopter standing by. Yesterday, November 10th, Mr. Epstein took a flight simulator for a helicopter. There was no actual time spent in the air.

Story

flew from PBI WPB - to Sikorski

easyjet

-8-27- given permission
-11-10- given permission

North Palm Beach

EFTA01625592

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT IN AND FOR PALM BEACH COUNTY, FLORIDA - CRIMINAL DIVISION

CASE NO: 2008CF009381AXX1MB

STATE OF FLORIDA

vs.

Jeffrey Epstein

Defendant.

FILED
Circuit Criminal Department
DEC 18 2009
SHARON R. BOCK
Clerk & Comptroller
Palm Beach County

Agreed

ORDER ON MOTION D's Motion for travel

THIS MATTER comes before the Court upon D's mot for travel.

The Court, having been made aware that both counsel have agreed to said motion.

Accordingly, it is hereby:

ORDERED and ADJUDGED that D's motion is granted under the following conditions: D's travel is weekdays only, NO weekend; his travel for any trip may include 1 overnight only; the D's travel must be reviewed and approved by the D's probation officer Carmen Sloane 48 hours in advance

DONE and ORDERED in Chambers, West Palm Beach, Palm Beach County, Florida, this _____ day of 12/18/09

Circuit Court Judge

EFTA01625593

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT, IN AND FOR PALM BEACH COUNTY, FLORIDA

CASE NO.: 2008CF009381A

STATE OF FLORIDA

NOTICE OF HEARING

vs.

JEFFREY EPSTEIN,

Defendant.
_____/

TO: Barbara Burns, Esquire
State Attorney's Office
401 North Dixie Highway
West Palm Beach, Florida 33401

Carmen Sloane
Department of Corrections
3444 South Congress Avenue
Lake Worth, Florida 33461

PLEASE TAKE NOTICE that the undersigned has called up for hearing the following:

JUDGE:	Jeffrey Colbath
DATE:	December 18, 2009
TIME:	8:30 a.m.
PLACE:	Room 11-F Palm Beach County Courthouse
MATTER:	Motion to Authorize Travel

I HEREBY CERTIFY that a true and correct copy of the foregoing Notice of Hearing has been furnished by fax and mail to the above-named addressee on this 16th day of December, 2009.

ATTERBURY, GOLDBERGER & WEISS, P.A.
250 Australian Avenue South
Suite 1400
West Palm Beach, FL 33401
(561) 659-8300

_____
JACK A. GOLDBERGER, ESQ.
Florida Bar No. 262013

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT, IN AND FOR PALM BEACH COUNTY, FLORIDA

CASE NO. 2008CF009381A

STATE OF FLORIDA

vs.

JEFFREY EPSTEIN,

Defendant.
_____/

MOTION FOR AUTHORIZATION TO TRAVEL

COMES NOW the Defendant, JEFFREY EPSTEIN, by and through his undersigned attorney and moves this Honorable Court to enter an Order authorizing the Defendant's travel for business purposes related to ongoing litigation. In support thereof the Defendant would state as follows:

1. The Defendant has been on community control since July 22, 2009.

2. The Defendant has been in complete compliance with his conditions of community control since being placed on supervision.

3. The Defendant was given permission to travel to New York on December 3, 2009 for the purposes of meeting with his attorney, Harry Susman.

4. After being granted permission, the Defendant arranged his travel plans with his community control officer, Carmen Sloane, and traveled to New York in complete compliance with the rules set forth by his community control officer.

5 The Defendant needs to travel out of state for additional meetings with his attorneys to continue to review documents. See letter from Harry Susman attached hereto as Exhibit "A".

6. Given the Defendant's complete compliance with the terms of supervision since being placed on community control on July 22, 2009, the Defendant's community control

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT IN AND FOR PALM BEACH COUNTY, FLORIDA - CRIMINAL DIVISION

CASE NO: 2008CF9381AXXMB

STATE OF FLORIDA

vs.

Jeffrey Epstein

Defendant.

FILED
Circuit Criminal Department
DEC 18 2009
SHARON R. BOCK
Clerk & Comptroller
Palm Beach County

Agreed

ORDER ON MOTION D's Motion for travel

THIS MATTER comes before the Court upon D's motn for travel.

The Court, having been made aware that both counsel have agreed to said motion.

Accordingly, it is hereby:

ORDERED and ADJUDGED that D's motion is granted under the following conditions: D's travel is weekdays only, no weekend: his travel for any trip may include 1 overnight only, The D's travel must be reviewed and approved by The D's probation Officer Carmen [redacted] Sloan 48 hours in advance

DONE and ORDERED in Chambers, West Palm Beach, Palm Beach County, Florida, this _____ day of 12/18/09

Circuit Court Judge

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT, IN AND FOR PALM BEACH COUNTY, FLORIDA

CASE NO.: 2008CF009381A

STATE OF FLORIDA

vs.

JEFFREY EPSTEIN,

Defendant.
_____/

NOTICE OF HEARING

TO: Barbara Burns, Esquire
State Attorney's Office
401 North Dixie Highway
West Palm Beach, Florida 33401

Carmen Sloane
Department of Corrections
3444 South Congress Avenue
Lake Worth, Florida 33461

PLEASE TAKE NOTICE that the undersigned has called up for hearing the following:

JUDGE: Jeffrey Colbath
DATE: December 18, 2009
TIME: 8:30 a.m.
PLACE: Room 11-F Palm Beach County Courthouse
MATTER: Motion to Authorize Travel

I HEREBY CERTIFY that a true and correct copy of the foregoing Notice of Hearing has been furnished by fax and mail to the above-named addressee on this 16th day of December, 2009.

ATTERBURY, GOLDBERGER & WEISS, P.A.
250 Australian Avenue South
Suite 1400
West Palm Beach, FL 33401
(561) 659-8300

_____
JACK A. GOLDBERGER, ESQ.
Florida Bar No. 262013

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT, IN AND FOR PALM BEACH COUNTY, FLORIDA

CASE NO. 2008CF009381A

STATE OF FLORIDA

vs.

JEFFREY EPSTEIN,

Defendant.
_____/

MOTION FOR AUTHORIZATION TO TRAVEL

COMES NOW the Defendant, JEFFREY EPSTEIN, by and through his undersigned attorney and moves this Honorable Court to enter an Order authorizing the Defendant's travel for business purposes related to ongoing litigation. In support thereof the Defendant would state as follows:

1. The Defendant has been on community control since July 22, 2009.

2. The Defendant has been in complete compliance with his conditions of community control since being placed on supervision.

3. The Defendant was given permission to travel to New York on December 3, 2009 for the purposes of meeting with his attorney, Harry Susman.

4. After being granted permission, the Defendant arranged his travel plans with his community control officer, Carmen Sloane, and traveled to New York in complete compliance with the rules set forth by his community control officer.

5 The Defendant needs to travel out of state for additional meetings with his attorneys to continue to review documents. See letter from Harry Susman attached hereto as Exhibit "A".

6. Given the Defendant's complete compliance with the terms of supervision since being placed on community control on July 22, 2009, the Defendant's community control

officer, Carmen Sloane, has no objection to the Defendant being given permission to travel for purposes related to his ongoing litigation as long as the dates and times of travel are cleared in advance and approved by his community control officer.

WHEREFORE, the Defendant moves this Honorable Court to enter an Order authorizing the Defendant to travel for business purposes related to ongoing litigation as long as it is approved in advance by his community control officer.

I HEREBY CERTIFY that a copy of the foregoing has been furnished by fax and mail to Barbara Burns, Esquire, State Attorney's Office, 401 North Dixie Highway, West Palm Beach, Florida 33401 and to Carmen Sloane, Department of Corrections, 3444 South Congress Avenue, Lake Worth, Florida 33461, this 16th day of December, 2009.

JACK A. GOLDBERGER, ESQ.
Atterbury, Goldberger & Weiss, P.A.
250 Australian Avenue South
Suite 1400
West Palm Beach, Florida 33401
(561) 659-08300
Florida Bar No. 262013

ATTERBURY, GOLDBERGER & WEISS, P.A.
250 Australian Avenue South
Suite 1400
West Palm Beach, Florida 33401
(561) 659-8300
Fax: (561) 835-8691

FAX TRANSMITTAL COVER SHEET

DATE: December 16, 2009

TO: Carmen Sloane
434-3972

FROM: Jack Goldberger

REMARKS: State v. Jeffrey Epstein
Motion to Authorize Travel

TOTAL PAGES: 5, including cover sheet

***** PLEASE NOTE - CONFIDENTIALITY WARNING *****

THIS MESSAGE IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the above address via the U.S. Postal Mail Service. Thank you for your cooperation.

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT, IN AND FOR PALM BEACH COUNTY, FLORIDA

CASE NO.: 2008CF009381A

STATE OF FLORIDA

NOTICE OF HEARING

vs.

JEFFREY EPSTEIN,

Defendant.
_____/

TO: Barbara Burns, Esquire
State Attorney's Office
401 North Dixie Highway
West Palm Beach, Florida 33401

Carmen Sloane
Department of Corrections
3444 South Congress Avenue
Lake Worth, Florida 33461

PLEASE TAKE NOTICE that the undersigned has called up for hearing the following:

JUDGE: Jeffrey Colbath
DATE: December 18, 2009
TIME: 8:30 a.m.
PLACE: Room 11-F Palm Beach County Courthouse
MATTER: Motion to Authorize Travel

I HEREBY CERTIFY that a true and correct copy of the foregoing Notice of Hearing has been furnished by fax and mail to the above-named addressee on this 16th day of December, 2009.

ATTERBURY, GOLDBERGER & WEISS, P.A.
250 Australian Avenue South
Suite 1400
West Palm Beach, FL 33401
(561) 659-8300

_____
JACK A. GOLDBERGER, ESQ.
Florida Bar No. 262013

EFTA01625601

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT, IN AND FOR PALM BEACH COUNTY, FLORIDA

CASE NO. 2008CF009381A

STATE OF FLORIDA

vs.

JEFFREY EPSTEIN,

Defendant.
_____/

MOTION FOR AUTHORIZATION TO TRAVEL

COMES NOW the Defendant, JEFFREY EPSTEIN, by and through his undersigned attorney and moves this Honorable Court to enter an Order authorizing the Defendant's travel for business purposes related to ongoing litigation. In support thereof the Defendant would state as follows:

1. The Defendant has been on community control since July 22, 2009.

2. The Defendant has been in complete compliance with his conditions of community control since being placed on supervision.

3. The Defendant was given permission to travel to New York on December 3, 2009 for the purposes of meeting with his attorney, Harry Susman.

4. After being granted permission, the Defendant arranged his travel plans with his community control officer, Carmen Sloane, and traveled to New York in complete compliance with the rules set forth by his community control officer.

5 The Defendant needs to travel out of state for additional meetings with his attorneys to continue to review documents. See letter from Harry Susman attached hereto as Exhibit "A".

6. Given the Defendant's complete compliance with the terms of supervision since being placed on community control on July 22, 2009, the Defendant's community control

EFTA01625602

officer, Carmen Sloane, has no objection to the Defendant being given permission to travel for purposes related to his ongoing litigation as long as the dates and times of travel are cleared in advance and approved by his community control officer.

WHEREFORE, the Defendant moves this Honorable Court to enter an Order authorizing the Defendant to travel for business purposes related to ongoing litigation as long as it is approved in advance by his community control officer.

I HEREBY CERTIFY that a copy of the foregoing has been furnished by fax and mail to Barbara Burns, Esquire, State Attorney's Office, 401 North Dixie Highway, West Palm Beach, Florida 33401 and to Carmen Sloane, Department of Corrections, 3444 South Congress Avenue, Lake Worth, Florida 33461, this 16th day of December, 2009.

JACK A. GOLDBERGER, ESQ.
Atterbury, Goldberger & Weiss, P.A.
250 Australian Avenue South
Suite 1400
West Palm Beach, Florida 33401
(561) 659-08300
Florida Bar No. 262013

EFTA01625603

Board

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT IN AND FOR PALM BEACH COUNTY, FLORIDA - CRIMINAL DIVISION

CASE NO: 2008CF009381A

STATE OF FLORIDA

vs.

Jeffrey Epstein

Defendant.

FILED
Circuit Criminal Department
NOV 30 2009
SHARON R. BOCK
Clerk & Comptroller
Palm Beach County

ORDER ON MOTION to Authorize travel

THIS MATTER comes before the Court upon D's motion to Authorize travel

The Court, having been made aware that both counsel have agreed to said motion.

Accordingly, it is hereby:

ORDERED and ADJUDGED that P's motion granted as to travel on Dec. 3 - denied as to travel on Dec. 12

DONE and ORDERED in Chambers, West Palm Beach, Palm Beach County, Florida, this _____ day of _____,

11/30/09

Circuit Court Judge

900.4

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT, IN AND FOR PALM BEACH COUNTY, FLORIDA

CASE NO.: 2008CF009381A

STATE OF FLORIDA

vs.

JEFFREY EPSTEIN,

Defendant.
_____/

NOTICE OF HEARING

TO: Barbara Burns, Esquire
State Attorney's Office
401 North Dixie Highway
West Palm Beach, Florida 33401

PLEASE TAKE NOTICE that the undersigned has called up for hearing the following:

JUDGE:	Jeffrey Colbath
DATE:	November 30, 2009
TIME:	8:30 a.m.
PLACE:	Room 11-F Palm Beach County Courthouse
MATTER:	Motion for Travel

I HEREBY CERTIFY that a true and correct copy of the foregoing Notice of Hearing has been furnished by mail to the above-named addressee on this 19th day of November, 2009.

ATTERBURY, GOLDBERGER & WEISS, P.A.
250 Australian Avenue South
Suite 1400
West Palm Beach, FL 33401
(561) 659-8300

JACK A. GOLDBERGER, ESQ.
Florida Bar No. 262013

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT, IN AND FOR PALM BEACH COUNTY, FLORIDA

CASE NO. 2008CF009381A

STATE OF FLORIDA

vs.

JEFFREY EPSTEIN,

Defendant.
_____/

MOTION FOR AUTHORIZATION TO TRAVEL

COMES NOW the Defendant, JEFFREY EPSTEIN, by and through his undersigned attorney and moves this Honorable Court to enter an Order authorizing the Defendant to travel to New York on December 3, 2009 and December 12, 2009. In support thereof the Defendant would state as follows:

1. The Defendant has been on community control since July 22, 2009.

2 The Defendant has been in complete compliance with his conditions of community control since being placed on supervision.

3 At a hearing on November 18, 2009 concerning the status of a No Contact Order, the Defendant, through counsel, requested this Honorable Court to allow the Defendant to travel for business purposes as long as he received the prior approval of his probation officer. The Court denied the motion at that time without prejudice and indicated that when there is a specific business trip planned for the Defendant to bring the matter back before the Court and it would be considered.

4 The Defendant desires to travel to New York on December 3, 2009 and to return to West Palm Beach on the same date. The purpose of the meeting is forthe Defendant to meet with his attorney, Stephen Susman at the Law Office of Davis Polk and Wardwell, located at 450 Lexington Avenue, New York, New York 10017. The purpose of the meeting

is for Mr. Epstein and his attorney to review documents at the Davis Polk Law Offices. Attached hereto as Exhibit "A" is a letter from the Defendant's civil counsel, Stephen Susman, confirming the need for the meeting to take place at the Davis Polk Law Office in New York.

5 The Defendant would travel to New York on the morning of December 3, 2009 and would return to West Palm Beach on the evening of December 3, 2009. The Defendant would confirm the specific times of his travel with his probation officer prior to travel.

6. The Defendant also needs to travel to New York on December 12, 2009 for a meeting with a governmental official from a foreign country. Once again, the Defendant would travel to New York on the morning of December 12, 2009 and would return the evening of December 12, 2009. The Defendant would once again confirm the specific travel times with his probation officer prior to travel.

WHEREFORE, the Defendant moves this Honorable Court to enter an Order authorizing the Defendant to travel for the day on December 3, 2009 and December 12, 2009.

I HEREBY CERTIFY that a copy of the foregoing has been furnished by mail to Barbara Burns, Esquire, State Attorney's Office, 401 North Dixie Highway, West Palm Beach, Florida 33401 and to Carmen Sloane, Department of Corrections, 423 Fern Street, West Palm Beach, Florida 33401, this 24th day of November, 2009.

JACK A. GOLDBERGER, ESQ.
Atterbury, Goldberger & Weiss, P.A.
250 Australian Avenue South
Suite 1400
West Palm Beach, Florida 33401
(561) 659-08300
Florida Bar No. 262013

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT IN AND FOR PALM BEACH COUNTY, FLORIDA - CRIMINAL DIVISION

CASE NO: 2008CF009381A

STATE OF FLORIDA

vs.

Jeffrey Epstein

Defendant.

FILED
Circuit Criminal Department
NOV 30 2009
SHARON R. BOCK
Clerk & Comptroller
Palm Beach County

ORDER ON MOTION to Authorize travel

THIS MATTER comes before the Court upon D's motion to Authorize travel

The Court, having been made aware that both counsel have agreed to said motion.

Accordingly, it is hereby:

ORDERED and ADJUDGED that D's motion granted as to travel on Dec. 3 - denied as to travel on Dec. 12

DONE and ORDERED in Chambers, West Palm Beach, Palm Beach County, Florida, this _____ day of _____.

11/30/09

Circuit Court Judge

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT, IN AND FOR PALM BEACH COUNTY, FLORIDA

CASE NO. 2008CF009381A

STATE OF FLORIDA

vs.

JEFFREY EPSTEIN,

Defendant.
_____/

ORIGINAL FILED
Circuit Criminal Department
NOV 25 2009
SHARON R. BOCK
Clerk & Comptroller
Palm Beach County

MOTION FOR AUTHORIZATION TO TRAVEL

COMES NOW the Defendant, JEFFREY EPSTEIN, by and through his undersigned attorney and moves this Honorable Court to enter an Order authorizing the Defendant to travel to New York on December 3, 2009 and December 12, 2009. In support thereof the Defendant would state as follows:

1. The Defendant has been on community control since July 22, 2009.

2 The Defendant has been in complete compliance with his conditions of community control since being placed on supervision.

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6. The Defendant also needs to travel to New York on December 12, 2009 for a meeting with a governmental official from a foreign country. Once again, the Defendant would travel to New York on the morning of December 12, 2009 and would return the evening of December 12, 2009. The Defendant would once again confirm the specific travel times with his probation officer prior to travel.

WHEREFORE, the Defendant moves this Honorable Court to enter an Order authorizing the Defendant to travel for the day on December 3, 2009 and December 12, 2009.

I HEREBY CERTIFY that a copy of the foregoing has been furnished by mail to Barbara Burns, Esquire, State Attorney's Office, 401 North Dixie Highway, West Palm Beach, Florida 33401 and to Carmen Sloane, Department of Corrections, 423 Fern Street, West Palm Beach, Florida 33401, this 24th day of November, 2009.

JACK A. GOLDBERGER, ESQ.
Atterbury, Goldberger & Weiss, P.A.
250 Australian Avenue South
Suite 1400
West Palm Beach, Florida 33401
(561) 659-08300
Florida Bar No. 262013

C Sloane
W35755

Date _____ Judge _____ Crt. Rep. _____
ASA _____ DC _____ Int _____
Deft---Pres / Not Pres. W / W/O Def. Co. _____ Esq / PD---Pres / Not Pres.
Before the Court for: _____
❒ Granted ❒ Denied ❒ With / Without Prejudice ❒ Withdrawn ❒ Court Reserves Ruling ❒ Written Order to Follow

❒ Warrant ❒ Ordered ❒ Recalled ❒ Bond Set at $ _____ ❒ See Below ❒ Also Covers ❒ Sp Cond
❒ Bond Forf ❒ OR: Disch / Revoked / Reinstated ❒ Bond: Disch / Revoked ❒ SOR: Disch / Revoked / Reinstated
❒ Bond Forf Vacated ❒ Previous Bond Reinstated, if Bondsman agrees ❒ State failed to file charges ❒ Released O.R. / S.O.R.

❒ Deft ___ Indigent ❒ PD Appt ❒ Hrg only PD Pres _____ ❒ Court Appts _____
Evaluation for: ❒ Drug Farm ❒ DOC Non-Secure Bed by _____
❒ Pre-Plea ❒ PSI ordered by/within _____ days ❒ w/input from DJJ / Staffing
❒ Referred to: PTI / SAAP / PADD ❒ Case placed on the absentee docket

DEFT ENTERED A PLEA OF: ❒ NOT GUILTY ❒ GUILTY ❒ NO CONTEST ❒ BEST INTEREST ❒ TO THE COURT
As Charged-Cts _____ Lesser Cts _____ Lesser Charge _____
❒ Sw & Test ❒ Adv of Rts ❒ Waived PSI Lesser Cts _____ Lesser Charge _____

❒ ADJ GUILTY as Charged as to Cts _____ Lesser Cts _____
❒ FOUND GUILTY as Charged as to Cts _____ Lesser Cts _____
❒ ADJ W/HELD as to Cts _____ ❒ SENT W/HELD as to Cts _____
❒ FOUND AND ADJUDICATED DELINQUENT as to Cts _____ ❒ Dispo Order to follow / Filed
❒ FOUND & ADJ NOT GUILTY as to Cts _____ ❒ Dismiss ❒ Nolle Prosse Cts _____

Prob / Comm Control: ❒ Revoked ❒ Reinstated ❒ Modified ❒ Term. Successfully / Unsuccessfully
❒ Stip/Found: (violent) Habitual Off. 775.084 ❒ Stip/Found: Sexual Offender / Sexual Predator ❒ Stip/Found: P.R.R.
SENTENCE: PBCJ: _____ Cts: _____ / DOC: _____ Cts: _____
PBCJ: _____ Cts: _____ / DOC: _____ Cts: _____
❒ W/Credit for _____ Days / Mos. / Yrs. ❒ Deft Remanded ❒ Deft to remain on same rel. status pending sent.
Conc / Consec / Co-Term w/cases / cts: _____
❒ Execution of Sentence Stayed ❒ Sentence Suspended ❒ Time served as to Cts _____
❒ Youthful Off ❒ Habitual Off ❒ Min / Mand: _____ as to Cts _____
❒ ABOVE SENTENCE TO BE FOLLOWED By: ❒ Probation ❒ Drug / Sex Off Prob ❒ Comm. Control ❒ I ❒ II - See Pg. 2
❒ DRIVERS LICENSE TO BE SUSPENDED / REVOKED FOR _____ YEARS AS A RESULT OF THIS PLEA.

_____ Set / Remains Set / Reset _____ Div _____ Rm _____ at _____ AM/PM
_____ Set / Remains Set / Reset _____ Div _____ Rm _____ at _____ AM/PM

RECEIVED
NOV 20

❒ Deft sign _____
❒ Def Co _____ ❒ ASA _____ ❒ Bondsman _____
❒ Prob ❒ Jail ❒ DJJ ❒ GAL Notified by mail by: _____ on ____ / ____ / ____
❒ County Courthouse 205 N. Dixie, West Palm Beach
❒ Courtroom, Criminal Justice Bldg. 38844 State Road 80, Belle Glade
❒ Courtroom, Criminal Justice Complex 3228 Gun Club Rd., West Palm Beach

IF YOU ARE A PERSON WITH A DISABILITY WHO NEEDS ANY ACCOMMODATION IN ORDER TO PARTICIPATE IN THIS PROCEEDING, YOU ARE ENTITLED, AT NO COST TO YOU, TO THE PROVISION OF CERTAIN ASSISTANCE. PLEASE CONTACT MARY JAFFE, ADA COORDINATOR IN THE ADMINISTRATIVE OFFICE OF THE COURT, PALM BEACH COUNTY COURTHOUSE, 205 N. DIXIE HWY, RM 5.2500, WEST PALM BEACH, FL 33401; TELEPHONE (561) 355-4380, WITHIN 2 WORKING DAYS OF YOUR RECEIPT OF THIS NOTICE. IF YOU ARE HEARING OR VOICE IMPAIRED, CALL 1-800-955-8771.

Form 611 EDP Rev 12/06

ATTERBURY, GOLDBERGER & WEISS, P.A.
250 Australian Avenue South
Suite 1400
West Palm Beach, Florida 33401
(561) 659-8300
Fax: (561) 835-8691

FAX TRANSMITTAL COVER SHEET

DATE:	November 25 2009
TO:	Carmen Sloane 837-5278
FROM:	Jack Goldberger
REMARKS:	State vs. Jeffrey Epstein Motion to Authorize Travel & Notice of Hearing
TOTAL PAGES:	5, including cover sheet

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IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT, IN AND FOR PALM BEACH COUNTY, FLORIDA

CASE NO.: 2008CF009381A

STATE OF FLORIDA

vs.

JEFFREY EPSTEIN,

Defendant.
_____/

NOTICE OF HEARING

TO: Barbara Burns, Esquire
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Florida Bar No. 262013

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT, IN AND FOR PALM BEACH COUNTY, FLORIDA

CASE NO. 2008CF009381A

STATE OF FLORIDA

vs.

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JACK A. GOLDBERGER, ESQ.
Attorney, Goldberger & Weiss, P.A.
250 Australian Avenue South
Suite 1400
West Palm Beach, Florida 33401
(561) 659-08300
Florida Bar No. 262013

State of Florida
Department of Corrections - Community Corrections
TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST

Name: Jeffrey Epstein DC#: W35755 Date: 3/23/2010

☐ Probation ☒ Community Control ☐ Drug Offender Probation ☐ Sex Offender ☐ Post Release ☐ Pretrial Intervention

Offense: Procure Person Under Age of 18 for Prostitution ☒ Felony ☐ Misdemeanor

Sentence Length: 12 months Community Control Termination Date: 7-21-2010

☒ **TRAVEL PERMIT** (☐ *Provisional ☐ *Temporary)

Purpose of Trip: Business- Legal Meetings

Name(s), address and telephone number of destination:
Residence -9 East 71st St., New York, NY / Legal meetings- 1345 Avenue of Americas, 46TH floor New York, NY / DRS appt. – 629 Park Avenue, New York, NY

Departure Date: 3/25/2010 Return Date: 3/26/2010 Method of Travel: Private Plane

Accompanied By: Staff Relationship:

Comments/Instructions: **Contact Probation Officer on next business day upon return.**

☒ Contact your probation officer upon return or as instructed.
☒ Report any contact with law enforcement to your probation officer immediately.
☒ Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemea[redacted]

Approved by: [redacted] Phone (Office/After Hours): [redacted]

Officer: Candice Elkins Supervisor: Willie Gaines [redacted]

☐ **INTRASTATE TRANSFER REQUEST**

Proposed Residence:

Relation: Phone:

Proposed Employment:

Supervisor: Phone:

REPORTING INSTRUCTIONS:

Provisional Travel Permit: Permission for non-sex offender to return to the state offender was living in at the time of sentencing.
Temporary Travel Permit: Permission for visits out of state for a period not to exceed thirty (30) days.

WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender:

Witness: [redacted] 3/23/10



DC3-220 (Revised 8/31/09)/
Original: DC Offender File
Copy: Offender
Copy: Interstate Compact (*for applicable Out-of-State Travel Only*)

State of Florida
Department of Corrections - Community Corrections

TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST

Name: Jeffrey Epstein DC#: W35755 Date: 3/23/2010

☐ Probation ☒ Community Control ☐ Drug Offender Probation ☐ Sex Offender ☐ Post Release ☐ Pretrial Intervention

Offense: Procure Person Under Age of 18 for Prostitution ☒ Felony ☐ Misdemeanor

Sentence Length: 12 months Community Control Termination Date: 7-21-2010

☒ **TRAVEL PERMIT** (☐ *Provisional ☐ *Temporary)

Purpose of Trip: Business- Legal Meetings

Name(s), address and telephone number of destination:
Residence - Little St. James /Office- 6100 Red Hook Quarters #B3

Departure Date: 3/29/2010 Return Date: 3/30/2010 Method of Travel: Private Plane

Accompanied By: Staff Relationship:

Comments/Instructions: **Contact Probation Officer on next business day upon return.**

☒ Contact your probation officer upon return or as instructed.
☒ Report any contact with law enforcement to your probation officer immediately.
☒ Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdem[redacted]

Approved b[redacted] Phone (Office/After Hours): [redacted]

fficer: Candice Elkins Supervisor: Willie Gaines [redacted]

☐ **INTRASTATE TRANSFER REQUEST**

Proposed Residence:

Relation: Phone:

Proposed Employment:

Supervisor: Phone:

REPORTING INSTRUCTIONS: ____

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Offender: [redacted]

Witness: [redacted] 3/23/10



DC3-220 (Revised 8/31/09)/
Original: DC Offender File
Copy: Offender
Copy: Interstate Compact (*for applicable Out-of-State Travel Only*)

Schedule for Thursday (3/25/10)

6:00am	Leave 358 El Brillo Way for Galaxy Aviaiton at Palm Beach International Airport
7:00am	Take off from Palm Beach International Airport for Teterboro Airport, NJ
11:00am	Arrive at residence (9E. 71st St. New York, NY 10021)
2:30pm	Leave residence for Doctor
3:00pm	Doctor appointment at 629 Park Avenue
5:00pm	Back at Residence (9 E. 71st St)

Schedule for Friday (3/26/10)

10:00am	Leave residence for legal meeting
10:30am	Legal meeting at Stephen Susman's office (1345 Avenue of the Americas, 46th Floor)
2:00pm	Return to residence (9 E. 71st St)
6:00pm	Leave for Teterboro airport, NJ
7:00pm	Take off from Teterboro airport for Boca Raton Airport
11:00pm	Back at 358 El Brillo way

Schedule for 3/29:

3:00am	Leave 358 El Brillo way for Boca Raton Airport
4:00am	Wheels up from Boca Raton Airport for St. Thomas airport
7:00am	Land in St. Thomas
8:00am	Residence (Little St. James)
1:30pm	Leave residence for office
2:00-5:00pm	Office (6100 Red Hook Quarters, Suite B3)
5:30pm	Residence (Little St. James)

Schedule for 3/30:

8:30am	Leave residence for office
9:00– 10:00am	Office (6100 Red Hook Quarters, Suite B3)
10:30am	Residence (Little St. James)
1:15pm	Leave residence for STT via helicopter
2:00pm	Wheels up from STT for PBI
5:00pm	Land at PBI and go to probation office to meet with officer Elkins

State of Florida
Department of Corrections - Community Corrections

TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST

Name: Jeffrey Epstein DC#: W35755 Date: 3/17/2010

☐ Probation ☒ Community Control ☐ Drug Offender Probation ☐ Sex Offender ☐ Post Release ☐ Pretrial Intervention

Offense: Procure Person Under Age of 18 for Prostitution ☒ Felony ☐ Misdemeanor

Sentence Length: 12 months Community Control Termination Date: 7-21-2010

☒ TRAVEL PERMIT (☐ *Provisional ☐ *Temporary)

Purpose of Trip: Business- Legal Meetings

Name(s), address and telephone number of destination:
Residence -9 East 71st St., New York, NY / Legal meetings- 1345 Avenue of Americas, 46TH floor New York, NY / DRS appt. – 44 East 67th St., New York, NY

Departure Date: 3/25/2010 Return Date: 3/26/2010 Method of Travel: Private Plane

Accompanied By: Staff Relationship:

Comments/Instructions: **Contact Probation Officer on next business day upon return.**

☒ Contact your probation officer upon return or as instructed.
☒ Report any contact with law enforcement to your probation officer immediately.
☒ Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdeme[redacted]

Approved by [redacted] Phone (Office/After Hours): [redacted]

Officer: Candice Elkins Supervisor: Willie Gaines [redacted]

☐ INTRASTATE TRANSFER REQUEST

Proposed Residence:

Relation: Phone:

Proposed Employment:

Supervisor: Phone:

REPORTING INSTRUCTIONS: ____

***Provisional Travel Permit*: Permission for non-sex offender to return to the state offender was living in at the time of sentencing.
***Temporary Travel Permit:* Permission for visits out of state for a period not to exceed thirty (30) days.

WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: [redacted]

Witness: [redacted]



DC3-220 (Revised 8/31/09)/
Original: DC Offender File
Copy: Offender
Copy: Interstate Compact (*for applicable Out-of-State Travel Only*)

State of Florida
Department of Corrections - Community Corrections

TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST

Name: Jeffrey Epstein DC#: W35755 Date: 3/17/2010

☐ Probation ☒ Community Control ☐ Drug Offender Probation ☐ Sex Offender ☐ Post Release ☐ Pretrial Intervention

Offense: Procure Person Under Age of 18 for Prostitution ☒ Felony ☐ Misdemeanor

Sentence Length: 12 months Community Control Termination Date: 7-21-2010

☒ **TRAVEL PERMIT** (☐ *Provisional ☐ *Temporary)

Purpose of Trip: Business- Legal Meetings

Name(s), address and telephone number of destination:
Residence - Little St. James /Office- 6100 Red Hook Quarters #B3
Leave and Arrive: 6am- 10:30am Office: 11am-12pm Leave and Arrive:5pm-6pm Home@ 10:30pm

Departure Date: 3/22/2010 Return Date: 3/22/2010 Method of Travel: Private Plane

Accompanied By: Staff Relationship:

Comments/Instructions: **Contact Probation Officer on next business day upon return.**

☒ Contact your probation officer upon return or as instructed.
☒ Report any contact with law enforcement to your probation officer immediately.
☒ Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemea[redacted]

Approved by: [redacted] Phone (Office/After Hours): [redacted]

Officer: Candice Elkins Supervisor: Willie Gaines [redacted]

☐ **INTRASTATE TRANSFER REQUEST**

Proposed Residence:

Relation: Phone:

Proposed Employment:

Supervisor: Phone:

REPORTING INSTRUCTIONS: ____

***Provisional Travel Permit*: Permission for non-sex offender to return to the state offender was living in at the time of sentencing.
***Temporary Travel Permit:* Permission for visits out of state for a period not to exceed thirty (30) days.

WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: [redacted]

Witness [redacted]



DC3-220 (Revised 8/31/09)/
Original: DC Offender File
Copy: Offender
Copy: Interstate Compact (*for applicable Out-of-State Travel Only*)

Schedule for Thursday (3/25/10)

6:00am	Leave 358 El Brillo Way for Galaxy Aviaiton at Palm Beach International Airport
7:00am	Take off from Palm Beach International Airport for Teterboro Airport, NJ
11:00am	Arrive at residence (9E. 71st St. New York, NY 10021)
2:30pm	Leave residence for Doctor
3:00pm	Doctor appointment at 629 Park Avenue
5:00pm	Back at Residence (9 E. 71st St)

Schedule for Friday (3/26/10)

10:00am	Leave residence for legal meeting
10:30am	Legal meeting at Stephen Susman's office (1345 Avenue of the Americas, 46th Floor)
2:00pm	Return to residence (9 E. 71st St)
7:00pm	Leave for Teterboro airport, NJ
8:00pm	Take off from Teterboro airport for PBI
11:00pm	Back at 358 El Brillo way

Schedule for 3/22:

6:00am	Leave 358 El Brillo way for galaxy Aviation at Palm Beach International Airport
7:00am	Wheels up from PBI to St. Thomas (STT)
10:30 am	Land at St. Thomas
11:00am-12:00pm	Office (6100 Red Hook Quarters, Suite B3)
12:30-5:00pm	Residence (Little St. James)
5:00pm	Leave for STT via helicopter
6:00pm	Wheels up from STT for PBI
10:30pm	Back at 358 El Brillo way

State of Florida
Department of Corrections - Community Corrections

TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST

Name: Jeffrey Epstein DC#: W35755 Date: 3/1/2010

☐ Probation ☒ Community Control ☐ Drug Offender Probation ☐ Sex Offender ☐ Post Release ☐ Pretrial Intervention

Offense: Procure Person Under Age of 18 for Prostitution ☒ Felony ☐ Misdemeanor

Sentence Length: 12 months Community Control Termination Date: 7-21-2010

☒ **TRAVEL PERMIT** (☐ *Provisional ☐ *Temporary)

Purpose of Trip: Business- Legal Meetings

Name(s), address and telephone number of destination:
Residence - Little St. James /Office- 6100 Red Hook Quarters #B3

Departure Date: 3/5/2010 Return Date: 3/5/2010 Method of Travel: Private Plane

Accompanied By: Staff Relationship:

Comments/Instructions: **Contact Probation Officer on next business day upon return.**

☒ Contact your probation officer upon return or as instructed.
☒ Report any contact with law enforcement to your probation officer immediately.
☒ Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdeme[redacted]

Approved by [redacted] Phone (Office/After Hours): [redacted]

fficer: Candice Elkins Supervisor: Willie Gaines [redacted] 3/1/10

☐ **INTRASTATE TRANSFER REQUEST**

Proposed Residence:

Relation: Phone:

Proposed Employment:

Supervisor: Phone:

REPORTING INSTRUCTIONS: ____

Provisional Travel Permit: Permission for non-sex offender to return to the state offender was living in at the time of sentencing.
Temporary Travel Permit: Permission for visits out of state for a period not to exceed thirty (30) days.

WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: [redacted]

Witness: [redacted]



DC3-220 (Revised 8/31/09)/
Original: DC Offender File
Copy: Offender
Copy: Interstate Compact (*for applicable Out-of-State Travel Only*)

State of Florida
Department of Corrections - Community Corrections

TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST

Name: Jeffrey Epstein DC#: W35755 Date: 3/1/2010

☐ Probation ☒ Community Control ☐ Drug Offender Probation ☐ Sex Offender ☐ Post Release ☐ Pretrial Intervention

Offense: Procure Person Under Age of 18 for Prostitution ☒ Felony ☐ Misdemeanor

Sentence Length: 12 months Community Control Termination Date: 7-21-2010

☒ **TRAVEL PERMIT** (☐ *Provisional ☐ *Temporary)

Purpose of Trip: Business- Legal Meetings

Name(s), address and telephone number of destination:
Residence - 9 East 71st St., New York, NY / Legal meetings- 153 East 53rd St., New York, NY & 1285 Avenue of the Americas, New York, NY / DRS appt. – 44 East 67th St., New York, NY

Departure Date: 3/2/2010 Return Date: 3/3/2010 Method of Travel: Private Plane

Accompanied By: Staff Relationship:

Comments/Instructions: **Contact Probation Officer on next business day upon return.**

☒ Contact your probation officer upon return or as instructed.
☒ Report any contact with law enforcement to your probation officer immediately.
☒ Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemea[redacted]

Approved by: [redacted] Phone (Office/After Hours): [redacted]

fficer: Candice Elkins Supervisor: Willie Gaines [redacted] 3/1/10

☐ **INTRASTATE TRANSFER REQUEST**

Proposed Residence:

Relation: Phone:

Proposed Employment:

Supervisor: Phone:

REPORTING INSTRUCTIONS: ____

***Provisional Travel Permit*:** Permission for non-sex offender to return to the state offender was living in at the time of sentencing.
Temporary Travel Permit: Permission for visits out of state for a period not to exceed thirty (30) days.

WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: [redacted]

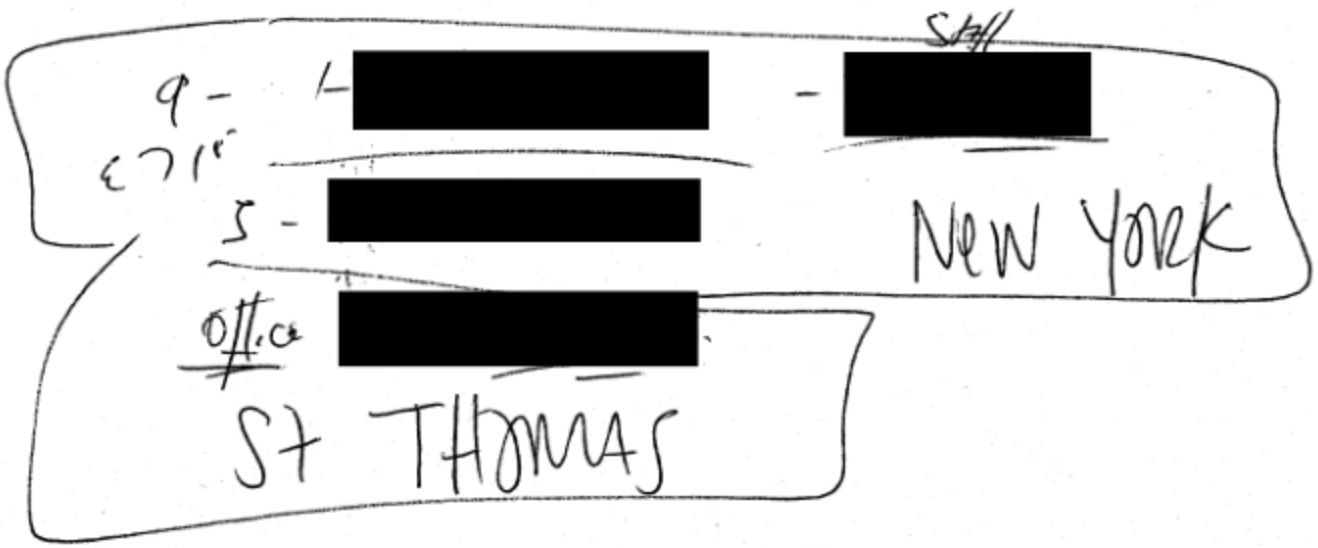
Witness: [redacted]



DC3-220 (Revised 8/31/09)/
Original: DC Offender File
Copy: Offender
Copy: Interstate Compact (*for applicable Out-of-State Travel Only*)

Schedule for 3/5:

2:30am	Leave 358 El Brillo way for Boca Raton Airport
3:30am	Wheels up from Boca Raton Airport for St. Thomas airport
7:00am	Land in St. Thomas
9:00-10:30am	Office (6100 Red Hook Quarters, Suite B3)
11:00am-5:00pm	Residence (Little St. James)
5:00pm	Leave for STT via helicopter
6:00pm	Wheels up from STT for PBI
9:30pm	Back at 358 El Brillo way



Schedule for 3/2:

6:00am	Leave 358 El Brillo way for Palm Beach International Airport
7:00am	Wheels up from PBI for Teterboro Airport, NJ
11:00am	Arrive at Residence (9 E. 71st St, New York, NY)
1:00-4:00pm	Legal meetings at Kirkland & Ellis (153 East 53rd Street, New York, NY)
4:30pm	Back at residence

Schedule for 3/3:

8:30am	Doctor appointment with Dr. Merrell (44 East 67th St, New York, NY)
11:15am	Second appointment with Dr. Merrell (Merrell (44 East 67th St, New York, NY)
1:00-4:00pm	Legal meetings at Paul Weiss office (1285 Avenue of the Americas , New York, NY)
4:30pm	Back at residence
6:30pm	Leave residence for Teterboro Airport, NJ
7:30pm	Wheels up from Teterboro Airport, NJ for Boca Raton Airport
11:00pm	358 El Brillo Way

State of Florida
Department of Corrections - Community Corrections

TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST

ame: Jeffrey Epstein DC#: W35755 Date: 2/23/2010

☐ Probation ☒ Community Control ☐ Drug Offender Probation ☐ Sex Offender ☐ Post Release ☐ Pretrial Intervention

Offense: Procure Person Under Age of 18 for Prostitution ☒ Felony ☐ Misdemeanor

Sentence Length: 12 months Community Control Termination Date: 7-21-2010

☒ **TRAVEL PERMIT** (☐ *Provisional ☐ *Temporary)

Purpose of Trip: Business- Legal Meetings

Name(s), address and telephone number of destination: Residence - 9 East 71st St., New York, NY

Departure Date: 2-23-10 Return Date: 2-24-10 Method of Travel: Private Plane

Accompanied By: Staff Relationship:

Comments/Instructions: **Contact Probation Officer on next business day upon return.**

☒ Contact your probation officer upon return or as instructed.
☒ Report any contact with law enforcement to your probation officer immediately.
☒ Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdeme[redacted]

Approved by [redacted] Phone (Office/After Hours): [redacted]

Officer: Candice Elkins Supervisor: Willie Gaines [redacted]

☐ **INTRASTATE TRANSFER REQUEST**

Proposed Residence:

Relation: Phone:

Proposed Employment:

Supervisor: Phone:

REPORTING INSTRUCTIONS: ____

***Provisional Travel Permit*:** Permission for non-sex offender to return to the state offender was living in at the time of sentencing.
Temporary Travel Permit: Permission for visits out of state for a period not to exceed thirty (30) days.

WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: [redacted]

Witness: [redacted]



DC3-220 (Revised 8/31/09)/
Original: DC Offender File
Copy: Offender
Copy: Interstate Compact (*for applicable Out-of-State Travel Only*)

Schedule for 2/23:

12:00pm	Wheels up from Palm Beach International Airport for Teterboro Airport, NJ
3:00pm	Arrive at residence (9 E. 71st St)
7:00-10:30pm	Meeting at The Intercontinental Hotel (111 East 48th St)
11:00pm	Residence (9 E. 71st St, NY)

Schedule for 2/24:

11:00am	Appointment with Dr. Dean
1:00-4:00pm	Legal meetings at Stephen Susmans office (654 Madison Avenue, New York, NY)
7:00pm	Leave residence for Teterboro Airport
8:00pm	Wheels up from Teterboro Airport, NJ for Palm Beach International Airport
11:00pm	358 El Brillo Way

State of Florida
Department of Corrections - Community Corrections

TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST

Name: Jeffrey Epstein DC#: W35755 Date: 2/17/2010

☐ Probation ☒ Community Control ☐ Drug Offender Probation ☐ Sex Offender ☐ Post Release ☐ Pretrial Intervention

Offense: Procure Person Under Age of 18 for Prostitution ☒ Felony ☐ Misdemeanor

Sentence Length: 12 months Community Control Termination Date: 7-21-2010

☒ **TRAVEL PERMIT** (☐ *Provisional ☐ *Temporary)

Purpose of Trip: Business- Legal Meetings

Name(s), address and telephone number of destination: Residence - 9 East 71st St., New York, NY

Departure Date: 2-18-10 Return Date: 2-19-10 Method of Travel: Private Plane

Accompanied By: Staff Relationship:

Comments/Instructions: **Contact Probation Officer on next business day upon return.**

☒ Contact your probation officer upon return or as instructed.
☒ Report any contact with law enforcement to your probation officer immediately.
☒ Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeano[redacted]

Approved by: [redacted] Phone (Office/After Hours): [redacted]

fficer: Candice Elkins Supervisor: for Willie Gaines [redacted]

☐ **INTRASTATE TRANSFER REQUEST**

Proposed Residence:

Relation: Phone:

Proposed Employment:

Supervisor: Phone:

REPORTING INSTRUCTIONS: ____

Provisional Travel Permit: Permission for non-sex offender to return to the state offender was living in at the time of sentencing.
Temporary Travel Permit: Permission for visits out of state for a period not to exceed thirty (30) days.

WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: _____

Witness: _____



EMAILED TO ASSTN: STACY COMES ON 2/17/10

DC3-220 (Revised 8/31/09)/
Original: DC Offender File
Copy: Offender
Copy: Interstate Compact (*for applicable Out-of-State Travel Only*)

Schedule for Thursday (2/18/10)

6:00am	Leave 358 El Brillo Way for Galaxy Aviaiton at Palm Beach International Airport
7:00am	Take off from Palm Beach International Airport for Teterboro Airport, NJ
11:00am	Dr. Dean
2:00pm	Legal meetings at Stephen Susman's office (654 Madison Ave, 6th floor)
4:30pm	Residence

Schedule for Friday (2/19/10)

11:00am	Dr. Magnani – DE
1:00pm	Legal Meetings at Stephen Susman's office (654 Madison Ave, 6th floor)
4:00pm	Back at residence (9 E. 71st St)
7:00pm	Leave for Teterboro airport, NJ
8:00pm	Take off from Teterboro airport for PBI
11:00pm	Back at 358 El Brillo way

State of Florida
Department of Corrections - Community Corrections

TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST

Name: Jeffrey Epstein DC#: W35755 Date: 2-12-10

☐ Probation ☒ Community Control ☐ Drug Offender Probation ☐ Sex Offender ☐ Post Release ☐ Pretrial Intervention

Offense: Procure Person Under Age of 18 for Prostitution ☒ Felony ☐ Misdemeanor

Sentence Length: 12 months Community Control Termination Date: 7-21-2010

☒ **TRAVEL PERMIT** (☐ *Provisional ☐ *Temporary)

Purpose of Trip: Business

Name(s), address and telephone number of destination: Residence - 6100 Red Hook Quarters, Suite B3 and Little St. James

Departure Date: 2-16-10 Return Date: 2-17-10 Method of Travel: Private Plane

Accompanied By: Staff Relationship:

Comments/Instructions: **Contact Probation Officer on next business day upon return.**

☒ Contact your probation officer upon return or as instructed.
☒ Report any contact with law enforcement to your probation officer immediately.
☒ Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemean

[redacted]

*Approved by: [redacted] Phone (Office/After Hours): [redacted]

Officer: Candice Elkins Supervisor: Willie Gaines [redacted]

☐ **INTRASTATE TRANSFER REQUEST**

Proposed Residence:

Relation: Phone:

Proposed Employment:

Supervisor: Phone:

REPORTING INSTRUCTIONS:

Provisional Travel Permit: Permission for non-sex offender to return to the state offender was living in at the time of sentencing.
Temporary Travel Permit: Permission for visits out of state for a period not to exceed thirty (30) days.

WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender:

Witness: [redacted]



DC3-220 (Revised 8/31/09)/
Original: DC Offender File
Copy: Offender
Copy: Interstate Compact (*for applicable Out-of-State Travel Only*)

Schedule for 2/16:

6:00am	Leave 358 El Brillo Way for Palm Beach International Airport (PBI)
7:00am	Wheels up from PBI for St. Thomas Airport (STT)
11:00am	Residence (Little St. James)
1:30pm	Leave residence for office
2:00-5:00pm	Office (6100 Red Hook Quarters, Suite B3)
5:30pm	Residence (Little St. James)

Schedule for 2/17:

10:30am	Leave residence for office
11:00am – 2:00pm	Office (6100 Red Hook Quarters, Suite B3)
2:30pm	Residence (Little St. James)
5:00pm	Leave residence for STT via helicopter
6:00pm	Wheels up from STT for PBI
9:30pm	Back at 358 El Brillo way

State of Florida
Department of Corrections - Community Corrections

TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST

me: Jeffrey Epstein DC#: W35755 Date: 2-10-10

☐ Probation ☒ Community Control ☐ Drug Offender Probation ☐ Sex Offender ☐ Post Release ☐ Pretrial Intervention

Offense: Procure Person Under Age of 18 for Prostitution ☒ Felony ☐ Misdemeanor

Sentence Length: 12 months Community Control Termination Date: 7-21-2010

☒ **TRAVEL PERMIT** (☐ *Provisional ☐ *Temporary)

Purpose of Trip: Business

Name(s), address and telephone number of destination: Residence - 9 E. 71st St. New York and Little St. James

Departure Date: 2-15-10 Return Date: 2-16-10 Method of Travel: Private Plane

Accompanied By: Staff Relationship:

Comments/Instructions: **Contact Probation Officer on next business day upon return.**

☒ Contact your probation officer upon return or as instructed.
☒ Report any contact with law enforcement to your probation officer immediately.
☒ Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor

Approved by: [redacted] Phone (Office/After Hours): [redacted]

Officer: Carmen Sloane Supervisor: Willie Gaines [redacted]

☐ **INTRASTATE TRANSFER REQUEST**

Proposed Residence:

Relation: Phone:

Proposed Employment:

Supervisor: Phone:

REPORTING INSTRUCTIONS:

Cancelled

Provisional Travel Permit: Permission for non-sex offender to return to the state offender was living in at the time of sentencing.
Temporary Travel Permit: Permission for visits out of state for a period not to exceed thirty (30) days.

WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender:

Witness:



DC3-220 (Revised 8/31/09)/
Original: DC Offender File
Copy: Offender
Copy: Interstate Compact (*for applicable Out-of-State Travel Only*)

Epstein Schedule for 2/15 and 2/16

Schedule for Monday February 15th

6:00am	Leave 358 El Brillo way for Galaxy Aviation at Palm Beach International Airport
7:00am	Wheels up from PBI to Teterboro Airport, NJ
10:30am-11:30am	Dr. Calakos (454 W. 58th St, New York)
12:00pm	9 E. 71st St, New York (residence)
1:30pm	Leave residence for Stephen Susman's office
2:00-4:30pm	Meeting at Stephen Susman's office (654 Madison Ave, 6th floor)
5:00pm	Residence
7:00pm	Leave residence for Teterboro Airport, NJ
8:00pm	Wheels up from Teterboro Airport for St. Thomas Airport, USVI (STT)

Schedule for Tuesday February 16th

1:00am	Land at St. Thomas Airport, USVI (STT)
1:30am	Residence (Little St. James)
10:30am	Leave residence for office
11:00am-2:00pm	Office (6100 Red Hook Quarters, Suite B3)
2:30-5:00pm	Residence (Little St. James)
5:00pm	Leave for STT via helicopter
6:00pm	Wheels up from STT for PBI
9:30pm	Back at 358 El Brillo way

State of Florida
Department of Corrections - Community Corrections
TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST

Name: Jeffrey Epstein DC#: W35755 Date: 2-4-10

☐ Probation ☒ Community Control ☐ Drug Offender Probation ☐ Sex Offender ☐ Post Release ☐ Pretrial Intervention

Offense: Procure Person Under Age of 18 for Prostitution ☒ Felony ☐ Misdemeanor

Sentence Length: 12 months Community Control Termination Date: 7-21-2010

☒ **TRAVEL PERMIT** (☐ *Provisional ☐ *Temporary)

Purpose of Trip: Business

Name(s), address and telephone number of destination: Residence – Little St. James

Departure Date: 2-5-10 Return Date: 2-5-10 Method of Travel: Private Plane

Accompanied By: Staff Relationship:

Comments/Instructions: **Contact Probation Officer on next business day upon return.**

☒ Contact your probation officer upon return or as instructed.
☒ Report any contact with law enforcement to your probation officer immediately.
☒ Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeano[redacted]e.

Approved by: [redacted] Phone (Office/After Hours): [redacted]

Officer: Carmen Sloane Supervisor: Willie Gaines [redacted]

☐ **INTRASTATE TRANSFER REQUEST**

Proposed Residence:

Relation: Phone:

Proposed Employment:

Supervisor: Phone:

REPORTING INSTRUCTIONS: ____

***Provisional Travel Permit*:** Permission for non-sex offender to return to the state offender was living in at the time of sentencing.
Temporary Travel Permit: Permission for visits out of state for a period not to exceed thirty (30) days.

WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: _____

Witness: _____

Faxed to A on 2-4-10



DC3-220 (Revised 8/31/09)
Original: DC Offender File
Copy: Offender
Copy: Interstate Compact (*for applicable Out-of-State Travel Only*)

Schedule for 2/4/10:

6:00am	Leave 358 El Brillo way for galaxy Aviation at Palm Beach International Airport
7:00am	Wheels up from PBI to St. Thomas (STT)
10:30 am	Land at St. Thomas
11:00am-12:00pm	Office (6100 Red Hook Quarters, Suite B3)
12:30-5:00pm	Residence (Little St. James)
5:00pm	Leave for STT via helicopter
6:00pm	Wheels up from STT for PBI
9:30pm	Back at 358 El Brillo way

State of Florida
Department of Corrections - Community Corrections

TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST

Name: Jeffrey Epstein DC#: W35755 Date: 1-28-10

☐ Probation ☒ Community Control ☐ Drug Offender Probation ☐ Sex Offender ☐ Post Release ☐ Pretrial Intervention

Offense: Procure Person Under Age of 18 for Prostitution ☒ Felony ☐ Misdemeanor

Sentence Length: 12 months Community Control Termination Date: 7-21-2010

☒ **TRAVEL PERMIT** (☐ *Provisional ☐ *Temporary)

Purpose of Trip: Business

Name(s), address and telephone number of destination: Residence – Little St. James

Departure Date: 2-4-10 Return Date: 2-4-10 Method of Travel: Private Plane

Accompanied By: Staff Relationship:

Comments/Instructions: **Contact Probation Officer on next business day upon return.**

☒ Contact your probation officer upon return or as instructed.
☒ Report any contact with law enforcement to your probation officer immediately.
☒ Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor of the

[redacted]

Approved by: Phone (Office/After Hours): [redacted]

Officer: Carmen Sloane Supervisor: Willie Gaines

☐ **INTRASTATE TRANSFER REQUEST**

Proposed Residence:

Relation: Phone:

Proposed Employment:

Supervisor: Phone:

REPORTING INSTRUCTIONS:

Provisional Travel Permit: Permission for non-sex offender to return to the state offender was living in at the time of sentencing.
Temporary Travel Permit: Permission for visits out of state for a period not to exceed thirty (30) days.

WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender:

Witness:

Did not travel - Reissued Travel Permit for 2-5-2010



DC3-220 (Revised 8/31/09)/
Original: DC Offender File
Copy: Offender
Copy: Interstate Compact (*for applicable Out-of-State Travel Only*)

Schedule for Thursday (2/4/10):

3:00am	Leave 358 El Brillo way for Boca Raton Airport
4:00am	Take off from Boca Raton Airport for St. Thomas Aitport, USVI
8:00am	Arrive at St. Thomas Airport (STT)
8:30am-12:00pm	Residence (Little St. James)
12:30-3:00pm	Meetings at FTC (6100 Red Hook Quarters, Suite B3)
3:30pm	Residence
4:30pm	Leave residence for St. Thomas Airport via helicopter
5:00pm	Take off from St. Thomas for Palm Beach International Airport
8:00pm	Arrive at Palm Beach International Airport
9:00pm	358 El Brillo Way

State of Florida
Department of Corrections - Community Corrections
TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST

Name: Jeffrey Epstein DC#: W35755 Date: 1-22-10

☐ Probation ☒ Community Control ☐ Drug Offender Probation ☐ Sex Offender ☐ Post Release ☐ Pretrial Intervention

Offense: Procure Person Under Age of 18 for Prostitution ☒ Felony ☐ Misdemeanor

Sentence Length: 12 months Community Control Termination Date: 7-21-2010

☒ **TRAVEL PERMIT** (☐ *Provisional ☐ *Temporary)

Purpose of Trip: Business

Name(s), address and telephone number of destination: Residence - Little St. James and Office – 6100 Red Hook Quarters, Suite B3, US Virgin Islands

Departure Date: 1-27-10 Return Date: 1-28-10 Method of Travel: Private Plane

Accompanied By: Staff Relationship:

Comments/Instructions: **Contact Probation Officer on next business day upon return.**

☒ Contact your probation officer upon return or as instructed.
☒ Report any contact with law enforcement to your probation officer immediately.
☒ Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor

Approved by: [redacted] Phone (Office/After Hours): [redacted]

Officer: Carmen Sloane Supervisor: Willie Gaines

☐ **INTRASTATE TRANSFER REQUEST**

Proposed Residence:

Relation: Phone:

Proposed Employment:

Supervisor: Phone:

REPORTING INSTRUCTIONS:

Provisional Travel Permit: Permission for non-sex offender to return to the state offender was living in at the time of sentencing.
Temporary Travel Permit: Permission for visits out of state for a period not to exceed thirty (30) days.

WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender:

Witness:



DC3-220 (Revised 8/31/09)/
Original: DC Offender File
Copy: Offender
Copy: Interstate Compact (*for applicable Out-of-State Travel Only*)

Schedule for Wednesday (1/27/10)

6:00am	Leave 358 El Brillo Way for Galaxy Aviaiton at Palm Beach International Airport
7:00am	Take off from Palm Beach International Airport for St. Thomas Airport
10:30-11:30am	Offender Registration office
11:30am-12:30pm	Legal meetings at office (6100 Red Hook Quarters, suite B3)
12:30pm	Leave office for Residence (Little St. James)

Schedule for Thursday (1/28/10)

10:30am	Meeting at Residence
11:00am-1:00pm	Office (6100 Red Hook Quarters, suite B3)
1:00	Leave office for residence (Little St. James)
4:30pm	Leave for St. Thomas airport (STT) via helicopter
6:00pm	Take off from St. Thomas Airport for Palm Beach International Airport
9:00pm	Back at 358 El Brillo way

State of Florida
Department of Corrections - Community Correctio...

TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST

Name: Jeffrey Epstein DC#: W35755 Date: 1-22-10

☐ Probation ☒ Community Control ☐ Drug Offender Probation ☐ Sex Offender ☐ Post Release ☐ Pretrial Intervention

Offense: Procure Person Under Age of 18 for Prostitution ☒ Felony ☐ Misdemeanor

Sentence Length: 12 months Community Control Termination Date: 7-21-2010

☒ **TRAVEL PERMIT** (☐ *Provisional ☐ *Temporary)

Purpose of Trip: Business

Name(s), address and telephone number of destination: Residence – 9 East 71st Street, New York, New York,.

Departure Date: 2-4-10 Return Date: 2-510 Method of Travel: Private Plane

Accompanied By: Staff Relationship:

Comments/Instructions: **Contact Probation Officer on next business day upon return.**

Cancelled
New Travel Permit Issued for 2-4-10

☒ Contact your probation officer upon return or as instructed.
☒ Report any contact with law enforcement to your probation officer immediately.
☒ Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor

Approved by: [redacted] Phone (Office/After Hours): [redacted]

Officer: Carmen Sloane Supervisor: Willie Gaines

☐ **INTRASTATE TRANSFER REQUEST**

Proposed Residence:

Relation: Phone:

Proposed Employment:

Supervisor: Phone:

REPORTING INSTRUCTIONS: ____

***Provisional Travel Permit*: Permission for non-sex offender to return to the state offender was living in at the time of sentencing.
***Temporary Travel Permit:* Permission for visits out of state for a period not to exceed thirty (30) days.

WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: _____

Witness: _____



DC3-220 (Revised 8/31/09)/
Original: DC Offender File
Copy: Offender
Copy: Interstate Compact (*for applicable Out-of-State Travel Only*)

Schedule for Thursday (2/4/10)

6:00am	Leave 358 El Brillo Way for Galaxy Aviaiton at Palm Beach International Airport
7:00am	Take off from Palm Beach International Airport for Teterboro Airport, NJ
11:00am	Arrive at 9 E. 71st St, New York, NY
11:30pm	Leave 9 E. 71st St
12:00-1:00pm	Dentist appointment at Dr. Magnani's on the 4th at 7 W. 51st St. 7th floor
1:30-5:00pm	Legal Meetings at Stephen Susman's office (654 Madison Ave, 6th floor)
5:30pm	Back at 9 E. 71st St,

Schedule for Friday (2/5/10)

11:30am	Leave 9 E. 71st St
12:00-3:00pm	Legal Meetings at Stephen Susman's office (654 Madison Ave, 6th floor)
3:30pm	Back at 9 E. 71st St
7:30pm	Leave for Teterboro airport, NJ
8:30pm	Take off from Teterboro airport for PBI
11:45pm	Back at 358 El Brillo way

State of Florida
Department of Corrections - Community Corrections

TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST

Name: Jeffrey Epstein DC#: W35755 Date: 1-28-10

☐ Probation ☒ Community Control ☐ Drug Offender Probation ☐ Sex Offender ☐ Post Release ☐ Pretrial Intervention

Offense: Procure Person Under Age of 18 for Prostitution ☒ Felony ☐ Misdemeanor

Sentence Length: 12 months Community Control Termination Date: 7-21-2010

☒ **TRAVEL PERMIT** (☐ *Provisional ☐ *Temporary)

Purpose of Trip: Business

Name(s), address and telephone number of destination: Residence - 9 E. 71st St. New York

Departure Date: 2-1-10 Return Date: 2-2-10 Method of Travel: Private Plane

Accompanied By: Staff Relationship:

Comments/Instructions: **Contact Probation Officer on next business day upon return.**

☒ Contact your probation officer upon return or as instructed.
☒ Report any contact with law enforcement to your probation officer immediately.
☒ Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor

Approved by: [redacted] Phone (Office/After Hours): [redacted]

Officer: Carmen Sloane Supervisor: Willie Gaines [redacted]

☐ **INTRASTATE TRANSFER REQUEST**

Proposed Residence:

Relation: Phone:

Proposed Employment:

Supervisor: Phone:

REPORTING INSTRUCTIONS:

***Provisional Travel Permit*:** Permission for non-sex offender to return to the state offender was living in at the time of sentencing.
Temporary Travel Permit: Permission for visits out of state for a period not to exceed thirty (30) days.

WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender:

Witness:



DC3-220 (Revised 8/31/09)/
Original: DC Offender File
Copy: Offender
Copy: Interstate Compact (*for applicable Out-of-State Travel Only*)

Schedule for Monday (2/1/10):

6:00am	Leave 358 El Brillo way for Galaxy Aviation at Palm Beach International Airport
7:00am	Take off from Palm Beach International for Teterboro Airport, NJ
11:00am	Arrive at 9 E. 71st St, NY (Residence)
1:00pm	Leave 9 E. 71st St for Stephen Susman's office (654 Madison Avenue)
2:00-5:00pm	Legal Meetings at Stephen Susman's office
6:00pm	Back at 9E. 71st St

Schedule for Tuesday (2/2/10):

9:15am	Leave 9 E. 71st for Dr. Magnani (Dentist) (7 West 51st St)
9:45-11:45am	Appointment at Dr. Magnani
12:45pm	Back at 9 E. 71st St
2:00-4:00pm	Legal Meetings at Stephen Susman's office
5:00pm	Back at 9 E. 71st St
7:00pm	Leave 9 E. 71st St for Teterboro Airport, NJ
8:00pm	Take off from Teterboro, NJ for Boca Raton Airport
10:30pm	Arrive at Boca Raton Airport
11:30pm	358 El Brillo Way

State of Florida
Department of Corrections - Community Corrections

TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST

Name: Jeffrey Epstein DC#: W35755 Date: 1-12-10

☐ Probation ☒ Community Control ☐ Drug Offender Probation ☐ Sex Offender ☐ Post Release ☐ Pretrial Intervention

Offense: Procure Person Under Age of 18 for Prostitution ☒ Felony ☐ Misdemeanor

Sentence Length: 12 months Community Control Termination Date: 7-21-2010

☒ TRAVEL PERMIT (☐ *Provisional ☐ *Temporary)

Purpose of Trip: Business

Name(s), address and telephone number of destination: Residence – 9 East 71st Street, New York, New York

Departure Date: 1-13-10 Return Date: 1-14-10 Method of Travel: Private Plane

Accompanied By: Staff Relationship:

Comments/Instructions: **Will be leaving Palm Beach County on 1-13-10 at 6:00 am and returning on 1-14-10 at 2:00 am. Contact Probation Officer on next business day upon return.**

☒ Contact your probation officer upon return or as instructed.
☒ Report any contact with law enforcement to your probation officer immediately.
☒ Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor of [redacted]

Approved by: Phone (Office/After Hours): [redacted]

Officer: Carmen Sloane Supervisor: Willie Gaines [redacted]

☐ INTRASTATE TRANSFER REQUEST

Proposed Residence: Phone:

Relation:

Proposed Employment: Phone:

Supervisor:

REPORTING INSTRUCTIONS: ____

***Provisional Travel Permit*:** Permission for non-sex offender to return to the state offender was living in at the time of sentencing.
***Temporary Travel Permit*:** Permission for visits out of state for a period not to exceed thirty (30) days.

WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: _____

Witness: _____



DC3-220 (Revised 8/31/09)/
Original: DC Offender File
Copy: Offender
Copy: Interstate Compact (*for applicable Out-of-State Travel Only*)

Schedule for 1/13/10:

6am	Leave 358 El Brillo way for Galaxy Aviation at Palm Beach International Airport
7am	Wheels up from PBI to Teterboro Airport, NJ
11am	Arrive at 9E. 71st St, New York, NY
1:30pm	Leave 9 E. 71st St for Stephen Susman's office (654 Madison Ave, 6th floor)
2-5pm	Meetings at Stephen Susman's office
5:30pm	9E. 71st St
10pm	Leave 9 E. 71st St for Teterboro Airport
11pm	Wheels up from Teterboro to PBI
2am (1/14/10)	Arrive back at 358 El Brillo way

State of Florida
Department of Corrections - Community Corrections

TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST

Name: Jeffrey Epstein DC#: W35755 Date: 1-12-10

☐ Probation ☒ Community Control ☐ Drug Offender Probation ☐ Sex Offender ☐ Post Release ☐ Pretrial Intervention

Offense: Procure Person Under Age of 18 for Prostitution ☒ Felony ☐ Misdemeanor

Sentence Length: 12 months Community Control Termination Date: 7-21-2010

☒ TRAVEL PERMIT (☐ *Provisional ☐ *Temporary)

Purpose of Trip: Business

Name(s), address and telephone number of destination: Residence - Little St. James and Office – 6100 Red Hook Quarters, Suite B3, US Virgin Islands

Departure Date: 1-15-10 Return Date: 1-15-10 Method of Travel: Private Plane

Accompanied By: Staff Relationship: 10:00

Comments/Instructions: **Will be leaving Palm Beach County on 1-15-10 at 6:00 am and returning on 1-15-10 at ~~9:00~~ pm. Contact Probation Officer on next business day upon return.**

☒ Contact your probation officer upon return or as instructed.
☒ Report any contact with law enforcement to your probation officer immediately.
☒ Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor of [redacted]

Approved by: [redacted] Phone (Office/After Hours): [redacted]

Officer: Carmen Sloane Supervisor: Willie Gaines [redacted]

☐ INTRASTATE TRANSFER REQUEST

Proposed Residence: Phone:

Relation:

Proposed Employment: Phone:

Supervisor:

REPORTING INSTRUCTIONS:

***Provisional Travel Permit:** Permission for non-sex offender to return to the state offender was living in at the time of sentencing.
***Temporary Travel Permit:** Permission for visits out of state for a period not to exceed thirty (30) days.

WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender:

Witness:



DC3-220 (Revised 8/31/09)
Original: DC Offender File
Copy: Offender
Copy: Interstate Compact (*for applicable Out-of-State Travel Only*)

Schedule for 1/15/10:

6am	Leave 358 El Brillo way for galaxy Aviation at Palm Beach International Airport
7am	Wheels up from PBI to St. Thomas (STT)
10:30 am	Land at St. Thomas
11-11:30am	DMV in St. Thomas
12-1pm	Office (6100 Red Hook Quarters, Suite B3)
1:30-5pm	Residence (Little St. James)
5pm	Leave for STT via helicopter
6pm	Wheels up from STT for PBI
9pm	Arrive back at 358 El Brillo way

State of Florida
Department of Corrections - Community Corrections

TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST

Name: Jeffrey Epstein DC#: W35755 Date: 1-12-10

☐ Probation ☒ Community Control ☐ Drug Offender Probation ☐ Sex Offender ☐ Post Release ☐ Pretrial Intervention

Offense: Procure Person Under Age of 18 for Prostitution ☒ Felony ☐ Misdemeanor

Sentence Length: 12 months Community Control Termination Date: 7-21-2010

☒ TRAVEL PERMIT (☐ *Provisional ☐ *Temporary)

Purpose of Trip: Business

Name(s), address and telephone number of destination: Residence – 9 East 71st Street, New York, New York

Departure Date: 1-12-10 Return Date: 1-14-10 Method of Travel: Private Plane

Accompanied By: Staff Relationship:

Comments/Instructions: **Will be leaving Palm Beach County on 1-12-10 at 6:00 pm and returning on 1-14-10 at 2:00 am. Contact Probation Officer on next business day upon return.**

☒ Contact your probation officer upon return or as instructed.
☒ Report any contact with law enforcement to your probation officer immediately.
☒ Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor of the second degree.

Approved by: DUANE WILLIAMS for [redacted] Phone (Office/After Hours): [redacted]

Officer: Carmen Sloane Supervisor: Willie Gaines [redacted]

☐ INTRASTATE TRANSFER REQUEST

Proposed Residence: Phone:

Relation:

Proposed Employment: Phone:

Supervisor:

REPORTING INSTRUCTIONS:

Provisional Travel Permit: Permission for non-sex offender to return to the state offender was living in at the time of sentencing.
Temporary Travel Permit: Permission for visits out of state for a period not to exceed thirty (30) days.

WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender:

Witness:



DC3-220 (Revised 8/31/09)/
Original: DC Offender File
Copy: Offender
Copy: Interstate Compact (*for applicable Out-of-State Travel Only*)

State of Florida
Department of Corrections - Community Corrections

TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST

Name: Jeffrey Epstein DC#: W35755 Date: 1-12-10

☐ Probation ☒ Community Control ☐ Drug Offender Probation ☐ Sex Offender ☐ Post Release ☐ Pretrial Intervention

Offense: Procure Person Under Age of 18 for Prostitution ☒ Felony ☐ Misdemeanor

Sentence Length: 12 months Community Control Termination Date: 7-21-2010

☒ **TRAVEL PERMIT** (☐ *Provisional ☐ *Temporary)

Purpose of Trip: Business

Name(s), address and telephone number of destination: Residence – 9 East 71st Street, New York, New York

Departure Date: 1-13-10 Return Date: 1-14-10 Method of Travel: Private Plane

Accompanied By: Staff Relationship:

Comments/Instructions: **Will be leaving Palm Beach County on 1-13-10 at 6:00 am and returning on 1-14-10 at 2:00 am. Contact Probation Officer on next business day upon return.**

☒ Contact your probation officer upon return or as instructed.
☒ Report any contact with law enforcement to your probation officer immediately.
☒ Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor of [redacted]

Approved by: [redacted] Phone (Office/After Hours): [redacted]

Officer: Carmen Sloane Supervisor: Willie Gaines [redacted]

☐ **INTRASTATE TRANSFER REQUEST**

Proposed Residence:

Relation: Phone:

Proposed Employment:

Supervisor: Phone:

REPORTING INSTRUCTIONS:

***Provisional Travel Permit*:** Permission for non-sex offender to return to the state offender was living in at the time of sentencing.
Temporary Travel Permit: Permission for visits out of state for a period not to exceed thirty (30) days.

WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender:

Witness:



DC3-220 (Revised 8/31/09)/
Original: DC Offender File
Copy: Offender

Waiver Required Out of State Travel Only

Sloane, Carmen

From: Eva Dubin [redacted]
Sent: Monday, November 16, 2009 5:29 PM
To: Sloane, Carmen
Subject: Regarding Jeffrey Epstein

Dear Officer Sloane,

We are the parents of three children , , and . They are all under the age of 18. I am aware that Jeffrey Epstein is a registered sex offender and had plead guilty to soliciting for prostitution, and procuring a minor for prostitution. I am 100% comfortable with Jeffrey Epstein around my children. I, Eva Dubin, am an internist, and have known Jeffrey for over 20 years. Please feel free to contact us at 212-287-4977.

Sincerely,

Eva and Glenn Dubin

Windows 7: I wanted simpler, now it's simpler. I'm a rock star.

State of Florida
Department of Corrections - Community Corrections

TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST

Name: Jeffrey Epstein DC#: W35755 Date: 1-5-10

☐ Probation ☒ Community Control ☐ Drug Offender Probation ☐ Sex Offender ☐ Post Release ☐ Pretrial Intervention

Offense: Procure Person Under Age of 18 for Prostitution ☒ Felony ☐ Misdemeanor

Sentence Length: 12 months Community Control Termination Date: 7-21-2010

☒ **TRAVEL PERMIT** (☐ *Provisional ☐ *Temporary)

Purpose of Trip: Business

Name(s), address and telephone number of destination: Residence – 9 East 71st Street, New York, New York,. Residence – Little St. James, US Virgin Island.

Departure Date: 1-6-10 Return Date: 1-7-10 Method of Travel: Private Plane

Accompanied By: Staff Relationship:

Comments/Instructions: **Will be leaving Palm Beach County on 1-6-10 at 6:00 am and returning on 1-7-10 at 9:30pm. Contact Probation Officer on next business day upon return.**

☒ Contact your probation officer upon return or as instructed.
☒ Report any contact with law enforcement to your probation officer immediately.
☒ Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor

pproved by: [redacted] Phone (Office/After Hours): [redacted]

Officer: Carmen Sloane Supervisor: Willie Gaines [redacted]

☐ **INTRASTATE TRANSFER REQUEST**

Proposed Residence:

Relation: Phone:

Proposed Employment:

Supervisor: Phone:

REPORTING INSTRUCTIONS: ____

Provisional Travel Permit: Permission for non-sex offender to return to the state offender was living in at the time of sentencing.
Temporary Travel Permit: Permission for visits out of state for a period not to exceed thirty (30) days.

WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: _____

Witness: _____



DC3-220 (Revised 8/31/09)/
Original: DC Offender File
Copy: Offender
Copy: Interstate Compact *(for applicable Out-of-State Travel Only)*

Sloane, Carmen

From: Story Cowles [redacted]
Sent: Tuesday, January 05, 2010 8:41 AM
To: Sloane, Carmen
Subject: Schedule For Wednesday and Thursday

Schedule for 01/06/10:
6am - Leave 358 El Brillo wawy for Galaxy Aviation at Palm Beach International Airport 7am - Take of from PBI 10:15am - Land at Teterboro Airport, NJ and go straight to 9 E. 71st St 12-12:45pm - Meeting at Doctor Stephen Victors office (30 East 76th St., 6th floor) 1pm - Back at 9 E. 71st St 2-5pm - Legal Meeting at Stephen Susman's office (654 Madison Avenue, 5th floor) 5pm - Head back to 9 E. 71st St

Schedule for 01/07/10:
2:15am - Leave 9 E. 71st St for Teterboro Airport, NJ 3am - Take off from Teterboro Airport, NJ 7:20am - Land at Cyril E. King airport in St. Thomas 8am - DMV in St. Thomas 9am - Meeting at Maria Hodges office (1340 Taarneberg) 10-11am - 6100 Red Hook Quarters (Office)
11-4:15 - Little St. James
4:15 - Depart Little St. James by helicopter to Cyril E. King airport in St Thomas 5pm - Pre clear customs in Cyril E. King airport in St Thomas 6:10pm - Take of from Cyril E. King airport in St Thomas for PBI 9:30pm - Home at 358 El Brillo way

EFTA01625654

State of Florida
Department of Corrections - Community Corrections

TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST

Name: Jeffrey Epstein DC#: W35755 Date: 11-30-09

☐ Probation ☒ Community Control ☐ Drug Offender Probation ☐ Sex Offender ☐ Post Release ☐ Pretrial Intervention

Offense: Procure Person Under Age of 18 for Prostitution ☒ Felony ☐ Misdemeanor

Sentence Length: 12 months Community Control Termination Date: 7-21-2010

☒ **TRAVEL PERMIT** (☐ *Provisional ☐ *Temporary)

Purpose of Trip: Business

Name(s), address and telephone number of destination: Residence – 9 East 71st Street, New York, New York and Law of office of Davis & Pulk – 450 Lexington Ave, New York, New York

Departure Date: 12-03-09 Return Date: 12-03-09 Method of Travel: Private Plance

Accompanied By: Staff Relationship:

Comments/Instructions: **Will be leaving Palm Beach County at ~~12:01am~~ 4:00 Am and returning at 11:45pm. Contact Probation Officer on next business day upon return.**

☒ Contact your probation officer upon return or as instructed.
☒ Report any contact with law enforcement to your probation officer immediately.
☒ Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor of t[redacted]

Approved by: [redacted] Phone (Office/A[redacted]

Officer: Carmen Sloane Supervisor: Willie Gaines

☐ **INTRASTATE TRANSFER REQUEST**

Proposed Residence:

Relation: Phone:

Proposed Employment:

Supervisor: Phone:

REPORTING INSTRUCTIONS: ____

***Provisional Travel Permit*: Permission for non-sex offender to return to the state offender was living in at the time of sentencing.
***Temporary Travel Permit:* Permission for visits out of state for a period not to exceed thirty (30) days.

WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: [redacted]

Witness:



DC3-220 (Revised 8/31/09)/
Original: DC Offender File
Copy: Offender
Copy: Interstate Compact (*for applicable Out-of-State Travel Only*)

Schedule for 12/3

4:15am – Leave 358 El Brillo Way for airport
5am – Depart to NYC
9am – Arrive at house
1:30pm – Depart house for meeting with Steven Susman
2pm – Meeting with Steve Susman
2:45pm – Leave Steve Susmans office for meeting with Davis Polk
3pm – Meeting with Davis Polk
5:30pm – Leave meeting with Davis Polk for house
7:30pm – Leave house for airport
8pm – Depart for PBI

Home address in New York City:
9 E. 71st St.
New York, NY 10021

Steve Susman's address:
654 Madison Ave
New York, NY 10065

Davis Polk's address:
450Lexington Avenue
New York, NY 10017

State of Florida
Department of Corrections - Community Corrections
Travel Permit

☐ *Provisional ☒ *Temporary Date: 9/1/09

☐ Probation/Pre-Trial ☐ Parole/Post Release ☒ Community Control ☒ Sex Offender

Full Name: Jeffery Epstein DC No.: W35755
Address: 350 El-Brillo Other State:
City/State/Zip: Palm Beach, Fl 33480 OS No.:

Name(s), address and telephone number of destination: **Roy Black 305-371-6422 201 S Biscayne Blvd. Miami, FL 33131**

Purpose of Trip: prepare for case
Departure Date: 9/1/09 Return Date: 9/1/09 Method of Travel: Car
Accompanied By: Security Relationship: Driver
Offense: Procure Person Under Age of 18 For Prostitution ☒ Felony ☐ Misdemeanor
Sentence Length: 12 Termination Date: 7/21/2010

Comments/Instructions: **You are to return directly to your residence from your attorneys office. While at your attorneys office you are to remained confined to your attorneys office while outside of the Palm Beach County. Contact the probation office unpon return for your visit.**

☒ Contact your probation officer upon return or as instructed.
☒ Report any contact with law enforcement to your probation officer immediately.
☐ Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor of the second degree.

Approved [redacted] Office Name: 15-4

Officer: [redacted] Address: 3444 S. Congress Ave Palm Springs, FL 33461

Supervisor [redacted] Phone: [redacted]

FOR OUT OF STATE TRAVEL ONLY

*Rules, Section 4-106
***Provisional Travel Permit*:** In emergency situations a provisional travel permit may be issued by a state allowing an offender to go to another state before completion of an investigation and formal acceptance.
Temporary Travel Permit: A state may issue a temporary travel permit for visits out of the state for a period not to exceed thirty (30) days.

DOB: 1/28/53 Race/Sex: W/M Hair: Grey Eyes: Blue Height: 6'0" Weight: 180lb

Waiver of Extradition

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: [redacted]

Witness: [redacted]

Witness: [redacted]



DC3-220 (Revised 6-01)
Original: DC Offender File
Copy: Offender
Copy: Interstate Compact (*for Out-of-State Travel Only*)

44

IN THE CIRCUIT COURT OF THE
FIFTEENTH JUDICIAL CIRCUIT
IN AND FOR PALM BEACH COUNTY, FLORIDA
CRIMINAL DIVISION

STATE OF FLORIDA	)	
	)	
vs	)	CASE NO. 06 CF9454AMB
	)	08 9381CFAMB
JEFFREY EPSTEIN	)	
	)	
Defendant.	)	

PLEA CONFERENCE

PRESIDING: HONORABLE DEBORAH DALE PUCILLO

APPEARANCES:

ON BEHALF OF THE STATE:
BARRY E. KRISCHER, ESQUIRE
State Attorney
401 North Dixie Highway
West Palm Beach, Florida 33401
By: LANNA BELOHLAVEK, ESQUIRE
Assistant State Attorney

ON BEHALF OF THE DEFENDANT:
ATTERBURY, GOLDBERGER & WEISS, P.A.
250 Australian Avenue South
Suite 1400
West Palm Beach, Florida 33401
By: JACK GOLDBERGER, ESQUIRE

CERTIFIED COPY

June 30, 2008
Palm Beach County Courthouse
West Palm Beach, Florida 33401
Beginning at 8:40 o'clock, a.m.

PHYLLIS A. DAMES, OFFICIAL COURT REPORTER

regularly congregate?

MS. BELOHLAVEK: I personally do not know.

THE COURT: Neither do I, which is why I'm asking. Has that been investigated?

MR. GOLDBERGER: We have done our due diligence, for what it's worth, there is a residential street. There are not children congregating on that street. We think the address applies, if it doesn't, we fully recognize that he can't live there.

THE COURT: Okay. D is, you shall not have any contact with the victim, are there more than one victim?

MS. BELOHLAVEK: There's several.

THE COURT: Several, all of the victims. So this should be plural. I'm making that plural. You are not to have any contact direct or indirect, and in this day and age I find it necessary to go over exactly what we mean by indirect. By indirect, we mean no text messages, no e-mail, no Face Book, no My Space, no telephone calls, no voice mails, no

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messages through carrier pigeon, no messages through third parties, no hey would you tell so and so for me, no having a friend, acquaintance or stranger approach any of these victims with a message of any sort from you, is that clear?

THE DEFENDANT: Yes, ma'am

THE COURT: And then it states, unless approved by the victim, the therapist and the sentencing court. Okay.

THE DEFENDANT: I understand.

THE COURT: And the sentencing court. So, if there is a desire which, I would think would be a bit strange to have contact with any of the victims the court must approve it.

MS. BELOHLAVEK: Correct.

THE COURT: If the victim was under the age of 18, which was the case, you shall not until you have successfully attended and completed the sex offender program. So, is this sex offender program becoming a condition of probation?

MS. BELOHLAVEK: That is not. I don't believe I circled that one.

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EXHIBIT A
to
Plaintiffs Jane Doe 101 and Jane Doe 102's
Motion for No-Contact Order

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

CASE NO.: 08-CV-80119-MARRA/JOHNSON

JANE DOE NO. 2,

Plaintiff,

vs.

JEFFREY EPSTEIN,

Defendant.
_____/

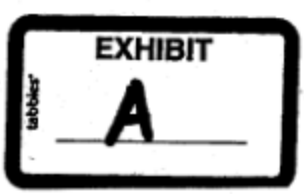
Related Cases:
08-80232, 08-80380, 08-80381, 08-80994,
08-80993, 08-80811, 08-80893, 09-80469,
09-80591, 09-80656, 09-80802, 09-81092,
_____/

DECLARATION OF ADAM D. HOROWITZ

1. My name is Adam D. Horowitz. I am an attorney for Jane Doe No. 4.

2. The deposition of Jane Doe No. 4 was scheduled for September 16, 2009 at 1:00 p.m. at 350 Australian Ave. South, Suite 115, West Palm Beach, Florida. On the day before the deposition, the undersigned and counsel for Jeffrey Epstein entered into a written stipulation in which it was agreed that "Jeffrey Epstein will not attend tomorrow's deposition of Jane Doe No. 4 (in the absence of a court order permitting him to attend)." It was further agreed that Jeffrey Epstein may listen in to the deposition by telephone or view a videofeed of the deposition, but under no circumstances would he "be seen by our client."

3. While Jane Doe No. 4 and I were in the lobby of 350 Australian Ave South at approximately 1:00 p.m. for her deposition on September 16, 2009, we crossed paths with Jeffrey Epstein and someone who appeared to be his bodyguard. Jeffrey Epstein stopped



walking and began to stare at and intimidate Jane Doe No. 4. Jane Doe No. 4 was terrified, began crying and ran outside the building. Jeffrey Epstein smirked at her and walked away.

4. As a result of this incident, Jane Doe began crying uncontrollably and was unable to proceed with her deposition.

Under penalties of perjury I declare that I have read the foregoing Declaration and the facts stated in it are true.

Dated: September 17, 2009

Adam D. Horowitz

EFTA01625664

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

CASE NO.: 08-CV-80119-MARRA-JOHNSON

JANE DOE NO. 2,

Plaintiff,

v.

JEFFREY EPSTEIN,

Defendant.
_____/

Related Cases:
08-80232, 08-80380, 08-80381, 08-80994,
08-80993, 08-80811, 08-80893, 09-80469,
09-80581, 09-80656, 09-80802, 09-81092.
_____/

DEFENDANT'S, JEFFREY EPSTEIN, MOTION FOR SANCTIONS AND TO COMPEL DEPOSITION OF JANE DOE NO. 4 AND MEMORANDUM IN SUPPORT THEREOF

Defendant, JEFFREY EPSTEIN, by and through his undersigned attorneys, moves this court for an order granting sanctions pursuant to Rule 30(d)(2) and (3)(A) and (C) (referencing Rule 37(a)(5)), Federal Rules of Civil Procedure and compelling the deposition of Jane Doe No. 4 within fifteen (15) days and as grounds therefore would state:

1. On August 16, 2009, the deposition of Jane Doe No. 4 was noticed for September 16, 2009 to begin at 1:00 p.m. Plaintiff's counsel had advised that Jane Doe No. 4 could not appear for a deposition prior to that time of day, i.e. 1:00 p.m.

2. The deposition was originally set at the offices of the undersigned, but Plaintiff's counsel requested that it be moved to the court reporter's office. The court reporter is Prose Court Reporting located at 250 Australian Avenue South, Suite 115, West Palm Beach, FL 33401.

3. The undersigned's office began attempting to set the deposition of Jane Doe No. 4 on July 21, 2009. Because of the number of attorneys who would be attending (based on the court's consolidation order) coordinating the video deposition creates logistical problems.

4. On August 27, 2009, the undersigned wrote a letter to counsel for the Plaintiff indicating that Mr. Epstein would be present at the deposition. A copy of that letter is attached as **Exhibit 1.**

5. Some 13 days later, counsel for Jane Doe No. 4 filed a motion for protective order on September 9, 2009 attempting to prohibit Mr.Epstein's presence at the deposition. The Defendant immediately filed a response (an Emergency Motion) on September 11, 2009 requesting that the court enter an order allowing Epstein, the Defendant in this matter, to attend the deposition. This is common procedure. See **Exhibit 2, without exhibits**. As of the date of the deposition, the court had not ruled on these motions.

6. On Monday, counsel for Jane Doe No. 4 and the undersigned spoke, an agreement was reached that the deposition would proceed as scheduled, and that Mr. Epstein would not be in attendance other than by telephone or other means. See **Exhibit 3.**

7. The deposition was originally scheduled on the 15th Floor and moved by Prose to a larger ground floor to accommodate the number of people who were to attend

8. The undersigned and his partner, Mark T. Luttier, had scheduled a meeting with Mr. Epstein for approximately an hour prior to the deposition. It is well known through multiple newspaper articles that Mr. Epstein's office at the Florida Science Foundation is located on the 14th Floor in the same building as the court reporter and Mr. Epstein's criminal attorney, Mr. Goldberger. As well, had the court issued an order prior to the deposition that would have allowed Mr. Epstein to attend, he was readily available.

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9. As of 1:00 p.m., no order had been received from the court, so Epstein's attorneys, in good faith, decided that Epstein would not attend the deposition (as per the agreement), if we chose to proceed, which we were doing. The undersigned and Mr. Luttier specifically waited until just after 1:00 o'clock, the time that the deposition was to start, prior to leaving with Mr. Epstein. Counsel instructed Mr. Epstein to leave the building. Clearly, Defendant and his counsel simply wish to have meaningful discovery.

10. The undersigned and Mr. Luttier exited the elevator heading toward the deposition room and Mr. Epstein and his driver, Igor Zinoviev exited in separate elevator at the same time and turned to depart from through the front entrance such that he could go to his home to watch the deposition and assist counsel, from a video feed.

11. Completely unbeknownst and unexpected by anyone, apparently the Plaintiff and her attorney(s) were at the front door where Mr. Epstein was intending to exit. Upon seeing two women, one who might be the Plaintiff, Mr. Epstein immediately made a left turn and exited through a separate set of doors to the garage area. See affidavit of Jeffrey Epstein and Igor Zinoviev, **Exhibit 4 and 5, respectively**.

12. The entire incident was completely unknown to the undersigned and Mr. Luttier until Adam Horowitz, Esq. came in and announced that the deposition was not going to take place in that Mr. Epstein and his client saw one another, she was upset and therefore the deposition was cancelled from his perspective.

13. The undersigned and his partner, Mr. Luttier, had a court reporter and a videographer present. Additionally, Mr. Hill on behalf of C.M..A., Adam Langino on behalf of B.B., William Berger on behalf of three Plaintiffs were present for the deposition.

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14. Any suggestion that the chance "visual" between Mr. Epstein and Jane Doe No. 4 was "pre-planned" would be absurd, disingenuous and false. The undersigned counsel went out of his way to make certain Mr. Epstein would not be in the building after the time the deposition was set to begin. Had the Plaintiff and her counsel been in the deposition room at the appointed time, no visual contact would have occurred.

15. It is possible that Plaintiff's counsel, by filing their motion for protective order on September 9, 2009 and then advising the undersigned on September 14, 2009 that the deposition would not go forward unless the undersigned agreed to exclude Mr. Epstein from the deposition, were not prepared and/or did not want to proceed with the deposition.

16. The unilateral termination of the deposition was unnecessary, inappropriate and a substantial waste of attorney time and the costs related to the deposition (court reporter and videographer). (See **Affidavit of Robert D. Critton, Jr., Mark T. Luttier and Deposition Transcript, Exhibits 6, 7, and 8 respectively).**

17. Had the "visual" been premeditated, the cancellation of the deposition may have been justified, however, under these circumstances, it was grandstanding and improper. In that the Plaintiff has stated that she voluntary went to JE's home 50 plus times without trauma until she filed a lawsuit, this brief visual encounter from a distance should not have resulted in the unilateral cancellation of her deposition.

18. The costs associated with the court reporter and videographer total $428.80. See **Exhibit 9.**

Memorandum of Law In support of Motion

A substantial amount of administrative time went into the setting up the deposition of Jane Doe No. 4. Almost two months passed from the time that the Defendant's counsel first

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requested a date for the deposition of Jane Doe No. 4. The deposition of Jane Doe No. 4 was to begin at 1:00 p.m, based on her schedule, and was moved from the undersigned's office to the office of the court reporter at her counsel's request.

Pursuant to Rule 30(d)(2) and (3)(A) and (C) and its reference to 37(a)(5)), Federal Rules of Civil Procedure, the court may impose an appropriate sanction, including reasonable expenses in attorneys fees incurred by any party on a person who impedes or delays the fair examination of the deponent. In this instance, the brief visual encounter, which was completely unintended and inadvertent, should not have been grounds for Plaintiff's counsel and Plaintiff refusing to move forward with the deposition. Furthermore, pursuant to (3)(A) and (C), Plaintiff and Plaintiff's counsel had no right to unilaterally terminate/cancel the deposition and fail to move forward. Plaintiff should have continued with the deposition and filed any motion deemed appropriate post deposition. Therefore, Defendant is asking for the costs associated with the attendance of the court reporter, her transcript and the presence of the videographer. Defendant would also request reasonable fees for 2.5 hours at $500 per hour for being required to prepare this motion and affidavits associated with same.

The records obtained thus far on Jane Doe No. 4, do not reflect any "emotional trauma" by her own account of some 50 plus visits to the Defendant's home prior to the time that she hired an attorney. Even in her interview with attorney's handpicked expert, Dr. Kliman, by her own comments, her significant emotional trauma relates to physical and verbal abuse by a prior boyfriend, Preston Vineyard, and deaths associated with two close friends, Chris and Jen. Therefore, the supposed "emotional trauma" caused by a chance encounter resulting in a "glance" at best, should not be the basis for Plaintiff unilaterally cancelling her deposition.

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Rule 7.1 A. 3. Certification of Pre-Filing Conference

Counsel for Defendant conferred with Counsel for Plaintiff by telephone and by e-mail; however, an agreement has not been reached.

WHEREFORE, Defendant moves this court for an order granting sanctions to include attorneys fees and costs as set forth above and costs associated with the attendance of the court reporter, the transcript and the presence of the videographer and direction that Jane Doe No. 4 appear for deposition within fifteen (15) days from the date of the court's order at the court reporter's office. If the court has not issued an order regarding Mr. Epstein's attendance at Plaintiff's deposition when Jane Doe No. 4 is to appear, the Defendant will agree that Mr. Epstein will not be present in the building on the date of her scheduled deposition such that no "inadvertent" contact will occur.

Robert D. Critton, Jr.
Michael J. Pike
Attorneys for Defendant Epstein

Certificate of Service

I HEREBY CERTIFY that a true copy of the foregoing was hand-delivered to the Clerk of the Court as required by the Local Rules of the Southern District of Florida and electronically mailed to all counsel of record identified on the following Service List on this 17th day of September, 2009.

Certificate of Service
Jane Doe No. 2 v. Jeffrey Epstein
Case No. 08-CV-80119-MARRA/JOHNSON

EFTA01625670

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Counsel for Plaintiffs
In related Cases Nos. 08-80069, 08-80119, 08-80232, 08-80380, 08-80381, 08-80993, 08-80994

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Jack P. Hill, Esq.
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Counsel for Plaintiffs in Related Cases Nos. 09-80591 and 09-80656

Jack Alan Goldberger, Esq.

EFTA01625671

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ecf@brucereinhartlaw.com
Counsel for Defendant [redacted]

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Spencer T. Kuvin, Esq.
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561-659-8300
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[redacted]
Counsel for Defendant Jeffrey Epstein

Respectfully submitted,

By: _____

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rcrit@bclclaw.com
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(*Co-Counsel for Defendant Jeffrey Epstein)*

EFTA01625672

BCLC | BURMAN, CRITTON LUTTIER & COLEMAN, LLP
YOUR TRUSTED ADVOCATES
A LIMITED LIABILITY PARTNERSHIP

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GREGORY W. COLEMAN, P.A.
ROBERT D. CRITTON, JR., P.A.[1]
BERNARD LEBEDEKER
MARK T. LUTTIER, P.A.
JEFFREY C. PEPIN
MICHAEL J. PIKE
HEATHER MCNAMARA RUDA
DAVID YAREMA

[1]FLORIDA BOARD CERTIFIED CIVIL TRIAL LAWYER
[2]ADMITTED TO PRACTICE IN FLORIDA AND COLORADO

ADELQUI J. BENAVENTE
PARALEGAL/INVESTIGATOR
JESSICA CADWELL
BOBBIE M. MCKENNA
ASHLIE STOKEN-BARING
BETTY STOKES
PARALEGALS
RITA H. BUDNYK
OF COUNSEL
ED RICCI
SPECIAL CONSUMER
JUSTICE COUNSEL

August 27, 2009

Sent by E.Mail and U.S. Mail
Stuart S. Mermelstein, Esq.
Herman & Mermelstein, P.A.
18205 Biscayne Blvd.
Suite 2218
Miami, FL 33160

Re: **Jane Doe No. 4 v. Epstein**

Dear Stuart:

Please be advised that Mr. Epstein plans to be in attendance at the deposition of your client. He does not intend to engage in any conversation with your client. However, it is certainly his right as a party-defendant in the lawsuit to be present and to assist counsel in the defense of any case.

Cordially yours,

Robert D. Critton, Jr.

RDC/clz

cc: Jack A. Goldberger, Esq.

EXHIBIT 1

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

CASE NO.: 08-CV-80119-MARRA-JOHNSON

JANE DOE NO. 2,

Plaintiff,

v.

JEFFREY EPSTEIN,

Defendant.
_____/

FILED by _____ D.C.
SEP 11 2009
STEVEN M. LARIMORE
CLERK U.S. DIST. CT.
S.D. OF FLA. - W.P.B.

Related Cases:
08-80232, 08-80380, 08-80381, 08-80994,
08-80993, 08-80811, 08-80893, 09-80469,
09-80581, 09-80656, 09-80802, 09-81092.
_____/

Defendant Epstein's Emergency Motion To Strike Plaintiff's Motion For Protective Order (DE 292) And Emergency Motion To Allow The Attendance Of Jeffrey Epstein At The Deposition Of Plaintiffs And Response In Opposition To Plaintiffs', Jane Doe Nos. 2-8, Motion For Protective Order As To Jeffrey Epstein's Attendance At The Deposition Of Plaintiffs, With Incorporated Memorandum of Law

Defendant, Jeffrey Epstein, by and through his undersigned counsel, and pursuant to all applicable rules, including Local Rule 7.1(e) and Local Rule 12, hereby files and serves his Emergency Motion To Strike Plaintiff's Motion For Protective Order (DE 292) And Emergency Motion To Allow The Attendance Of Jeffrey Epstein At The Deposition Of Plaintiffs And Response In Opposition To Plaintiffs', Jane Doe Nos. 2-8, Motion For Protective Order As To Jeffrey Epstein's Attendance At The Deposition Of Plaintiffs. In support, Epstein states:

Introduction and Background

1. On August 19, 2009, Defendant sent a Notice for Taking the Deposition of Jane Doe No. 4 for September 16, 2009. See **Exhibit "1"**

EXHIBIT 2

2. Additionally, notices were sent out in other cases in connection with deposing additional Plaintiffs.

3. No objection(s) was/were received for Jane Doe No. 4, which was the only deposition set relative to the Jane Doe 2-8 Plaintiffs.

4. On August 27, 2009, the undersigned counsel sent a letter to counsel for Jane Doe No. 4 concerning her deposition and the scheduling of same on the above date. See **Exhibit "2".**

5. No response was received until counsel for Jane Doe No. 4 called on September 8, 2009, approximately eight days prior to the scheduled deposition, to indicate that they now had an objection and would be filing a motion for protective order seeking to prevent Epstein from attending the deposition. Once again, Plaintiffs are attempting to stifle this litigation through their own delay tactics during discovery. Plaintiffs wish not only to attempt to force Epstein to trial without any meaningful discovery, but now wish to ban Epstein from any depositions, thereby preventing him from assisting his attorneys in his very own defense. What's next – will Plaintiffs seek to prevent Epstein from attending any of the trials that result from the lawsuits Jane Does 2-8 have initiated? Plaintiffs see millions of dollars in damages, both compensatory and punitive, against Defendant.

6. Defendant is filing this emergency motion and his immediate response to the motion for protective order to guarantee his right to be present and assist counsel in deposing not only Jane Doe No. 4, but other plaintiffs and witnesses in these cases. To hold otherwise would violate Epstein's due process rights to defend the very allegations Plaintiffs have alleged against him. Does a Defendant not have a right to be present at depositions or other court proceedings to assist counsel with the defense of his case? Does a Defendant, no matter what the charges or the allegations, have full and unbridled access to the court system and the proceedings it governs,

including discovery? The short answer is unequivocally, yes. To hold otherwise would be a direct violation of Epstein's constitutional due process rights. Plaintiffs' attempts to play fast and loose with the law should not be tolerated.

7. As the court is aware, plaintiffs and defendants routinely attend depositions of parties and other witnesses in both State and Federal court proceedings. In fact, parties have a right under the law to attend such depositions.

8. As the court will note from Exhibit 2, counsel for the Defendant specifically stated that "Please be advised that Mr. Epstein plans to be in attendance at the deposition of your client. He does not intend to engage in any conversation with your client. However, it is certainly his right as a party-defendant in the lawsuit to be present and to assist counsel in the defense of any case." Despite this right, Plaintiffs continue to attempt to control how discovery is conducted in this case and how this court has historically governed discovery.

9. Interestingly, in Jane Doe II, the state court case, attorney Sid Garcia took the deposition of the Defendant and his client, Jane Doe II, was present throughout the deposition. This is despite her claims of "emotional trauma" set forth in her complaint. Jane Doe No. II is also a Plaintiff in the federal court proceeding *Jane Doe II v. Jeffrey Epstein* (Case No. 09-CIV-80469). Is this court going to start a precedent where it allows Plaintiffs to attend the depositions of Jeffrey Epstein, but not allow Epstein to attend their depositions (i.e., the very Plaintiffs that have asserted claims against him for millions of dollars)? This court should not condone such a practice.

10. The undersigned is well aware of the court's No-Contact Order entered on July 31, 2009 (DE 238). A copy of the order is attached as **Exhibit "3"**. In fact, the order provides that the defendant have no direct or indirect contact with the plaintiffs, nor communications with

the plaintiffs either directly or indirectly. However, there is no prohibition against Mr. Epstein's attendance at a deposition where, as is reflected in the order, the communication will be made to the plaintiff solely through defense counsel with one or more of plaintiffs' counsel of record present in the room in a videotaped deposition. Obviously, any inappropriate contact or communication will certainly be flagged by the attorneys in attendance. As such, Plaintiffs really have the cart before the horse in this instance (i.e., nothing prevents Epstein from attending these depositions and, to the extent Plaintiffs believe that something improper occurs at any deposition, only then can that circumstance be addressed by a motion such as the instant one.)

11. Next, Plaintiffs, Jane Does 2-8, attempt to use the Affidavit of Dr. Kliman for every motion for protective order/objection filed to date. This also includes the two most recent motions, which attempt to prevent Defendant's investigators from doing their job, such that the Defendant and his attorneys can defend the claims asserted in these cases. Plaintiffs lose sight of the fact that the court, in discussing the Non-Prosecution Agreement, inquired as to whether Epstein and his counsel could fully defend the case, which included discovery and investigation. All plaintiffs' counsel and the USAO responded in the affirmative. In fact, Plaintiffs universally agreed at the June 12, 2009 hearing on Defendant's Motion to Stay that regular discovery could proceed. See **Composite Exhibit "4"** at pages 26-30 & 33-34. For instance, the court asked Plaintiffs' attorneys the following questions:

> **The Court:** [] So again, I just want to make sure that if the cases go forward and if Mr. Epstein defends the case as someone ordinarily would defend a case being prosecuted against him or her, that that in and of itself is not going to cause him to be subject to criminal prosecution? (Ex. "A," p.26).
>
> ***
>
> **The Court:** You agree he should be able to take the ordinary steps that a defendant in a civil action can take and not be concerned about having to be prosecuted? (Ex. "A," p.27).

***

The Court: Okay. But again, you're in agreement with everyone else so far that's spoken on behalf of a plaintiff that defending the case in the normal course of conducting discovery and filing motions would not be a breach? (Ex. "A," p.30).

Mr. Horowitz – counsel for Jane Does 2-7: Subject to your rulings, of course, yes. (Ex. "A," p.30).

***

The Court: But you're not taking the position that other than possibly doing something in litigation which is any other discovery, motion practice, ***investigations*** that someone would ordinarily do in the course of defending a civil case would constitute a violation of the agreement? (Ex. "A," p.34).

Ms. Villafana: No, your honor. I mean, civil litigation is civil litigation, and being able to take discovery is part of what civil litigation is all about.... But. . . , Mr. Epstein is entitled to take the deposition of a Plaintiff and to subpoena records, etc. (Ex. "A," p.34)

12. It is clear from the transcript attached as Exhibit "4" that each of the Plaintiffs' attorneys, including Mr. Horowitz for Jane Does 2-8, expected and conceded that regular/traditional discovery would take place (i.e., discovery, motion practice, depositions, requests for records, and investigations).

13. Importantly, Plaintiffs' counsel advised the undersigned that they coordinate their efforts in joint conference calls at least two times per month. At recent depositions of two witnesses, Alfredo Rodriguez and Juan Alessi, five different plaintiffs' attorneys questioned the witnesses for approximately six to eight hours, often repeating the same or similar questions that had previously been asked.

14. Clearly, the Plaintiffs' counsel wish to control discovery and how the Defendant is allowed to obtain information to defend these cases. However, the court has ruled on a number of these issues as follows:

A. Plaintiffs' counsels sought to preclude the Defendant from serving third party subpoenas and allowing only Plaintiffs' counsel to obtain

depositions and those materials and "filter them" to defense counsel. That motion was denied, and the court tailored a method such that the Defendant could obtain the records directly.

B. Plaintiffs' counsels sought to limit the psychological psychiatric examination in C.M.A. v. Jeffrey Epstein and [redacted] Case No. 08-CIV-80811), as to time, subject matter and scope. However, Magistrate Johnson entered an order denying the requested restrictions.

C. Other Plaintiffs' attorneys have said that they object to requested psychological exam of their client(s), thus motions for such exams will now need to be filed; yet all seek millions of dollars in damages for alleged psychological and emotional trauma.

D. Many Plaintiffs' object to discovery regarding current and past employment (although they are seeking loss of income, both in past and future).

E. All Plaintiffs object to prior sexual history, consensual and forced as being irrelevant, although in many of the medical records that are now being obtained, as well as the psychiatric exams done by Dr. Kliman, there is reference to rape, molestation, abusive relationships (both physical and verbal), prior abortions, illegal drugs and alcohol abuse.

15. Clearly, Plaintiffs wish to make allegations; however, they forget that they must meet their burden by proving same. Meeting that burden and disproving those allegations is not possible if this court allows Plaintiffs to stifle and/or control the discovery process.

16. Specifically, with regard to Jane Doe No. 4, which is the deposition set for next week, September 16, 2009, the plaintiff has in her past (see affidavit of Richard C.W. Hall, M.D., an expert psychiatrist retained by Defendant to conduct exams on various claimants.) See **Exhibit "5"**

A. Sought counseling due to a dysfunctional home situation, specifically with regard to her father. She described herself as being angry, bitter, depressed and having body image problems;

B. Had an ex-boyfriend, Preston Vinyard, who was, on information and belief, a drug dealer who she lived with;

C. Had drug and alcohol problems herself; and

D. Spoke with two psychiatrists when she was sixteen or seventeen (before this lawsuit!) and did not reference Epstein, but did reference her boyfriend and family issues.

17. There are police reports that reflect that:

A. In September 2004, a battery report was filed regarding Jane Doe No. 4 and Vinyard based on an argument where he grabbed her by the neck and began spitting on her and calling her a cheater.

B. Also in September 2004, there was a domestic violence file opened where Vinyard was physically and verbally abusive to Jane Doe No. 4, his girlfriend at the time. There is reference that the two started a serious relationship in January 2002, when she was only fourteen (14) years old.

C. Vinyard was arrested in December 2003, and charged with reckless driving and leaving the scene of the accident with Jane Doe No. 4, when their vehicle hit a tree and they fled.

18. Moreover, an ex-boyfriend of Jane Doe No. 4 died in a DUI accident and it took her two years to get over his death, and another good friend of hers, "Jen," died in an automobile accident involving drinking. Within her Amended Complaint and Answers to Interrogatories, she indicates that she went to Epstein's house on several occasions. However, at no time did she call the police, at no time did she report any traumatic or severe emotional trauma, nor alleged coercion, force or improper behavior by Epstein until she got a "lawyer" and is now pursuing claims for millions of dollars. Epstein's assistance to his attorneys at these depositions regarding the above issues is not only a constitutional due process right afforded to him but essential given the fact that this court has ruled that Plaintiffs' depositions can only occur one time, no "second bite" absent a court order.

19. Given the breadth of the allegations made against Epstein and the substantial damages sought, Epstein has an unequivocal and constitutional right to be present at any deposition such that he can assist his counsel with the defense of these cases. See *infra*. **Dr. Hall**

also prepared affidavits regarding Jane Does 2, 3, 5, 6, and 7, which are attached to DE 247.

Memorandum Of Law

20. Plaintiffs' motion is required to be denied as they have failed to meet their burden showing the "extraordinary circumstances" necessary to establish good cause to support a protective order which would grant the extraordinarily rare relief of preventing a named party from attending in person the deposition of another named party. Also requiring denial of Plaintiffs' motion is the fact that it seeks to exclude Epstein from all the depositions of all the Plaintiffs in actions before this Court. Such relief is unprecedented and attempts to have this Court look at the Plaintiffs' collectively as opposed to analyzing each case based on facts versus broad speculation whether "extraordinary circumstances" exist on a case by case basis. In other words, the standard is such that the Court would be required to determine whether each Plaintiff has met her burden, should the Court consider adopting such extraordinary relief. On its face, the motion does not meet the necessary burden as to Jane Doe 4, or Jane Does 2, 3, 5, 6, or 7.

Discussion of Law Requiring the Denial of the Requested Protective Order

Rule 26(c)(1)(E), Fed.R.Civ.P. (2009), governing protective orders, provides in relevant part that:

> **(1)** ***In General.*** A party or any person from whom discovery is sought may move for a protective order in the court where the action is pending--or as an alternative on matters relating to a deposition, in the court for the district where the deposition will be taken. The motion must include a certification that the movant has in good faith conferred or attempted to confer with other affected parties in an effort to resolve the dispute without court action. **The court may, for good cause, issue an order to protect a party or person from annoyance, embarrassment, oppression, or undue burden or expense, including one or more of the following:**
>
> * * * *
>
> **(E)** designating the persons who may be present while the discovery is conducted;

* * * *

In seeking to prevent the Defendant from being present in the room where the Plaintiffs are being deposed, Plaintiffs generally rely on treatise material from Wright & Miller, 8 Federal Practice & Procedure Civ.2d, *§2041,* and cases cited therein. The case of Gaella v. Onassis, 487 F.2d 986, at 997 (2d Cir. 1973), cited by Plaintiffs, makes clear that the exclusion of a party from a deposition "should be ordered rarely indeed." Unlike the Gaella case, there is no showing by each of the Plaintiffs that there has been any conduct by Epstein, in rightfully defending the actions filed against him, reflecting "an irrepressible intent to continue ... harassment" of any Plaintiff or a complete disregard of the judicial process, i.e. prior alleged conduct versus any action/conduct displayed in this or other cases that would justify extraordinary relief. There is absolutely no basis in the record to indicate that Epstein will act other than properly and with the proper decorum at the depositions of the Plaintiffs and abide in all respects with the No-Contact Order.

Wherefore, Epstein respectfully requests that this Court enter an order denying Plaintiffs' Motion for Protective Order, provide that Epstein is permitted to attend the depositions of the Plaintiffs that have asserted claims against him in the related matters, and for such other and further relief as this court deems just and proper.

Robert D. Critton, Jr.
Michael J. Pike
Attorney for Defendant Epstein

Certificate of Service

I HEREBY CERTIFY that a true copy of the foregoing was hand-delivered to the Clerk of the Court as required by the Local Rules of the Southern District of Florida and electronically mailed to all counsel of record identified on the following Service List on this 11th day of September, 2009.

Certificate of Service
Jane Doe No. 2 v. Jeffrey Epstein
Case No. 08-CV-80119-MARRA/JOHNSON

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Respectfully submitted,

By: _____
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561/842-2820 Phone
561/515-3148 Fax
(Co-*Counsel for Defendant Jeffrey Epstein)*

Robert D. Critton Jr.

From: Adam Horowitz [ahorowitz@sexabuseattorney.com]
Sent: Tuesday, September 15, 2009 11:43 AM
To: Michael J. Pike; Robert D. Critton Jr.
Cc: Stuart Mermelstein
Subject: Jane Does v. Epstein

Please allow this to confirm that Jeffrey Epstein will not attend tomorrow's deposition of Jane Doe No. 4 (in the absence of a Court order permitting him to attend). We understand you may wish to have your client listen in by telephone or view a videofeed of the deposition, but will not be seen by our client.

Regards,

Adam D. Horowitz, Esq.
www.sexabuseattorney.com
Mermelstein & Horowitz, P.A.
18205 Biscayne Boulevard
Suite 2218
Miami, FL 33160
ahorowitz@sexabuseattorney.com
Tel: (305) 931-2200
Fax: (305) 931-0877

From: Michael J. Pike [redacted]
Sent: Tuesday, September 15, 2009 10:54 AM
To: Stuart Mermelstein; Adam Horowitz
Cc: Robert D. Critton Jr.; Jessica Cadwell
Subject: FW: Jane Does v. Epstein

Gentlemen:

I sent the e-mail below weeks ago. I have not heard back from you. I'm entitled to the questionnaires Kliman had your clients fill out and which he utilized to formulate his opinions. I need them by tomorrow since they are well over due. If not, I will have no other choice to file a motion, which I do not want to do given how we have worked together on these issues in the past. Let me know, pike.

From: Michael J. Pike
Sent: Tuesday, August 18, 2009 11:37 AM
To: Robert D. Critton Jr.; Stuart Mermelstein; Ashlie Stoken-Baring; Connie Zaguirre
Subject: Jane Does v. Epstein

From reviewing the transcripts, it seems Dr. Kliman utilized Questionnaire's with all of your clients. I need them. Please advise of your position. I'm sure you will produce since they are

EXHIBIT 3

9/15/2009

discoverable. Thanks.

Michael J. Pike, Esq.
Burman, Critton, Luttier & Coleman
515 N. Flagler Dr., Ste. 400
West Palm Beach, Florida 33401
Telephone: (561) 842-2820
Facsimile (561) 844-6929

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9/15/2009

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

CASE NO.: 08-CV-80119-MARRA-JOHNSON

JANE DOE NO. 2,

Plaintiff,

v.

JEFFREY E. EPSTEIN,

Defendant.
_____/

Related Cases:
08-80232, 08-80380, 08-80381, 08-80994,
08-80993, 08-80811, 08-80893, 09-80469,
09-80581, 09-80656, 09-80802, 09-81092.
_____/

AFFIDAVIT OF JEFFREY E. EPSTEIN

STATE OF FLORIDA) SS
COUNTY OF PALM BEACH)

BEFORE ME, the undersigned authority, personally appeared Jeffrey E. Epstein having personal knowledge and being duly sworn, deposes and says:

1. My office is located at 250 Australian Avenue South, 14th Floor, West Palm Beach, Florida. Its location has been well publicized in the news.

2. I met with my attorneys, Robert D. Critton, Jr. and Mark T. Luttier, at 12:30 p.m. in preparation for the deposition of Jane Doe No. 4 which was to take place beginning at 1:00 p.m. on September 16, 2009.

3. I was aware of the motion for protective order which had been served in this case by counsel for Jane Doe No. 4 and the Emergency Motion To Strike Plaintiff's Motion For

EXHIBIT 4

Protective Order And Emergency Motion To Allow The Attendance Of Jeffrey Epstein At The Deposition Of Plaintiffs And Response In Opposition To Plaintiffs', Jane Doe Nos. 2-8, Motion For Protective Order As To Jeffrey Epstein's Attendance At The Deposition Of Plaintiffs, With Incorporated Memorandum of Law, which had been filed on my behalf such that I could attend the deposition and assist my attorneys in my defense.

4. I also understood that as of 1:00 p.m. on September 16, after I had finished speaking with my attorneys that the court had not ruled regarding the above-referenced motions.

5. I was instructed by my attorneys that I could not attend the deposition and therefore a video feed was set up such that I could view the deposition from my home.

6. I also understood that my attorneys did not want me in the building after the deposition began.

7. At 1:04 p.m. after we assumed that everyone would be in the deposition room, my lawyers went down on one elevator and I went down on another elevator with my driver, Igor Zinoviev, both exiting at approximately the same time.

8. I asked Igor where he had parked, and he said "out front". We exited the elevator, I walked toward the front door. Near the front door, I saw a taller woman and a shorter woman who I thought might be Jane Doe No. 4 and immediately turned to my left and went out a separate exit to the garage.

9. At no time did I speak with or attempt to interact with either women.

FURTHER THE AFFIANT SAYETH NAUGHT.

Jeffrey E. Epstein

STATE OF FLORIDA
COUNTY OF PALM BEACH

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared Jeffrey E. Epstein known to me to be the person described in and who executed the foregoing Affidavit, who acknowledged before me that he/she executed the same, that I relied upon the following form of identification of the above named person: Jeffrey Epstein, and that an oath was/was not taken.

WITNESS my hand and official seal in the County and State last aforesaid this day of Sept. 17, 2009.

PRINT NAME: Sheryl L. Mahoney (SEAL)
NOTARY PUBLIC/STATE OF FLORIDA
COMMISSION NO.:
MY COMMISSION EXPIRES:

SHERYL L. MAHONEY NOTARY PUBLIC STATE OF FLORIDA
My Comm. Expires May 28, 2010
No. DD519667

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

CASE NO.: 08-CV-80119-MARRA-JOHNSON

JANE DOE NO. 2,

Plaintiff,

v.

JEFFREY EPSTEIN,

Defendant.
_____/

Related Cases:
08-80232, 08-80380, 08-80381, 08-80994,
08-80993, 08-80811, 08-80893, 09-80469,
09-80581, 09-80656, 09-80802, 09-81092.
_____/

AFFIDAVIT OF IGOR ZINOVIEV

STATE OF FLORIDA) SS
COUNTY OF PALM BEACH)

BEFORE ME, the undersigned authority, personally appeared Igor Zinoviev having personal knowledge and being duly sworn, deposes and says:

1. I work for Jeffrey Epstein. I as well drive him from place to place.

2. At approximately 1:04 p.m., Mr. Epstein and I went down in the elevator from the 14th floor to the ground level. I was to drive Mr. Epstein to his home. His lawyers went down at approximately the same time in a separate elevator.

3. I parked the car at the front entrance. As I walked toward the front door and noticed that Mr. Epstein quickly turned to the left so as to exit through the door to the garage of the building rather than the front entrance.

EXHIBIT 5

4. At no time did Mr. Epstein speak or gesture to anyone, including the individuals whom I saw near the front door.

5. At no time did I speak with the individuals at the main entrance.

FURTHER THE AFFIANT SAYETH NAUGHT.

Igor Zinoviev

STATE OF FLORIDA
COUNTY OF PALM BEACH

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared Igor Zinoviev known to me to be the person described in and who executed the foregoing Affidavit, who acknowledged before me that he/she executed the same, that I relied upon the following form of identification of the above named person: Jeffrey Epstein, and that an oath was/was not taken.

WITNESS my hand and official seal in the County and State last aforesaid this day of Sept. 17, 2009.

SHERYL L. MAHONEY NOTARY PUBLIC STATE OF FLORIDA My Comm. Expires May 26, 2010 No. DD519867

PRINT NAME: Sheryl L. Mahoney (SEAL)
NOTARY PUBLIC/STATE OF FLORIDA
COMMISSION NO.:
MY COMMISSION EXPIRES:

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

CASE NO.: 08-CV-80119-MARRA-JOHNSON

JANE DOE NO. 2,

Plaintiff,

v.

JEFFREY EPSTEIN,

Defendant.
_____/

Related Cases:
08-80232, 08-80380, 08-80381, 08-80994,
08-80993, 08-80811, 08-80893, 09-80469,
09-80581, 09-80656, 09-80802, 09-81092.
_____/

AFFIDAVIT OF ROBERT D. CRITTON, JR.

STATE OF FLORIDA) SS
COUNTY OF PALM BEACH)

BEFORE ME, the undersigned authority, personally appeared Robert D. Critton, Jr., having personal knowledge and being duly sworn, deposes and says:

1. I am counsel for Jeffrey Epstein in the above-styled matter and other civil lawsuits.

2. The information contained in motion, paragraphs 1 through 9, 11, 13, 14 and 16 is true and accurate based on my personal knowledge.

3. The costs and fees set forth in the motion are true, correct and reasonable.

FURTHER THE AFFIANT SAYETH NAUGHT.

_____
Robert D. Critton, Jr.

EXHIBIT 6

STATE OF FLORIDA
COUNTY OF PALM BEACH

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared Robert D. Critton, Jr.. known to me to be the person described in and who executed the foregoing Affidavit, who acknowledged before me that he/she executed the same, that I relied upon the following form of identification of the above named person: Personally Known, and that an oath was/was not taken.

WITNESS my hand and official seal in the County and State last aforesaid this day of 17, September, 2009.

Jessica Cadwell

PRINT NAME: JESSICA CADWELL (SEAL)
NOTARY PUBLIC/STATE OF FLORIDA
COMMISSION NO.: DD 853529
MY COMMISSION EXPIRES: 04/19/13

JESSICA CADWELL
MY COMMISSION # DD 853529
EXPIRES: April 19, 2013
Bonded Thru Notary Public Underwriters

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

CASE NO.: 08-CV-80119-MARRA-JOHNSON

JANE DOE NO. 2,

Plaintiff,

v.

JEFFREY EPSTEIN,

Defendant.
_____/

Related Cases:
08-80232, 08-80380, 08-80381, 08-80994,
08-80993, 08-80811, 08-80893, 09-80469,
09-80581, 09-80656, 09-80802, 09-81092.
_____/

AFFIDAVIT OF MARK T. LUTTIER

STATE OF FLORIDA) SS
COUNTY OF PALM BEACH)

BEFORE ME, the undersigned authority, personally appeared Mark T. Luttier., having personal knowledge and being duly sworn, deposes and says:

1. I am counsel for Jeffrey Epstein in the above-styled matter and other civil lawsuits.

2. The information contained in motion, paragraphs 1 through 10, 11, 13, 14 and 16 is true and accurate based on my personal knowledge.

FURTHER THE AFFIANT SAYETH NAUGHT.

Mark T. Luttier
Mark T. Luttier

EXHIBIT 7

STATE OF FLORIDA
COUNTY OF PALM BEACH

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared Mark T. Luttier, known to me to be the person described in and who executed the foregoing Affidavit, who acknowledged before me that he/she executed the same, that I relied upon the following form of identification of the above named person: personally known, and that an oath was/was not taken.

WITNESS my hand and official seal in the County and State last aforesaid this 17th day of ~~17th~~ Sept., 2009.

Jessica Cadwell

PRINT NAME: JESSICA CADWELL

NOTARY PUBLIC/STATE OF FLORIDA
COMMISSION NO.: DD 853529
MY COMMISSION EXPIRES: 04/19/13

JESSICA CADWELL
MY COMMISSION # DD 853529
EXPIRES: April 19, 2013
Bonded Thru Notary Public Underwriters

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

CASE NO. 08-CV-80119-MARRA/JOHNSON

JANE DOE NO.2,

Plaintiff,

-vs-

JEFFREY EPSTEIN,

Defendant.
_____/

Related cases:

08-80232, 08-08380, 08-80381, 08-80994,
08-80993, 08-80811, 08-80893, 09-80469,
09-80591, 09-80656, 09-80802, 09-81092
_____/

DEPOSITION OF JANE DOE #4

Wednesday, September 16, 2009
1:03 - 1:08 p.m.

250 Australian Avenue South
Suite 115
West Palm Beach, Florida 33401

Reported By:
Cynthia Hopkins, RPR, FPR
Notary Public, State of Florida
Prose Court Reporting

EXHIBIT 8

Electronically signed by cynthia hopkins (601-051-976-2934) d2a436e3-95f3-42e6-9641-6687d2dff9e5

APPEARANCES:
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MARK T. LUTTIER, ESQUIRE
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On behalf of Jeffrey Epstein:
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SEARCY, DENNEY, SCAROLA,
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APPEARNCES CONTINUED...

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PROCEEDINGS

MR. HOROWITZ: Adam Horowitz, counsel for Plaintiff, Jane Doe 4.

MR. CRITTON: Cindy, what time is it?

THE COURT REPORTER: It is 1:03.

MR. BERGER: William J. Berger for LM and EW.

MR. HILL: Jack Hill for CMA.

MR. LANGINO: Adam Langino from Leopold Kuvin on behalf of BB.

MR. LUTTIER: Mark Luttier on behalf of Burman, Critton, Luttier & Coleman for the Defendant.

MR. CRITTON: Robert Critton on behalf of Defendant, Jeffrey Epstein.

MR. HOROWITZ: This is Adam Horowitz. We're canceling today's deposition. Before appearing here today, we had a stipulation with Defense counsel that Mr. Jeffrey Epstein, the Defendant, would not be here. He would not cross paths with our client.

And immediately as we were approaching the deposition room, he made face-to-face contact with our client. He was just feet away from

her and intimidated her, and for that reason we're not going forward.

MR. CRITTON: I didn't see any contact because I, obviously, was not out there. We started at about -- when you came in it was approximately 1:03. Mr. Epstein has an office here at the Florida Science Foundation. Had you been here at 1:00, your paths never would have crossed because Mr. Epstein was leaving the building. I instructed him to leave the building so that he would not be here.

He was going to appear by way of Skype so that he could be on a video camera so that he could see this.

(Mr. Goldberger entered the room.)

MR. CRITTON: Had you been here on time, and not faulting, I am just saying had you been here on time at 1:00, as everyone else seemed to be here at least get here before you did, Adam, you and your client, your paths never would have crossed.

I directed Mr. Epstein to leave the building so he would not be here so that there would be no way that your paths could have crossed. It was neither my intent nor was it

Electronically signed by cynthia hopkins (601-051-976-2934) d2a436e3-95f3-42e6-9641-6687d2dff9e5

my client's intent specifically, because I also advised him that he was not to cross paths, not to have any contact with your client, and certainly by our agreement not to be here today for the deposition.

MR. HOROWITZ: And at approximately 1:00 is exactly when my client crossed paths with Jeffrey Epstein. And not only did he cross paths but he proceeded to stare her down just feet away from her. For that reason she became an emotional wreck and cannot proceed with the deposition. She's simply not in an emotional state to do so.

And in addition Mr. Epstein violated the agreement between counsel that he would not cross paths or come into contact with our client. And it will be also for the criminal court judge to decide whether he has violated a no-contact order. I have nothing else to say.

MR. CRITTON: Again I instructed Mr. Epstein to leave the building so absolutely no contact could occur between he and Mr. Horowitz and his client nor anyone else. Until the court, until either Judge Marra or Judge Johnson ruled on the issue as to whether

or not he could appear at the depositions of not only Jane Doe 4 but any other individuals, so you do what you need to do.

MR. HOROWITZ: Off the record.

(The Deposition was concluded.)

CERTIFICATE

STATE OF FLORIDA
COUNTY OF PALM BEACH

I, Cynthia Hopkins, Registered Professional Reporter and Florida Professional Reporter, State of Florida at large, certify that I was authorized to and did stenographically report the foregoing proceedings and that the transcript is a true and complete record of my stenographic notes.

Dated this 16th day of September, 2009.

Cynthia J. Hopkins

Cynthia Hopkins, RPR

Electronically signed by cynthia hopkins (601-051-976-2934) d2a436e3-95f3-42e6-9641-6687d2dff9e5

Prose Court Reporting Agency, Inc
One Clearlake Centre
250 South Australian Avenue, Suite 1500
West Palm Beach, Florida 33401
(561) 832-7500 Phone (561) 832-7506 Fax
Tax ID: 26-3892897
www.prosecra.com

September 17, 2009

Robert Critton, Esquire
Burman, Critton, Luttier & Coleman - WPB
303 Banyan Boulevard
Suite 400
West Palm Beach, FL 33401

Invoice Number
CH 411

Re: Jane Doe No. 2 vs. Jeffrey Epstein
9-16-09 Scheduled Deposition of Jane Doe No. 4
Statement for Record

Description of Services		
Depo App NT - 1st Hr	Appearance 1st Hr	110.00
Depo Trans 0&1-Reg	Transcript Pages - 8	28.80
E-Transcript Emailed	Complimentary	
	Invoice total:	**$138.80**

Thank you for choosing Prose Court Reporting Agency, Inc. Payment is due upon receipt.

EXHIBIT 9

VISUAL EVIDENCE
P.O. Box 6967 West Palm Beach, FL 33405

Invoice

Date	Number
9/17/2009	28616
Terms	
Due on receipt	

BURMAN, CRITTON & LUTTIER
ROBERT CRITTON
303 BANYAN BLVD
SUITE 400
WEST PALM BEACH, FL 33401

Case / Reference: JANE DOE #2 v EPSTEIN

Date	Services Rendered	Qty	Amount
9/16/2009	VIDEOTAPED DEPOSITION OF: JANE DOE # 4		
	Tech Time - 1ST 2 Hours	1	275.00
	Digital Tape Stock	1	15.00
	MASTER TAPE CONSISTS OF DISCUSSIONS BETWEEN ATTORNEYS PRIOR TO SWEARING IN REGARDING CANCELLATION OF DEPO.		
9/17/2009	Delivery	1	0.00
	MASTER TAPES FORWARDED PER YOUR REQUEST. NO COPIES HAVE BEEN MADE OR KEPT ON FILE AT VISUAL EVIDENCE. SHOULD COPIES BE REQUIRED IN THE FUTURE PLEASE FORWARD MASTER TAPES TO OUR OFFICE FOR DUPLICATION. THANK YOU.		

TOTAL: $290.00

MORE THAN JUST VIDEO ! See ALL available presentation technology services at: www.visualevidence.org.

Remit to:
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West Palm Beach, FL 33405
Tax ID # 59-2476529

Phone: (561) 655-2855 Fax: (561) 655-2896 office@visualevidence.org

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

CASE NO.: 08-CV-80119-MARRA-JOHNSON

JANE DOE NO. 2,

Plaintiff,

v.

JEFFREY EPSTEIN,

Defendant.
_____/

Related Cases:
08-80232, 08-80380, 08-80381, 08-80994,
08-80993, 08-80811, 08-80893, 09-80469,
09-80581, 09-80656, 09-80802, 09-81092.
_____/

ORDER ON DEFENDANT'S, JEFFREY EPSTEIN, MOTION FOR SANCTIONS AND TO COMPEL DEPOSITION OF JANE DOE NO. 4 AND MEMORANDUM IN SUPPORT THEREOF

This matter came before the Court on Defendant's, JEFFREY EPSTEIN, Motion For Sanctions and to Compel Deposition of Jane Doe No. 4. Having considered Defendant's motion, it is HEREBY ORDERED and ADJUDGED that:

Defendant's motion is hereby GRANTED: Plaintiff shall pay sanctions in the amount of $ _____ in costs and $ _____ in fees directly to Burman, Critton, Luttier and Coleman within 10 days, and further directs that the Plaintiff make herself available for deposition no later than October _____, 2009 beginning at 9:30 a.m. at the same location. Mr. Epstein shall not be present in the building on the day of the deposition absent a court order on pending motions.

DONE and ORDERED this ____day of _____, 2009.

_____
Kenneth A. Marra
United States District Judge

Courtesy Copies: Counsel of Record

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT
IN AND FOR PALM BEACH COUNTY, STATE OF FLORIDA
CRIMINAL DIVISION "W" (LB)

08CF9381

STATE OF FLORIDA

ARISES FROM BOOKING NO.:
2006036744

vs.

JEFFREY E EPSTEIN, W/M, 01/20/1953,

SHARON R. BOCK, CLERK
PALM BEACH COUNTY, FL

FILED
08 JUN 26 PM 3:30

INFORMATION FOR:

1) PROCURING PERSON UNDER 18 FOR PROSTITUION

In the Name and by Authority of the State of Florida:
BARRY E. KRISCHER, State Attorney for the Fifteenth Judicial Circuit, Palm Beach County, Florida, by and through his undersigned Assistant State Attorney, charges that JEFFREY E EPSTEIN on or about or between the 1st day of August in the year of our Lord Two Thousand and Four and October 9, 2005, did knowingly and unlawfully procure for prostitution, or caused to be prostituted, A.D, a person under the age of 18 years, contrary to Florida Statute 796.03. (2 DEG FEL)

LANNA BELOHLAVEK
FL. BAR NO. 726
ney

STATE OF FLORIDA
COUNTY OF PALM BEAC

Appeared before me, l
Florida, personally known to r
foregoing information are base
the offense therein charged, tha
oath has been received from the

16

orney for Palm Beach County,
allegations as set forth in the
nd which, if true, would constitute
nd certifies that testimony under

Sworn to and subscribed to

NOTARY PUBLIC, State of Florida

Damaris Pina
MY COMMISSION # DD580 . . .PIRES
August 2, 2010
BONDED THRU TROY FAIN INSURANCE, INC.

LB/dp

FCIC REFERENCE NUMBERS:
FELONY SOLICITATION OF PROSTITUTION 3699

CAS JUN 26 2008

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

Caseload Transaction Register Data Entry Form

135755 OFFENDER NAME Epstein, Jeffrey

PAGE ____ OF ____

OFCR #	OFCR NAME	EFF DATE	SEQ	GAIN/ LOSS/ STATUS	RSN	CO/ST	SUPV TYPE	OFCR INIT/DATE	SUPV INIT/DATE	CJIT INIT/DATE	Info √	OTOS √	COMMENTS

(Revised 5-03)

EFTA01625704

imposed date | overall term date | ____Y____M____D parole/control rel | component | county | _____/____ judge/division | count # | case # | adj w/h? | disposition

____ # of counts ☐CC ☐CS | OBTS # | uniform case # | statute | fel ofns cde | FROM _____ TO _____ offense date | qualifier | fel class

____ ____ sent type | ____Y____M____D jail term | ____D jail crdt | ____Y____M____D supv term | ____y____M____D adj term | ____D jail G/T | ____ ____ spec provs | ☐IN ☐CC ☐CS TO PFX____COMP____ √ chaining | date imposed | eff date

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imposed date | overall term date | ____Y____M____D parole/control rel | component | county | _____/____ judge/division | count # | case # | adj w/h? | disposition

____ # of counts ☐CC ☐CS | OBTS # | uniform case # | statute | fel ofns cde | FROM _____ TO _____ offense date | qualifier | fel class

____ ____ sent type | ____Y____M____D jail term | ____D jail crdt | ____Y____M____D supv term | ____y____M____D adj term | ____D jail G/T | ____ ____ spec provs | ☐IN ☐CC ☐CS TO PFX____COMP____ √ chaining | date imposed | eff date

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imposed date | overall term date | ____Y____M____D parole/control rel | component | county | _____/____ judge/division | count # | case # | adj w/h? | disposition

____ # of counts ☐CC ☐CS | OBTS # | uniform case # | statute | fel ofns cde | FROM _____ TO _____ offense date | qualifier | fel class

____ ____ sent type | ____Y____M____D jail term | ____D jail crdt | ____Y____M____D supv term | ____y____M____D adj term | ____D jail G/T | ____ ____ spec provs | ☐IN ☐CC ☐CS TO PFX____COMP____ √ chaining | date imposed | eff date

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imposed date | overall term date | ____Y____M____D parole/control rel | component | county | _____/____ judge/division | count # | case # | adj w/h? | disposition

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____ ____ sent type | ____Y____M____D jail term | ____D jail crdt | ____Y____M____D supv term | ____y____M____D adj term | ____D jail G/T | ____ ____ spec provs | ☐IN ☐CC ☐CS TO PFX____COMP____ √ chaining | date imposed | eff date

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imposed date | overall term date | ____Y____M____D parole/control rel | component | county | _____/____ judge/division | count # | case # | adj w/h? | disposition

____ # of counts ☐CC ☐CS | OBTS # | uniform case # | statute | fel ofns cde | FROM _____ TO _____ offense date | qualifier | fel class

____ ____ sent type | ____Y____M____D jail term | ____D jail crdt | ____Y____M____D supv term | ____y____M____D adj term | ____D jail G/T | ____ ____ spec provs | ☐IN ☐CC ☐CS TO PFX____COMP____ √ chaining | date imposed | eff date

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GA 6-30-08
Officer Initials/Date

BL 7/22/08
Supervisor Initials/Date

HC 7/22/08
Data Entry Initials/Date

EFTA01625705

☐ PHOTO
☐ OT71
☐ OT36
☐ INSTRUCT

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS
OFFENDER INFORMATION SHEET AND REPORTING INSTRUCTIONS

Official Name: EPSTEIN Jeffrey E (Last, First, Middle Initial/Suffix) DC#:

W (Race) M (Sex) 1-20-53 (Date of Birth) Social Security #

True Name: (Last, First, Middle Initial, Suffix) Alias/Nickname

Maiden Name 6 (Height- Ft/In.) 190 (Weight) W (Complexion) Grey (Hair Color)

Bl (Eye Color) Body Build Scars/Marks/Tattoos - Description and Location

Birth City /County NY (Birth State) USA (Birth Country) Citizenship Ethnic Eng, Sp (Primary Language)

Jewish (Religion) Yes (Understand English?) S (Marital Status) Hs Grad (Highest Grade Completed)

Offender Address (PRESENT): 358 SE 3rd St. (Street Address) Palm Beach (City)

Palm Beach (County) FLORIDA (State) 33480 (Zip) [redacted] (Home Phone and Cell #)

Significant Other: Name Relationship Phone #

Next of Kin/Significant Other: Street Address: City State

Mother's/ Maiden Name: STOLOFSKY

Mother's and/or Father's Street Address: City State

Mother or Father's phone number, including area code:

Employer's Name (Primary): Florida Crime Center Street Address: 250 Australian Ave. Suite 1404.

Palm Beach (City) FL (State) 33480 (Zip) 561-366-0054 (Work Telephone #) — (Length of Time Employed)

(Begin Date (Month/Year)) Chairman (Primary Duty) (Industry) Endyke E. (Supervisor's Full Name)

OFFICE OF SUPERVISION REPORTING INSTRUCTIONS

REPORT TO THE PROBATION OFFICE INDICATED BELOW AND PRESENT THIS FORM TO THE OFFICE RECEPTIONIST. FAILURE TO REPORT IS A VIOLATION OF YOUR SUPERVISION.

REPORT ON: (Date) AT: (Time).

Offender Signature/Date acknowledging receipt of reporting instructions. Intake Personnel Signature/Date

Offices:

DC3-297 (Revised 5/06)

INITIAL REPORTING INSTRUCTIONS

(Provided by the Circuit Court of Palm Beach County) W35755

JEFFERY EPSTEIN
(Offender Name)

Supervision Type: ☐ Probation ☐ Drug Offender Probation
☒ Community Control ☐ Sex Offender Probation
☐ Sex Offender Community Control

You are instructed to report to the following Department of Corrections office located at:

Office Address: 3444 South Congress Avenue
Lake Worth, Florida 33461
Office Telephone Number: 561-434-3960
Date and Time to Report: . IMMEDIATELY AFTER [redacted] RELEASE

Office Hours are from 8:00 AM - 5:00 PM, Monday through Friday.

Failure to report as instructed is a violation of the terms of supervision, as provided in Sections 948.03 and 948.06 Florida Statutes.

Race/Sex: W/M DOB: [redacted] SS #
Address: 358 EC Bvld. Lot, Palm Beach Florida 33480
Phone #: [redacted]

[redacted] 6/30/08
Officer/Date

Offender/Date

RECEIVED
JUL 18 2008
15-4

DC3-298 (Revised 08/04) Section 6-Offender File

EFTA01625707

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

AUTHORIZATION AND RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, hereby authorize and request every person, firm, officer, corporation, association, organization, or institution having control of any documents, records, or other information pertaining to me, to furnish the originals or copies of any such documents, records, and other information to the Florida Department of Corrections or any of its representatives, to inspect and/or to copy any such documents, records, or other information.

[redacted] 6/1/09
_____ te

_____ 6/1/09
Signature/Date

_____
Witness/Date

4-M 1-20-53
Race/Sex Date of Birth

AUTORIZACION Y RELEVAMIENTO DE INFORMACION

A TODO QUIEN LE CONCIERNE:

Yo, _____, por este medio autorizo y pido a toda persona, agencia, oficial, corporacion, asociacion, organizacion o institucion teniendo control sobre algun documento, archivo, u otra informacion perteneciente a mi, que provea los documentos, archivos y otra informacion al Departamento de Correccion de la Florida o cualquier de su representates para que inspeccione y/o tome copia de tales documentos, archivos, u otra informacion.

_____ _____
Testigo/Fecha Firma/Fecha

_____ _____
Testigo/Fecha Raza/Sexo Fecha de Nacimiento

(Release valid for six (6) months from date signed)
(Este relevamiento es valido por (6) meses de la fecha firmada)

DC3-214 (E/S) (Revised 7-02)

EFTA01625708

REPORTING INSTRUCTIONS

OFFENDER'S NAME: JEFFREY EPSTEIN
DC#: W33755

PLEASE READ AND INITIAL EACH INSTRUCTION:

YOU ARE **REQUIRED TO REPORT** TO YOUR ASSIGNED OFFICER EACH MONTH, UNLESS OTHERWISE INSTRUCTED. JE

YOU ARE **REQUIRED TO REPORT** UNTIL YOU ARE NOTIFIED IN WRITING OTHERWISE BY THE JUDGE OR YOUR OFFICERS. NO ONE ELSE HAS THE AUTHORITY TO EXCUSE YOU FROM REPORTING. JE

IF YOU ARE CHARGED WITH VIOLATION OF PROBATION, REGARDLESS OF WHETHER YOU ARE ARRESTED, RELEASED OR SIMPLY GIVEN A NOTICE TO APPEAR, YOU MUST **CONTINUE TO REPORT** AND SATISFY ALL YOUR OTHER CONDITIONS OF PROBATION/COMMUNITY CONTROL. JE

IF YOU ARE UNABLE TO PAY ANY OF YOUR MONETARY OBLIGATIONS CONNECTED WITH PROBATION/COMMUNITY CONTROL OR ANY CONDITION OF PROBATION/COMMUNITY CONTROL (SUCH AS DRUG TREATMENT OR A COURSE YOU MUST TAKE), YOU MUST MAKE YOUR BEST EFFORTS TO SATISFY THAT CONDITION. FOR EXAMPLE, GO TO THE CLASS WITHOUT PAYING, KNOWING THAT YOU WILL PAY LATER). IF YOU ARE NOT PERMITTED TO SATISFY AN OBLIGATION BECAUSE YOU CANNOT PAY, REPORT THIS AT ONCE TO YOUR PROBATION OFFICER, WHO WILL TRY TO HELP. YOU MUST **CONTINUE TO REPORT** AND TO SATISFY ALL YOUR OTHER CONDITIONS OF PROBATION/COMMUNITY CONTROL. JE

IF YOU HAVE A POSITIVE DRUG TEST, YOU MUST **CONTINUE TO REPORT** AND SATISFY ALL YOUR OTHER CONDITIONS OF PROBATION/COMMUNITY CONTROL. JE

IF YOU ARE TAKEN INTO CUSTODY BY INS OR BORDER PATROL UPON RELEASE YOU ARE **REQUIRED TO REPORT** TO YOUR OFFICE AND TO SATISFY ALL YOUR OTHER CONDITIONS OF PROBATION/COMMUNITY CONTROL. JE

IF YOU FAIL TO COMPLETE TREATMENT YOU MUST **CONTINUE TO REPORT** AND TO SATISFY ALL OTHER CONDITIONS OF PROBATION/COMMUNITY CONTROL. JE

I HAVE CAREFULLY READ EVERY INSTRUCTION ABOVE AND I HAVE DISCUSSED THEM ALL WITH MY PROBATION/COMMUNITY CONTROL OFFICER AND I UNDERSTAND ALL OF THEM AND WILL OBEY ALL OF THEM.

OFFENDER'S SIGNATURE / DATE

[redacted] 7/30/08

PROBATION [redacted] OL OFFICER SIGNATURE / DATE

Department of Corrections' Notice of Privacy Practices

Effective Date April 14, 2003

FOR OFFENDERS ON COMMUNITY SUPERVISION

THIS NOTICE[1] DESCRIBES HOW MEDICAL INFORMATION ABOUT OFFENDERS MAY BE USED AND DISCLOSED AND HOW AN OFFENDER CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Department of Corrections (DOC) is required by law to maintain the privacy of protected health information (PHI) maintained in DOC offender files. Federal law requires that this Notice be provided to you and that DOC abide by the terms of the Notice.

DOC Disclosures of Protected Health Information

In performing supervision activities, DOC uses and discloses (shares) PHI maintained in offender files for several purposes and is authorized to do so without first getting your written approval. These purposes include:

- For treatment activities required as a condition of probation/supervised release. For example, DOC may refer you to a health care provider so that you can participate in treatment as a condition of probation/supervised release.

- For DOC payment activities. Appropriate DOC staff must confirm treatment provided to you pursuant to a contract in order to authorize payment.
- For DOC operations. For example, DOC staff may discuss your participation in treatment with a treatment provider in order to supervise your compliance with your probation order.
- DOC will disclose PHI when required by law.
- DOC may provide information to government officials who oversee public health or who are dealing with threats to public safety from unsafe products, diseases, abuse, neglect, domestic violence and other crimes.
- DOC will provide information in the form of substance abuse test results, participation in court-ordered treatment programs, and other similar types of information to the sentencing court during the course of supervision and in the case of a violation of a condition of probation.
- DOC will disclose PHI in response to a subpoena, or court or administrative order.
- DOC may disclose PHI for law enforcement purposes.
- DOC may disclose PHI to correctional facilities or in other law enforcement custodial situations in the event that you are taken into custody or incarcerated.
- DOC may provide information to licensed researchers who are under strict rules regarding how they use and disclose PHI.
- DOC may provide health information as otherwise authorized by law.

---

[1] This Notice is provided pursuant to 45 CFR § 164.520, a regulation promulgated to implement the Health Insurance Portability and Accountability Act (HIPAA).

EFTA01625710

No other uses and disclosures of your PHI will occur without your written authorization. And if you sign such an authorization you have the right to cancel it any time provided you submit a written revocation of the authorization. (45 CFR § 164.508(b)(5))

Your Rights Regarding Your Protected Health Information

Under the law, you have the right to:

- Request restrictions on some of the ways DOC or its contract health care providers use and disclose your PHI. These restrictions can go beyond the restrictions already in the law. However, DOC or the contract provider may not always agree and is not required to implement these additional restrictions.
- Receive confidential PHI communications. While DOC or a DOC contract provider cannot promise to communicate health information in every possible way that an offender might request, we will work with you to find a practical way of communicating PHI to you in strict confidence if you wish.
- Inspect and get copies of your PHI in records maintained by health care providers who provide you treatment pursuant to a contract with DOC by making a request in writing. The provider may charge a reasonable fee to cover only the cost of providing this information. Note that DOC does not maintain any medical records or medical files on offenders.
- Request that DOC contract health care providers amend or correct your PHI in files maintained by the provider. To make such a change, DOC contract health care provider may ask you to make the request in writing with a description of the reason you want your record changed. The provider may not always agree and is not required to agree to such requests.
- A list of DOC or DOC contract provider disclosures of your PHI for a certain period of time (not to exceed a 6 year period since 4/14/03) that were not authorized by you and that were not related to treatment, payment and operations.

Questions about DOC privacy procedures should be directed to the DOC Privacy Officer at _____. Complaints to DOC about the way DOC handles your PHI, compliance with HIPAA (see footnote, p.1 of this Notice), or if you believe your privacy rights have been violated must be filed as Offender Grievances pursuant to Rule 33-302.101, Florida Administrative Code. A copy of the Offender Grievance Procedure may be obtained from your Correctional Probation Officer. You may also contact the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation against you for filing a complaint or for making requests regarding your health care information.

DOC reserves the right to change the terms of this Notice and to make new notice provisions for all PHI that DOC maintains. If the terms of this notice are revised, DOC will provide you a copy of the revised Notice on your next visit to the Probation Office. At any time, anyone has a right to get a paper copy of the latest version of this Notice by asking your Correctional Probation Officer.

EFTA01625711

Department of Corrections' Notice of Privacy Practices
Acknowledgement of Receipt

I received a copy of DOC Notice of Privacy Practices for Offenders on Community Supervision. I understand that if DOC uses my personal health information in a manner that is different than described by the Notice, DOC must first get my permission in writing.

EPSTEIN Jeffrey
Print Offender's Name

W33755
DC Number

Signature of Offender

7/31/08
date

[redacted]
ature

7/31/08
date

DOC3-2006 (7/02)

Section 5 Offender File

EFTA01625712

PALM BEACH COUNTY
SHERIFF'S OFFICE
RIC L. BRADSHAW, SHERIFF





CRIMINAL REGISTRATION
673 FAIRGROUNDS ROAD WPB, FL 33411
PHONE: (561) 688-4990

DATE: _____

REGISTRANT: _____

OFFENSE: _____

COURT DATE OF SENTENCING: _____

SENTENCE IMPOSED: _____

(circle one) CRIMINAL REGISTRATION SEX OFFENDER/PREDATOR CAREER OFFENDER

_____ _____
REGISTRANT SIGNATURE **DATE**

_____ _____
FINGERPRINT AIDE **ID#** **DATE**

DUANE WILLIAMS _____
PROBATION OFFICER **DATE**

Please be advised that the only location for registrations is at the Stockade 673 Fairgrounds Road West Palm Beach. Hours are Monday to Friday 8am to 4pm (closed holidays). No one will be processed beyond 4pm. Please bring proper ID and/or paperwork to assist us in registering you properly into the system.

EFTA01625713

Offender Name: JEFFREY EPSTEIN DC#: 1N/337655

CONDITIONS OF SUPERVISION You must obey all conditions of supervision. If you do not obey one or more of your conditions of supervision, your probation officer will report this to the court or Florida Parole Commission. You may be arrested for disobeying (violating) your conditions of supervision.

OFFENDER COMPLAINT (GRIEVANCE) PROCESS

If you have a complaint (grievance) about your officer or the Department of Corrections, you need to report this within 10 days. Please use the following steps to report your complaint:

1. First, talk to your probation officer about your complaint to see if you can work out a solution.
2. If you are not satisfied with your officer's response to your complaint, talk to the officer's supervisor. If you are not satisfied with the supervisor's response to your complaint, you may write your complaint on a piece of paper and give it to the officer's supervisor. The supervisor will send you a response to your written complaint.
3. If you are not satisfied with the supervisor's response, you may send your written complaint to the Circuit Administrator, who is in charge of the circuit. You need to also attach a copy of the complaint letter you sent to the supervisor, along with the supervisor's response. The Circuit Administrator will review your complaint and send a response to you.
4. If you are not satisfied with the Circuit Administrator's response, you may send your written complaint to the Regional Director for review. You also need to attach a copy of the complaint letter you sent to the supervisor, the supervisor's response, a copy of the letter you sent to the circuit administrator, and the circuit administrator's response. The Regional Director will review your complaint and send you a written response.
5. If you are not satisfied with the Regional Director's response, you may send a written complaint to the Assistant Secretary of Community Corrections for review. You also need to attach a copy of the complaint letter you sent to the supervisor, the supervisor's response, a copy of the letter you sent to the circuit administrator, the circuit administrator's response, a copy of the letter you sent to the regional director, and the regional director's response. The Assistant Secretary of Community Corrections will send you a written response.
6. Complaints (grievances) must be written neatly and must include your complete name, your Department of Corrections (DC) number, your signature, and the date you signed the grievance. Your complaint letter must clearly state what the complaint is about.

Please note that complaints about violations must be discussed with your attorney, the judge, or the Florida Parole Commission – not the probation officer. If your complaint has anything to do with your health or a disability, please send your complaint letter straight to the Assistant Secretary of Community Corrections instead of going through the other steps.

EMERGENCY CONTACT

Probation offices are open Monday through Friday from 8am to 5pm. If you need to contact your officer due to an emergency outside of these hours, call the following telephone number: 561-791-4750. Discuss all regular business with your officer during the week when the office is open. Please do not call the emergency number unless the situation is a true emergency and whatever you need to tell your officer cannot wait until the probation office is open. If your emergency is a life-threatening situation, always contact your local police, fire or medical emergency personnel before you call your probation officer.

FIREARMS, WEAPONS, AND EXPLOSIVES

State and Federal laws do not allow anyone on supervision to possess, purchase, receive, or transport firearms, weapons, or explosives.

CRIMINAL REGISTRATION (Applies to all offenders with felony offense)

Section 775.13, Florida Statutes requires you to register with the sheriff of any county you enter in Florida, within 48 hours. The sheriff's office may require you to be fingerprinted and photographed. If you do not go to the sheriff's office as required, you may be charged with a misdemeanor of the second degree. Sex offenders or career offenders who are required to register, may be charged with a second or third degree felony.

DRUG TESTING

1. As a condition of supervision, you may be drug tested by a probation officer at any time..
2. If you do not cooperate with the officer conducting the drug test, or tamper with the drug test sample, or test positive for alcohol or other drugs, your probation officer will report this as a violation to the court or Florida Parole Commission.
3. If your drug test is positive, the judge or the Florida Parole Commission may modify or terminate your supervision. They may add conditions of supervision or sentence you to a more intensive type of supervision, jail, or prison.
4. You must pay for drug testing fees, as instructed by your probation officer.

EMPLOYER NOTIFICATION

Due to the Department of Corrections' having authority to make rules according to Section 944.09, Florida Statutes, and the Department of Corrections Rule 33-302.102, your employer must be aware that you are on supervision with the Department of Corrections. Your employer must also know the details of your offense and sentence. Your officer will notify your employer of this information now and throughout the course of your supervision.

EFTA01625714

the crimes they have committed.

I have been given a more complete explanati this statute and understand that I must let the Depart of Corrections know if I have had, have, or are thinking about having any involvement in a book, written article, video, movie or other account of the crime(s) for which I was convicted.

NOTIFICATION OF RESTORATION OF CIVIL RIGHTS REVIEW PROCESS

The following is provided as *very basic* information regarding the restoration of civil rights review process. For more complete information regarding civil rights restoration, pardons, or eligibility requirements, contact the Office of Executive Clemency, Attention: Coordinator, Office of Executive Clemency, 2601 Blair Stone Road, Building "C", Room 229, Tallahassee, Florida 32399-2450 or call (850) 488-2952. Information can also be accessed through the following web site: https://fpc.state.fl.us/Clemency.htm

Restoration of Civil Rights in Florida

The restoration of civil rights restores to an individual the right to hold public office, to serve on a jury, to hold certain professional licenses, and the right to vote in the State of Florida. It does not restore the specific authority to own, possess, or use firearms. Such restoration shall not relieve an individual from the registration and notification requirements or any other obligations and restrictions imposed by law upon sexual predators or sexual offenders.

Specific Authority to Own, Possess, or Use Firearms

The specific authority to own, possess, or use firearms in Florida can only be restored by the Board of Executive Clemency. This authority is not automatic. There is an eight (8) year waiting period from the date supervision terminates or the sentence expires before application can be made. Applications can be obtained from the Office of Executive Clemency or be accessed by the following web site: https://fpc.state.fl.us/Clemency.htm.

Restoration of Civil Rights or Alien Status Under Florida Law

A person may not apply for the restoration of her/his civil rights unless s/he has completed all sentences imposed and all conditions of supervision have expired or been completed, including, but not limited to, parole, probation, community control, control release, and conditional release. If the person was convicted in a court other than a court of the State of Florida, s/he must be a legal resident of the State of Florida at the time the application is filed, considered, and acted upon. If the person is applying for Restoration of Alien Status Under Florida Law, s/he must be domiciled in the State of Florida at the time the application is filed, considered, and acted upon.

Review Process

For persons terminating supervision or being released from incarceration who are eligible for restoration of civil rights or alien status under Florida Law, the Department of Corrections forwards a monthly computer generated application of individuals released from incarceration or discharged from supervision to the Florida Parole Commission. The Florida Parole Commission reviews records of individuals released from expiration of sentence or discharge from supervision. If the individual meets the eligibility requirements and does not receive more than the requisite number of objections from the Board of Executive Clemency, the Office of Executive Clemency mails a certificate evidencing the restoration of civil rights or alien status to the individual's last known address, usually within one (1) year from the date of expiration of sentence or discharge from supervision. If the individual does not meet the eligibility requirements, the Office of Executive Clemency notifies the individual by mail that s/he is not eligible for restoration of civil rights without a hearing, but may request a hearing by contacting the Office of Executive Clemency at the mailing address, telephone number, email address (ClemencyWeb@fpc.state.fl.us), or the website address provided. **Until an individual has received final notification by the Office of Executive Clemency on the application for restoration of civil rights, s/he is responsible for providing the Office of Executive Clemency with his/her most current address for contact purposes.** If an individual is in need of a certificate within an earlier time frame, or has any questions on eligibility requirements, s/he may contact the Office of Executive Clemency directly at any time.

I hereby certify that I have received a copy of the Department of Corrections Instructions to Offender and understand if I have any questions regarding this information I am to ask my probation officer to explain further. .

Offender's Signature [redacted] 7/30/20 Date

Officer's Signature Date

DC3-246 Back (Revised 2/8/08) Section 6 – Offender File

EFTA01625715

FLORIDA DEPARTMENT OF CORRECTIONS
CONSENT AND AUTHORIZATION FOR USE AND DISCLOSURE INSPECTION AND RELEASE OF CONFIDENTIAL INFORMATION

I, _____, authorize _____
(Name, organization or general designation of program making disclosure)

to disclose to _____
(Name of person(s) or organization(s) to which disclosure is to be made)

Purpose of disclosure authorized herein: _____

The undersigned hereby authorizes the inspection and release of copies of my medical records indicated below by the above-named health care facility/medical record custodian only to the above-named entity(ies) or persons or their agents. Indicate all of the records authorized to be inspected/released by **initialing** in the appropriate box(es) below:

INITIAL BELOW FOR RELEASE OF INFORMATION	
	A. Release of all medical records except: any information relating to HIV testing, AIDS and AIDS-related syndromes; psychiatric and psychological information; or alcohol and substance abuse treatment information related to my condition, care, and confinement **(initial box).**
	B. Release of any records regarding HIV testing, AIDS and AIDS-related syndromes relating to my condition, care, and confinement **(initial box).**
	C. Release of any records of psychiatric and psychological information (mental health records) other than psychotherapy notes relating to my conditions, care, and confinement **(initial box).**
	D. Release of all dental records relating to my condition, care and confinement **(initial box).**
	E. Release of any records regarding alcohol and substance abuse treatment relating to my condition, care, and confinement. I understand that my records are protected under the federal regulations governing *Confidentiality of Alcohol and Drug Abuse Patient Records*, 42 U.S.C. §290 (ee)(2), and cannot be disclosed without my written consent unless otherwise provided for in the regulations. As to release of alcohol/substance abuse treatment records, please state the specific information to be released as provided by 42 U.S.C. §290 (ee)(2), Fed rule 42 CFR Part 2 **(initial box):** _____ Name of information -- dates of treatment/programs, etc., if possible

NOTE: IF PSYCHOTHERAPY OR SUBSTANCE ABUSE PROGRESS NOTES ARE THE SUBJECT OF THE RELEASE, OTHER RECORDS CANNOT BE THE SUBJECT OF THE SAME AUTHORIZATION. RELEASE OF PSYCHOTHERAPY OR SUBSTANCE ABUSE PROGRESS NOTES IN ADDITION TO THE RECORDS SPECIFIED ABOVE WILL REQUIRE A SEPARATE AUTHORIZATION (SEE BELOW).

I understand that I may revoke this consent and authorization at any time, provided the revocation is in writing, except to the extent that action has been taken in reliance on it, and that in any event, this consent and authorization shall be effective for 90 days unless I specify a different expiration as follows: _____
(Specification of the date, event, or condition upon which this consent expires if less than six months or greater than 90 days)

In furtherance of this authorization, I (we) do hereby waive all provisions of law and privileges relating to the disclosures hereby authorized. I acknowledge the extent of my authorization of release as to the records and information denoted in paragraphs A, B, C, D and E by **initialing** the appropriate box(es) above.

_____ _____
SIGNATURE OF PATIENT (Guardian or Statutorily Authorized Representative, when required) Date

AUTHORIZATION FOR RELEASE OF PSYCHOTHERAPHY OR SUBSTANCE ABUSE PROGRESS NOTES

I, _____, authorize _____
(Name, organization or general designation of program making disclosure)

EFTA01625716

FLORIDA DEPARTMENT OF CORRECTIONS

CONSENT AND AUTHORIZATION FOR USE AND DISCLOSURE INSPECTION AND RELEASE CONFIDENTIAL INFORMATION

to disclose to _____
(Name of person(s) or organization(s) to which disclosure is to be made)

Purpose of disclosure authorized herein: _____

The undersigned hereby authorizes the inspection and release of copies of my psychotherapy progress notes and/or my substance abuse progress notes as indicated below by the above-named health care facility/medical record custodian only to the above-named entity(ies) or persons or their agents. Indicate all of the records authorized to be inspected/released by **initialing** in the appropriate box(es) below:

INITIAL BELOW FOR RELEASE OF INFORMATION	
	A. Release psychotherapy progress notes **(initial box):**
	B. Release substance abuse progress notes **(initial box):**

Name of information -- dates of treatment/programs, etc., if possible

I understand that I may revoke this consent and authorization at any time, provided the revocation is in writing, except to the extent that action has been taken in reliance on it, and that in any event, this consent and authorization shall be effective for 90 days unless I specify a different expiration as follows: _____
(Specification of the date, event, or condition upon which this consent expires if less than six months or greater than 90 days)

In furtherance of this authorization, I (we) do hereby waive all provisions of law and privileges relating to the disclosures hereby authorized. I acknowledge the extent of my authorization of release as to the records and information denoted in paragraphs A and B **initialing** the appropriate box(es) above.

_____ _____
SIGNATURE OF PATIENT (or Next of Kin, Guardian or Authorized Representative, when required) Date

---

COMPLETE NOTARY PORTION ONLY WHEN REQUEST IS NOT FROM CURRENT INMATE/OFFENDER PERSONALLY KNOWN TO WITNESS OR IS FROM SOURCE EXTERNAL TO DEPARTMENT

STATE OF _____
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this day of _____, 20____, by _____ who is personally known to me or who has produced _____as identification:

_____
Notary Public Signature
Print, type, or stamp commissioned name of Notary Public
My Commission Expires:

SEAL

ACKNOWLEDGEMENT OF RECEIPT OF COPY OF SIGNED AUTHORIZATION(S)

Inmate/Offender Name _____
DC# _____
R/S _____
Date of Birth_____
SS# _____
Institution/Office_____

Witness Name _____
Witness Signature _____
Date:_____

EFTA01625717

OFFENDER FILE ORGANIZATION SHEET

NOTE: If the file contains case material from older periods of supervision, the older material will be filed chronologically in the appropriate section, with the newer case material on top.

1. **LEGAL DATA**
   - Orders of Supervision
   - Affidavits/Warrants/Motions and Notices of Hearings
   - Warrant Request for Revocation Hrg (old DC3-231)
   - Any document signed by a judge/Parole Commission
   - Court Commitment/Handling/Disposition Sheet
   - Modification/Revocation Orders/Other Orders
   - PSI/Post Investigation/State Attorney Information or Indictment/Other Investigations incl. Bond or PTI
   - Pre-Plea Release DC3-232
   - Sentencing Scoresheets
   - Violation Reports, Technical Violation Notification letter, or notification or un-willful non-compliance
   - Probable Cause Affidavits, DC3-2015 or DC3-295

2. **SUPERVISION**
   - All non-legal or non-treatment related letters
   - Violation Review Report DC3-299
   - Case Sheet (DC4-921 A & B old blue case sheets) – **Filed Chronologically**
   - Comm. Control Offender Schedule/Daily Log-DC3-207
   - Electronic Monitoring Assignment Rules DC3-260
   - Electronic Monitoring Equipment Victim DC3-264
   - Comm. Corrections Report of Force Used-DC3-210
   - Comm. Corrections Rpt of Force Supplement-DC3-211
   - Search Report DC3-233
   - Recommendation to Early Terminate Probation or Community Control DC3-272
   - Closing Summary Report (prior 11/12/ 04)
   - Address Information Request
   - Electronic Messages/Memos
   - Victim forms including DC3-280, DC3-283, DC3-284, DC3-2017, DC3-2018, & Zero Tolerance Victimization
   - Job Lists or Job Search Forms DC3-2004
   - Termination Letter
   - Transfer Requests DC3-237
   - App. for Compact Services and Agreement to Return DC3-122
   - Interstate Information DC3-125
   - Travel Permits and Waiver of Extradition DC3-220
   - Written Monthly Reports DC3-268
   - Supervision Review DC3-285
   - Offender Digitized Photograph **(which remains as the bottom document of the section)**

3. **MONETARY OBLIGATIONS**
   - COPS Change DC3-251/Input Forms DC3-221
   - COPS Printouts
   - Offender Payment History (prior 11/12/ 04)
   - Offender Financial Obligation Agreement (OFOA's)
   - SSI/SSD/AFDC Information
   - Waivers/COS Statutory Exemption Sheet DC3-252

4. **MONETARY PAYMENTS**
   - Receipts - **Including all Receipts as well as Receipts from the Clerk's Office (prior 11/12/ 04)**

5. **STRUCTURED TREATMENT PROGRAMS**
   - Sexual Offender Checklist DC3-209 –(Older-On Top)
   - DHSMV - Driver's License Sexual Offender or Career Offender Registration letter (formerly DC3-227)
   - Sex Offender Probation Driving Log DC3-244
   - Notification Electronic Monitoring Not Imposed As Condition of Supervision (JLA-post 09/01/ 05)
   - Notice of Responsibilities DC3-203A and DC3-203B
   - Career Offender Notice of Responsibilities DC3-2001A and DC3-2001B
   - Sexual Predator Registration DC3-203
   - Sexual Offender Address Verification (older DC3-208)
   - Consent to Provide Specimens for DNA DC3-292
   - Verification HIV Testing Results
   - Campus Sex Crimes Prevention Act Notice Letter
   - Request for Sexual Predator Designation
   - Attendance Information relating to Alcoholics or Narcotics Anonymous DC3-2005
   - Client Management Classifications (older case material)
   - Drug Test Results or Special Test Request DC5-405
   - Positive Drug Urinalysis Statement DC3-289
   - Public Service Work forms DC3-204, DC3-205, DC3-206 (prior 11/12/ 04 as to DC3-206 only)
   - Referrals for Treatment DC5-404
   - Structured Treatment Plans (older case material)
   - Substance Abuse Treatment Correspondence including evaluation, progress reports, polygraph reports, and discharge notices

6. **SUPPLEMENTAL INFORMATION**
   - Intake Investigation Entry Transaction Register DC3-212- **Always on Top**
   - Case Assessment (DC3-265) and Classification Reassessment (DC3-266) (older case material)
   - Case Reviews (Case Review Summary Report)
   - Felony Disposition and Sentence Data DC3-236
   - Offender Information Sheet and Reporting DC3-297
   - Initial Reporting Instructions DC3-298
   - Initial 60-Day Review (IT60) DC3-242 or Sex Offender Initial 60-Day Review DC3-2018
   - Instructions to the Offender DC3-246
   - Investigative Supporting Documents [i.e. older ITS sheets or Investigative Worksheet (Form 1) DC3-213]
   - Offense Report
   - Pre-Termination Review DC3-243
   - Signed Authorization & Release DC3-214, DC4-711B
   - Notice of Privacy Practices (older DC3-2006)
   - Notice Placement of Ineligible Offender on CC
   - Miscellaneous Documents

EFTA01625718

IN THE CIRCUIT COURT OF THE
FIFTEENTH JUDICIAL CIRCUIT
IN AND FOR PALM BEACH COUNTY, FLORIDA
CRIMINAL DIVISION

STATE OF FLORIDA)
)
vs) CASE NO. 06 CF9454AMB
) 08 9381CFAMB
JEFFREY EPSTEIN)
)
Defendant.)

PLEA CONFERENCE

PRESIDING: H

APPEARANCES:

ON BEHAl
BAR
Sta
401
West
By:

103

ON BEHALF
ATTER
250 A
Suite
West P. Florida 33401
By: J. GOLDBERGER, ESQUIRE

CERTIFIED COPY

June 30, 2008
Palm Beach County Courthouse
West Palm Beach, Florida 33401
Beginning at 8:40 o'clock, a.m.

PHYLLIS A. DAMES, OFFICIAL COURT REPORTER

regularly congregate?

MS. BELOHLAVEK: I personally do not know.

THE COURT: Neither do I, which is why I'm asking. Has that been investigated?

MR. GOLDBERGER: We have done our due diligence, for what it's worth, there is a residential street. There are not children congregating on that street. We think the address applies, if it doesn't, we fully recognize that he can't live there.

THE COURT: Okay. D is, you shall not have any contact with the victim, are there more than one victim?

MS. BELOHLAVEK: There's several.

THE COURT: Several, all of the victims. So this should be plural. I'm making that plural. You are not to have any contact direct or indirect, and in this day and age I find it necessary to go over exactly what we mean by indirect. By indirect, we mean no text messages, no e-mail, no Face Book, no My Space, no telephone calls, no voice mails, no

EFTA01625720

messages through carrier pigeon, no messages through third parties, no hey would you tell so and so for me, no having a friend, acquaintance or stranger approach any of these victims with a message of any sort from you, is that clear?

THE DEFENDANT: Yes, ma'am

THE COURT: And then it states, unless approved by the victim, the therapist and the sentencing court. Okay.

THE DEFENDANT: I understand.

THE COURT: And the sentencing court. So, if there is a desire which, I would think would be a bit strange to have contact with any of the victims the court must approve it.

MS. BELOHLAVEK: Correct.

THE COURT: If the victim was under the age of 18, which was the case, you shall not until you have successfully attended and completed the sex offender program. So, is this sex offender program becoming a condition of probation?

MS. BELOHLAVEK: That is not. I don't believe I circled that one.

EFTA01625721

EXHIBIT A
to
Plaintiffs Jane Doe 101 and Jane Doe 102's
Motion for No-Contact Order

IN THE CIRCUIT COURT OF THE FIFTEENTH
JUDICIAL CIRCUIT, CRIMINAL DIVISION
IN AND FOR PALM BEACH COUNTY, FLORIDA

CASE NO. [redacted] & 2008CF009381AMB DIVISION "W"

STATE OF FLORIDA

vs.

JEFFREY E EPSTEIN,
Defendant.
_____/

NOTICE OF NON-AGREEMENT

NOTICE IS HEREBY GIVEN that the undersigned Assistant State Attorney files this Notice of Non-Agreement on an Agreed Order prematurely submitted by Defense Counsel on Thursday, September 10, 2009, regarding modification of Defendant's Community Control. (See attached proposed Agreed Order). This Assistant State Attorney, does not agree to Defendant's request and requests an evidentiary hearing in the event the Court entertains the issue.

FILED 2009 SEP 11 PM 2:

WHEREFORE the State is requesting that this Court take no action on the Proposed Agreed Order submitted by defense on September 10, 2009.

CERTIFICATE OF SERVICE

I DO HEREBY CERTIFY THAT a true and correct copy of the foregoing Notice of Non-Agreement has been furnished by fax to JACK A. GOLDBERGER, ESQUIRE, 250 AUSTRALIAN AVENUE SOUTH, SUITE 1400, WEST PALM BEACH, FL 33401 this the 11th day of September, 2009.

MICHAEL F. McAULIFFE
STATE ATTORNEY

Barbara Jean Burns

By: BARBARA JEAN BURNS
Assistant State Attorney
Florida Bar No. 0865354

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Robin Shepett, ADA Coordinator in the Administrative Office of the Court, Palm Beach County Courthouse, 205 North Dixie Highway, Room 5.2500, West Palm Beach, Florida, 33401; telephone number (561) 355-4380 within two (2) working days of your receipt of this notice; if you are hearing or voice impaired, call 1-800-955-8771.

SCANNED SEP 14 2009

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT, IN AND FOR PALM BEACH COUNTY, FLORIDA

CASE NO. 2008CF009381A

STATE OF FLORIDA

vs.

JEFFREY EPSTEIN,

Defendant.

Proposed

AGREED ORDER

This cause came on to be heard upon the agreement of the parties, Jack Goldberger representing Jeffrey Epstein and Barbara Burns representing the State of Florida, and the Court being fully advised that the parties have reviewed both the plea agreement and the transcript of the plea conference in the Defendants case and have confirmed that the requirement of "mandatory public service" as a special condition of community control checked off on the Order Placing the Defendant on Community Control was due to a clerical error. Accordingly, it is hereby ordered and adjudged that the special condition of "mandatory public service" is deleted.

The Court being further advised that the Order Placing the Defendant on Community Control did not address the Defendant's travel outside the State of Florida for work or business purposes and the parties desire to clarify that omission, it is hereby ordered and adjudged that the Defendant is authorized to travel outside the State of Florida for business and work purposes if allowed by his community control officer. At least 48 hours before the need to travel outside the State of Florida for work purposes the Defendant shall first obtain the permission of his community control officer and then follow any instructions or

requirements imposed on him by his community control officer.

DONE AND ORDERED in West Palm Beach, Palm Beach County, Florida on this _____ day of September, 2009.

_____
JEFFREY COLBATH
Circuit Court Judge

Copies:

Jack A. Goldberger, Esquire
Barbara Burns, ASA
Carmen Sloane, Department of Corrections

W35755
split
15 4
D Will

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT,
IN AND FOR PALM BEACH COUNTY, FLORIDA

STATE OF FLORIDA

CASE NO.: 08CF009381AXXXMB

DIVISION "W"

vs.
JEFFREY E. EPSTEIN,

Defendant.
_____/

AGREED ORDER CORRECTING SCRIVENER'S ERROR

THIS MATTER came before the Court upon the agreement of Jack A. Goldberger, Esq., attorney for the Defendant, and Barbara Burns, Esq., Assistant State Attorney, and the Court being otherwise fully apprised of the facts and circumstances therein, it is hereby

ORDERED AND ADJUDGED that the Order of Community Control is corrected to delete special condition #26 (Supervision by DOC by means of an electronic monitoring device or system) and special condition #27 (Electronic monitoring 24 hours per day). The plea agreement and plea colloquy clearly reflect that the Defendant was not to be placed on the electronic monitor.

DONE AND ORDERED in chambers, West Palm Beach, Palm Beach County, Florida this _____ day of May, 2009.

SIGNED AND DATED
MAY -4 2009
JUDGE JEFFREY J. COLBATH

JEFFREY COLBATH
Circuit Court Judge

Copies Furnished:

Jack A. Goldberger, Esq., Attorney for Defendant
Barbara Burns, Esq., Assistant State Attorney
Department of Corrections – Probation and Parole

RECEIVED
MAY 06 2009
15-0

S .ATE OF FLORIDA
Plaintiff

-VS-

JEFFREY E. EPSTEIN
Defendant

IN THE **FIFTEENTH** JUDICIAL
CIRCUIT COURT, IN AND FOR
PALM BEACH COUNTY

CASE NUMBER	**502008CF009381AXXXMB**
DIVISION	**MCSORLEY "W"**
DC NUMBER	**W35755**
CIRCUIT NUMBER:	**15-4/ JAIL SPLIT**

ORDER OF COMMUNITY CONTROL I

This cause coming before the Court to be heard, and you, the defendant, being now present before the court, and you having

- ☒ entered a plea of guilty to
- ☐ entered a plea of nolo contendere to
- ☐ been found guilty by jury verdict of
- ☐ been found guilty by the court trying the case without a jury of

Count **1.** **PROCURE PERSON UNDER AGE OF 18 FOR PROSTITUTION**

SECTION 1: JUDGMENT OF GUILT

☒ The court hereby adjudges you to be guilty of the above offense(s).

Now, therefore, it is ordered and adjudged that the imposition of sentence is hereby withheld and that you be placed on Probation I for a period of _____ under the supervision of the Department of Corrections, subject to Florida law.

SECTION 2: ORDER WITHHOLDING ADJUDICATION

☐ Now, therefore, it is ordered and adjudged that the adjudication of guilt is hereby withheld and that you be placed on Probation for a period of ___ under the supervision of the Department of Corrections, subject to Florida law.

SECTION 3: INCARCERATION DURING PORTION OF SUPERVISION SENTENCE

It is hereby ordered and adjudged that you be:

☐ committed to the Department of Corrections
or
☐ confined in the County Jail
for a term of _____ with credit for _____ jail time. After you have served _____ of the term, you shall be placed on **Probation** for a period of _____ under the supervision of the Department of Corrections, subject to Florida law.
or
☒ confined in the County Jail
for a term of **SIX (6) MONTHS AS TO COUNT 1 FOLLOWED BY TWELVE (12) MONTHS COMMUNITY CONTROL I CONSECUTIVE TO THE (12) MONTH SENTENCE IN CASE# 2008CF00945AAMB** with credit for **ONE (1) DAY** jail time, as a special condition of supervision.

SHARON R. BOCK, CLERK
PALM BEACH COUNTY, FL
CIRCUIT CRIMINAL

2008 JUL 21 PM 4:55

FILED

Form Revised 03-18-08

EFTA01625727

J. REY EPSTEIN
CASE#502008CF009381AXXXMB

IT IS FURTHER ORDERED that you shall comply with the following standard conditions of supervision as provided by Florida law:

(1) You will report to the probation office as directed. Not later than the fifth day of each month, unless otherwise directed, you will make a full and truthful report to your officer on the form provided for that purpose.

(2) You will pay the State of Florida the amount of **$50.00** per month, as well as 4% surcharge, toward the cost of your supervision in accordance with s. 948.09, F.S., unless otherwise exempted in compliance with Florida Statutes.

(3) You will remain in a specified place. You will not change your residence or employment or leave the county of your residence without first procuring the consent of your officer.

(4) You will not possess, carry or own any firearm or weapon, unless authorized by the court.

(5) You will live without violating the law. A conviction in a court of law shall not be necessary for such a violation to constitute a violation of your probation/community control.

(6) You will not associate with any person engaged in any criminal activity.

(7) You will not use intoxicants to excess or possess any drugs or narcotics unless prescribed by a physician. Nor will you visit places where intoxicants, drugs or other dangerous substances are unlawfully sold, dispensed or used.

(8) You will work diligently at a lawful occupation, advise your employer of your probation status, and support any dependents to the best of your ability, as directed by your officer.

(9) You will promptly and truthfully answer all inquiries directed to you by the court or the officer, and allow your officer to visit in your home, at your employment site or elsewhere, and you will comply with all instructions your officer may give you.

(10) You will pay restitution, court costs, and/or fees in accordance with special conditions imposed or in accordance with the attached orders.

(11) You will submit to random testing as directed by your officer or the professional staff of the treatment center where he/she is receiving treatment to determine the presence of alcohol or illegal drugs. You will be required to pay for the tests unless exempt by the court.

(12) You will submit two biological specimens, as directed by your officer, for DNA analysis as prescribed in ss. 943.325 and 948.014, F.S.

(13) You will report in person within 72 hours of your release from incarceration to the probation office in **PALM BEACH** County, Florida, unless otherwise instructed by the court or department. (This condition applies only if section 3 on the previous page is checked.) Otherwise, you must report immediately to the probation office located at **3444 SOUTH CONGRESS AVENUE, LAKE WORTH, FL 33461.**

EFTA01625728

J. REY EPSTEIN
CASE#502008CF009381AXXXMB

SPECIAL CONDITIONS

☐ 1. You must undergo a Drug and Alcohol evaluation and, if treatment is deemed necessary, you must successfully complete the treatment, and be responsible for the payment of any costs incurred while receiving said evaluation and treatment, unless waived by the court.
Additional instructions ordered: _____

☐ 2. You will make restitution to the following victim(s), as directed by the court, until the obligation is paid in full:
NAME: _____
TOTAL AMOUNT: $_____
Additional instructions ordered, including specific monthly amount, begin date, due date, or joint & several: _____

NAME: _____
TOTAL AMOUNT: $_____
Additional instructions ordered, including specific monthly amount, begin date, due date, or joint & several: _____

SPECIAL CONDITIONS – CONTINUED

☐ 3. You will enter the Department of Corrections Non-Secure Drug Treatment Program or other residential treatment program/Probation and Restitution Center for a period of successful completion as approved by your officer. You are to remain until you successfully complete said Program and Aftercare. You are to comply with all Rules and Regulations of the Program. You shall be confined in the county jail until placement in said program, and if you are confined in the jail, the Sheriff will transport you to said program.

4. You will abstain entirely from the use of alcohol and/or illegal drugs, and you will not associate with anyone who is illegally using drugs or consuming alcohol.

☐ 5. You will submit to urinalysis testing on a monthly basis to determine the presence of alcohol or illegal drugs. You will be required to pay for the tests unless exempt by the court.

☐ 6. You will not visit any establishment where the primary business is the sale and dispensing of alcoholic beverages.

☐ 7. You will successfully complete ___ hours of community service at a rate of _____, at a work site approved by your officer.
Additional instructions ordered: _____

☐ 8. You will remain at your residence between 10 p.m. and 6 a.m. due to a curfew imposed, unless otherwise directed by the court.

☐ 9. You will submit to electronic monitoring, follow the rules of electronic monitoring, and pay $_____ per month for the cost of the monitoring service, unless otherwise directed by the court.

☐ 10. You will not associate with _____ during the period of supervision.

☐ 11. You will have no contact (direct or indirect) with the victim or the victim's family during the period of supervision.

☐ 12. You will have no contact (direct or indirect) with _____ during the period of supervision.

☐ 13. You will maintain full time employment or attend school/vocational school full time or a combination of school/work during the term of your supervision.

☐ 14. You will make a good faith effort toward completing basic or functional literacy skills or a high school equivalency diploma.

☐ 15. You will successfully complete the Probation & Restitution Program, abiding by all rules and regulations.

EFTA01625729

☐ 16. You will attend Alcoholics Anonymous or Narcotics Anonymous meetings at least monthly, unless otherwise directed by the court.

☐ 17. You must successfully complete Anger Management, and be responsible for the payment of any costs incurred while receiving said treatment, unless waived. If convicted of a Domestic Violence offense, as defined in s. 741.28, F.S., you must attend and successfully complete a batterer's intervention program, unless otherwise directed by the court.
Additional instructions ordered: _____

☐ 18. You will attend an HIV/AIDS Awareness Program consisting of a class of not less than two (2) hours or more than four (4) hours in length, the cost for which will be paid by you.

☐ 19. You shall submit your person, property, place of residence, vehicle or personal effects to a warrantless search at any time, by any probation or community control officer or any law enforcement officer.

☒ 20. **DEFENDANT MUST REGISTER AS A SEXUAL OFFENDER WITHIN 48 HOURS OF RELEASE**

☒ 21. **AS A SPECIAL CONDITION OF HIS COMMUNITY CONTROL, THE DEFENDANT IS TO HAVE NO UNSUPERVISED CONTACT WITH MINORS, AND THE SUPERVISING ADULT MUST BE APPROVED BY THE DEPARTMENT OF CORRECTIONS**

☒ 22. **THE DEFENDANT IS DESIGNATED AS A SEXUAL OFFENDER PURSUANT TO FLORIDA STATUTE 943.05 AND MUST ABIDE BY ALL THE CORRESPONDING REQUIREMENTS OF THE STATUTE, A COPY OF WHICH IS ATTACHED HERETO AND INCORPORATED HEREIN**

☒ 23. **DEFENDANT MUST PROVIDE A DNA SAMPLE IN COURT AT THE TIME OF THIS PLEA.**

☒ 24. **SPECIFIED CONTACT WITH THE PAROLE AND PROBATION OFFICER**

☒ 25. **CONFINEMENT TO AN AGREED-UPON RESIDENCE DURING HOURS AWAY FROM EMPLOYMENT AND PUBLIC SERVICE ACTIVITIES**

☒ 25. **MANDATORY PUBLIC SERVICE**

☒ 26. **SUPERVISION BY THE DEPARTMENT OF CORRECTIONS BY MEANS OF AN ELECTRONIC MONITORING DEVICE OR SYSTEM**

☒ 27. **ELECTRONIC MONITORING 24 HOURS PER DAY**

☒ 28. **CONFINEMENT TO A DESIGNATED RESIDENCE DURING DESIGNATED HOURS**

AND, IF PLACED ON DRUG OFFENDER PROBATION, YOU WILL COMPLY WITH THE FOLLOWING CONDITION OF SUPERVISION IN ADDITION TO THE STANDARD CONDITIONS LISTED ABOVE AND ANY OTHER SPECIAL CONDITIONS ORDERED BY THE COURT:

(14) You will participate in a specialized drug treatment program, either as an in-patient or out patient, as recommended by the treatment provider. You will attend all counseling sessions, submit to random urinalysis and, if an in-patient, you will comply with all operating rules, regulations and procedures of the treatment facility. You will pay for all costs associated with treatment and testing unless otherwise directed.
Additional instructions ordered: _____

☐ (15) You will remain at your residence between _____ p.m. and _____ a.m. due to a curfew imposed, unless otherwise directed by the court.

AND, IF PLACED ON COMMUNITY CONTROL, YOU WILL COMPLY WITH THE FOLLOWING CONDITIONS, IN ADDITION TO THE STANDARD CONDITIONS LISTED ABOVE AND ANY OTHER SPECIAL CONDITIONS ORDERED BY THE COURT:

(14) You will report to your officer as directed, at least one time a week, unless you have written consent otherwise.

(15) You will remain confined to your approved residence except for one half hour before and after your approved employment, public service work, or any other special activities approved by your officer.

(16) You will maintain an hourly accounting of all your activities on a daily log, which you will submit to your officer on request.

(17) You will successfully complete ___ hours of community service at a rate of _____, at a work site approved by your officer. Additional instructions ordered: _____

☐ (18) You will submit to electronic monitoring, follow the rules of electronic monitoring, and pay $_____ per month for the cost of the monitoring service, unless otherwise directed by the court.

AND, IF PLACED ON PROBATION OR COMMUNITY CONTROL FOR A SEX OFFENSE PROVIDED IN CHAPTER 794, s. 800.04, s. 827.071, or s. 847.0145, COMMITTED ON OR AFTER OCTOBER 1, 1995 YOU WILL COMPLY WITH THE FOLLOWING STANDARD SEX OFFENDER CONDITIONS, IN ADDITION TO THE STANDARD CONDITIONS LISTED ABOVE AND ANY OTHER SPECIAL CONDITIONS ORDERED BY THE COURT:

(14) A mandatory curfew from 10 p.m. to 6 a.m. The court may designate another 8-hour period if the offender's employment precludes the above specified time, and the alternative is recommended by the Department of Corrections. If the court determines that imposing a curfew would endanger the victim, the court may consider alternative sanctions.

5) If the victim was under the age of 18, a prohibition on living within 1,000 feet of a school, day care center, park, playground, or other place where children regularly congregate, as prescribed by the court. The 1,000-foot distance shall be measured in a straight line from the offender's place of residence to the nearest boundary line of the school, day care center, park, playground, or other place where children congregate. The distance may not be measured by a pedestrian route or automobile route.

(16) Active participation in and successful completion of a sex offender treatment program with qualified practitioners specifically trained to treat sex offenders, at the offender's own expense. If a qualified practitioner is not available within a 50-mile radius of the offender's residence, the offender shall participate in other appropriate therapy.

(17) A prohibition on any contact with the victim, directly or indirectly, including through a third person, unless approved by the victim, the offender's therapist, and the sentencing court.

(18) If the victim was under the age of 18, a prohibition on contact with a child under the age of 18 except as provided in this paragraph. The court may approve supervised contact with a child under the age of 18 if the approval is based upon a recommendation for contact issued by a qualified practitioner who is basing the recommendation on a risk assessment. Further, the sex offender must be currently enrolled in or have successfully completed a sex offender therapy program. The court may not grant supervised contact with a child if the contact is not recommended by a qualified practitioner and may deny supervised contact with a child at any time.

(19) If the victim was under age 18, a prohibition on working for pay or as a volunteer at any place where children regularly congregate, including, but not limited to any school, day care center, park, playground, pet store, library, zoo, theme park, or mall.

(20) Unless otherwise indicated in the treatment plan provided by the sexual offender treatment program, a prohibition on viewing, accessing, owning, or possessing any obscene, pornographic, or sexually stimulating visual or auditory material, including telephone, electronic media, computer programs, or computer services that are relevant to the offender's deviant behavior pattern.

(21) A requirement that the offender submit two specimens of blood or other approved biological specimens to the Florida Department of Law Enforcement to be registered with the DNA data bank.

(22) A requirement that the offender make restitution to the victim, as ordered by the court under s. 775.089, for all necessary medical and related professional services relating to physical, psychiatric, and psychological care.

(23) Submission to a warrantless search by the community control or probation officer of the offender's person, residence, or vehicle.

EFFECTIVE FOR PROBATIONER OR COMMUNITY CONTROLLEE WHOSE CRIME WAS COMMITTED ON OR AFTER OCTOBER 1, 1997, AND WHO IS PLACED ON COMMUNITY CONTROL OR SEX OFFENDER PROBATION FOR A VIOLATION OF CHAPTER 794, s. 800.04, s. 827.071, or s. 847.0145, IN ADDITION TO ANY OTHER PROVISION OF THIS SECTION, YOU MUST COMPLY WITH THE FOLLOWING CONDITIONS OF SUPERVISION:

(24) As part of a treatment program, participation at least annually in polygraph examinations to obtain information necessary for risk management and treatment and to reduce the sex offender's denial mechanisms. A polygraph examination must be conducted by a polygrapher trained specifically in the use of the polygraph for the monitoring of sex offenders, where available, and shall be paid by the sex offender.

(25) Maintenance of a driving log and a prohibition against driving a motor vehicle alone without the prior approval of the supervising officer.

(26) A prohibition against obtaining or using a post office box without the prior approval of the supervising officer.

(27) If there was sexual contact, a submission to, at the offender's expense, an HIV test with the results to be released to the victim and/or the victim's parent or guardian.

(28) Electronic monitoring when deemed necessary by the probation officer and supervisor, and ordered by the court at the recommendation of the Department of Corrections.

(29) **Effective for an offender whose crime was committed on or after July 1, 2005, and who are placed on supervision for violation of chapter 794, s. 800.04, s. 827.071, or s. 847.0145,** a prohibition on accessing the Internet or other computer services until the offender's sex offender treatment program, after a risk assessment is completed, approves and implements a safety plan for the offender's accessing or using the Internet or other computer services.

(30) **Effective for offenders whose crime was committed on or after September 1, 2005**, there is hereby imposed, in addition to any other provision in this section, mandatory electronic monitoring as a condition of supervision for those who:

- Are placed on supervision for a violation of chapter 794, s. 800.04(4), (5), or (6), s. 827.071, or s. 847.0145 and the unlawful sexual activity involved a victim 15 years of age or younger and the offender is 18 years of age or older; or
- Are designated as a sexual predator pursuant to s. 775.21; or
- Has previously been convicted o f a violation of chapter 794, s. 800.04(4), (5), or (6), s. 827.071, or s. 847.0145 and the unlawful sexual activity involved a victim 15 years of age or younger and the offender is 18 years of age or older.

You are hereby placed on notice that should you violate your probation or community control, and the conditions set forth in s. 948.063(1) or (2) are satisfied, whether your probation or community control is revoked or not revoked, you shall be placed on electronic monitoring in accordance with F.S. 948.063.

YOU ARE HEREBY PLACED ON NOTICE that the court may at any time rescind or modify any of the conditions of your probation, or may extend the period of probation as authorized by law, or may discharge you from further supervision. If you violate any of the conditions of your probation, you may be arrested and the court may revoke your probation, adjudicate you guilty if adjudication of guilt was withheld, and impose any sentence that it might have imposed before placing you on probation or require you to serve the balance of the sentence.

EFTA01625732

FFREY EPSTEIN
CASE#502008CF009381AXXXMB

IT IS FURTHER ORDERED that when you have been instructed as to the conditions of probation, you shall be released from custody if you are in custody, and if you are at liberty on bond, the sureties thereon shall stand discharged from liability. (This paragraph applies only if section 1 or section 2 is checked.)

IT IS FURTHER ORDERED that the clerk of this court file this order in the clerk's office and provide certified copies of same to the officer for use in compliance with the requirements of law.

DONE AND ORDERED, on July 8, 2008

NUNC PRO TUNC 06-30-2008

Sandra K. McSorley, Circuit Judge

I acknowledge receipt of a copy of this order and that the conditions have been explained to me and I agree to abide by them.

Date: 6/1/09

Defendant

Instructed by:

Supervising Officer

ep/07-02-08

Reinstructed
by C.E. 7-22-09

7/22

REINSTRUCTED ON 2/23/10 BY C. ELKINS

EFTA01625733

FREY EPSTEIN
CASE#502008CF009381AXXXMB

COURT ORDERED PAYMENTS

CHECK ALL THAT ARE ORDERED:

FINES

☐ $____ **Total of fines assessed** in sentence, pursuant to s. 775.083 (1)(a) through (g) or Chapter 316, F.S.
☐ $____ Statutorily mandated 5% surcharge/cost if fine assessed (on first line) pursuant to s. 938.04, F.S.
☐ $ 20.00 **Crime Stoppers Trust Fund** pursuant to s. 938.06(1), F.S. Statutorily mandated if a fine is imposed

MANDATORY COSTS IN ALL CASES

☒ $200.00 **Additional court cost for felony offense,** pursuant to s. 938.05(1)(a), F.S.
☐ $ 50.00 **Additional court cost for misdemeanor or criminal traffic offense**, pursuant to s. 938.05(1)(b) or (c), F.S.
☒ $ 50.00 **Crimes Compensation Trust Fund** pursuant to s. 938.03(1), F.S.
☒ $ 50.00 **County Crime Prevention Fund** pursuant to s. 775.083(2), F.S.
☒ $ 3.00 **Additional Court Costs Clearing Trust Fund** pursuant to s. 938.01(1), F.S.
☐ $ 2.00 Per month for each month of supervision for **Training Trust Fund Surcharge**, pursuant to s. 948.09, F.S.

MANDATORY COSTS IN SPECIFIC TYPES OF CASES

☐ $151.00 **Rape Crisis Program Trust Fund,** pursuant to s. 938.085, F.S. for any violations of ss. 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, or 794.011, F.S.
☐ $201.00 **Domestic Violence Trust Fund**, pursuant to s. 938.08, F.S. for any violations of ss. 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, 794.011, or any offense of Domestic Violence described in s. 741.28, F.S.
☐ $101.00 **Certain Crimes Against Minors**, pursuant to s. 938.10(1), F.S. for any violations of s. 784.085, chapter 787, chapter 794, s. 796.03, s. 800.04, chapter 827, s. 847.0145, or s. 985.701, F.S.
☐ $135.00 **DUI Court Costs**, pursuant to s. 938.07, F.S. for any violations of ss. 316.193 or 327.35, F.S.
☐ $ 3.00 **State Agency Law Enforcement Radio System Trust Fund**, pursuant to s. 318.18(17), F.S. for any violations of offenses listed in s. 318.17 including ss. 316.1935, 316.027, 316.061, 877.111, chapter 893, ss. 316.193, 316.192, 316.067, 316.072(3), 316.545(1), or any other offense in chapter 316 which is classified as a criminal violation.

MANDATORY COURT COSTS AUTHORIZED BY LOCAL GOVERNMENTAL ENTITIES

☒ $ 2.00 **Criminal Justice Education by Municipalities and Counties**, pursuant to s. 938.15, F.S.
☒ $65.00 **Additional court costs for local requirements and other county funded programs pursuant to s. 939.185(1)(a), F.S.**
☒ $ 3.00 **Teen Court** pursuant to s. 938.19(2), F.S.

DISCRETIONARY

☐ $ 1.00 Per month during the term of supervision to the following **nonprofit organization** established for the sole purpose of supplementing the rehabilitative efforts of the Department of Corrections, pursuant to s. 948.039(2), F.S.: _____
☐ $ 40.00 **Public Defender Application Fee**, if not previously collected or waived, pursuant to s. 27.52 and s. 938.29, F.S.
☐ $____ **Public Defender Fees and Costs**, pursuant to s. 938.29, F.S. as determined locally.
☒ $50.00 **Prosecution/Investigative Costs**, pursuant to s. 938.27, F.S.

☐ Other: _____

☐ Other: _____

DISCRETIONARY COSTS FOR SPECIFIC TYPES OF CASES

☒ $50.00 **County Alcohol and Other Drug Abuse Trust Fund**, pursuant to s. 938.21 and s. 938.23, F.S. for violations of s. 316.193, s.856.011, s. 856.015, or chapter 562, chapter 567, or chapter 568, F.S.
☐ $100.00 **Operating Trust Fund of the FDLE**, pursuant to s. 938.25, F.S. for violations of s. 893.13 offenses

*** TOTAL $ 473.00**

PAYMENT IS TO BE MADE THROUGH AND PAYABLE TO: ☒ Department of Corrections or ☐ Clerk of Court

If collected by the Department of Corrections, a surcharge of 4% will be added to all payments ordered by the court, pursuant to s. 945.31, F.S.)

☐ Court Costs/Fines Waived
☐ Court Costs/Fines in the amount of _____ converted to _____ community service hours
☐ Court Costs/Fines in the amount of _____ reduced to civil judgment.

SPECIFIC INSTRUCTIONS FOR PAYMENT: _____

Form Revised 03-18-08

EFTA01625734

VD

Case No.: 2008CF009361AXX W ST of FL vs. JEFFREY EPSTEIN

Charges: PROCURE PERSON UNDER AGE OF 18 FOR PROSTITUTION

(ARISES FROM 2006CF009454AXX)

Arrest# _____ Bond# _____ Type _____ $ _____ A/C _____

Date 07/30/08 Judge Fine Crt. Rep. P Dillon

ASA L Belohlavek DC [illegible] Int _____

Deft---Pres / Not Pres. W / W/O Def. Co. _____ Esq / PD---Pres / Not Pres.

Before the Court for: St Mtn Check

☐ Granted ☐ Denied ☐ With / Without Prejudice ☐ Withdrawn ☐ Court Reserves Ruling ☐ Written Order to Follow

☐ Warrant ☐ Ordered ☐ Recalled ☐ Bond Set at $ _____ ☐ See Below ☐ Also Covers ☐ Sp Cond

☐ Bond Forf ☐ OR: Disch / Revoked / Reinstated ☐ Bond: Disch / Revoked ☐ SOR: Disch / Revoked / Reinstated

☐ Bond Forf Vacated ☐ Previous Bond Reinstated, if Bondsman agrees ☐ State failed to file charges ☐ Released O.R. / S.O.R.

☐ Deft ___ Indigent ☐ PD Appt ☐ Hrg only PD Pres _____ ☐ Court Appts _____

Evaluation for: ☐ Drug Farm ☐ DOC Non-Secure Bed by _____

☐ Pre-Plea ☐ PSI ordered by/within _____ days ☐ w/input from DJJ / Staffing

☐ Referred to: PTI / SAAP / PADD ☐ Case placed on the absentee docket

DEFT ENTERED A PLEA OF: ☐ NOT GUILTY ☒ GUILTY ☐ NO CONTEST ☐ BEST INTEREST ☐ TO THE COURT

As Charged-Cts Mtr Lesser Cts _____ Lesser Charge _____

☐ Sw & Test ☒ Adv of Rts ☐ Waived PSI Lesser Cts _____ Lesser Charge _____

☒ ADJ GUILTY as Charged as to Cts Mtr Lesser Cts _____

☐ FOUND GUILTY as Charged as to Cts _____ Lesser Cts _____

☐ ADJ W/HELD as to Cts _____ ☐ SENT W/HELD as to Cts _____

☐ FOUND AND ADJUDICATED DELINQUENT as to Cts _____ ☐ Dispo Order to follow / Filed

☐ FOUND & ADJ NOT GUILTY as to Cts _____ ☐ Dismiss ☐ Nolle Prosse Cts _____

Prob / Comm Control: ☐ Revoked ☐ Reinstated ☐ Modified ☐ Term. Successfully / Unsuccessfully

☐ Deft. to pay fine or complete _____ hrs. Community Service or Serve _____ days PBCJ.

☐ Stip/Found: (violent) Habitual Off. 775.084 ☒ Stip/Found: Sexual Offender / Sexual Predator ☐ Stip/Found: P.R.R.

SENTENCE: PBCJ: time S Cts: _____ / DOC: _____ Cts: _____

PBCJ: _____ Cts: _____ / DOC: _____ Cts: _____

☒ W/Credit for 1 Days / Mos. / Yrs. ☒ Deft Remanded ☐ Deft to remain on same rel. status pending sent.

Conc / Consec / Co-Term w/cases / cts: [illegible]

☐ Execution of Sentence Stayed ☐ Sentence Suspended ☐ Time served as to Cts _____

☐ Youthful Off ☐ Habitual Off ☐ Min / Mand: _____ as to Cts _____

☒ ABOVE SENTENCE TO BE FOLLOWED By: ☐ Probation ☐ Drug Off Prob ☒ Comm. Control ☒ I ☐ II - See Page 2

DUI SonB

RECEIVED
JUL 18 2008
15-4

_____ Set / Remains Set / Reset _____ Div _____ Rm _____ at _____ AM/PM

_____ Set / Remains Set / Reset _____ Div _____ Rm _____ at _____ AM/PM

☐ Deft sign _____

☐ Def Co _____ ☐ ASA _____ ☐ Bondsman _____

☐ Prob ☐ Jail ☐ DJJ ☐ GAL Notified by mail by: _____ on ____/____/____

☐ County Courthouse
205 N. Dixie, West Palm Beach

☐ Courtroom, Criminal Justice Bldg.
38844 State Road 80, Belle Glade

☐ Courtroom, Criminal Justice Complex
3228 Gun Club Rd., West Palm Beach

IF YOU ARE A PERSON WITH A DISABILITY WHO NEEDS ANY ACCOMMODATION IN ORDER TO PARTICIPATE IN THIS PROCEEDING, YOU ARE ENTITLED, AT NO COST TO YOU, TO THE PROVISION OF CERTAIN ASSISTANCE. PLEASE CONTACT ROBIN SHEPETT, ADA COORDINATOR IN THE ADMINISTRATIVE OFFICE OF THE COURT, PALM BEACH COUNTY COURTHOUSE, 205 N. DIXIE HWY, RM 5.2500, WEST PALM BEACH, FL 33401; TELEPHONE (561) 355-4380, WITHIN 2 WORKING DAYS OF YOUR RECEIPT OF THIS NOTICE. IF YOU ARE HEARING OR VOICE IMPAIRED, CALL 1-800-955-8771.

Form 611 snap rev 3/02

W35755 ○ Amended Q 15-7 W35755 Gladstone

Page 2

DATE: 6/30/08

CASE NO. 2008CF9381AXX NAME: Jeffrey Epstein

TERM OF Prob / Sex Off / Drug Off Prob / (C.C. I) / C.C. II: 12 (mos / ~~yrs~~) as to Cts. 1

❑ conc w/ ❑ consec. w/

❑ Probation transferred to:

SPECIAL CONDITIONS:

❑ Complete Originally Ordered Conditions
❑ Curfew: _____ p.m., with the following exception:
❑ Deft. to report to Prob. Dept. immediately upon release
❑ Deft. not to have in care, custody, or control any unlawful or illegal material, subst., device, or object.
❑ Deft. to immediately notify Prob. Officer if place of residence or job changes.
❑ Restitution CRO filed
❑ Subject to all ordinary and special conditions of Probation

❑ Substance Abuse Eval. / Psychological Eval. / Psychosexual Eval. within / by:
and deft. to successfully complete recommended treatment
❑ Random Drug/Alcohol Testing ❑ At Deft's Expense ❑ Costs Waived
❑ No Consumption/Possession of Alcohol or Drugs or Intoxicants without a Prescription.
❑ Attend _____ AA and/or NA Meetings per Week.
❑ Deft. not to frequent any place of business whose primary purpose is the sale of alcohol.

❑ Complete _____ Hrs. of Community Service to be done at the rate of _____ Hrs. per Wk / Mo.(Min.)
❑ License Revoked / Suspended for _____ mos / yrs
✓ Attend and successfully complete DUI school and 1 session of Victim Impact Panel

❑ No Contact / No Violent Contact / No Direct or Indirect contact w/Victim(s) or others listed:

❑ No Contact w/Minor Children w/o Adult Supervision aware of this case and the disposition.
❑ Cost of Supervision: $ _____ per month ❑ Waived by Court.
❑ Enter and Successfully Complete DOC Non-Secure Bed Program and Any Recommended Aftercare.
❑ Hold in Custody, release only to DOC Non-Secure Bed Program Officer.
❑ Enter and Successfully Complete PBSO Long / Short Track Drug Farm and Any Rec. Aftercare.
❑ Forfeit Weapon / Money seized at the time of arrest to:

❑ Enter and Complete: ❑ Anger Management Program ❑ Batterers Intervention Program
❑ Theft Abatement Program: _____ ❑ Other: _____
❑ Defendant may apply for Early Termination after _____, provided all conds. are satisfied.
❑ Serve days / months in PBCJ, with credit for days / months.

☒ See Attached documents
☒ Deft. must Register as a Sexual Offender
❑ W/IN 48 hours of Release.
❑
❑
❑
❑
❑
❑

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7/1/08

EFTA01625736

95

IN THE CRIMINAL DIVISION OF THE CIRCUIT COURT OF THE
FIFTEENTH JUDICIAL CIRCUIT OF FLORIDA,
IN AND FOR PALM BEACH COUNTY

CASE NO. 08-CF-9381-AMB DIV. W

OBTS NUMBER _____

STATE OF FLORIDA

[ ] COMMUNITY CONTROL VIOLATOR

v.

[ ] PROBATION VIOLATOR

Jeffrey E. Epstein
DEFENDANT

1/20/53 DATE OF BIRTH | W RACE | M GENDER | [redacted] SOCIAL SECURITY NUMBER

JUDGMENT

The above Defendant, being personally before this Court represented by J. Goldberger (attorney)

[ ] Having been tried and found guilty of the following crime(s):	[X] Having entered a plea of guilty to the following crime(s):	[ ] Having entered a plea of nolo contendere to the following crime(s):

COUNT	CRIME	OFFENSE STATUTE NUMBER(S)	DEGREE
1	Procuring Person Under 18 for Prostitution	796.03	2°F

[X] and no cause having been shown why the Defendant should not be adjudicated guilty, IT IS ORDERED THAT the Defendant is hereby ADJUDICATED GUILTY of the above crime(s).

[ ] and having been convicted or found guilty of, or having entered a plea of nolo contendere or guilty regardless of adjudication, to attempts or offenses relating to sexual battery (ch. 794), lewd and lascivious conduct (ch. 800), or murder (s. 782.04), aggravated battery (s. 784.045), burglary (s. 810.02), carjacking (s. 812.133), or home invasion robbery (s. 812.135), or any other offense specified in section 943.325, the defendant shall be required to submit blood specimens.

[ ] and good cause being shown: IT IS ORDERED THAT ADJUDICATION OF GUILT BE WITHHELD.

SENTENCE STAYED [ ] The Court hereby stays and withholds imposition of sentence as to count(s) and places the Defendant on [ ] Probation and/or [ ] Community Control under the supervision of the Dept. of Corrections (conditions of probation set forth in separate order).

SENTENCE DEFERRED [ ] The Court hereby defers imposition of sentence until _____.

The Defendant in Open Court was advised of his right to appeal from the Judgment by filing notice of appeal with the Clerk of Court within thirty days following the date sentence is imposed or probation is ordered pursuant to this adjudication. The defendant was also advised of his right to the assistance of counsel in taking said appeal at the expense of the State upon showing of indigency.

DONE AND ORDERED in Open Court at Palm Beach County, Florida, this 30 day of June, 2008.

Robert Dale Rosenbaum

EFTA01625737

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT,
IN AND FOR PALM BEACH COUNTY, FLORIDA

SENTENCE

(As to Count(s) 1)

Defendant Jeffrey Epstein

Case Number 2008CF 9381AXX

OBTS Number _____

The Defendant, being personally before this Court, accompanied by the defendant's attorney of record, J. Goldberger, and having been adjudicated guilty herein, and the Court having given the Defendant an opportunity to be heard and to offer matters in mitigation of sentence, and to show cause why defendant should not be sentenced as provided by law, and no cause being shown,

IT IS THE SENTENCE OF THE COURT that:

[ ] Defendant pay a fine of $_____ pursuant to § _____, Florida Statutes, plus all costs and additional charges as outlined in the Order assessing additional charges, costs and fines as set forth in a separate order entered herein

The Defendant is hereby committed to the custody of the

[ ] Department of Corrections
[X] Sheriff of Palm Beach County, Florida
[ ] Department of Corrections as a youthful offender

for a term of time served. It is further ordered that the Defendant shall be allowed a total of 1 days as credit for time incarcerated prior to imposition of this sentence. It is further ordered that the composite term of all sentences imposed for the counts specified in the order shall run

[X] consecutive to [ ] concurrent with (check one) the following:

[ ] Any active sentence being served.

[X] Specific sentences: 2006CF 9454AXX.

In the event the above sentence is to the Department of Corrections, the Sheriff of Palm Beach County, Florida is hereby ordered and directed to deliver the Defendant to the Department of Corrections together with a copy of the Judgment and Sentence, and any other documents specified by Florida Statute. Additionally, pursuant to §947.16(4), Florida Statutes, the Court retains jurisdiction over the Defendant.

[ ] Pursuant to §§322.055, 322.056, 322.26, 322.274, Fla. Stat., the Department of Highway Safety and Motor Vehicles is directed to revoke the Defendant's privilege to drive. The Clerk of the Court is Ordered to report the conviction and revocation to the Department of Highway Safety and Motor Vehicles.

The defendant in Open Court was advised of the right to appeal from this Sentence by filing notice of appeal within thirty days from this date with the Clerk of the Court. The Defendant was also advised of the right to the assistance of counsel in taking said appeal at the expense of the State upon showing of indigency.

DONE AND ORDERED in Open Court at West Palm Beach, Palm Beach County, Florida this 30 day of JUNE, 2008.

Deborah Dale Nucci
CIRCUIT COURT JUDGE

Form Circuit 5 (rev 8/2000) Form 007

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT,
IN AND FOR PALM BEACH COUNTY, FLORIDA

SENTENCE (continued)

(As to Count(s) 1)

Defendant Jeffrey Epstein

Case Number 2008CF9381AXX

SUSPENDED AND/OR SPLIT SENTENCES

By appropriate notation, the following provisions apply to the sentence imposed:

[ ] Said SENTENCE SUSPENDED for a period of _____ subject to conditions set forth in a separate order entered herein.

[ ] However, after serving a period of _____ imprisonment the balance of such sentence shall be suspended and the Defendant shall be placed on [ ] probation and/or [ ] community control for a period of under supervision of the Department of Corrections according to the terms and conditions of probation and/or community control as set forth in a separate order entered herein.

[✓] Followed by a period of 12 MOS on [ ] probation and/or [✓] community control under the supervision of the Department of Corrections according to the terms and conditions of probation and/or community control as set forth in a separate order entered herein.

DONE AND ORDERED in Open Court at West Palm Beach, Palm Beach County, Florida this 30 day of June, 2008.

Deborah Dale Smith
CIRCUIT COURT JUDGE

EFTA01625739

PLEA IN THE CIRCUIT COURT
THE FOLLOWING IS TO REFLECT ALL TERMS OF THE NEGOTIATED SETTLEMENT

Name: Jeffrey E. Epstein

Plea: Guilty X

Case No.	Charge	Count	Lesser	Degree
08CF009454AMB	Felony Solicitation of Prostitution	1	No	3 FEL
08CF009381AMB	Procuring Person Under 18 for Prostitution	1	No	2 FEL

PSI: Waived/Not Required X Required/Requested ____

ADJUDICATION: Adjudicate [x]

SENTENCE:

On 08CF009454AMB, the Defendant is sentenced to 12 months in the Palm Beach County Detention Facility, with credit for 1 (one) day time served. ~~imprison~~ jail sentence

On 08CF009381AMB, the Defendant is sentenced to 6 months in the Palm Beach County Detention Facility, with credit for 1 (one) day time served. This 6 month sentence is to be served consecutive to the 12 month sentence in 08CF009454AMB. Following this 6 month sentence, the Defendant will be placed on 12 months Community Control 1 (one). The conditions of community control are attached hereto and incorporated herein.

OTHER COMMENTS OR CONDITIONS:

As a special condition of his community control, the Defendant is to have no unsupervised contact with minors, and the supervising adult must be approved by the Department of Corrections.

The Defendant is designated as a Sexual Offender pursuant to Florida Statute 943.0435 and must abide by all the corresponding requirements of the statute, a copy of which is attached hereto and incorporated herein. Registrin

The Defendant must provide a DNA sample in court at the time of this plea.

Assistant State Attorney

6/30/08
Date of Plea

Attorney for the Defendant

Defendant

948.101 Terms and conditions of community control and criminal quarantine community control.--

(1) The court shall determine the terms and conditions of community control. Conditions specified in this subsection do not require oral pronouncement at the time of sentencing and may be considered standard conditions of community control.

(a) The court shall require intensive supervision and surveillance for an offender placed into community control, which may include but is not limited to:

1. Specified contact with the parole and probation officer.

2. Confinement to an agreed-upon residence during hours away from employment and public service activities.

3. Mandatory public service.

4. Supervision by the Department of Corrections by means of an electronic monitoring device or system.

5. The standard conditions of probation set forth in s. 948.03.

(b) For an offender placed on criminal quarantine community control, the court shall require:

1. Electronic monitoring 24 hours per day.

2. Confinement to a designated residence during designated hours.

(2) The enumeration of specific kinds of terms and conditions does not prevent the court from adding thereto any other terms or conditions that the court considers proper. However, the sentencing court may only impose a condition of supervision allowing an offender convicted of s. 794.011, s. 800.04, s. 827.071, or s. 847.0145 to reside in another state if the order stipulates that it is contingent upon the approval of the receiving state interstate compact authority. The court may rescind or modify at any time the terms and conditions theretofore imposed by it upon the offender in community control. However, if the court withholds adjudication of guilt or imposes a period of incarceration as a condition of community control, the period may not exceed 364 days, and incarceration shall be restricted to a county facility, a probation and restitution center under the jurisdiction of the Department of Corrections, a probation program drug punishment phase I secure residential treatment institution, or a community residential facility owned or operated by any entity providing such services.

(3) The court may place a defendant who is being sentenced for criminal transmission of HIV in violation of s. 775.0877 on criminal quarantine community control. The Department of Corrections shall develop and administer a criminal quarantine community control program emphasizing intensive supervision with 24-hour-per-day electronic monitoring. Criminal quarantine community control status must include surveillance and may include other measures normally associated with community control, except that specific conditions necessary to monitor this population may be ordered.

(b) Pay the costs assessed by the Department of Highway Safety and Motor Vehicles for issuing or renewing a driver's license or identification card as required by this section. The driver's license or identification card issued must be in compliance with s. 322.141(3).

(c) Provide, upon request, any additional information necessary to confirm the identity of the sexual offender, including a set of fingerprints.

(4)(a) Each time a sexual offender's driver's license or identification card is subject to renewal, and, without regard to the status of the offender's driver's license or identification card, within 48 hours after any change in the offender's permanent or temporary residence or change in the offender's name by reason of marriage or other legal process, the offender shall report in person to a driver's license office, and shall be subject to the requirements specified in subsection (3). The Department of Highway Safety and Motor Vehicles shall forward to the department all photographs and information provided by sexual offenders. Notwithstanding the restrictions set forth in s. 322.142, the Department of Highway Safety and Motor Vehicles is authorized to release a reproduction of a color-photograph or digital-image license to the Department of Law Enforcement for purposes of public notification of sexual offenders as provided in this section and ss. 943.043 and 944.606.

(b) A sexual offender who vacates a permanent residence and fails to establish or maintain another permanent or temporary residence shall, within 48 hours after vacating the permanent residence, report in person to the sheriff's office of the county in which he or she is located. The sexual offender shall specify the date upon which he or she intends to or did vacate such residence. The sexual offender must provide or update all of the registration information required under paragraph (2)(b). The sexual offender must provide an address for the residence or other location that he or she is or will be occupying during the time in which he or she fails to establish or maintain a permanent or temporary residence.

(c) A sexual offender who remains at a permanent residence after reporting his or her intent to vacate such residence shall, within 48 hours after the date upon which the offender indicated he or she would or did vacate such residence, report in person to the agency to which he or she reported pursuant to paragraph (b) for the purpose of reporting his or her address at such residence. When the sheriff receives the report, the sheriff shall promptly convey the information to the department. An offender who makes a report as required under paragraph (b) but fails to make a report as required under this paragraph commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(d) A sexual offender must register any electronic mail address or instant message name with the department prior to using such electronic mail address or instant message name on or after October 1, 2007. The department shall establish an online system through which sexual offenders may securely access and update all electronic mail address and instant message name information.

(5) This section does not apply to a sexual offender who is also a sexual predator, as defined in s. 775.21. A sexual predator must register as required under s. 775.21.

(6) County and local law enforcement agencies, in conjunction with the department, shall verify the addresses of sexual offenders who are not under the care, custody, control, or supervision of the Department of Corrections in a manner that is consistent with the provisions of the federal Adam Walsh Child Protection and Safety Act of 2006 and any other federal standards applicable to such verification or required to be met as a condition for the receipt of federal funds by the state. Local law enforcement agencies shall report to the department any failure by a sexual offender to comply with registration requirements.

control of, or under the supervision of, the Department of Corrections, or is not in the custody of a private correctional facility.

Any change in the sexual offender's permanent or temporary residence, name, any electronic mail address and any instant message name required to be provided pursuant to paragraph (4)(d), after the sexual offender reports in person at the sheriff's office, shall be accomplished in the manner provided in subsections (4), (7), and (8).

(b) Provide his or her name, date of birth, social security number, race, sex, height, weight, hair and eye color, tattoos or other identifying marks, occupation and place of employment, address of permanent or legal residence or address of any current temporary residence, within the state and out of state, including a rural route address and a post office box, any electronic mail address and any instant message name required to be provided pursuant to paragraph (4)(d), date and place of each conviction, and a brief description of the crime or crimes committed by the offender. A post office box shall not be provided in lieu of a physical residential address.

1. If the sexual offender's place of residence is a motor vehicle, trailer, mobile home, or manufactured home, as defined in chapter 320, the sexual offender shall also provide to the department through the sheriff's office written notice of the vehicle identification number; the license tag number; the registration number; and a description, including color scheme, of the motor vehicle, trailer, mobile home, or manufactured home. If the sexual offender's place of residence is a vessel, live-aboard vessel, or houseboat, as defined in chapter 327, the sexual offender shall also provide to the department written notice of the hull identification number; the manufacturer's serial number; the name of the vessel, live-aboard vessel, or houseboat; the registration number; and a description, including color scheme, of the vessel, live-aboard vessel, or houseboat.

2. If the sexual offender is enrolled, employed, or carrying on a vocation at an institution of higher education in this state, the sexual offender shall also provide to the department through the sheriff's office the name, address, and county of each institution, including each campus attended, and the sexual offender's enrollment or employment status. Each change in enrollment or employment status shall be reported in person at the sheriff's office, within 48 hours after any change in status. The sheriff shall promptly notify each institution of the sexual offender's presence and any change in the sexual offender's enrollment or employment status.

When a sexual offender reports at the sheriff's office, the sheriff shall take a photograph and a set of fingerprints of the offender and forward the photographs and fingerprints to the department, along with the information provided by the sexual offender. The sheriff shall promptly provide to the department the information received from the sexual offender.

(3) Within 48 hours after the report required under subsection (2), a sexual offender shall report in person at a driver's license office of the Department of Highway Safety and Motor Vehicles, unless a driver's license or identification card that complies with the requirements of s. 322.141(3) was previously secured or updated under s. 944.607. At the driver's license office the sexual offender shall:

(a) If otherwise qualified, secure a Florida driver's license, renew a Florida driver's license, or secure an identification card. The sexual offender shall identify himself or herself as a sexual offender who is required to comply with this section and shall provide proof that the sexual offender reported as required in subsection (2). The sexual offender shall provide any of the information specified in subsection (2), if requested. The sexual offender shall submit to the taking of a photograph for use in issuing a driver's license, renewed license, or identification card, and for use by the department in maintaining current records of sexual offenders.

(7) A sexual offender who intends to establish residence in another state or jurisdiction other than the State of Florida shall report in person to the sheriff of the county of current residence within 48 hours before the date he or she intends to leave this state to establish residence in another state or jurisdiction. The notification must include the address, municipality, county, and state of intended residence. The sheriff shall promptly provide to the department the information received from the sexual offender. The department shall notify the statewide law enforcement agency, or a comparable agency, in the intended state or jurisdiction of residence of the sexual offender's intended residence. The failure of a sexual offender to provide his or her intended place of residence is punishable as provided in subsection (9).

(8) A sexual offender who indicates his or her intent to reside in another state or jurisdiction other than the State of Florida and later decides to remain in this state shall, within 48 hours after the date upon which the sexual offender indicated he or she would leave this state, report in person to the sheriff to which the sexual offender reported the intended change of residence, and report his or her intent to remain in this state. The sheriff shall promptly report this information to the department. A sexual offender who reports his or her intent to reside in another state or jurisdiction but who remains in this state without reporting to the sheriff in the manner required by this subsection commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(9)(a) A sexual offender who does not comply with the requirements of this section commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(b) A sexual offender who commits any act or omission in violation of this section may be prosecuted for the act or omission in the county in which the act or omission was committed, the county of the last registered address of the sexual offender, or the county in which the conviction occurred for the offense or offenses that meet the criteria for designating a person as a sexual offender.

(c) An arrest on charges of failure to register when the offender has been provided and advised of his or her statutory obligations to register under subsection (2), the service of an information or a complaint for a violation of this section, or an arraignment on charges for a violation of this section constitutes actual notice of the duty to register. A sexual offender's failure to immediately register as required by this section following such arrest, service, or arraignment constitutes grounds for a subsequent charge of failure to register. A sexual offender charged with the crime of failure to register who asserts, or intends to assert, a lack of notice of the duty to register as a defense to a charge of failure to register shall immediately register as required by this section. A sexual offender who is charged with a subsequent failure to register may not assert the defense of a lack of notice of the duty to register.

(d) Registration following such arrest, service, or arraignment is not a defense and does not relieve the sexual offender of criminal liability for the failure to register.

(10) The department, the Department of Highway Safety and Motor Vehicles, the Department of Corrections, the Department of Juvenile Justice, any law enforcement agency in this state, and the personnel of those departments; an elected or appointed official, public employee, or school administrator; or an employee, agency, or any individual or entity acting at the request or upon the direction of any law enforcement agency is immune from civil liability for damages for good faith compliance with the requirements of this section or for the release of information under this section, and shall be presumed to have acted in good faith in compiling, recording, reporting, or releasing the information. The presumption of good faith is not overcome if a technical or clerical error is made by the department, the Department of Highway Safety and Motor Vehicles, the Department of Corrections, the Department of Juvenile

Justice, the personnel of those departments, or any individual or entity acting at the request or upon the direction of any of those departments in compiling or providing information, or if information is incomplete or incorrect because a sexual offender fails to report or falsely reports his or her current place of permanent or temporary residence.

(11) Except as provided in s. 943.04354, a sexual offender must maintain registration with the department for the duration of his or her life, unless the sexual offender has received a full pardon or has had a conviction set aside in a postconviction proceeding for any offense that meets the criteria for classifying the person as a sexual offender for purposes of registration. However, a sexual offender:

(a)1. Who has been lawfully released from confinement, supervision, or sanction, whichever is later, for at least 25 years and has not been arrested for any felony or misdemeanor offense since release, provided that the sexual offender's requirement to register was not based upon an adult conviction:

a. For a violation of s. 787.01 or s. 787.02;

b. For a violation of s. 794.011, excluding s. 794.011(10);

c. For a violation of s. 800.04(4)(b) where the court finds the offense involved a victim under 12 years of age or sexual activity by the use of force or coercion;

d. For a violation of s. 800.04(5)(b);

e. For a violation of s. 800.04(5)c.2. where the court finds the offense involved unclothed genitals or genital area;

f. For any attempt or conspiracy to commit any such offense; or

g. For a violation of similar law of another jurisdiction,

may petition the criminal division of the circuit court of the circuit in which the sexual offender resides for the purpose of removing the requirement for registration as a sexual offender.

2. The court may grant or deny relief if the offender demonstrates to the court that he or she has not been arrested for any crime since release; the requested relief complies with the provisions of the federal Adam Walsh Child Protection and Safety Act of 2006 and any other federal standards applicable to the removal of registration requirements for a sexual offender or required to be met as a condition for the receipt of federal funds by the state; and the court is otherwise satisfied that the offender is not a current or potential threat to public safety. The state attorney in the circuit in which the petition is filed must be given notice of the petition at least 3 weeks before the hearing on the matter. The state attorney may present evidence in opposition to the requested relief or may otherwise demonstrate the reasons why the petition should be denied. If the court denies the petition, the court may set a future date at which the sexual offender may again petition the court for relief, subject to the standards for relief provided in this subsection.

3. The department shall remove an offender from classification as a sexual offender for purposes of registration if the offender provides to the department a certified copy of the court's written findings or order that indicates that the offender is no longer required to comply with the requirements for registration as a sexual offender.

(b) As defined in sub-subparagraph (1)(a)1.b. must maintain registration with the department for the duration of his or her life until the person provides the department with an order issued by the court that designated the person as a sexual predator, as a sexually violent predator, or by another sexual offender designation in the state or jurisdiction in which the order was issued which states that such designation has been removed or demonstrates to the department that such designation, if not imposed by a court, has been removed by operation of law or court order in the state or jurisdiction in which the designation was made, and provided such person no longer meets the criteria for registration as a sexual offender under the laws of this state.

(12) The Legislature finds that sexual offenders, especially those who have committed offenses against minors, often pose a high risk of engaging in sexual offenses even after being released from incarceration or commitment and that protection of the public from sexual offenders is a paramount government interest. Sexual offenders have a reduced expectation of privacy because of the public's interest in public safety and in the effective operation of government. Releasing information concerning sexual offenders to law enforcement agencies and to persons who request such information, and the release of such information to the public by a law enforcement agency or public agency, will further the governmental interests of public safety. The designation of a person as a sexual offender is not a sentence or a punishment but is simply the status of the offender which is the result of a conviction for having committed certain crimes.

(13) Any person who has reason to believe that a sexual offender is not complying, or has not complied, with the requirements of this section and who, with the intent to assist the sexual offender in eluding a law enforcement agency that is seeking to find the sexual offender to question the sexual offender about, or to arrest the sexual offender for, his or her noncompliance with the requirements of this section:

(a) Withholds information from, or does not notify, the law enforcement agency about the sexual offender's noncompliance with the requirements of this section, and, if known, the whereabouts of the sexual offender;

(b) Harbors, or attempts to harbor, or assists another person in harboring or attempting to harbor, the sexual offender; or

(c) Conceals or attempts to conceal, or assists another person in concealing or attempting to conceal, the sexual offender; or

(d) Provides information to the law enforcement agency regarding the sexual offender that the person knows to be false information,

commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(14)(a) A sexual offender must report in person each year during the month of the sexual offender's birthday and during the sixth month following the sexual offender's birth month to the sheriff's office in the county in which he or she resides or is otherwise located to reregister.

(b) However, a sexual offender who is required to register as a result of a conviction for:

1. Section 787.01 or s. 787.02 where the victim is a minor and the offender is not the victim's parent or guardian;

2. Section 794.011, excluding s. 794.011(10);

3. Section 800.04(4)(b) where the court finds the offense involved a victim under 12 years of age or sexual activity by the use of force or coercion;

4. Section 800.04(5)(b);

5. Section 800.04(5)(c)1. where the court finds molestation involving unclothed genitals or genital area;

6. Section 800.04(5)c.2. where the court finds molestation involving unclothed genitals or genital area;

7. Section 800.04(5)(d) where the court finds the use of force or coercion and unclothed genitals or genital area;

8. Any attempt or conspiracy to commit such offense; or

9. A violation of a similar law of another jurisdiction,

must reregister each year during the month of the sexual offender's birthday and every third month thereafter.

(c) The sheriff's office may determine the appropriate times and days for reporting by the sexual offender, which shall be consistent with the reporting requirements of this subsection. Reregistration shall include any changes to the following information:

1. Name; social security number; age; race; sex; date of birth; height; weight; hair and eye color; address of any permanent residence and address of any current temporary residence, within the state or out of state, including a rural route address and a post office box; any electronic mail address and any instant message name required to be provided pursuant to paragraph (4)(d); date and place of any employment; vehicle make, model, color, and license tag number; fingerprints; and photograph. A post office box shall not be provided in lieu of a physical residential address.

2. If the sexual offender is enrolled, employed, or carrying on a vocation at an institution of higher education in this state, the sexual offender shall also provide to the department the name, address, and county of each institution, including each campus attended, and the sexual offender's enrollment or employment status.

3. If the sexual offender's place of residence is a motor vehicle, trailer, mobile home, or manufactured home, as defined in chapter 320, the sexual offender shall also provide the vehicle identification number; the license tag number; the registration number; and a description, including color scheme, of the motor vehicle, trailer, mobile home, or manufactured home. If the sexual offender's place of residence is a vessel, live-aboard vessel, or houseboat, as defined in chapter 327, the sexual offender shall also provide the hull identification number; the manufacturer's serial number; the name of the vessel, live-aboard vessel, or houseboat; the registration number; and a description, including color scheme, of the vessel, live-aboard vessel or houseboat.

4. Any sexual offender who fails to report in person as required at the sheriff's office, or who fails to respond to any address verification correspondence from the department within 3 weeks of the date of the correspondence or who fails to report electronic mail addresses or

instant message names, commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(d) The sheriff's office shall, within 2 working days, electronically submit and update all information provided by the sexual offender to the department in a manner prescribed by the department.

'943.0435 Sexual offenders required to register with the department; penalty.--

(1) As used in this section, the term:

(a)1. "Sexual offender" means a person who meets the criteria in sub-subparagraph a., sub-subparagraph b., sub-subparagraph c., or sub-subparagraph d., as follows:

a.(I) Has been convicted of committing, or attempting, soliciting, or conspiring to commit, any of the criminal offenses proscribed in the following statutes in this state or similar offenses in another jurisdiction: s. 787.01, s. 787.02, or s. 787.025(2)(c), where the victim is a minor and the defendant is not the victim's parent or guardian; s. 794.011, excluding s. 794.011(10); s. 794.05; s. 796.03; s. 796.035; s. 800.04; s. 825.1025; s. 827.071; s. 847.0133; s. 847.0135, excluding s. 847.0135(4); s. 847.0137; s. 847.0138; s. 847.0145; or s. 985.701(1); or any similar offense committed in this state which has been redesignated from a former statute number to one of those listed in this sub-sub-subparagraph; and

(II) Has been released on or after October 1, 1997, from the sanction imposed for any conviction of an offense described in sub-sub-subparagraph (I). For purposes of sub-sub-subparagraph (I), a sanction imposed in this state or in any other jurisdiction includes, but is not limited to, a fine, probation, community control, parole, conditional release, control release, or incarceration in a state prison, federal prison, private correctional facility, or local detention facility;

b. Establishes or maintains a residence in this state and who has not been designated as a sexual predator by a court of this state but who has been designated as a sexual predator, as a sexually violent predator, or by another sexual offender designation in another state or jurisdiction and was, as a result of such designation, subjected to registration or community or public notification, or both, or would be if the person were a resident of that state or jurisdiction, without regard to whether the person otherwise meets the criteria for registration as a sexual offender;

c. Establishes or maintains a residence in this state who is in the custody or control of, or under the supervision of, any other state or jurisdiction as a result of a conviction for committing, or attempting, soliciting, or conspiring to commit, any of the criminal offenses proscribed in the following statutes or similar offense in another jurisdiction: s. 787.01, s. 787.02, or s. 787.025(2)(c), where the victim is a minor and the defendant is not the victim's parent or guardian; s. 794.011, excluding s. 794.011(10); s. 794.05; s. 796.03; s. 796.035; s. 800.04; s. 825.1025; s. 827.071; s. 847.0133; s. 847.0135, excluding s. 847.0135(4); s. 847.0137; s. 847.0138; s. 847.0145; or s. 985.701(1); or any similar offense committed in this state which has been redesignated from a former statute number to one of those listed in this sub-subparagraph; or

d. On or after July 1, 2007, has been adjudicated delinquent for committing, or attempting, soliciting, or conspiring to commit, any of the criminal offenses proscribed in the following statutes in this state or similar offenses in another jurisdiction when the juvenile was 14 years of age or older at the time of the offense:

(I) Section 794.011, excluding s. 794.011(10);

(II) Section 800.04(4)(b) where the victim is under 12 years of age or where the court finds sexual activity by the use of force or coercion;

(III) Section 800.04(5)(c)1. where the court finds molestation involving unclothed genitals; or

(IV) Section 800.04(5)(d) where the court finds the use of force or coercion and unclothed genitals.

2. For all qualifying offenses listed in sub-subparagraph (1)(a)1.d., the court shall make a written finding of the age of the offender at the time of the offense.

For each violation of a qualifying offense listed in this subsection, the court shall make a written finding of the age of the victim at the time of the offense. For a violation of s. 800.04(4), the court shall additionally make a written finding indicating that the offense did or did not involve sexual activity and indicating that the offense did or did not involve force or coercion. For a violation of s. 800.04(5), the court shall additionally make a written finding that the offense did or did not involve unclothed genitals or genital area and that the offense did or did not involve the use of force or coercion.

(b) "Convicted" means that there has been a determination of guilt as a result of a trial or the entry of a plea of guilty or nolo contendere, regardless of whether adjudication is withheld, and includes an adjudication of delinquency of a juvenile as specified in this section. Conviction of a similar offense includes, but is not limited to, a conviction by a federal or military tribunal, including courts-martial conducted by the Armed Forces of the United States, and includes a conviction or entry of a plea of guilty or nolo contendere resulting in a sanction in any state of the United States or other jurisdiction. A sanction includes, but is not limited to, a fine, probation, community control, parole, conditional release, control release, or incarceration in a state prison, federal prison, private correctional facility, or local detention facility.

(c) "Permanent residence" and "temporary residence" have the same meaning ascribed in s. 775.21.

(d) "Institution of higher education" means a career center, community college, college, state university, or independent postsecondary institution.

(e) "Change in enrollment or employment status" means the commencement or termination of enrollment or employment or a change in location of enrollment or employment.

(f) "Electronic mail address" has the same meaning as provided in s. 668.602.

(g) "Instant message name" means an identifier that allows a person to communicate in real time with another person using the Internet.

(2) A sexual offender shall:

(a) Report in person at the sheriff's office:

1. In the county in which the offender establishes or maintains a permanent or temporary residence within 48 hours after:

a. Establishing permanent or temporary residence in this state; or

b. Being released from the custody, control, or supervision of the Department of Corrections or from the custody of a private correctional facility; or

2. In the county where he or she was convicted within 48 hours after being convicted for a qualifying offense for registration under this section if the offender is not in the custody or

TATE OF FLORIDA
- laintiff

-VS-

JEFFREY E. EPSTEIN
Defendant

IN THE **FIFTEENTH** JUDICIAL
CIRCUIT COURT, IN AND FOR
PALM BEACH COUNTY

CASE NUMBER	**502008CF009381AXXXMB**
DIVISION	**MCSORLEY "W"**
DC NUMBER	**W35755**
CIRCUIT NUMBER:	**15-4/ JAIL SPLIT**

ORDER OF COMMUNITY CONTROL I

This cause coming before the Court to be heard, and you, the defendant, being now present before the court, and you having

☒ entered a plea of guilty to
☐ entered a plea of nolo contendere to
☐ been found guilty by jury verdict of
☐ been found guilty by the court trying the case without a jury of

Count **1.** **PROCURE PERSON UNDER AGE OF 18 FOR PROSTITUTION**

SECTION 1: JUDGMENT OF GUILT

☒ The court hereby adjudges you to be guilty of the above offense(s).

Now, therefore, it is ordered and adjudged that the imposition of sentence is hereby withheld and that you be placed on Probation I for a period of _____ under the supervision of the Department of Corrections, subject to Florida law.

SECTION 2: ORDER WITHHOLDING ADJUDICATION

☐ Now, therefore, it is ordered and adjudged that the adjudication of guilt is hereby withheld and that you be placed on Probation for a period of ___ under the supervision of the Department of Corrections, subject to Florida law.

SECTION 3: INCARCERATION DURING PORTION OF SUPERVISION SENTENCE

It is hereby ordered and adjudged that you be:

☐ committed to the Department of Corrections
or
☐ confined in the County Jail
for a term of _____ with credit for _____ jail time. After you have served _____ of the term, you shall be placed on **Probation** for a period of _____ under the supervision of the Department of Corrections, subject to Florida law.
or
☒ confined in the County Jail
for a term of **SIX (6) MONTHS AS TO COUNT 1 FOLLOWED BY TWELVE (12) MONTHS COMMUNITY CONTROL I CONSECUTIVE TO THE (12) MONTH SENTENCE IN CASE# 2008CF00945AAMB** with credit for **ONE (1) DAY** jail time, as a special condition of supervision.

SHARON R. BOCK, CLERK
PALM BEACH COUNTY, FL
CIRCUIT CRIMINAL

2008 JUL 21 PM 4:55

FILED

Form Revised 03-18-08

EFTA01625751

FREY EPSTEIN
CASE#502008CF009381AXXXMB

IT IS FURTHER ORDERED that you shall comply with the following standard conditions of supervision as provided by Florida law:

(1) You will report to the probation office as directed. Not later than the fifth day of each month, unless otherwise directed, you will make a full and truthful report to your officer on the form provided for that purpose.

(2) You will pay the State of Florida the amount of **$50.00** per month, as well as 4% surcharge, toward the cost of your supervision in accordance with s. 948.09, F.S., unless otherwise exempted in compliance with Florida Statutes.

(3) You will remain in a specified place. You will not change your residence or employment or leave the county of your residence without first procuring the consent of your officer.

(4) You will not possess, carry or own any firearm or weapon, unless authorized by the court.

(5) You will live without violating the law. A conviction in a court of law shall not be necessary for such a violation to constitute a violation of your probation/community control.

(6) You will not associate with any person engaged in any criminal activity.

(7) You will not use intoxicants to excess or possess any drugs or narcotics unless prescribed by a physician. Nor will you visit places where intoxicants, drugs or other dangerous substances are unlawfully sold, dispensed or used.

(8) You will work diligently at a lawful occupation, advise your employer of your probation status, and support any dependents to the best of your ability, as directed by your officer.

(9) You will promptly and truthfully answer all inquiries directed to you by the court or the officer, and allow your officer to visit in your home, at your employment site or elsewhere, and you will comply with all instructions your officer may give you.

(10) You will pay restitution, court costs, and/or fees in accordance with special conditions imposed or in accordance with the attached orders.

(11) You will submit to random testing as directed by your officer or the professional staff of the treatment center where he/she is receiving treatment to determine the presence of alcohol or illegal drugs. You will be required to pay for the tests unless exempt by the court.

(12) You will submit two biological specimens, as directed by your officer, for DNA analysis as prescribed in ss. 943.325 and 948.014, F.S.

(13) You will report in person within 72 hours of your release from incarceration to the probation office in **PALM BEACH** County, Florida, unless otherwise instructed by the court or department. (This condition applies only if section 3 on the previous page is checked.) Otherwise, you must report immediately to the probation office located at **3444 SOUTH CONGRESS AVENUE, LAKE WORTH, FL 33461.**

SPECIAL CONDITIONS

☐ 1. You must undergo a Drug and Alcohol evaluation and, if treatment is deemed necessary, you must successfully complete the treatment, and be responsible for the payment of any costs incurred while receiving said evaluation and treatment, unless waived by the court.
Additional instructions ordered: _____

☐ 2. You will make restitution to the following victim(s), as directed by the court, until the obligation is paid in full:
NAME: _____
TOTAL AMOUNT: $_____
Additional instructions ordered, including specific monthly amount, begin date, due date, or joint & several: _____

NAME: _____
TOTAL AMOUNT: $_____
Additional instructions ordered, including specific monthly amount, begin date, due date, or joint & several: _____

SPECIAL CONDITIONS – CONTINUED

☐ 3. You will enter the Department of Corrections Non-Secure Drug Treatment Program or other residential treatment program/Probation and Restitution Center for a period of successful completion as approved by your officer. You are to remain until you successfully complete said Program and Aftercare. You are to comply with all Rules and Regulations of the Program. You shall be confined in the county jail until placement in said program, and if you are confined in the jail, the Sheriff will transport you to said program.

☐ 4. You will abstain entirely from the use of alcohol and/or illegal drugs, and you will not associate with anyone who is illegally using drugs or consuming alcohol.

☐ 5. You will submit to urinalysis testing on a monthly basis to determine the presence of alcohol or illegal drugs. You will be required to pay for the tests unless exempt by the court.

☐ 6. You will not visit any establishment where the primary business is the sale and dispensing of alcoholic beverages.

☐ 7. You will successfully complete ___ hours of community service at a rate of _____, at a work site approved by your officer.
Additional instructions ordered: _____

☐ 8. You will remain at your residence between 10 p.m. and 6 a.m. due to a curfew imposed, unless otherwise directed by the court.

☐ 9. You will submit to electronic monitoring, follow the rules of electronic monitoring, and pay $_____ per month for the cost of the monitoring service, unless otherwise directed by the court.

☐ 10. You will not associate with _____ during the period of supervision.

☐ 11. You will have no contact (direct or indirect) with the victim or the victim's family during the period of supervision.

☐ 12. You will have no contact (direct or indirect) with _____ during the period of supervision.

☐ 13. You will maintain full time employment or attend school/vocational school full time or a combination of school/work during the term of your supervision.

☐ 14. You will make a good faith effort toward completing basic or functional literacy skills or a high school equivalency diploma.

☐ 15. You will successfully complete the Probation & Restitution Program, abiding by all rules and regulations.

☐ 16. You will attend Alcoholics Anonymous or Narcotics Anonymous meetings at least monthly, unless otherwise directed by the court.

☐ 17. You must successfully complete Anger Management, and be responsible for the payment of any costs incurred while receiving said treatment, unless waived. If convicted of a Domestic Violence offense, as defined in s. 741.28, F.S., you must attend and successfully complete a batterer's intervention program, unless otherwise directed by the court.
Additional instructions ordered: _____

☐ 18. You will attend an HIV/AIDS Awareness Program consisting of a class of not less than two (2) hours or more than four (4) hours in length, the cost for which will be paid by you.

☐ 19. You shall submit your person, property, place of residence, vehicle or personal effects to a warrantless search at any time, by any probation or community control officer or any law enforcement officer.

☒ 20. **DEFENDANT MUST REGISTER AS A SEXUAL OFFENDER WITHIN 48 HOURS OF RELEASE**

☒ 21. **AS A SPECIAL CONDITION OF HIS COMMUNITY CONTROL, THE DEFENDANT IS TO HAVE NO UNSUPERVISED CONTACT WITH MINORS, AND THE SUPERVISING ADULT MUST BE APPROVED BY THE DEPARTMENT OF CORRECTIONS**

☒ 22. **THE DEFENDANT IS DESIGNATED AS A SEXUAL OFFENDER PURSUANT TO FLORIDA STATUTE 943.05 AND MUST ABIDE BY ALL THE CORRESPONDING REQUIREMENTS OF THE STATUTE, A COPY OF WHICH IS ATTACHED HERETO AND INCORPORATED HEREIN**

☒ 23. **DEFENDANT MUST PROVIDE A DNA SAMPLE IN COURT AT THE TIME OF THIS PLEA.**

☒ 24. **SPECIFIED CONTACT WITH THE PAROLE AND PROBATION OFFICER**

☒ 25. **CONFINEMENT TO AN AGREED-UPON RESIDENCE DURING HOURS AWAY FROM EMPLOYMENT AND PUBLIC SERVICE ACTIVITIES**

☒ 25. **MANDATORY PUBLIC SERVICE**

☒ 26. **SUPERVISION BY THE DEPARTMENT OF CORRECTIONS BY MEANS OF AN ELECTRONIC MONITORING DEVICE OR SYSTEM**

☒ 27. **ELECTRONIC MONITORING 24 HOURS PER DAY**

☒ 28. **CONFINEMENT TO A DESIGNATED RESIDENCE DURING DESIGNATED HOURS**

AND, IF PLACED ON DRUG OFFENDER PROBATION, YOU WILL COMPLY WITH THE FOLLOWING CONDITION OF SUPERVISION IN ADDITION TO THE STANDARD CONDITIONS LISTED ABOVE AND ANY OTHER SPECIAL CONDITIONS ORDERED BY THE COURT:

(14) You will participate in a specialized drug treatment program, either as an in-patient or out patient, as recommended by the treatment provider. You will attend all counseling sessions, submit to random urinalysis and, if an in-patient, you will comply with all operating rules, regulations and procedures of the treatment facility. You will pay for all costs associated with treatment and testing unless otherwise directed.
Additional instructions ordered: _____

☐ (15) You will remain at your residence between _____ p.m. and _____ a.m. due to a curfew imposed, unless otherwise directed by the court.

AND, IF PLACED ON COMMUNITY CONTROL, YOU WILL COMPLY WITH THE FOLLOWING CONDITIONS, IN ADDITION TO THE STANDARD CONDITIONS LISTED ABOVE AND ANY OTHER SPECIAL CONDITIONS ORDERED BY THE COURT:

EFTA01625754

(14) You will report to your officer as directed, at least one time a week, unless you have written consent otherwise.

(15) You will remain confined to your approved residence except for one half hour before and after your approved employment, public service work, or any other special activities approved by your officer.

(16) You will maintain an hourly accounting of all your activities on a daily log, which you will submit to your officer on request.

(17) You will successfully complete ___ hours of community service at a rate of _____, at a work site approved by your officer. Additional instructions ordered: _____

☐ (18) You will submit to electronic monitoring, follow the rules of electronic monitoring, and pay $_____ per month for the cost of the monitoring service, unless otherwise directed by the court.

AND, IF PLACED ON PROBATION OR COMMUNITY CONTROL FOR A SEX OFFENSE PROVIDED IN CHAPTER 794, s. 800.04, s. 827.071, or s. 847.0145, COMMITTED ON OR AFTER OCTOBER 1, 1995 YOU WILL COMPLY WITH THE FOLLOWING STANDARD SEX OFFENDER CONDITIONS, IN ADDITION TO THE STANDARD CONDITIONS LISTED ABOVE AND ANY OTHER SPECIAL CONDITIONS ORDERED BY THE COURT:

(14) A mandatory curfew from 10 p.m. to 6 a.m. The court may designate another 8-hour period if the offender's employment precludes the above specified time, and the alternative is recommended by the Department of Corrections. If the court determines that imposing a curfew would endanger the victim, the court may consider alternative sanctions.

15) If the victim was under the age of 18, a prohibition on living within 1,000 feet of a school, day care center, park, playground, or other place where children regularly congregate, as prescribed by the court. The 1,000-foot distance shall be measured in a straight line from the offender's place of residence to the nearest boundary line of the school, day care center, park, playground, or other place where children congregate. The distance may not be measured by a pedestrian route or automobile route.

(16) Active participation in and successful completion of a sex offender treatment program with qualified practitioners specifically trained to treat sex offenders, at the offender's own expense. If a qualified practitioner is not available within a 50-mile radius of the offender's residence, the offender shall participate in other appropriate therapy.

(17) A prohibition on any contact with the victim, directly or indirectly, including through a third person, unless approved by the victim, the offender's therapist, and the sentencing court.

(18) If the victim was under the age of 18, a prohibition on contact with a child under the age of 18 except as provided in this paragraph. The court may approve supervised contact with a child under the age of 18 if the approval is based upon a recommendation for contact issued by a qualified practitioner who is basing the recommendation on a risk assessment. Further, the sex offender must be currently enrolled in or have successfully completed a sex offender therapy program. The court may not grant supervised contact with a child if the contact is not recommended by a qualified practitioner and may deny supervised contact with a child at any time.

(19) If the victim was under age 18, a prohibition on working for pay or as a volunteer at any place where children regularly congregate, including, but not limited to any school, day care center, park, playground, pet store, library, zoo, theme park, or mall.

(20) Unless otherwise indicated in the treatment plan provided by the sexual offender treatment program, a prohibition on viewing, accessing, owning, or possessing any obscene, pornographic, or sexually stimulating visual or auditory material, including telephone, electronic media, computer programs, or computer services that are relevant to the offender's deviant behavior pattern.

(21) A requirement that the offender submit two specimens of blood or other approved biological specimens to the Florida Department of Law Enforcement to be registered with the DNA data bank.

(22) A requirement that the offender make restitution to the victim, as ordered by the court under s. 775.089, for all necessary medical and related professional services relating to physical, psychiatric, and psychological care.

(23) Submission to a warrantless search by the community control or probation officer of the offender's person, residence, or vehicle.

EFTA01625755

EFFECTIVE FOR PROBATIONER OR COMMUNITY CONTROLLEE WHOSE CRIME WAS COMMITTED ON OR AFTER OCTOBER 1, 1997, AND WHO IS PLACED ON COMMUNITY CONTROL OR SEX OFFENDER PROBATION FOR A VIOLATION OF CHAPTER 794, s. 800.04, s. 827.071, or s. 847.0145, IN ADDITION TO ANY OTHER PROVISION OF THIS SECTION, YOU MUST COMPLY WITH THE FOLLOWING CONDITIONS OF SUPERVISION:

(24) As part of a treatment program, participation at least annually in polygraph examinations to obtain information necessary for risk management and treatment and to reduce the sex offender's denial mechanisms. A polygraph examination must be conducted by a polygrapher trained specifically in the use of the polygraph for the monitoring of sex offenders, where available, and shall be paid by the sex offender.

(25) Maintenance of a driving log and a prohibition against driving a motor vehicle alone without the prior approval of the supervising officer.

(26) A prohibition against obtaining or using a post office box without the prior approval of the supervising officer.

(27) If there was sexual contact, a submission to, at the offender's expense, an HIV test with the results to be released to the victim and/or the victim's parent or guardian.

(28) Electronic monitoring when deemed necessary by the probation officer and supervisor, and ordered by the court at the recommendation of the Department of Corrections.

(29) **Effective for an offender whose crime was committed on or after July 1, 2005, and who are placed on supervision for violation of chapter 794, s. 800.04, s. 827.071, or s. 847.0145,** a prohibition on accessing the Internet or other computer services until the offender's sex offender treatment program, after a risk assessment is completed, approves and implements a safety plan for the offender's accessing or using the Internet or other computer services.

(30) **Effective for offenders whose crime was committed on or after September 1, 2005**, there is hereby imposed, in addition to any other provision in this section, mandatory electronic monitoring as a condition of supervision for those who:

- Are placed on supervision for a violation of chapter 794, s. 800.04(4), (5), or (6), s. 827.071, or s. 847.0145 and the unlawful sexual activity involved a victim 15 years of age or younger and the offender is 18 years of age or older; or
- Are designated as a sexual predator pursuant to s. 775.21; or
- Has previously been convicted o f a violation of chapter 794, s. 800.04(4), (5), or (6), s. 827.071, or s. 847.0145 and the unlawful sexual activity involved a victim 15 years of age or younger and the offender is 18 years of age or older.

You are hereby placed on notice that should you violate your probation or community control, and the conditions set forth in s. 948.063(1) or (2) are satisfied, whether your probation or community control is revoked or not revoked, you shall be placed on electronic monitoring in accordance with F.S. 948.063.

YOU ARE HEREBY PLACED ON NOTICE that the court may at any time rescind or modify any of the conditions of your probation, or may extend the period of probation as authorized by law, or may discharge you from further supervision. If you violate any of the conditions of your probation, you may be arrested and the court may revoke your probation, adjudicate you guilty if adjudication of guilt was withheld, and impose any sentence that it might have imposed before placing you on probation or require you to serve the balance of the sentence.

EFTA01625756

IT IS FURTHER ORDERED that when you have been instructed as to the conditions of probation, you shall be released from custody if you are in custody, and if you are at liberty on bond, the sureties thereon shall stand discharged from liability. (This paragraph applies only if section 1 or section 2 is checked.)

IT IS FURTHER ORDERED that the clerk of this court file this order in the clerk's office and provide certified copies of same to the officer for use in compliance with the requirements of law.

DONE AND ORDERED, on July 8, 2008

NUNC PRO TUNC 06-30-2008

Sandra K. McSorley, Circuit Judge

I acknowledge receipt of a copy of this order and that the conditions have been explained to me and I agree to abide by them.

Date: _____

_____
Defendant

nstructed by: _____
Supervising Officer

ep/07-02-08

EFTA01625757

EFFREY EPSTEIN
ASE#502008CF009381AXXXMB

COURT ORDERED PAYMENTS

CHECK ALL THAT ARE ORDERED:

FINES

☐ $____ **Total of fines assessed** in sentence, pursuant to s. 775.083 (1)(a) through (g) or Chapter 316, F.S.
☐ $____ Statutorily mandated 5% surcharge/cost if fine assessed (on first line) pursuant to s. 938.04, F.S.
☐ $ 20.00 **Crime Stoppers Trust Fund** pursuant to s. 938.06(1), F.S. Statutorily mandated if a fine is imposed

MANDATORY COSTS IN ALL CASES

☒ $200.00 **Additional court cost for felony offense**, pursuant to s. 938.05(1)(a), F.S.
☐ $ 50.00 **Additional court cost for misdemeanor or criminal traffic offense**, pursuant to s. 938.05(1)(b) or (c), F.S.
☒ $ 50.00 **Crimes Compensation Trust Fund** pursuant to s. 938.03(1), F.S.
☒ $ 50.00 **County Crime Prevention Fund** pursuant to s. 775.083(2), F.S.
☒ $ 3.00 **Additional Court Costs Clearing Trust Fund** pursuant to s. 938.01(1), F.S.
☐ $ 2.00 Per month for each month of supervision for **Training Trust Fund Surcharge**, pursuant to s. 948.09, F.S.

MANDATORY COSTS IN SPECIFIC TYPES OF CASES

☐ $151.00 **Rape Crisis Program Trust Fund**, pursuant to s. 938.085, F.S. for any violations of ss. 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, or 794.011, F.S.
☐ $201.00 **Domestic Violence Trust Fund**, pursuant to s. 938.08, F.S. for any violations of ss. 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, 794.011, or any offense of Domestic Violence described in s. 741.28, F.S.
☐ $101.00 **Certain Crimes Against Minors**, pursuant to s. 938.10(1), F.S. for any violations of s. 784.085, chapter 787, chapter 794, s. 796.03, s. 800.04, chapter 827, s. 847.0145, or s. 985.701, F.S.
☐ $135.00 **DUI Court Costs**, pursuant to s. 938.07, F.S. for any violations of ss. 316.193 or 327.35, F.S.
☐ $ 3.00 **State Agency Law Enforcement Radio System Trust Fund**, pursuant to s. 318.18(17), F.S. for any violations of offenses listed in s. 318.17 including ss. 316.1935, 316.027, 316.061, 877.111, chapter 893, ss. 316.193, 316.192, 316.067, 316.072(3), 316.545(1), or any other offense in chapter 316 which is classified as a criminal violation.

MANDATORY COURT COSTS AUTHORIZED BY LOCAL GOVERNMENTAL ENTITIES

☒ $ 2.00 **Criminal Justice Education by Municipalities and Counties**, pursuant to s. 938.15, F.S.
☒ $65.00 **Additional court costs for local requirements and other county funded programs pursuant to s. 939.185(1)(a), F.S.**
☒ $ 3.00 **Teen Court** pursuant to s. 938.19(2), F.S.

DISCRETIONARY

☐ $ 1.00 Per month during the term of supervision to the following **nonprofit organization** established for the sole purpose of supplementing the rehabilitative efforts of the Department of Corrections, pursuant to s. 948.039(2), F.S.: _____
☐ $ 40.00 **Public Defender Application Fee**, if not previously collected or waived, pursuant to s. 27.52 and s. 938.29, F.S.
☐ $____ **Public Defender Fees and Costs**, pursuant to s. 938.29, F.S. as determined locally.
☒ $50.00 **Prosecution/Investigative Costs**, pursuant to s. 938.27, F.S.

☐ Other: _____

☐ Other: _____

DISCRETIONARY COSTS FOR SPECIFIC TYPES OF CASES

☒ $50.00 **County Alcohol and Other Drug Abuse Trust Fund**, pursuant to s. 938.21 and s. 938.23, F.S. for violations of s. 316.193, s.856.011, s. 856.015, or chapter 562, chapter 567, or chapter 568, F.S.
☐ $100.00 **Operating Trust Fund of the FDLE**, pursuant to s. 938.25, F.S. for violations of s. 893.13 offenses

*** TOTAL $ 473.00**

PAYMENT IS TO BE MADE THROUGH AND PAYABLE TO: ☒ Department of Corrections or ☐ Clerk of Court

*If collected by the Department of Corrections, a surcharge of 4% will be added to all payments ordered by the court, pursuant to s. 945.31, F.S.)

☐ Court Costs/Fines Waived
☐ Court Costs/Fines in the amount of _____ converted to _____ community service hours
☐ Court Costs/Fines in the amount of _____ reduced to civil judgment.

SPECIFIC INSTRUCTIONS FOR PAYMENT: _____

Form Revised 03-18-08

EFTA01625758

TATE OF FLORIDA
Plaintiff

-VS-

JEFFREY E. EPSTEIN
Defendant

IN THE **FIFTEENTH** JUDICIAL
CIRCUIT COURT, IN AND FOR
PALM BEACH COUNTY

CASE NUMBER	502008CF009381AXXXMB
DIVISION	MCSORLEY "W"
DC NUMBER	W35755
CIRCUIT NUMBER:	15-4/ JAIL SPLIT

ORDER OF COMMUNITY CONTROL I

This cause coming before the Court to be heard, and you, the defendant, being now present before the court, and you having

☒ entered a plea of guilty to
☐ entered a plea of nolo contendere to
☐ been found guilty by jury verdict of
☐ been found guilty by the court trying the case without a jury of

Count 1. **PROCURE PERSON UNDER AGE OF 18 FOR PROSTITUTION**

SECTION 1: JUDGMENT OF GUILT

☒ The court hereby adjudges you to be guilty of the above offense(s).

Now, therefore, it is ordered and adjudged that the imposition of sentence is hereby withheld and that you be placed on Probation I for a period of _____ under the supervision of the Department of Corrections, subject to Florida law.

SECTION 2: ORDER WITHHOLDING ADJUDICATION

☐ Now, therefore, it is ordered and adjudged that the adjudication of guilt is hereby withheld and that you be placed on Probation for a period of ___ under the supervision of the Department of Corrections, subject to Florida law.

SECTION 3: INCARCERATION DURING PORTION OF SUPERVISION SENTENCE

It is hereby ordered and adjudged that you be:

☐ committed to the Department of Corrections
or
☐ confined in the County Jail
for a term of _____ with credit for _____ jail time. After you have served _____ of the term, you shall be placed on **Probation** for a period of _____ under the supervision of the Department of Corrections, subject to Florida law.
or
☒ confined in the County Jail
for a term of **SIX (6) MONTHS AS TO COUNT 1 FOLLOWED BY TWELVE (12) MONTHS COMMUNITY CONTROL I CONSECUTIVE TO THE (12) MONTH SENTENCE IN CASE# 2008CF00945AAMB** with credit for **ONE (1) DAY** jail time, as a special condition of supervision.

EFTA01625759

IT IS FURTHER ORDERED that you shall comply with the following standard conditions of supervision as provided by Florida law:

(1) You will report to the probation office as directed. Not later than the fifth day of each month, unless otherwise directed, you will make a full and truthful report to your officer on the form provided for that purpose.

(2) You will pay the State of Florida the amount of **$50.00** per month, as well as 4% surcharge, toward the cost of your supervision in accordance with s. 948.09, F.S., unless otherwise exempted in compliance with Florida Statutes.

(3) You will remain in a specified place. You will not change your residence or employment or leave the county of your residence without first procuring the consent of your officer.

(4) You will not possess, carry or own any firearm or weapon, unless authorized by the court.

(5) You will live without violating the law. A conviction in a court of law shall not be necessary for such a violation to constitute a violation of your probation/community control.

(6) You will not associate with any person engaged in any criminal activity.

(7) You will not use intoxicants to excess or possess any drugs or narcotics unless prescribed by a physician. Nor will you visit places where intoxicants, drugs or other dangerous substances are unlawfully sold, dispensed or used.

(8) You will work diligently at a lawful occupation, advise your employer of your probation status, and support any dependents to the best of your ability, as directed by your officer.

(9) You will promptly and truthfully answer all inquiries directed to you by the court or the officer, and allow your officer to visit in your home, at your employment site or elsewhere, and you will comply with all instructions your officer may give you.

(10) You will pay restitution, court costs, and/or fees in accordance with special conditions imposed or in accordance with the attached orders.

(11) You will submit to random testing as directed by your officer or the professional staff of the treatment center where he/she is receiving treatment to determine the presence of alcohol or illegal drugs. You will be required to pay for the tests unless exempt by the court.

(12) You will submit two biological specimens, as directed by your officer, for DNA analysis as prescribed in ss. 943.325 and 948.014, F.S.

(13) You will report in person within 72 hours of your release from incarceration to the probation office in **PALM BEACH** County, Florida, unless otherwise instructed by the court or department. (This condition applies only if section 3 on the previous page is checked.) Otherwise, you must report immediately to the probation office located at **3444 SOUTH CONGRESS AVENUE, LAKE WORTH, FL 33461.**

EFTA01625760

SPECIAL CONDITIONS

☐ 1. You must undergo a Drug and Alcohol evaluation and, if treatment is deemed necessary, you must successfully complete the treatment, and be responsible for the payment of any costs incurred while receiving said evaluation and treatment, unless waived by the court.
Additional instructions ordered: _____

☐ 2. You will make restitution to the following victim(s), as directed by the court, until the obligation is paid in full:
NAME: _____
TOTAL AMOUNT: $_____
Additional instructions ordered, including specific monthly amount, begin date, due date, or joint & several: _____

NAME: _____
TOTAL AMOUNT: $_____
Additional instructions ordered, including specific monthly amount, begin date, due date, or joint & several: _____

SPECIAL CONDITIONS – CONTINUED

☐ 3. You will enter the Department of Corrections Non-Secure Drug Treatment Program or other residential treatment program/Probation and Restitution Center for a period of successful completion as approved by your officer. You are to remain until you successfully complete said Program and Aftercare. You are to comply with all Rules and Regulations of the Program. You shall be confined in the county jail until placement in said program, and if you are confined in the jail, the Sheriff will transport you to said program.

☐ 4. You will abstain entirely from the use of alcohol and/or illegal drugs, and you will not associate with anyone who is illegally using drugs or consuming alcohol.

☐ 5. You will submit to urinalysis testing on a monthly basis to determine the presence of alcohol or illegal drugs. You will be required to pay for the tests unless exempt by the court.

☐ 6. You will not visit any establishment where the primary business is the sale and dispensing of alcoholic beverages.

☐ 7. You will successfully complete ___ hours of community service at a rate of _____, at a work site approved by your officer.
Additional instructions ordered: _____

☐ 8. You will remain at your residence between 10 p.m. and 6 a.m. due to a curfew imposed, unless otherwise directed by the court.

☐ 9. You will submit to electronic monitoring, follow the rules of electronic monitoring, and pay $_____ per month for the cost of the monitoring service, unless otherwise directed by the court.

☐ 10. You will not associate with _____ during the period of supervision.

☐ 11. You will have no contact (direct or indirect) with the victim or the victim's family during the period of supervision.

☐ 12. You will have no contact (direct or indirect) with _____ during the period of supervision.

☐ 13. You will maintain full time employment or attend school/vocational school full time or a combination of school/work during the term of your supervision.

☐ 14. You will make a good faith effort toward completing basic or functional literacy skills or a high school equivalency diploma.

☐ 15. You will successfully complete the Probation & Restitution Program, abiding by all rules and regulations.

☐ 16. You will attend Alcoholics Anonymous or Narcotics Anonymous meetings at least monthly, unless otherwise directed by the court.

☐ 17. You must successfully complete Anger Management, and be responsible for the payment of any costs incurred while receiving said treatment, unless waived. If convicted of a Domestic Violence offense, as defined in s. 741.28, F.S., you must attend and successfully complete a batterer's intervention program, unless otherwise directed by the court.
Additional instructions ordered: _____

☐ 18. You will attend an HIV/AIDS Awareness Program consisting of a class of not less than two (2) hours or more than four (4) hours in length, the cost for which will be paid by you.

☐ 19. You shall submit your person, property, place of residence, vehicle or personal effects to a warrantless search at any time, by any probation or community control officer or any law enforcement officer.

☒ 20. **DEFENDANT MUST REGISTER AS A SEXUAL OFFENDER WITHIN 48 HOURS OF RELEASE**

☒ 21. **AS A SPECIAL CONDITION OF HIS COMMUNITY CONTROL, THE DEFENDANT IS TO HAVE NO UNSUPERVISED CONTACT WITH MINORS, AND THE SUPERVISING ADULT MUST BE APPROVED BY THE DEPARTMENT OF CORRECTIONS**

☒ 22. **THE DEFENDANT IS DESIGNATED AS A SEXUAL OFFENDER PURSUANT TO FLORIDA STATUTE 943.05 AND MUST ABIDE BY ALL THE CORRESPONDING REQUIREMENTS OF THE STATUTE, A COPY OF WHICH IS ATTACHED HERETO AND INCORPORATED HEREIN**

☒ 23. **DEFENDANT MUST PROVIDE A DNA SAMPLE IN COURT AT THE TIME OF THIS PLEA.**

☒ 24. **SPECIFIED CONTACT WITH THE PAROLE AND PROBATION OFFICER**

☒ 25. **CONFINEMENT TO AN AGREED-UPON RESIDENCE DURING HOURS AWAY FROM EMPLOYMENT AND PUBLIC SERVICE ACTIVITIES**

☒ 25. **MANDATORY PUBLIC SERVICE**

☒ 26. **SUPERVISION BY THE DEPARTMENT OF CORRECTIONS BY MEANS OF AN ELECTRONIC MONITORING DEVICE OR SYSTEM**

☒ 27. **ELECTRONIC MONITORING 24 HOURS PER DAY**

☒ 28. **CONFINEMENT TO A DESIGNATED RESIDENCE DURING DESIGNATED HOURS**

AND, IF PLACED ON DRUG OFFENDER PROBATION, YOU WILL COMPLY WITH THE FOLLOWING CONDITION OF SUPERVISION IN ADDITION TO THE STANDARD CONDITIONS LISTED ABOVE AND ANY OTHER SPECIAL CONDITIONS ORDERED BY THE COURT:

(14) You will participate in a specialized drug treatment program, either as an in-patient or out patient, as recommended by the treatment provider. You will attend all counseling sessions, submit to random urinalysis and, if an in-patient, you will comply with all operating rules, regulations and procedures of the treatment facility. You will pay for all costs associated with treatment and testing unless otherwise directed.
Additional instructions ordered: _____

☐ (15) You will remain at your residence between _____ p.m. and _____ a.m. due to a curfew imposed, unless otherwise directed by the court.

AND, IF PLACED ON COMMUNITY CONTROL, YOU WILL COMPLY WITH THE FOLLOWING CONDITIONS, IN ADDITION TO THE STANDARD CONDITIONS LISTED ABOVE AND ANY OTHER SPECIAL CONDITIONS ORDERED BY THE COURT:

EFTA01625762

(14) You will report to your officer as directed, at least one time a week, unless you have written consent otherwise.

(15) You will remain confined to your approved residence except for one half hour before and after your approved employment, public service work, or any other special activities approved by your officer.

(16) You will maintain an hourly accounting of all your activities on a daily log, which you will submit to your officer on request.

(17) You will successfully complete ___ hours of community service at a rate of _____, at a work site approved by your officer. Additional instructions ordered: _____

☐ (18) You will submit to electronic monitoring, follow the rules of electronic monitoring, and pay $_____ per month for the cost of the monitoring service, unless otherwise directed by the court.

AND, IF PLACED ON PROBATION OR COMMUNITY CONTROL FOR A SEX OFFENSE PROVIDED IN CHAPTER 794, s. 800.04, s. 827.071, or s. 847.0145, COMMITTED ON OR AFTER OCTOBER 1, 1995 YOU WILL COMPLY WITH THE FOLLOWING STANDARD SEX OFFENDER CONDITIONS, IN ADDITION TO THE STANDARD CONDITIONS LISTED ABOVE AND ANY OTHER SPECIAL CONDITIONS ORDERED BY THE COURT:

(14) A mandatory curfew from 10 p.m. to 6 a.m. The court may designate another 8-hour period if the offender's employment precludes the above specified time, and the alternative is recommended by the Department of Corrections. If the court determines that imposing a curfew would endanger the victim, the court may consider alternative sanctions.

'5) If the victim was under the age of 18, a prohibition on living within 1,000 feet of a school, day care center, park, playground, or other place where children regularly congregate, as prescribed by the court. The 1,000-foot distance shall be measured in a straight line from the offender's place of residence to the nearest boundary line of the school, day care center, park, playground, or other place where children congregate. The distance may not be measured by a pedestrian route or automobile route.

(16) Active participation in and successful completion of a sex offender treatment program with qualified practitioners specifically trained to treat sex offenders, at the offender's own expense. If a qualified practitioner is not available within a 50-mile radius of the offender's residence, the offender shall participate in other appropriate therapy.

(17) A prohibition on any contact with the victim, directly or indirectly, including through a third person, unless approved by the victim, the offender's therapist, and the sentencing court.

(18) If the victim was under the age of 18, a prohibition on contact with a child under the age of 18 except as provided in this paragraph. The court may approve supervised contact with a child under the age of 18 if the approval is based upon a recommendation for contact issued by a qualified practitioner who is basing the recommendation on a risk assessment. Further, the sex offender must be currently enrolled in or have successfully completed a sex offender therapy program. The court may not grant supervised contact with a child if the contact is not recommended by a qualified practitioner and may deny supervised contact with a child at any time.

(19) If the victim was under age 18, a prohibition on working for pay or as a volunteer at any place where children regularly congregate, including, but not limited to any school, day care center, park, playground, pet store, library, zoo, theme park, or mall.

(20) Unless otherwise indicated in the treatment plan provided by the sexual offender treatment program, a prohibition on viewing, accessing, owning, or possessing any obscene, pornographic, or sexually stimulating visual or auditory material, including telephone, electronic media, computer programs, or computer services that are relevant to the offender's deviant behavior pattern.

(21) A requirement that the offender submit two specimens of blood or other approved biological specimens to the Florida Department of Law Enforcement to be registered with the DNA data bank.

(22) A requirement that the offender make restitution to the victim, as ordered by the court under s. 775.089, for all necessary medical and related professional services relating to physical, psychiatric, and psychological care.

(23) Submission to a warrantless search by the community control or probation officer of the offender's person, residence, or vehicle.

FFREY EPSTEIN
ASE#502008CF009381AXXXMB

EFFECTIVE FOR PROBATIONER OR COMMUNITY CONTROLLEE WHOSE CRIME WAS COMMITTED ON OR AFTER OCTOBER 1, 1997, AND WHO IS PLACED ON COMMUNITY CONTROL OR SEX OFFENDER PROBATION FOR A VIOLATION OF CHAPTER 794, s. 800.04, s. 827.071, or s. 847.0145, IN ADDITION TO ANY OTHER PROVISION OF THIS SECTION, YOU MUST COMPLY WITH THE FOLLOWING CONDITIONS OF SUPERVISION:

(24) As part of a treatment program, participation at least annually in polygraph examinations to obtain information necessary for risk management and treatment and to reduce the sex offender's denial mechanisms. A polygraph examination must be conducted by a polygrapher trained specifically in the use of the polygraph for the monitoring of sex offenders, where available, and shall be paid by the sex offender.

(25) Maintenance of a driving log and a prohibition against driving a motor vehicle alone without the prior approval of the supervising officer.

(26) A prohibition against obtaining or using a post office box without the prior approval of the supervising officer.

(27) If there was sexual contact, a submission to, at the offender's expense, an HIV test with the results to be released to the victim and/or the victim's parent or guardian.

(28) Electronic monitoring when deemed necessary by the probation officer and supervisor, and ordered by the court at the recommendation of the Department of Corrections.

(29) **Effective for an offender whose crime was committed on or after July 1, 2005, and who are placed on supervision for violation of chapter 794, s. 800.04, s. 827.071, or s. 847.0145,** a prohibition on accessing the Internet or other computer services until the offender's sex offender treatment program, after a risk assessment is completed, approves and implements a safety plan for the offender's accessing or using the Internet or other computer services.

(30) **Effective for offenders whose crime was committed on or after September 1, 2005,** there is hereby imposed, in addition to any other provision in this section, mandatory electronic monitoring as a condition of supervision for those who:

- Are placed on supervision for a violation of chapter 794, s. 800.04(4), (5), or (6), s. 827.071, or s. 847.0145 and the unlawful sexual activity involved a victim 15 years of age or younger and the offender is 18 years of age or older; or
- Are designated as a sexual predator pursuant to s. 775.21; or
- Has previously been convicted o f a violation of chapter 794, s. 800.04(4), (5), or (6), s. 827.071, or s. 847.0145 and the unlawful sexual activity involved a victim 15 years of age or younger and the offender is 18 years of age or older.

You are hereby placed on notice that should you violate your probation or community control, and the conditions set forth in s. 948.063(1) or (2) are satisfied, whether your probation or community control is revoked or not revoked, you shall be placed on electronic monitoring in accordance with F.S. 948.063.

YOU ARE HEREBY PLACED ON NOTICE that the court may at any time rescind or modify any of the conditions of your probation, or may extend the period of probation as authorized by law, or may discharge you from further supervision. If you violate any of the conditions of your probation, you may be arrested and the court may revoke your probation, adjudicate you guilty if adjudication of guilt was withheld, and impose any sentence that it might have imposed before placing you on probation or require you to serve the balance of the sentence.

:FFREY EPSTEIN
ASE#502008CF009381AXXXMB

IT IS FURTHER ORDERED that when you have been instructed as to the conditions of probation, you shall be released from custody if you are in custody, and if you are at liberty on bond, the sureties thereon shall stand discharged from liability. (This paragraph applies only if section 1 or section 2 is checked.)

IT IS FURTHER ORDERED that the clerk of this court file this order in the clerk's office and provide certified copies of same to the officer for use in compliance with the requirements of law.

DONE AND ORDERED, on _____

NUNC PRO TUNC 06-30-2008

_____
Sandra K. McSorley, Circuit Judge

I acknowledge receipt of a copy of this order and that the conditions have been explained to me and I agree to abide by them.

Date: _____

_____
Defendant

nstructed by: _____
Supervising Officer

ep/07-02-08

EFTA01625765

EFFREY EPSTEIN
CASE#502008CF009381AXXXMB

COURT ORDERED PAYMENTS

CHECK ALL THAT ARE ORDERED:

FINES

- ☐ $_____ **Total of fines assessed** in sentence, pursuant to s. 775.083 (1)(a) through (g) or Chapter 316, F.S.
- ☐ $_____ Statutorily mandated 5% surcharge/cost if fine assessed (on first line) pursuant to s. 938.04, F.S.
- ☐ $ 20.00 **Crime Stoppers Trust Fund** pursuant to s. 938.06(1), F.S. Statutorily mandated if a fine is imposed

MANDATORY COSTS IN ALL CASES

- ☒ $200.00 **Additional court cost for felony offense**, pursuant to s. 938.05(1)(a), F.S.
- ☐ $ 50.00 **Additional court cost for misdemeanor or criminal traffic offense**, pursuant to s. 938.05(1)(b) or (c), F.S.
- ☒ $ 50.00 **Crimes Compensation Trust Fund** pursuant to s. 938.03(1), F.S.
- ☒ $ 50.00 **County Crime Prevention Fund** pursuant to s. 775.083(2), F.S.
- ☒ $ 3.00 **Additional Court Costs Clearing Trust Fund** pursuant to s. 938.01(1), F.S.
- ☐ $ 2.00 Per month for each month of supervision for **Training Trust Fund Surcharge**, pursuant to s. 948.09, F.S.

MANDATORY COSTS IN SPECIFIC TYPES OF CASES

- ☐ $151.00 **Rape Crisis Program Trust Fund**, pursuant to s. 938.085, F.S. for any violations of ss. 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, or 794.011, F.S.
- ☐ $201.00 **Domestic Violence Trust Fund**, pursuant to s. 938.08, F.S. for any violations of ss. 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, 794.011, or any offense of Domestic Violence described in s. 741.28, F.S.
- ☐ $101.00 **Certain Crimes Against Minors**, pursuant to s. 938.10(1), F.S. for any violations of s. 784.085, chapter 787, chapter 794, s. 796.03, s. 800.04, chapter 827, s. 847.0145, or s. 985.701, F.S.
- ☐ $135.00 **DUI Court Costs**, pursuant to s. 938.07, F.S. for any violations of ss. 316.193 or 327.35, F.S.
- ☐ $ 3.00 **State Agency Law Enforcement Radio System Trust Fund**, pursuant to s. 318.18(17), F.S. for any violations of offenses listed in s. 318.17 including ss. 316.1935, 316.027, 316.061, 877.111, chapter 893, ss. 316.193, 316.192, 316.067, 316.072(3), 316.545(1), or any other offense in chapter 316 which is classified as a criminal violation.

MANDATORY COURT COSTS AUTHORIZED BY LOCAL GOVERNMENTAL ENTITIES

- ☒ $ 2.00 **Criminal Justice Education by Municipalities and Counties**, pursuant to s. 938.15, F.S.
- ☒ $65.00 **Additional court costs for local requirements and other county funded programs pursuant to s. 939.185(1)(a), F.S.**
- ☒ $ 3.00 **Teen Court** pursuant to s. 938.19(2), F.S.

DISCRETIONARY

- ☐ $ 1.00 Per month during the term of supervision to the following **nonprofit organization** established for the sole purpose of supplementing the rehabilitative efforts of the Department of Corrections, pursuant to s. 948.039(2), F.S.: _____
- ☐ $ 40.00 **Public Defender Application Fee**, if not previously collected or waived, pursuant to s. 27.52 and s. 938.29, F.S.
- ☐ $_____ **Public Defender Fees and Costs**, pursuant to s. 938.29, F.S. as determined locally.
- ☒ $50.00 **Prosecution/Investigative Costs**, pursuant to s. 938.27, F.S.

- ☐ Other: _____
- ☐ Other: _____

DISCRETIONARY COSTS FOR SPECIFIC TYPES OF CASES

- ☒ $50.00 **County Alcohol and Other Drug Abuse Trust Fund**, pursuant to s. 938.21 and s. 938.23, F.S. for violations of s. 316.193, s.856.011, s. 856.015, or chapter 562, chapter 567, or chapter 568, F.S.
- ☐ $100.00 **Operating Trust Fund of the FDLE**, pursuant to s. 938.25, F.S. for violations of s. 893.13 offenses

*** TOTAL $ 473.00**

PAYMENT IS TO BE MADE THROUGH AND PAYABLE TO: ☒ Department of Corrections or ☐ Clerk of Court

(If collected by the Department of Corrections, a surcharge of 4% will be added to all payments ordered by the court, pursuant to s. 945.31, F.S.)

- ☐ Court Costs/Fines Waived
- ☐ Court Costs/Fines in the amount of _____ converted to _____ community service hours
- ☐ Court Costs/Fines in the amount of _____ reduced to civil judgment.

SPECIFIC INSTRUCTIONS FOR PAYMENT: _____

Form Revised 03-18-08

EFTA01625766

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT,
IN AND FOR PALM BEACH COUNTY, FLORIDA

SENTENCE

(As to Count(s) 1)

Defendant Jeffrey Epstein

Case Number 2008CF 9381AXX

OBTS Number _____

The Defendant, being personally before this Court, accompanied by the defendant's attorney of record, J. Goldberger, and having been adjudicated guilty herein, and the Court having given the Defendant an opportunity to be heard and to offer matters in mitigation of sentence, and to show cause why defendant should not be sentenced as provided by law, and no cause being shown,

IT IS THE SENTENCE OF THE COURT that:

The Defendant pay a fine of $_____ pursuant to § _____, Florida Statutes, plus all costs and additional charges as outlined in the Order assessing additional charges, costs and fines as set forth in a separate order entered herein

The Defendant is hereby committed to the custody of the

[ ] Department of Corrections
[ ] Sheriff of Palm Beach County, Florida
[ ] Department of Corrections as a youthful offender

for a term of 6 mos. It is further ordered that the Defendant shall be allowed a total of 1 days as credit for time incarcerated prior to imposition of this sentence. It is further ordered that the composite term of all sentences imposed for the counts specified in the order shall run

[ ] consecutive to [ ] concurrent with (check one) the following:

[ ] Any active sentence being served.
[ ] Specific sentences: 2006CF 9454AXX.

In the event the above sentence is to the Department of Corrections, the Sheriff of Palm Beach County, Florida is hereby ordered and directed to deliver the Defendant to the Department of Corrections together with a copy of the Judgment and Sentence, and any other documents specified by Florida Statute. Additionally, pursuant to §947.16(4), Florida Statutes, the Court retains jurisdiction over the Defendant.

[ ] Pursuant to §§322.055, 322.056, 322.26, 322.274, Fla. Stat., the Department of Highway Safety and Motor Vehicles is directed to revoke the Defendant's privilege to drive. The Clerk of the Court is Ordered to report the conviction and revocation to the Department of Highway Safety and Motor Vehicles.

The defendant in Open Court was advised of the right to appeal from this Sentence by filing notice of appeal within thirty days from this date with the Clerk of the Court. The Defendant was also advised of the right to the assistance of counsel in taking said appeal at the expense of the State upon showing of indigency.

DONE AND ORDERED in Open Court at West Palm Beach, Palm Beach County, Florida this 30 day of JUNE, 2008.

Deborah Dale Nucci
CIRCUIT COURT JUDGE

EFTA01625767

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT,
IN AND FOR PALM BEACH COUNTY, FLORIDA

SENTENCE (continued)

(As to Count(s) 1)

Defendant Jeffrey Epstein

Case Number 2008CF9381AXX

SUSPENDED AND/OR SPLIT SENTENCES

By appropriate notation, the following provisions apply to the sentence imposed:

[ ] Said SENTENCE SUSPENDED for a period of _____ subject to conditions set forth in a separate order entered herein.

[ ] However, after serving a period of _____ imprisonment the balance of such sentence shall be suspended and the Defendant shall be placed on [ ] probation and/or [ ] community control for a period of under supervision of the Department of Corrections according to the terms and conditions of probation and/or community control as set forth in a separate order entered herein.

[✓] Followed by a period of 12 MOS on [ ] probation and/or [✓] community control under the supervision of the Department of Corrections according to the terms and conditions of probation and/or community control as set forth in a separate order entered herein.

DONE AND ORDERED in Open Court at West Palm Beach, Palm Beach County, Florida this 30 day of JUNE, 2008.

Deborah Dale Swartz
CIRCUIT COURT JUDGE

EFTA01625768

95

IN THE CRIMINAL DIVISION OF THE CIRCUIT COURT OF THE
FIFTEENTH JUDICIAL CIRCUIT OF FLORIDA,
IN AND FOR PALM BEACH COUNTY

CASE NO. 08-CF-9381-AMB DIV. W

OBTS NUMBER _____

STATE OF FLORIDA

v.

Jeffrey E. Epstein,
DEFENDANT

[ ] COMMUNITY CONTROL VIOLATOR

[ ] PROBATION VIOLATOR

1/20/53 | W | M | SOCIAL SECURITY NUMBER
DATE OF BIRTH | RACE | GENDER

JUDGMENT

The above Defendant, being personally before this Court represented by J. Goldberger (attorney)

[ ] Having been tried and found guilty of the following crime(s):	[X] Having entered a plea of guilty to the following crime(s):	[ ] Having entered a plea of nolo contendere to the following crime(s):

COUNT	CRIME	OFFENSE STATUTE NUMBER(S)	DEGREE
1	Procuring Person Under 18 for Prostitution	796.03	2°F

[X] and no cause having been shown why the Defendant should not be adjudicated guilty, IT IS ORDERED THAT the Defendant is hereby ADJUDICATED GUILTY of the above crime(s).

[ ] and having been convicted or found guilty of, or having entered a plea of nolo contendere or guilty,regardless of adjudication, to attempts or offenses relating to sexual battery (ch. 794), lewd and lascivious conduct (ch. 800), or murder (s. 782.04), aggravated battery (s. 784.045), burglary (s. 810.02), carjacking (s. 812.133), or home invasion robbery (s. 812.135), or any other offense specified in section 943.325, the defendant shall be required to submit blood specimens.

[ ] and good cause being shown: IT IS ORDERED THAT ADJUDICATION OF GUILT BE WITHHELD.

SENTENCE STAYED [ ] The Court hereby stays and withholds imposition of sentence as to count(s) and places the Defendant on [ ] Probation and/or [ ] Community Control under the supervision of the Dept. of Corrections (conditions of probation set forth in separate order).

SENTENCE DEFERRED [ ] The Court hereby defers imposition of sentence until _____.

The Defendant in Open Court was advised of his right to appeal from the Judgment by filing notice of appeal with the Clerk of Court within thirty days following the date sentence is imposed or probation is ordered pursuant to this adjudication. The defendant was also advised of his right to the assistance of counsel in taking said appeal at the expense of the State upon showing of indigency.

DONE AND ORDERED in Open Court at Palm Beach County, Florida, this 30 day of June, 2008.

Robert Dale Smith
CIRCUIT COURT JUDGE

DATE: 6/30/08

CASE NO. 2008cf9831AYY NAME: Je [illegible] Epstein

TERM OF Prob / Sex Off / Drug Off Prob / C.C. I / C.C. II: 12 mos / ~~yrs~~ as to Cts. 1
conc w/ ❑ consec. w/ _____

❑ Probation transferred to:

SPECIAL CONDITIONS:

❑ Complete Originally Ordered Conditions
❑ Curfew: _____ p.m., with the following exception: _____
❑ Deft. to report to Prob. Dept. immediately upon release
❑ Deft. not to have in care, custody, or control any unlawful or illegal material, subst., device, or object.
❑ Deft. to immediately notify Prob. Officer if place of residence or job changes.
❑ Restitution CRO filed
❑ Subject to all ordinary and special conditions of Probation

❑ Substance Abuse Eval. / Psychological Eval. / Psychosexual Eval. within / by: _____
and deft. to successfully complete recommended treatment
❑ Random Drug/Alcohol Testing ❑ At Deft's Expense ❑ Costs Waived
❑ No Consumption/Possession of Alcohol or Drugs or Intoxicants without a Prescription.
❑ Attend _____ AA and/or NA Meetings per Week.
❑ Deft. not to frequent any place of business whose primary purpose is the sale of alcohol.

❑ Complete _____ Hrs. of Community Service to be done at the rate of _____ Hrs. per Wk / Mo.(Min.)
❑ License Revoked / Suspended for _____ mos / yrs
❑ Attend and successfully complete DUI school and 1 session of Victim Impact Panel

❑ No Contact / No Violent Contact / No Direct or Indirect contact w/Victim(s) or others listed:
_____

❑ No Contact w/Minor Children w/o Adult Supervision aware of this case and the disposition.
❑ Cost of Supervision: $ _____ per month ❑ Waived by Court. _____
❑ Enter and Successfully Complete DOC Non-Secure Bed Program and Any Recommended Aftercare.
❑ Hold in Custody, release only to DOC Non-Secure Bed Program Officer.
❑ Enter and Successfully Complete PBSO Long / Short Track Drug Farm and Any Rec. Aftercare.
❑ Forfeit Weapon / Money seized at the time of arrest to:

❑ Enter and Complete: ❑ Anger Management Program ❑ Batterers Intervention Program
❑ Theft Abatement Program: _____ ❑ Other: _____
❑ Defendant may apply for Early Termination after _____, provided all conds. are satisfied.
❑ Serve _____ days / months in PBCJ, with credit for _____ days / months.

☒ See All Attached Documents
❑ Deft must Register as a Sexual Offender
❑ within 48 hours of Release
❑
❑
❑
❑
❑

FORM 373 rev 3/02

W35755 ○ Amended ○ 15-7 W35755 Gladstone

Page 2

DATE: 6/30/08

CASE NO. 2008CF9381AXX NAME: Jeffrey Epstein

TERM OF Prob / Sex Off / Drug Off Prob / (C.C. I) / C.C. II: 12 mos / ~~yrs~~ as to Cts. 1

❑ conc w/ ❑ consec. w/

❑ Probation transferred to:

SPECIAL CONDITIONS:

❑ Complete Originally Ordered Conditions
❑ Curfew: _____ p.m., with the following exception:
❑ Deft. to report to Prob. Dept. immediately upon release
❑ Deft. not to have in care, custody, or control any unlawful or illegal material, subst., device, or object.
❑ Deft. to immediately notify Prob. Officer if place of residence or job changes.
❑ Restitution CRO filed
❑ Subject to all ordinary and special conditions of Probation

❑ Substance Abuse Eval. / Psychological Eval. / Psychosexual Eval. within / by:
and deft. to successfully complete recommended treatment
❑ Random Drug/Alcohol Testing ❑ At Deft's Expense ❑ Costs Waived
❑ No Consumption/Possession of Alcohol or Drugs or Intoxicants without a Prescription.
❑ Attend _____ AA and/or NA Meetings per Week.
❑ Deft. not to frequent any place of business whose primary purpose is the sale of alcohol.

❑ Complete _____ Hrs. of Community Service to be done at the rate of _____ Hrs. per Wk / Mo.(Min.)
❑ License Revoked / Suspended for _____ mos / yrs
❑ Attend and successfully complete DUI school and 1 session of Victim Impact Panel

❑ No Contact / No Violent Contact / No Direct or Indirect contact w/Victim(s) or others listed:

❑ No Contact w/Minor Children w/o Adult Supervision aware of this case and the disposition.
❑ Cost of Supervision: $ _____ per month ❑ Waived by Court.
❑ Enter and Successfully Complete DOC Non-Secure Bed Program and Any Recommended Aftercare.
❑ Hold in Custody, release only to DOC Non-Secure Bed Program Officer.
❑ Enter and Successfully Complete PBSO Long / Short Track Drug Farm and Any Rec. Aftercare.
❑ Forfeit Weapon / Money seized at the time of arrest to:

❑ Enter and Complete: ❑ Anger Management Program ❑ Batterers Intervention Program
❑ Theft Abatement Program: _____ ❑ Other:
❑ Defendant may apply for Early Termination after _____, provided all conds. are satisfied.
❑ Serve days / months in PBCJ, with credit for days / months.

☒ See Attached documents
☒ Deft must Register as a Sexual Offender
❑ W/IN 48 hours of Release.
❑
❑
❑
❑
❑

FORM 372 rev 3/02

7/1/08

EFTA01625771

W35755 ○ Amended ○ DATE: 6/30/08 13-4 W35755

Page 2

CASE NO. 2008CF9381AXY NAME: Jeffrey Epstein

TERM OF Prob / Sex Off / Drug Off Prob / C.C. I / C.C. II: 12 mos / ~~yrs~~ as to Cts. /

__ conc w/ ❑ consec. w/ _____

❑ Probation transferred to:

SPECIAL CONDITIONS:

❑ Complete Originally Ordered Conditions
❑ Curfew: _____ p.m., with the following exception: _____
❑ Deft. to report to Prob. Dept. immediately upon release
❑ Deft. not to have in care, custody, or control any unlawful or illegal material, subst., device, or object.
❑ Deft. to immediately notify Prob. Officer if place of residence or job changes.
❑ Restitution CRO filed
❑ Subject to all ordinary and special conditions of Probation

❑ Substance Abuse Eval. / Psychological Eval. / Psychosexual Eval. within / by: _____
and deft. to successfully complete recommended treatment
❑ Random Drug/Alcohol Testing ❑ At Deft's Expense ❑ Costs Waived
❑ No Consumption/Possession of Alcohol or Drugs or Intoxicants without a Prescription.
❑ Attend _____ AA and/or NA Meetings per Week.
❑ Deft. not to frequent any place of business whose primary purpose is the sale of alcohol.

❑ Complete _____ Hrs. of Community Service to be done at the rate of _____ Hrs. per Wk / Mo.(Min.)
❑ License Revoked / Suspended for _____ mos / yrs
❑ Attend and successfully complete DUI school and 1 session of Victim Impact Panel

❑ No Contact / No Violent Contact / No Direct or Indirect contact w/Victim(s) or others listed:
_____

❑ No Contact w/Minor Children w/o Adult Supervision aware of this case and the disposition.
❑ Cost of Supervision: $ _____ per month ❑ Waived by Court. _____
❑ Enter and Successfully Complete DOC Non-Secure Bed Program and Any Recommended Aftercare.
❑ Hold in Custody, release only to DOC Non-Secure Bed Program Officer.
❑ Enter and Successfully Complete PBSO Long / Short Track Drug Farm and Any Rec. Aftercare.
❑ Forfeit Weapon / Money seized at the time of arrest to:

❑ Enter and Complete: ❑ Anger Management Program ❑ Batterers Intervention Program
❑ Theft Abatement Program: _____ ❑ Other: _____
❑ Defendant may apply for Early Termination after _____, provided all conds. are satisfied.
❑ Serve days / months in PBCJ, with credit for days / months.

☒ See Attached documents
☒ Def must Register as a Sexual Offender
☒ W/IN 48 hours of Release.
❑
❑
❑
❑
❑

FORM 373 rev 3/02

EFTA01625772

Amended

Page 2

DATE: 6/30/08

CASE NO. 2008CF1381AXY NAME: Jeffrey Epstein

TERM OF Prob / Sex Off / Drug Off Prob / C.C. I / C.C. II: 12 mos / yrs as to Cts. /

❑ conc w/ ❑ consec. w/

❑ Probation transferred to:

SPECIAL CONDITIONS:

❑ Complete Originally Ordered Conditions
❑ Curfew: _____ p.m., with the following exception:
❑ Deft. to report to Prob. Dept. immediately upon release
❑ Deft. not to have in care, custody, or control any unlawful or illegal material, subst., device, or object.
❑ Deft. to immediately notify Prob. Officer if place of residence or job changes.
❑ Restitution CRO filed
❑ Subject to all ordinary and special conditions of Probation

❑ Substance Abuse Eval. / Psychological Eval. / Psychosexual Eval. within / by: _____
and deft. to successfully complete recommended treatment
❑ Random Drug/Alcohol Testing ❑ At Deft's Expense ❑ Costs Waived
❑ No Consumption/Possession of Alcohol or Drugs or Intoxicants without a Prescription.
❑ Attend _____ AA and/or NA Meetings per Week.
❑ Deft. not to frequent any place of business whose primary purpose is the sale of alcohol.

❑ Complete _____ Hrs. of Community Service to be done at the rate of _____ Hrs. per Wk / Mo.(Min.)
❑ License Revoked / Suspended for _____ mos / yrs
❑ Attend and successfully complete DUI school and 1 session of Victim Impact Panel

❑ No Contact / No Violent Contact / No Direct or Indirect contact w/Victim(s) or others listed:

❑ No Contact w/Minor Children w/o Adult Supervision aware of this case and the disposition.
❑ Cost of Supervision: $ _____ per month ❑ Waived by Court. _____
❑ Enter and Successfully Complete DOC Non-Secure Bed Program and Any Recommended Aftercare.
❑ Hold in Custody, release only to DOC Non-Secure Bed Program Officer.
❑ Enter and Successfully Complete PBSO Long / Short Track Drug Farm and Any Rec. Aftercare.
❑ Forfeit Weapon / Money seized at the time of arrest to:

❑ Enter and Complete: ❑ Anger Management Program ❑ Batterers Intervention Program
❑ Theft Abatement Program: _____ ❑ Other: _____
❑ Defendant may apply for Early Termination after _____, provided all conds. are satisfied.
❑ Serve days / months in PBCJ, with credit for days / months.

☒ See Attached documents

☒ Def must Register as a Sexual Offender

❑ W/TD 48 hours or Release

❑

❑

❑

❑

❑

FORM 373 rev 3/02

EFTA01625773

DIV: N
CASE NO.: 502006CF009454AXXX ST OF FL VS. . JEFFREY E. EPSTEIN Z41
CN: FELONY OFFER TO COMMIT PROSTITUTION
ARREST #: 2006054A BOND: 0007345 FREE 3,000.00

Date 6/30/08 Judge [illegible] Crt. Rep. [illegible]
ASA [illegible] DC [illegible] Int [illegible]
Deft---Pres / Not Pres. W / W/O Def. Co. [illegible] Esq / PD---Pres / Not Pres.
Before the Court for: [illegible]
❒ Granted ❒ Denied ❒ With / Without Prejudice ❒ Withdrawn ❒ Court Reserves Ruling ❒ Written Order to Follow

❒ Warrant ❒ Ordered ❒ Recalled ❒ Bond Set at $ _____ ❒ See Below ❒ Also Covers ❒ Sp Cond
❒ Bond Forf ❒ OR: Disch / Revoked / Reinstated ❒ Bond: Disch / Revoked ❒ SOR: Disch / Revoked / Reinstated
❒ Bond Forf Vacated ❒ Previous Bond Reinstated, if Bondsman agrees ❒ State failed to file charges ❒ Released O.R. / S.O.R.

❒ Deft ___ Indigent ❒ PD Appt ❒ Hrg only PD Pres _____ ❒ Court Appts _____
Evaluation for: ❒ Drug Farm ❒ DOC Non-Secure Bed by _____
❒ Pre-Plea ❒ PSI ordered by/within _____ days ❒ w/input from DJJ / Staffing
❒ Referred to: PTI / SAAP / PADD ❒ Case placed on the absentee docket

DEFT ENTERED A PLEA OF: ❒ NOT GUILTY ❒ GUILTY ❒ NO CONTEST ❒ BEST INTEREST ❒ TO THE COURT
As Charged-Cts 1 Lesser Cts _____ Lesser Charge _____
❒ Sw & Test ❒ Adv of Rts ❒ Waived PSI Lesser Cts _____ Lesser Charge _____

❒ ADJ GUILTY as Charged as to Cts 1 Lesser Cts _____
❒ FOUND GUILTY as Charged as to Cts _____ Lesser Cts _____
❒ ADJ W/HELD as to Cts _____ ❒ SENT W/HELD as to Cts _____
❒ FOUND AND ADJUDICATED DELINQUENT as to Cts _____ ❒ Dispo Order to follow/Filed
FOUND & ADJ NOT GUILTY as to Cts _____ ❒ Dismiss ❒ Nolle Prosse Cts _____

Prob / Comm Control: ❒ Revoked ❒ Reinstated ❒ Modified ❒ Term. Successfully / Unsuccessfully
❒ Stip/Found: (violent) Habitual Off. 775.084 ❒ Stip/Found: Sexual Offender / Sexual Predator ❒ Stip/Found: P.R.R.
SENTENCE: PBCJ: 12 mos Cts: _____ / DOC: _____ Cts: _____
PBCJ: _____ Cts: _____ / DOC: _____ Cts: _____

❒ W/Credit for _____ Days / Mos. / Yrs. ❒ Deft Remanded ❒ Deft to remain on same rel. status pending sent.
Conc / Consec / Co-Term w/cases / cts: _____

❒ Execution of Sentence Stayed ❒ Sentence Suspended ❒ Time served as to Cts _____
❒ Youthful Off ❒ Habitual Off ❒ Min / Mand: _____ as to Cts _____
❒ ABOVE SENTENCE TO BE FOLLOWED By: ❒ Probation ❒ Drug / Sex Off Prob ❒ Comm. Control ❒ I ❒ II - See Pg. 2
❒ DRIVERS LICENSE TO BE SUSPENDED / REVOKED FOR _____ YEARS AS A RESULT OF THIS PLEA.

DOA WAB

RECEIVED
JUL 18 2008
15-4

_____ Set / Remains Set / Reset _____ Div ____ Rm ____ at ____ AM/PM
_____ Set / Remains Set / Reset _____ Div ____ Rm ____ at ____ AM/PM

❒ Deft sign _____
Def Co _____ ❒ ASA _____ ❒ Bondsman _____
❒ Prob ❒ Jail ❒ DJJ ❒ GAL Notified by mail by: _____ on ____ / ____ / ____

❒ County Courthouse
205 N. Dixie, West Palm Beach
❒ Courtroom, Criminal Justice Bldg.
38844 State Road 80, Belle Glade
❒ Courtroom, Criminal Justice Complex
3228 Gun Club Rd., West Palm Beach

IF YOU ARE A PERSON WITH A DISABILITY WHO NEEDS ANY ACCOMMODATION IN ORDER TO PARTICIPATE IN THIS PROCEEDING, YOU ARE ENTITLED, AT NO COST TO YOU, TO THE PROVISION OF CERTAIN ASSISTANCE. PLEASE CONTACT MARY JAFFE, ADA COORDINATOR IN THE ADMINISTRATIVE OFFICE OF THE COURT, PALM BEACH COUNTY COURTHOUSE, 205 N. DIXIE HWY, RM 5.2500, WEST PALM BEACH, FL 33401; TELEPHONE (561) 355-4380, WITHIN 2 WORKING DAYS OF YOUR RECEIPT OF THIS NOTICE. IF YOU ARE HEARING OR VOICE IMPAIRED, CALL 1-800-955-8771.

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT,
IN AND FOR PALM BEACH COUNTY, FLORIDA

SENTENCE

(As to Count(s) 1)

Defendant Jeffrey E. Epstein

Case Number 06-9454-CF AMB

OBTS Number _____

The Defendant, being personally before this Court, accompanied by the defendant's attorney of record, J. Goldberger, and having been adjudicated guilty herein, and the Court having given the Defendant an opportunity to be heard and to offer matters in mitigation of sentence, and to show cause why defendant should not be sentenced as provided by law, and no cause being shown,

IT IS THE SENTENCE OF THE COURT that:

The Defendant pay a fine of $ 0 pursuant to § _____, Florida Statutes, plus all costs and additional charges as outlined in the Order assessing additional charges, costs and fines as set forth in a separate order entered herein

The Defendant is hereby committed to the custody of the

[ ] Department of Corrections
[X] Sheriff of Palm Beach County, Florida
[ ] Department of Corrections as a youthful offender

for a term of 12 months. It is further ordered that the Defendant shall be allowed a total of 1 days as credit for time incarcerated prior to imposition of this sentence. It is further ordered that the composite term of all sentences imposed for the counts specified in the order shall run

[ ] consecutive to [ ] concurrent with (check one) the following:
[ ] Any active sentence being served.
[ ] Specific sentences: _____.

In the event the above sentence is to the Department of Corrections, the Sheriff of Palm Beach County, Florida is hereby ordered and directed to deliver the Defendant to the Department of Corrections together with a copy of the Judgment and Sentence, and any other documents specified by Florida Statute. Additionally, pursuant to §947.16(4), Florida Statutes, the Court retains jurisdiction over the Defendant.

[ ] Pursuant to §§322.055, 322.056, 322.26, 322.274, Fla. Stat., the Department of Highway Safety and Motor Vehicles is directed to revoke the Defendant's privilege to drive. The Clerk of the Court is Ordered to report the conviction and revocation to the Department of Highway Safety and Motor Vehicles.

The defendant in Open Court was advised of the right to appeal from this Sentence by filing notice of appeal within thirty days from this date with the Clerk of the Court. The Defendant was also advised of the right to the assistance of counsel in taking said appeal at the expense of the State upon showing of indigency.

DONE AND ORDERED in Open Court at West Palm Beach, Palm Beach County, Florida this 30 day of June, 2008.

Deborah Dale Nucy
CIRCUIT COURT JUDGE

Form Circuit 5 (rev 8/2000) Form 007

EFTA01625775

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT,
IN AND FOR PALM BEACH COUNTY, FLORIDA

SENTENCE

(As to Count(s) 1)

Defendant Jeffrey E. Epstein

Case Number 06-4954-CF AMB

OBTS Number _____

The Defendant, being personally before this Court, accompanied by the defendant's attorney of record, J. Goldberger, and having been adjudicated guilty herein, and the Court having given the Defendant an opportunity to be heard and to offer matters in mitigation of sentence, and to show cause why defendant should not be sentenced as provided by law, and no cause being shown,

IT IS THE SENTENCE OF THE COURT that:

The Defendant pay a fine of $ 0 pursuant to § _____, Florida Statutes, plus all costs and additional charges as outlined in the Order assessing additional charges, costs and fines as set forth in a separate order entered herein

The Defendant is hereby committed to the custody of the

[ ] Department of Corrections
[X] Sheriff of Palm Beach County, Florida
[ ] Department of Corrections as a youthful offender

for a term of 12 months. It is further ordered that the Defendant shall be allowed a total of 1 days as credit for time incarcerated prior to imposition of this sentence. It is further ordered that the composite term of all sentences imposed for the counts specified in the order shall run

[ ] consecutive to [ ] concurrent with (check one) the following:
[ ] Any active sentence being served.
[ ] Specific sentences: _____.

In the event the above sentence is to the Department of Corrections, the Sheriff of Palm Beach County, Florida is hereby ordered and directed to deliver the Defendant to the Department of Corrections together with a copy of the Judgment and Sentence, and any other documents specified by Florida Statute. Additionally, pursuant to §947.16(4), Florida Statutes, the Court retains jurisdiction over the Defendant.

[ ] Pursuant to §§322.055, 322.056, 322.26, 322.274, Fla. Stat., the Department of Highway Safety and Motor Vehicles is directed to revoke the Defendant's privilege to drive. The Clerk of the Court is Ordered to report the conviction and revocation to the Department of Highway Safety and Motor Vehicles.

The defendant in Open Court was advised of the right to appeal from this Sentence by filing notice of appeal within thirty days from this date with the Clerk of the Court. The Defendant was also advised of the right to the assistance of c el in taking said appeal at the expense of the State upon showing of indigency.

DONE AND ORDERED in Open Court at West Palm Beach, Palm Beach County, Florida this 30 day of June, 2008.

Deb Dale Cory
CIRCUIT COURT JUDGE

Form Circuit 5 (rev 8/2000)

Form 007

EFTA01625776

95

IN THE CRIMINAL DIVISION OF THE CIRCUIT COURT OF THE
FIFTEENTH JUDICIAL CIRCUIT OF FLORIDA,
IN AND FOR PALM BEACH COUNTY

CASE NO. 06-CF-9454-AMB DIV. W

OBTS NUMBER _____

STATE OF FLORIDA

[ ] COMMUNITY CONTROL VIOLATOR

v.

[ ] PROBATION VIOLATOR

Jeffrey E. Epstein,
DEFENDANT

1/20/53 — DATE OF BIRTH
W — RACE
M — GENDER
[redacted] — SOCIAL SECURITY NUMBER

JUDGMENT

The above Defendant, being personally before this Court represented by J. Goldberger (attorney)

[ ] Having been tried and found guilty of the following crime(s):	[X] Having entered a plea of guilty to the following crime(s):	[ ] Having entered a plea of nolo contendere to the following crime(s):

COUNT	CRIME	OFFENSE STATUTE NUMBER(S)	DEGREE
1	Felony Solicitation of Prostitution	796.07(2)(f)	3rd

[X] and no cause having been shown why the Defendant should not be adjudicated guilty, IT IS ORDERED THAT the Defendant is hereby ADJUDICATED GUILTY of the above crime(s).

[ ] and having been convicted or found guilty of, or having entered a plea of nolo contendere or guilty regardless of adjudication, to attempts or offenses relating to sexual battery (ch. 794), lewd and lascivious conduct (ch. 800), or murder (s. 782.04), aggravated battery (s. 784.045), burglary (s. 810.02), carjacking (s. 812.133), or home invasion robbery (s. 812.135), or any other offense specified in section 943.325, the defendant shall be required to submit blood specimens.

[ ] and good cause being shown: IT IS ORDERED THAT ADJUDICATION OF GUILT BE WITHHELD.

SENTENCE STAYED [ ] The Court hereby stays and withholds imposition of sentence as to count(s) and places the Defendant on [ ] Probation and/or [ ] Community Control under the supervision of the Dept. of Corrections (conditions of probation set forth in separate order).

SENTENCE DEFERRED [ ] The Court hereby defers imposition of sentence until _____.

The Defendant in Open Court was advised of his right to appeal from the Judgment by filing notice of appeal with the Clerk of Court within thirty days following the date sentence is imposed or probation is ordered pursuant to this adjudication. The defendant was also advised of his right to the assistance of counsel in taking said appeal at the expense of the State upon showing of indigency.

DONE AND ORDERED in Open Court at Palm Beach County, Florida, this 30 day of June, 2009.

Deborah Dale Pincus

EFTA01625777

95

IN THE CRIMINAL DIVISION OF THE CIRCUIT COURT OF THE
FIFTEENTH JUDICIAL CIRCUIT OF FLORIDA,
IN AND FOR PALM BEACH COUNTY

CASE NO. 06-CF-9454-AMP DIV. W

OBTS NUMBER _____

STATE OF FLORIDA

[ ] COMMUNITY CONTROL VIOLATOR

v.

[ ] PROBATION VIOLATOR

Jeffrey E. Epstein,
DEFENDANT

1/20/53 W M
DATE OF BIRTH RACE GENDER SOCIAL SECURITY NUMBER

JUDGMENT

The above Defendant, being personally before this Court represented by T. Goldberger (attorney)

[ ] Having been tried and found guilty of the following crime(s):	[X] Having entered a plea of guilty to the following crime(s):	[ ] Having entered a plea of nolo contendere to the following crime(s):

COUNT	CRIME	OFFENSE STATUTE NUMBER(S)	DEGREE
1	Felony Solicitation of Prostitution	796.07(2)(f)	3rd

[X] and no cause having been shown why the Defendant should not be adjudicated guilty, IT IS ORDERED THAT the Defendant is hereby ADJUDICATED GUILTY of the above crime(s).

[ ] and having been convicted or found guilty of, or having entered a plea of nolo contendere or guilty regardless of adjudication, to attempts or offenses relating to sexual battery (ch. 794), lewd and lascivious conduct (ch. 800), or murder (s. 782.04), aggravated battery (s. 784.045), burglary (s. 810.02), carjacking (s. 812.133), or home invasion robbery (s. 812.135), or any other offense specified in section 943.325, the defendant shall be required to submit blood specimens.

[ ] and good cause being shown: IT IS ORDERED THAT ADJUDICATION OF GUILT BE WITHHELD.

SENTENCE STAYED [ ] The Court hereby stays and withholds imposition of sentence as to count(s) and places the Defendant on [ ] Probation and/or [ ] Community Control under the supervision of the Dept. of Corrections (conditions of probation set forth in separate order).

SENTENCE DEFERRED [ ] The Court hereby defers imposition of sentence until _____.

The Defendant in Open Court was advised of his right to appeal from the Judgment by filing notice of appeal with the Clerk of Court within thirty days following the date sentence is imposed or probation is ordered pursuant to this adjudication. The defendant was also advised of his right to the assistance of counsel in taking said appeal at the expense of the State upon showing of indigency.

DONE AND ORDERED in Open Court at Palm Beach County, Florida, this 30 day of June, 2008

Deborah Dale Priest
CIRCUIT COURT JUDGE

STATE OF FLORIDA

vs.

Jeffrey Epstein

IN THE [illegible]INAL DIVISION OF THE CIRCUIT COURT [illegible]HE FIFTEENTH JUDICIAL CIRCUIT, IN AND FOR PALM BEACH COUNTY, FLORIDA

CASE NUMBER(S): ~~05-CF009454AMB~~ 06-CF009454AMB ~~05-CF009381AMB~~

PLEA IN THE CIRCUIT COURT

1. DEFENDANT: I am the defendant in the above-mentioned matter(s), and I am represented by the attorney indicated below. I understand I have the right to be represented by an attorney at all stages of the proceeding until the case is terminated, and if I cannot afford an attorney, one will be appointed free of charge. [ ]

2. DEFENDANT: I understand I have the right to a speedy and public trial either by jury or by court. I hereby waive and give up this right. [ ]

3. DEFENDANT: I understand I have the right to be confronted by the witnesses against me and to cross examine them by myself or through my attorney. I hereby give up these rights. [ ]

4. DEFENDANT: I understand I have the right to testify on my own behalf, but I cannot be compelled to be a witness against myself and may remain silent if I so choose. I hereby give up these rights. [ ]

5. DEFENDANT: I understand I have the right to call witnesses to testify in my behalf and to invoke the compulsory process of the Court to subpoena those witnesses. I hereby give up these rights. [ ]

6. DEFENDANT: I understand I have the right to appeal all matters relating to the charge(s) and, unless I plea Guilty or No Contest, specifically reserving my right to appeal, I will give up such right of appeal. [ ]

7. DEFENDANT: I understand that if I am not a United States Citizen, my plea may subject me to deportation pursuant to the laws and regulations governing the United States Immigration and Naturalization Service; and, this Court has no jurisdiction (authority) in such matters. [ ]

8. DEFENDANT: I have not received any promises from anyone, including my attorney, concerning eligibility for any form of early release authorized by law and further no promises have been made to me as to the actual amount of time that I will serve under the sentence to be imposed. Further, I understand that this plea may be used to enhance future criminal penalties in any court system, even if adjudication of guilt is withheld. [ ]

9. DEFENDANT: I offer my plea freely and voluntarily and of my own accord, with full understanding of all matters set forth in the pleadings and this waiver. [ ]

10. DEFENDANT: I have personally placed my initials in each bracket above, and I understand each and every one of the rights outlined above. I hereby waive and give up each of them in order to enter my plea to the within charge(s). I understand that even though the Court may approve the agreement of sentence, the Court is not bound by the agreement, the Court may withdraw its approval at any time before pronouncing judgment, in which case I shall be able to withdraw my plea should I desire to do so.

11. DEFENDANT: Choose one:
If applicable, I choose a program which is or may be spiritually based. [ ]
If applicable, I choose a program which is NOT spiritually based. [X]
If applicable, I have no preference if the program is or may be spiritually based. [ ]

DEFENDANT

6/30/06
DATE

DEFENDANT'S ATTORNEY ONLY:

I am attorney of record. I have explained each of the above rights to the defendant and have explored the facts with him/her and studied his/her possible defenses to the charge(s). I concur with his/her decision to waive the rights and to enter this plea. I further stipulate that this document may be received by the Court as evidence of defendant's intelligent waiver of these rights and that it shall be filed by the Clerk as permanent record of that waiver.

Jack Goldberger
ATTORNEY FOR THE DEFENDANT

6/30/06
DATE

Original - Clerk Green - State Attorney Yellow - Defense Attorney Pink - Defendant Goldenrod - Probation

Form Circuit 1 (rev 8/2000) Form 002

EFTA01625779

EFFECTIVE JULY 1, 2007

4050
IN THE COUNTY COURT OF THE FIFTEENTH JUDICIAL CIRCUIT, CRIMINAL DIVISION, IN AND FOR PALM BEACH COUNTY, FLORIDA.

CASE NO: 2008 CF 9381 AW

STATE OF FLORIDA
vs.
Defendant: Jeffrey Epstein,
Social Security No.: _____,
Date of Birth: 1-20-53,

RECORDER'S SPACE

ORDER ASSESSING ADDITIONAL CHARGES, COSTS AND FINES AND ENTERING JUDGMENT (IF INDICATED)

The Defendant is hereby ordered to Pay and a judgment is hereby entered on behalf of Palm Beach County, Palm Beach County Administrative Complex, Palm Beach County, Florida 33401 and the State of Florida, Florida Department of Financial Services, Tallahassee, Florida 32399 in the following sums as indicated:

INITIAL IF WAIVED		
		Fines
1.	$_____	Total of fines assessed in sentence.
2.	$_____	**(Crimes Compensation Trust Fund)** pursuant to Section 938.04, Florida Statutes **(statutorily mandated 5% surcharge/cost on any fine entered in line 1).**
3.	$_____	**(Crime Stoppers Trust Fund)** $20.00 pursuant to Section 938.06(1), Florida Statutes **(statutorily mandated cost to be added if any fine imposed).**
		Mandatory Costs
4.	$ 50.00	**(County Crime Prevention Fund)** pursuant to Section 775.083(2), Florida Statutes (statutorily mandated). Strike out if not a negotiated settlement and not imposed by the Court.
5.	$ 3.00	**(Additional Court Cost Clearing Trust Fund)** pursuant to section 938.01(1), Florida Statutes (statutorily mandated).
6.	$ 50.00	**(Crimes Compensation Trust Fund)** pursuant to Section 938.03(1), Florida Statutes (statutorily mandated).
7.	$ 2.00	**(Criminal Justice Education by Municipalities and Counties)** pursuant to Section 938.15, Florida Statutes to be paid to: [ ] Palm Beach County, Florida. (statutorily mandated where locally authorized). [ ] the City/Town/Village of _____, Florida. (Statutorily mandated where locally authorized).
8.	$ 200.00	**(Additional Court Costs)** pursuant to Section 938.05(1), Florida Statutes (statutorily mandated).
9.	$ 65.00	**(Additional Court Costs for local requirements and other County funded programs)** pursuant to Section 939.185(1)(a), Florida Statutes (statutorily mandated where locally authorized).
10.	$ 3.00	**(Teen Court)** pursuant to Section 938.19(2), Florida Statutes (statutorily mandated where locally authorized).
		Discretionary or Specific Offense/Required Costs
11.	$ ~~40.00~~	**(Public Defender Application Fee)** pursuant to Sections 27.52(2)(a) and 938.29, Florida Statutes (a $40.00 fee shall be imposed if not previously collected or waived). **Strike out if previously paid or represented by private counsel.**
12.	$ ~~150.00~~	**(Public Defender's Fees and Costs)** pursuant to Section 938.29, Florida Statutes and Fla. R. Crim. P. 3.720(d)(1) and Local Administrative Order. (Minimum fee of $150.00 is statutorily mandated following notice of imposition and right to contest amount, additional amount is discretionary). **Strike out if represented by private counsel.**
13.	$_____	**(Additional fees and costs of publicly appointed counsel)** pursuant to Section 938.29, Florida Statutes and Fla. R. Crim. P. 3.720(d)(1) (notice of imposition and right to contest amount required).
14.	$ 50	**(County Alcohol and Other Drug Abuse Trust Fund)** pursuant to Sections 938.21 and 938.23, Florida Statutes (may be imposed for any criminal violation of s.316.193, s.856.011, s.856.015, or Chapters 562, 567, 568, or 893, but may mot exceed the amount of any fine imposed for the offense).
15.	$_____	**(DUI Court Cost)** $135.00 pursuant to Section 938.07, Florida Statutes for any violation of Sections 316.193 or 327.35 **(statutorily mandated).**
16.	$_____	**(Child Advocacy Center)** $101.00 pursuant to Section 938.10, Florida Statutes for any violation of Sections 784.085, 796.03, 800.04, 847.0145, 985.4045, or Chapters 787, 794, or 827, Florida Statutes **(statutorily mandated).**
17.	$_____	**(Domestic Violence Surcharge)** $201.00 pursuant to Section 938.08, Florida Statutes for any violation of Sections 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, 794.011, and any offense of Domestic Violence as described in Section 741.28, Florida Statutes **(statutorily mandated).**
18.	$_____	**(Rape Crisis Center Trust Fund)** $151.00 pursuant to Section 938.085, Florida Statutes for any violation of Sections 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, or 794.011.
19.	$_____	**(Operating Trust Fund of the FDLE)** $100.00 pursuant to Section 938.25, Florida Statutes (may be imposed for any criminal violation of s. 893.13 if the court finds defendant has ability to pay and will not be prevented thereby from being rehabilitated or from making restitution).
20.	$ 50	**(Prosecution/Investigative Costs)** The Court having considered the financial resources of the Defendant, the financial needs and ability of the Defendant, and other factors which this Court has deemed appropriate, a sum pursuant to 938.27, Florida Statutes (may be imposed where agency entitled to costs of prosecution requests and documents specific costs).
21.	$_____	**(State Agency Law Enforcement Radio System Trust Fund)** $3.00 pursuant to Sections 318.18 (17), Florida Statutes **(statutorily mandated for violations of: fleeing/eluding; leave scene of crash; DUI; reckless driving; making false crash reports; failure/refusal to comply with lawful order; refusal to weigh vehicle; racing on highway; refusal to submit to breath/blood/urine test).**
		Other Charges
22.	$_____	Other: _____
Total:	$ 413	

Payment of charges, costs, and fines are:

{ ✓ } a condition of probation
{ } to be paid IN FULL TODAY; Defendant to proceed immediately to the Clerk and Comptroller's Office to pay the full amount due. If payment is not made today, then LET EXECUTION ISSUE and this Judgment shall bear interest at the rate prescribed by law until satisfied.
{ } due immediately; hence, FOR WHICH LET EXECUTION ISSUE. This Judgment shall bear interest at the rate prescribed by law until satisfied.
{ } due within _____days/months/year and is to be paid through the Clerk and Comptroller's Office pursuant to a COLLECTIONS AGREEMENT established TODAY.
$_____ will be paid today to the Clerk and Comptroller's Office as a down payment on the collections agreement. If the Collection Agreement is not established today, then LET EXECUTION ISSUE and this Judgment shall bear interest at the rate prescribed by law until satisfied.
{ } to be paid by the Defendant performing: (circle one) community service or AA/NA meetings, at a rate of $_____/per hour/meeting, due within _____days/months/years in lieu of actual payment.

FAILURE TO PAY YOUR FINES AND COURT COSTS WILL RESULT IN YOUR DRIVER'S LICENSE BEING SUSPENDED AND/OR A JUDGMENT BEING ENTERED AGAINST YOU AND/OR YOUR DELINQUENT ACCOUNT BEING REFERRED TO A COLLECTION AGENCY AND/OR A WARRANT BEING ISSUED FOR YOUR ARREST.

DONE AND ORDERED in Open Court in Palm Beach County, Florida.
this 30 day of July 2008

Deborah Wald Cavanagh
CIRCUIT JUDGE

cc: GOLD: State Attorney YELLOW: Probation BLUE: Administrative Office of the Court PINK: Defense Counsel GREEN: Defendant Form Circuit (Rev 7/2007)

Form 004-D

EFFECTIVE JULY 1, 2007

4050
IN THE COUNTY COURT OF THE FIFTEENTH JUDICIAL CIRCUIT, CRIMINAL DIVISION, IN AND FOR PALM BEACH COUNTY, FLORIDA.

CASE NO: 2006 CF 13814 AN

STATE OF FLORIDA
vs.
Defendant: _____,
Social Security No.: _____,
Date of Birth: 1-20-53,

RECORDER'S SPACE

ORDER ASSESSING ADDITIONAL CHARGES, COSTS AND FINES AND ENTERING JUDGMENT (IF INDICATED)

The Defendant is hereby ordered to Pay and a judgment is hereby entered on behalf of Palm Beach County, Palm Beach County Administrative Complex, Palm Beach County, Florida 33401 and the State of Florida, Florida Department of Financial Services, Tallahassee, Florida 32399 in the following sums as indicated:

	INITIAL IF WAIVED	
		Fines
1.	$_____	Total of fines assessed in sentence.
2.	$_____	**(Crimes Compensation Trust Fund)** pursuant to Section 938.04, Florida Statutes **(statutorily mandated 5% surcharge/cost on any fine entered in line 1).**
3.	$_____	**(Crime Stoppers Trust Fund)** $20.00 pursuant to Section 938.06(1), Florida Statutes **(statutorily mandated cost to be added if any fine imposed).**
		Mandatory Costs
4.	$ 50.00	**(County Crime Prevention Fund)** pursuant to Section 775.083(2), Florida Statutes (statutorily mandated). Strike out if not a negotiated settlement and not imposed by the Court.
5.	$ 3.00	**(Additional Court Cost Clearing Trust Fund)** pursuant to section 938.01(1), Florida Statutes (statutorily mandated).
6.	$ 50.00	**(Crimes Compensation Trust Fund)** pursuant to Section 938.03(1), Florida Statutes (statutorily mandated).
7.	$ 2.00	**(Criminal Justice Education by Municipalities and Counties)** pursuant to Section 938.15, Florida Statutes to be paid to: [ ] Palm Beach County, Florida. (statutorily mandated where locally authorized). [ ] the City/Town/Village of _____, Florida. (Statutorily mandated where locally authorized).
8.	$ 200.00	**(Additional Court Costs)** pursuant to Section 938.05(1), Florida Statutes (statutorily mandated).
9.	$ 65.00	**(Additional Court Costs for local requirements and other County funded programs)** pursuant to Section 939.185(1)(a), Florida Statutes (statutorily mandated where locally authorized).
10.	$ 3.00	**(Teen Court)** pursuant to Section 938.19(2), Florida Statutes (statutorily mandated where locally authorized).
		Discretionary or Specific Offense/Required Costs
11.	$ 40.00	**(Public Defender Application Fee)** pursuant to Sections 27.52(2)(a) and 938.29, Florida Statutes (a $40.00 fee shall be imposed if not previously collected or waived). **Strike out if previously paid or represented by private counsel.**
12.	$ 150.00	**(Public Defender's Fees and Costs)** pursuant to Section 938.29, Florida Statutes and Fla. R. Crim. P. 3.720(d)(1) and Local Administrative Order. (Minimum fee of $150.00 is statutorily mandated following notice of imposition and right to contest amount, additional amount is discretionary). **Strike out if represented by private counsel.**
13.	$_____	**(Additional fees and costs of publicly appointed counsel)** pursuant to Section 938.29, Florida Statutes and Fla. R. Crim. P. 3.720(d)(1) (notice of imposition and right to contest amount required).
14.	$ 50	**(County Alcohol and Other Drug Abuse Trust Fund)** pursuant to Sections 938.21 and 938.23, Florida Statutes (may be imposed for any criminal violation of s.316.193, s.856.011, s.856.015, or Chapters 562, 567, 568, or 893, but may not exceed the amount of any fine imposed for the offense).
15.	$_____	**(DUI Court Cost)** $135.00 pursuant to Section 938.07, Florida Statutes for any violation of Sections 316.193 or 327.35 **(statutorily mandated).**
16.	$_____	**(Child Advocacy Center)** $101.00 pursuant to Section 938.10, Florida Statutes for any violation of Sections 784.085, 796.03, 800.04, 847.0145, 985.4045, or Chapters 787, 794, or 827, Florida Statutes **(statutorily mandated).**
17.	$_____	**(Domestic Violence Surcharge)** $201.00 pursuant to Section 938.08, Florida Statutes for any violation of Sections 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, 794.011, and any offense of Domestic Violence as described in Section 741.28, Florida Statutes **(statutorily mandated).**
18.	$_____	**(Rape Crisis Center Trust Fund)** $151.00 pursuant to Section 938.085, Florida Statutes for any violation of Sections 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, or 794.011.
19.	$_____	**(Operating Trust Fund of the FDLE)** $100.00 pursuant to Section 938.25, Florida Statutes (may be imposed for any criminal violation of s. 893.13 if the court finds defendant has ability to pay and will not be prevented thereby from being rehabilitated or from making restitution).
20.	$ 50	**(Prosecution/Investigative Costs)** The Court having considered the financial resources of the Defendant, the financial needs and ability of the Defendant, and other factors which this Court has deemed appropriate, a sum pursuant to 938.27, Florida Statutes (may be imposed where agency entitled to costs of prosecution requests and documents specific costs).
21.	$_____	**(State Agency Law Enforcement Radio System Trust Fund)** $3.00 pursuant to Sections 318.18 (17), Florida Statutes **(statutorily mandated for violations of: fleeing/eluding; leave scene of crash; DUI; reckless driving; making false crash reports; failure/refusal to comply with lawful order; refusal to weigh vehicle; racing on highway; refusal to submit to breath/blood/urine test).**
		Other Charges
22.	$_____	Other: _____
	Total: $ 473	

Payment of charges, costs, and fines are:

{ ✓ } a condition of probation
{ } to be paid IN FULL TODAY; Defendant to proceed immediately to the Clerk and Comptroller's Office to pay the full amount due. If payment is not made today, then LET EXECUTION ISSUE and this Judgment shall bear interest at the rate prescribed by law until satisfied.
{ } due immediately; hence, FOR WHICH LET EXECUTION ISSUE. This Judgment shall bear interest at the rate prescribed by law until satisfied.
{ } due within _____days/months/year and is to be paid through the Clerk and Comptroller's Office pursuant to a COLLECTIONS AGREEMENT established TODAY. $_____ will be paid today to the Clerk and Comptroller's Office as a down payment on the collections agreement. If the Collection Agreement is not established today, then LET EXECUTION ISSUE and this Judgment shall bear interest at the rate prescribed by law until satisfied.
{ } to be paid by the Defendant performing: (circle one) community service or AA/NA meetings, at a rate of $_____/per hour/meeting, due within _____days/months/years in lieu of actual payment.

FAILURE TO PAY YOUR FINES AND COURT COSTS WILL RESULT IN YOUR DRIVER'S LICENSE BEING SUSPENDED AND/OR A JUDGMENT BEING ENTERED AGAINST YOU AND/OR YOUR DELINQUENT ACCOUNT BEING REFERRED TO A COLLECTION AGENCY AND/OR A WARRANT BEING ISSUED FOR YOUR ARREST.

DONE AND ORDERED in Open Court in Palm Beach County, Florida.
this 13 day of JULY 2007.

_____
CIRCUIT JUDGE

cc: GOLD: State Attorney YELLOW: Probation BLUE: Administrative Office of the Court PINK: Defense Counsel GREEN: Defendant Form Circuit (Rev 7/2007)

Form 004-D

EFTA01625781

EFFECTIVE JULY 1, 2007

4050
IN THE COUNTY COURT OF THE FIFTEENTH JUDICIAL CIRCUIT, CRIMINAL DIVISION, IN AND FOR PALM BEACH COUNTY, FLORIDA.

CASE NO:

STATE OF FLORIDA
vs.
Defendant: _____,
Social Security No.: _____,
Date of Birth: _____,

RECORDER'S SPACE

ORDER ASSESSING ADDITIONAL CHARGES, COSTS AND FINES AND ENTERING JUDGMENT (IF INDICATED)

The Defendant is hereby ordered to Pay and a judgment is hereby entered on behalf of Palm Beach County, Palm Beach County Administrative Complex, Palm Beach County, Florida 33401 and the State of Florida, Florida Department of Financial Services, Tallahassee, Florida 32399 in the following sums as indicated:

INITIAL IF WAIVED		
		Fines
1.	$_____	Total of fines assessed in sentence.
2.	$_____	**(Crimes Compensation Trust Fund)** pursuant to Section 938.04, Florida Statutes **(statutorily mandated 5% surcharge/cost on any fine entered in line 1).**
3.	$_____	**(Crime Stoppers Trust Fund)** $20.00 pursuant to Section 938.06(1), Florida Statutes **(statutorily mandated cost to be added if any fine imposed).**
		Mandatory Costs
4.	$ 50.00	**(County Crime Prevention Fund)** pursuant to Section 775.083(2), Florida Statutes (statutorily mandated). Strike out if not a negotiated settlement and not imposed by the Court.
5.	$ 3.00	**(Additional Court Cost Clearing Trust Fund)** pursuant to section 938.01(1), Florida Statutes (statutorily mandated).
6.	$ 50.00	**(Crimes Compensation Trust Fund)** pursuant to Section 938.03(1), Florida Statutes (statutorily mandated).
7.	$ 2.00	**(Criminal Justice Education by Municipalities and Counties)** pursuant to Section 938.15, Florida Statutes to be paid to: [ ] Palm Beach County, Florida. (statutorily mandated where locally authorized). [ ] the City/Town/Village of _____, Florida. (Statutorily mandated where locally authorized).
8.	$ 200.00	**(Additional Court Costs)** pursuant to Section 938.05(1), Florida Statutes (statutorily mandated).
9.	$ 65.00	**(Additional Court Costs for local requirements and other County funded programs)** pursuant to Section 939.185(1)(a), Florida Statutes (statutorily mandated where locally authorized).
10.	$ 3.00	**(Teen Court)** pursuant to Section 938.19(2), Florida Statutes (statutorily mandated where locally authorized).
		Discretionary or Specific Offense/Required Costs
11.	$ 40.00	**(Public Defender Application Fee)** pursuant to Sections 27.52(2)(a) and 938.29, Florida Statutes (a $40.00 fee shall be imposed if not previously collected or waived). **Strike out if previously paid or represented by private counsel.**
12.	$ 150.00	**(Public Defender's Fees and Costs)** pursuant to Section 938.29, Florida Statutes and Fla. R. Crim. P. 3.720(d)(1) and Local Administrative Order. (Minimum fee of $150.00 is statutorily mandated following notice of imposition and right to contest amount, additional amount is discretionary). **Strike out if represented by private counsel.**
13.	$_____	**(Additional fees and costs of publicly appointed counsel)** pursuant to Section 938.29, Florida Statutes and Fla. R. Crim. P. 3.720(d)(1) (notice of imposition and right to contest amount required).
14.	$_____	**(County Alcohol and Other Drug Abuse Trust Fund)** pursuant to Sections 938.21 and 938.23, Florida Statutes (may be imposed for any criminal violation of s.316.193, s.856.011, s.856.015, or Chapters 562, 567, 568, or 893, but may not exceed the amount of any fine imposed for the offense).
15.	$_____	**(DUI Court Cost)** $135.00 pursuant to Section 938.07, Florida Statutes for any violation of Sections 316.193 or 327.35 **(statutorily mandated).**
16.	$_____	**(Child Advocacy Center)** $101.00 pursuant to Section 938.10, Florida Statutes for any violation of Sections 784.085, 796.03, 800.04, 847.0145, 985.4045, or Chapters 787, 794, or 827, Florida Statutes **(statutorily mandated).**
17.	$_____	**(Domestic Violence Surcharge)** $201.00 pursuant to Section 938.08, Florida Statutes for any violation of Sections 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, 794.011, and any offense of Domestic Violence as described in Section 741.28, Florida Statutes **(statutorily mandated).**
18.	$_____	**(Rape Crisis Center Trust Fund)** $151.00 pursuant to Section 938.085, Florida Statutes for any violation of Sections 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, or 794.011.
19.	$_____	**(Operating Trust Fund of the FDLE)** $100.00 pursuant to Section 938.25, Florida Statutes (may be imposed for any criminal violation of s. 893.13 if the court finds defendant has ability to pay and will not be prevented thereby from being rehabilitated or from making restitution).
20.	$_____	**(Prosecution/Investigative Costs)** The Court having considered the financial resources of the Defendant, the financial needs and ability of the Defendant, and other factors which this Court has deemed appropriate, a sum pursuant to 938.27, Florida Statutes (may be imposed where agency entitled to costs of prosecution requests and documents specific costs).
21.	$_____	**(State Agency Law Enforcement Radio System Trust Fund)** $3.00 pursuant to Sections 318.18 (17), Florida Statutes **(statutorily mandated for violations of: fleeing/eluding; leave scene of crash; DUI; reckless driving; making false crash reports; failure/refusal to comply with lawful order; refusal to weigh vehicle; racing on highway; refusal to submit to breath/blood/urine test).**
		Other Charges
22.	$_____	Other: _____
Total:	$_____	

Payment of charges, costs, and fines are:

{ } a condition of probation
{ } to be paid IN FULL TODAY; Defendant to proceed immediately to the Clerk and Comptroller's Office to pay the full amount due. If payment is not made today, then LET EXECUTION ISSUE and this Judgment shall bear interest at the rate prescribed by law until satisfied.
{ } due immediately; hence, FOR WHICH LET EXECUTION ISSUE. This Judgment shall bear interest at the rate prescribed by law until satisfied.
{ } due within _____days/months/year and is to be paid through the Clerk and Comptroller's Office pursuant to a COLLECTIONS AGREEMENT established TODAY. $_____ will be paid today to the Clerk and Comptroller's Office as a down payment on the collections agreement. If the Collection Agreement is not established today, then LET EXECUTION ISSUE and this Judgment shall bear interest at the rate prescribed by law until satisfied.
{ } to be paid by the Defendant performing: (circle one) community service or AA/NA meetings, at a rate of $_____/per hour/meeting, due within _____days/months/years in lieu of actual payment.

FAILURE TO PAY YOUR FINES AND COURT COSTS WILL RESULT IN YOUR DRIVER'S LICENSE BEING SUSPENDED AND/OR A JUDGMENT BEING ENTERED AGAINST YOU AND/OR YOUR DELINQUENT ACCOUNT BEING REFERRED TO A COLLECTION AGENCY AND/OR A WARRANT BEING ISSUED FOR YOUR ARREST.

DONE AND ORDERED in Open Court in Palm Beach County, Florida.
this _____ day of _____ 200__.

_____
CIRCUIT JUDGE

cc: GOLD: State Attorney YELLOW: Probation BLUE: Administrative Office of the Court PINK: Defense Counsel GREEN: Defendant Form Circuit (Rev 7/2007)

Form 004-D

EFTA01625782

EFFECTIVE JULY 1, 2007

4050
IN THE COUNTY COURT OF THE FIFTEENTH JUDICIAL CIRCUIT, CRIMINAL DIVISION, IN AND FOR PALM BEACH COUNTY, FLORIDA.

CASE NO:

STATE OF FLORIDA
vs.
Defendant: _____,
Social Security No.: _____,
Date of Birth: _____,
_____

RECORDER'S SPACE

ORDER ASSESSING ADDITIONAL CHARGES, COSTS AND FINES AND ENTERING JUDGMENT (IF INDICATED)

The Defendant is hereby ordered to Pay and a judgment is hereby entered on behalf of Palm Beach County, Palm Beach County Administrative Complex, Palm Beach County, Florida 33401 and the State of Florida, Florida Department of Financial Services, Tallahassee, Florida 32399 in the following sums as indicated:

INITIAL IF WAIVED		
		Fines
1.	$_____	Total of fines assessed in sentence.
2.	$_____	**(Crimes Compensation Trust Fund)** pursuant to Section 938.04, Florida Statutes **(statutorily mandated 5% surcharge/cost on any fine entered in line 1).**
3.	$_____	**(Crime Stoppers Trust Fund)** $20.00 pursuant to Section 938.06(1), Florida Statutes **(statutorily mandated cost to be added if any fine imposed).**
		Mandatory Costs
4.	$ 50.00	**(County Crime Prevention Fund)** pursuant to Section 775.083(2), Florida Statutes (statutorily mandated). Strike out if not a negotiated settlement and not imposed by the Court.
5.	$ 3.00	**(Additional Court Cost Clearing Trust Fund)** pursuant to section 938.01(1), Florida Statutes (statutorily mandated).
6.	$ 50.00	**(Crimes Compensation Trust Fund)** pursuant to Section 938.03(1), Florida Statutes (statutorily mandated).
7.	$ 2.00	**(Criminal Justice Education by Municipalities and Counties)** pursuant to Section 938.15, Florida Statutes to be paid to: [ ] Palm Beach County, Florida. (statutorily mandated where locally authorized). [ ] the City/Town/Village of _____, Florida. (Statutorily mandated where locally authorized).
8.	$ 200.00	**(Additional Court Costs)** pursuant to Section 938.05(1), Florida Statutes (statutorily mandated).
9.	$ 65.00	**(Additional Court Costs for local requirements and other County funded programs)** pursuant to Section 939.185(1)(a), Florida Statutes (statutorily mandated where locally authorized).
10.	$ 3.00	**(Teen Court)** pursuant to Section 938.19(2), Florida Statutes (statutorily mandated where locally authorized).
		Discretionary or Specific Offense/Required Costs
11.	$ 40.00	**(Public Defender Application Fee)** pursuant to Sections 27.52(2)(a) and 938.29, Florida Statutes (a $40.00 fee shall be imposed if not previously collected or waived). **Strike out if previously paid or represented by private counsel.**
12.	$ 150.00	**(Public Defender's Fees and Costs)** pursuant to Section 938.29, Florida Statutes and Fla. R. Crim. P. 3.720(d)(1) and Local Administrative Order. (Minimum fee of $150.00 is statutorily mandated following notice of imposition and right to contest amount, additional amount is discretionary). **Strike out if represented by private counsel.**
13.	$_____	**(Additional fees and costs of publicly appointed counsel)** pursuant to Section 938.29, Florida Statutes and Fla. R. Crim. P. 3.720(d)(1) (notice of imposition and right to contest amount required).
14.	$_____	**(County Alcohol and Other Drug Abuse Trust Fund)** pursuant to Sections 938.21 and 938.23, Florida Statutes (may be imposed for any criminal violation of s.316.193, s.856.011, s.856.015, or Chapters 562, 567, 568, or 893, but may mot exceed the amount of any fine imposed for the offense).
15.	$_____	**(DUI Court Cost)** $135.00 pursuant to Section 938.07, Florida Statutes for any violation of Sections 316.193 or 327.35 **(statutorily mandated).**
16.	$_____	**(Child Advocacy Center)** $101.00 pursuant to Section 938.10, Florida Statutes for any violation of Sections 784.085, 796.03, 800.04, 847.0145, 985.4045, or Chapters 787, 794, or 827, Florida Statutes **(statutorily mandated).**
17.	$_____	**(Domestic Violence Surcharge)** $201.00 pursuant to Section 938.08, Florida Statutes for any violation of Sections 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, 794.011, and any offense of Domestic Violence as described in Section 741.28, Florida Statutes **(statutorily mandated).**
18.	$_____	**(Rape Crisis Center Trust Fund)** $151.00 pursuant to Section 938.085, Florida Statutes for any violation of Sections 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, or 794.011.
19.	$_____	**(Operating Trust Fund of the FDLE)** $100.00 pursuant to Section 938.25, Florida Statutes (may be imposed for any criminal violation of s. 893.13 if the court finds defendant has ability to pay and will not be prevented thereby from being rehabilitated or from making restitution).
20.	$_____	**(Prosecution/Investigative Costs)** The Court having considered the financial resources of the Defendant, the financial needs and ability of the Defendant, and other factors which this Court has deemed appropriate, a sum pursuant to 938.27, Florida Statutes (may be imposed where agency entitled to costs of prosecution requests and documents specific costs).
21.	$_____	**(State Agency Law Enforcement Radio System Trust Fund)** $3.00 pursuant to Sections 318.18 (17), Florida Statutes **(statutorily mandated for violations of: fleeing/eluding; leave scene of crash; DUI; reckless driving; making false crash reports; failure/refusal to comply with lawful order; refusal to weigh vehicle; racing on highway; refusal to submit to breath/blood/urine test).**
		Other Charges
22.	$_____	Other: _____
Total:	$_____	

Payment of charges, costs, and fines are:

{ } a condition of probation
{ } to be paid IN FULL TODAY; Defendant to proceed immediately to the Clerk and Comptroller's Office to pay the full amount due. If payment is not made today, then LET EXECUTION ISSUE and this Judgment shall bear interest at the rate prescribed by law until satisfied.
{ } due immediately; hence, FOR WHICH LET EXECUTION ISSUE. This Judgment shall bear interest at the rate prescribed by law until satisfied.
{ } due within _____days/months/year and is to be paid through the Clerk and Comptroller's Office pursuant to a COLLECTIONS AGREEMENT established TODAY. $_____ will be paid today to the Clerk and Comptroller's Office as a down payment on the collections agreement. If the Collection Agreement is not established today, then LET EXECUTION ISSUE and this Judgment shall bear interest at the rate prescribed by law until satisfied.
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FAILURE TO PAY YOUR FINES AND COURT COSTS WILL RESULT IN YOUR DRIVER'S LICENSE BEING SUSPENDED AND/OR A JUDGMENT BEING ENTERED AGAINST YOU AND/OR YOUR DELINQUENT ACCOUNT BEING REFERRED TO A COLLECTION AGENCY AND/OR A WARRANT BEING ISSUED FOR YOUR ARREST.

DONE AND ORDERED in Open Court in Palm Beach County, Florida.
this _____ day of _____ 200__.

_____
CIRCUIT JUDGE

cc: GOLD: State Attorney YELLOW: Probation BLUE: Administrative Office of the Court PINK: Defense Counsel GREEN: Defendant Form Circuit (Rev 7/2007)

Form 004-D

EFTA01625783

EFFECTIVE JULY 1, 2007

4050
IN THE COUNTY COURT OF THE FIFTEENTH JUDICIAL CIRCUIT, CRIMINAL DIVISION, IN AND FOR PALM BEACH COUNTY, FLORIDA.

CASE NO: 2006CF 9454AXX

STATE OF FLORIDA
vs.
Defendant: [redacted],
Social Security No.: [redacted],
Date of Birth: [redacted],

RECORDER'S SPACE

ORDER ASSESSING ADDITIONAL CHARGES, COSTS AND FINES AND ENTERING JUDGMENT (IF INDICATED)

The Defendant is hereby ordered to Pay and a judgment is hereby entered on behalf of Palm Beach County, Palm Beach County Administrative Complex, Palm Beach County, Florida 33401 and the State of Florida, Florida Department of Financial Services, Tallahassee, Florida 32399 in the following sums as indicated:

INITIAL IF WAIVED		
		Fines
1.	$_____	Total of fines assessed in sentence.
2.	$_____	**(Crimes Compensation Trust Fund)** pursuant to Section 938.04, Florida Statutes **(statutorily mandated 5% surcharge/cost on any fine entered in line 1).**
3.	$_____	**(Crime Stoppers Trust Fund)** $20.00 pursuant to Section 938.06(1), Florida Statutes **(statutorily mandated cost to be added if any fine imposed).**
		Mandatory Costs
4.	$ 50.00	**(County Crime Prevention Fund)** pursuant to Section 775.083(2), Florida Statutes (statutorily mandated). Strike out if not a negotiated settlement and not imposed by the Court.
5.	$ 3.00	**(Additional Court Cost Clearing Trust Fund)** pursuant to section 938.01(1), Florida Statutes (statutorily mandated).
6.	$ 50.00	**(Crimes Compensation Trust Fund)** pursuant to Section 938.03(1), Florida Statutes (statutorily mandated).
7.	$ 2.00	**(Criminal Justice Education by Municipalities and Counties)** pursuant to Section 938.15, Florida Statutes to be paid to: [ ] Palm Beach County, Florida. (statutorily mandated where locally authorized). [ ] the City/Town/Village of _____, Florida. (Statutorily mandated where locally authorized).
8.	$ 200.00	**(Additional Court Costs)** pursuant to Section 938.05(1), Florida Statutes (statutorily mandated).
9.	$ 65.00	**(Additional Court Costs for local requirements and other County funded programs)** pursuant to Section 939.185(1)(a), Florida Statutes (statutorily mandated where locally authorized).
10.	$ 3.00	**(Teen Court)** pursuant to Section 938.19(2), Florida Statutes (statutorily mandated where locally authorized).
		Discretionary or Specific Offense/Required Costs
11.	$ ~~40.00~~	**(Public Defender Application Fee)** pursuant to Sections 27.52(2)(a) and 938.29, Florida Statutes (a $40.00 fee shall be imposed if not previously collected or waived). **Strike out if previously paid or represented by private counsel.**
12.	$ ~~150.00~~	**(Public Defender's Fees and Costs)** pursuant to Section 938.29, Florida Statutes and Fla. R. Crim. P. 3.720(d)(1) and Local Administrative Order. (Minimum fee of $150.00 is statutorily mandated following notice of imposition and right to contest amount, additional amount is discretionary). **Strike out if represented by private counsel.**
13.	$_____	**(Additional fees and costs of publicly appointed counsel)** pursuant to Section 938.29, Florida Statutes and Fla. R. Crim. P. 3.720(d)(1) (notice of imposition and right to contest amount required).
14.	$_____	**(County Alcohol and Other Drug Abuse Trust Fund)** pursuant to Sections 938.21 and 938.23, Florida Statutes (may be imposed for any criminal violation of s.316.193, s.856.011, s.856.015, or Chapters 562, 567, 568, or 893, but may not exceed the amount of any fine imposed for the offense).
15.	$_____	**(DUI Court Cost)** $135.00 pursuant to Section 938.07, Florida Statutes for any violation of Sections 316.193 or 327.35 **(statutorily mandated).**
16.	$_____	**(Child Advocacy Center)** $101.00 pursuant to Section 938.10, Florida Statutes for any violation of Sections 784.085, 796.03, 800.04, 847.0145, 985.4045, or Chapters 787, 794, or 827, Florida Statutes **(statutorily mandated).**
17.	$_____	**(Domestic Violence Surcharge)** $201.00 pursuant to Section 938.08, Florida Statutes for any violation of Sections 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, 794.011, and any offense of Domestic Violence as described in Section 741.28, Florida Statutes **(statutorily mandated).**
18.	$_____	**(Rape Crisis Center Trust Fund)** $151.00 pursuant to Section 938.085, Florida Statutes for any violation of Sections 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, or 794.011.
19.	$_____	**(Operating Trust Fund of the FDLE)** $100.00 pursuant to Section 938.25, Florida Statutes (may be imposed for any criminal violation of s. 893.13 if the court finds defendant has ability to pay and will not be prevented thereby from being rehabilitated or from making restitution).
20.	$_____	**(Prosecution/Investigative Costs)** The Court having considered the financial resources of the Defendant, the financial needs and ability of the Defendant, and other factors which this Court has deemed appropriate, a sum pursuant to 938.27, Florida Statutes (may be imposed where agency entitled to costs of prosecution requests and documents specific costs).
21.	$_____	**(State Agency Law Enforcement Radio System Trust Fund)** $3.00 pursuant to Sections 318.18 (17), Florida Statutes **(statutorily mandated for violations of: fleeing/eluding; leave scene of crash; DUI; reckless driving; making false crash reports; failure/refusal to comply with lawful order; refusal to weigh vehicle; racing on highway; refusal to submit to breath/blood/urine test).**
		Other Charges
22.	$ 473	Other: _____
Total:	$ 473	

Payment of charges, costs, and fines are:

{X} a condition of probation
{ } to be paid IN FULL TODAY; Defendant to proceed immediately to the Clerk and Comptroller's Office to pay the full amount due. If payment is not made today, then LET EXECUTION ISSUE and this Judgment shall bear interest at the rate prescribed by law until satisfied.
{ } due immediately; hence, FOR WHICH LET EXECUTION ISSUE. This Judgment shall bear interest at the rate prescribed by law until satisfied.
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FAILURE TO PAY YOUR FINES AND COURT COSTS WILL RESULT IN YOUR DRIVER'S LICENSE BEING SUSPENDED AND/OR A JUDGMENT BEING ENTERED AGAINST YOU AND/OR YOUR DELINQUENT ACCOUNT BEING REFERRED TO A COLLECTION AGENCY AND/OR A WARRANT BEING ISSUED FOR YOUR ARREST.

DONE AND ORDERED in Open Court in Palm Beach County, Florida.
this 1st day of June 2007

CIRCUIT JUDGE

cc: GOLD: State Attorney YELLOW: Probation BLUE: Administrative Office of the Court PINK: Defense Counsel GREEN: Defendant Form Circuit (Rev 7/2007)

Form 004-D

EFTA01625784

EFFECTIVE JULY 1, 2007

4050
IN THE COUNTY COURT OF THE FIFTEENTH JUDICIAL CIRCUIT, CRIMINAL DIVISION, IN AND FOR PALM BEACH COUNTY, FLORIDA.

C. ASE NO: 2008CF-015944AXX

STATE OF FLORIDA
vs.
Defendant: [redacted],
Social Security No.: [redacted],
Date of Birth: [redacted],

RECORDER'S SPACE

ORDER ASSESSING ADDITIONAL CHARGES, COSTS AND FINES AND ENTERING JUDGMENT (IF INDICATED)

The Defendant is hereby ordered to Pay and a judgment is hereby entered on behalf of Palm Beach County, Palm Beach County Administrative Complex, Palm Beach County, Florida 33401 and the State of Florida, Florida Department of Financial Services, Tallahassee, Florida 32399 in the following sums as indicated:

INITIAL IF WAIVED		
		Fines
1.	$_____	Total of fines assessed in sentence.
2.	$_____	**(Crimes Compensation Trust Fund)** pursuant to Section 938.04, Florida Statutes **(statutorily mandated 5% surcharge/cost on any fine entered in line 1).**
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4.	$ 50.00	**(County Crime Prevention Fund)** pursuant to Section 775.083(2), Florida Statutes (statutorily mandated). Strike out if not a negotiated settlement and not imposed by the Court.
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20.	$_____	**(Prosecution/Investigative Costs)** The Court having considered the financial resources of the Defendant, the financial needs and ability of the Defendant, and other factors which this Court has deemed appropriate, a sum pursuant to 938.27, Florida Statutes (may be imposed where agency entitled to costs of prosecution requests and documents specific costs).
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		Other Charges
22.	$_____	Other: _____
Total:	$ 473	

Payment of charges, costs, and fines are:

[X] a condition of probation

{ } to be paid IN FULL TODAY; Defendant to proceed immediately to the Clerk and Comptroller's Office to pay the full amount due. If payment is not made today, then LET EXECUTION ISSUE and this Judgment shall bear interest at the rate prescribed by law until satisfied.

{ } due immediately; hence, FOR WHICH LET EXECUTION ISSUE. This Judgment shall bear interest at the rate prescribed by law until satisfied.

{ } due within _____days/months/year and is to be paid through the Clerk and Comptroller's Office pursuant to a COLLECTIONS AGREEMENT established TODAY. $_____ will be paid today to the Clerk and Comptroller's Office as a down payment on the collections agreement. If the Collection Agreement is not established today, then LET EXECUTION ISSUE and this Judgment shall bear interest at the rate prescribed by law until satisfied.

{ } to be paid by the Defendant performing: (circle one) community service or AA/NA meetings, at a rate of $_____/per hour/meeting, due within _____days/months/years in lieu of actual payment.

FAILURE TO PAY YOUR FINES AND COURT COSTS WILL RESULT IN YOUR DRIVER'S LICENSE BEING SUSPENDED AND/OR A JUDGMENT BEING ENTERED AGAINST YOU AND/OR YOUR DELINQUENT ACCOUNT BEING REFERRED TO A COLLECTION AGENCY AND/OR A WARRANT BEING ISSUED FOR YOUR ARREST.

DONE AND ORDERED in Open Court in Palm Beach County, Florida.
this 6th day of March 2008

CIRCUIT JUDGE

cc: GOLD: State Attorney YELLOW: Probation BLUE: Administrative Office of the Court PINK: Defense Counsel GREEN: Defendant Form Circuit (Rev 7/2007)

Form 004-D

EFTA01625785

EFFECTIVE JULY 1, 2007

4050
IN THE COUNTY COURT OF THE FIFTEENTH JUDICIAL CIRCUIT, CRIMINAL DIVISION, IN AND FOR PALM BEACH COUNTY, FLORIDA.

CASE NO:

STATE OF FLORIDA
vs.
Defendant: _____,
Social Security No.: _____,
Date of Birth: _____,

RECORDER'S SPACE

ORDER ASSESSING ADDITIONAL CHARGES, COSTS AND FINES AND ENTERING JUDGMENT (IF INDICATED)

The Defendant is hereby ordered to Pay and a judgment is hereby entered on behalf of Palm Beach County, Palm Beach County Administrative Complex, Palm Beach County, Florida 33401 and the State of Florida, Florida Department of Financial Services, Tallahassee, Florida 32399 in the following sums as indicated:

INITIAL IF WAIVED		
		Fines
1.	$_____	Total of fines assessed in sentence.
2.	$_____	**(Crimes Compensation Trust Fund)** pursuant to Section 938.04, Florida Statutes **(statutorily mandated 5% surcharge/cost on any fine entered in line 1).**
3.	$_____	**(Crime Stoppers Trust Fund)** $20.00 pursuant to Section 938.06(1), Florida Statutes **(statutorily mandated cost to be added if any fine imposed).**
		Mandatory Costs
4.	$ 50.00	**(County Crime Prevention Fund)** pursuant to Section 775.083(2), Florida Statutes (statutorily mandated). Strike out if not a negotiated settlement and not imposed by the Court.
5.	$ 3.00	**(Additional Court Cost Clearing Trust Fund)** pursuant to section 938.01(1), Florida Statutes (statutorily mandated).
6.	$ 50.00	**(Crimes Compensation Trust Fund)** pursuant to Section 938.03(1), Florida Statutes (statutorily mandated).
7.	$ 2.00	**(Criminal Justice Education by Municipalities and Counties)** pursuant to Section 938.15, Florida Statutes to be paid to: [ ] Palm Beach County, Florida. (statutorily mandated where locally authorized). [ ] the City/Town/Village of _____, Florida. (Statutorily mandated where locally authorized).
8.	$ 200.00	**(Additional Court Costs)** pursuant to Section 938.05(1), Florida Statutes (statutorily mandated).
9.	$ 65.00	**(Additional Court Costs for local requirements and other County funded programs)** pursuant to Section 939.185(1)(a), Florida Statutes (statutorily mandated where locally authorized).
10.	$ 3.00	**(Teen Court)** pursuant to Section 938.19(2), Florida Statutes (statutorily mandated where locally authorized).
		Discretionary or Specific Offense/Required Costs
11.	$ 40.00	**(Public Defender Application Fee)** pursuant to Sections 27.52(2)(a) and 938.29, Florida Statutes (a $40.00 fee shall be imposed if not previously collected or waived). **Strike out if previously paid or represented by private counsel.**
12.	$ 150.00	**(Public Defender's Fees and Costs)** pursuant to Section 938.29, Florida Statutes and Fla. R. Crim. P. 3.720(d)(1) and Local Administrative Order. (Minimum fee of $150.00 is statutorily mandated following notice of imposition and right to contest amount, additional amount is discretionary). **Strike out if represented by private counsel.**
13.	$_____	**(Additional fees and costs of publicly appointed counsel)** pursuant to Section 938.29, Florida Statutes and Fla. R. Crim. P. 3.720(d)(1) (notice of imposition and right to contest amount required).
14.	$_____	**(County Alcohol and Other Drug Abuse Trust Fund)** pursuant to Sections 938.21 and 938.23, Florida Statutes (may be imposed for any criminal violation of s.316.193, s.856.011, s.856.015, or Chapters 562, 567, 568, or 893, but may mot exceed the amount of any fine imposed for the offense).
15.	$_____	**(DUI Court Cost)** $135.00 pursuant to Section 938.07, Florida Statutes for any violation of Sections 316.193 or 327.35 **(statutorily mandated).**
16.	$_____	**(Child Advocacy Center)** $101.00 pursuant to Section 938.10, Florida Statutes for any violation of Sections 784.085, 796.03, 800.04, 847.0145, 985.4045, or Chapters 787, 794, or 827, Florida Statutes **(statutorily mandated).**
17.	$_____	**(Domestic Violence Surcharge)** $201.00 pursuant to Section 938.08, Florida Statutes for any violation of Sections 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, 794.011, and any offense of Domestic Violence as described in Section 741.28, Florida Statutes **(statutorily mandated).**
18.	$_____	**(Rape Crisis Center Trust Fund)** $151.00 pursuant to Section 938.085, Florida Statutes for any violation of Sections 784.011, 784.021, 784.03, 784.041, 784.045, 784.048, 784.07, 784.08, 784.081, 784.082, 784.083, 784.085, or 794.011.
19.	$_____	**(Operating Trust Fund of the FDLE)** $100.00 pursuant to Section 938.25, Florida Statutes (may be imposed for any criminal violation of s. 893.13 if the court finds defendant has ability to pay and will not be prevented thereby from being rehabilitated or from making restitution).
20.	$_____	**(Prosecution/Investigative Costs)** The Court having considered the financial resources of the Defendant, the financial needs and ability of the Defendant, and other factors which this Court has deemed appropriate, a sum pursuant to 938.27, Florida Statutes (may be imposed where agency entitled to costs of prosecution requests and documents specific costs).
21.	$_____	**(State Agency Law Enforcement Radio System Trust Fund)** $3.00 pursuant to Sections 318.18 (17), Florida Statutes **(statutorily mandated for violations of: fleeing/eluding; leave scene of crash; DUI; reckless driving; making false crash reports; failure/refusal to comply with lawful order; refusal to weigh vehicle; racing on highway; refusal to submit to breath/blood/urine test).**
		Other Charges
22.	$_____	Other: _____
Total:	$_____	

Payment of charges, costs, and fines are:

{ } a condition of probation
{ } to be paid IN FULL TODAY; Defendant to proceed immediately to the Clerk and Comptroller's Office to pay the full amount due. If payment is not made today, then LET EXECUTION ISSUE and this Judgment shall bear interest at the rate prescribed by law until satisfied.
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FAILURE TO PAY YOUR FINES AND COURT COSTS WILL RESULT IN YOUR DRIVER'S LICENSE BEING SUSPENDED AND/OR A JUDGMENT BEING ENTERED AGAINST YOU AND/OR YOUR DELINQUENT ACCOUNT BEING REFERRED TO A COLLECTION AGENCY AND/OR A WARRANT BEING ISSUED FOR YOUR ARREST.

DONE AND ORDERED in Open Court in Palm Beach County, Florida.
this _____ day of _____ 200__.

_____
CIRCUIT JUDGE

cc: GOLD: State Attorney YELLOW: Probation BLUE: Administrative Office of the Court PINK: Defense Counsel GREEN: Defendant Form Circuit (Rev 7/2007)

Form 004-D

EFTA01625786

EFFECTIVE JULY 1, 2007

4050
IN THE COUNTY COURT OF THE FIFTEENTH JUDICIAL CIRCUIT, CRIMINAL DIVISION, IN AND FOR PALM BEACH COUNTY, FLORIDA.

E NO:

STATE OF FLORIDA
vs.
Defendant: _____,
Social Security No.: _____,
Date of Birth: _____,
_____/

RECORDER'S SPACE

ORDER ASSESSING ADDITIONAL CHARGES, COSTS AND FINES AND ENTERING JUDGMENT (IF INDICATED)

The Defendant is hereby ordered to Pay and a judgment is hereby entered on behalf of Palm Beach County, Palm Beach County Administrative Complex, Palm Beach County, Florida 33401 and the State of Florida, Florida Department of Financial Services, Tallahassee, Florida 32399 in the following sums as indicated:

INITIAL IF WAIVED		
		Fines
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3.	$_____	**(Crime Stoppers Trust Fund)** $20.00 pursuant to Section 938.06(1), Florida Statutes **(statutorily mandated cost to be added if any fine imposed).**
		Mandatory Costs
4.	$ 50.00	**(County Crime Prevention Fund)** pursuant to Section 775.083(2), Florida Statutes (statutorily mandated). Strike out if not a negotiated settlement and not imposed by the Court.
5.	$ 3.00	**(Additional Court Cost Clearing Trust Fund)** pursuant to section 938.01(1), Florida Statutes (statutorily mandated).
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20.	$_____	**(Prosecution/Investigative Costs)** The Court having considered the financial resources of the Defendant, the financial needs and ability of the Defendant, and other factors which this Court has deemed appropriate, a sum pursuant to 938.27, Florida Statutes (may be imposed where agency entitled to costs of prosecution requests and documents specific costs).
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		Other Charges
22.	$_____	Other: _____
Total:	$_____	

Payment of charges, costs, and fines are:

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FAILURE TO PAY YOUR FINES AND COURT COSTS WILL RESULT IN YOUR DRIVER'S LICENSE BEING SUSPENDED AND/OR A JUDGMENT BEING ENTERED AGAINST YOU AND/OR YOUR DELINQUENT ACCOUNT BEING REFERRED TO A COLLECTION AGENCY AND/OR A WARRANT BEING ISSUED FOR YOUR ARREST.

DONE AND ORDERED in Open Court in Palm Beach County, Florida.
this _____ day of _____ 200__.

_____
CIRCUIT JUDGE

cc: GOLD: State Attorney YELLOW: Probation BLUE: Administrative Office of the Court PINK: Defense Counsel GREEN: Defendant Form Circuit (Rev 7/2007)

Form 004-D

EFTA01625787

Case No.: 2008CF9381AXX ST of FL vs. Jeffrey Epstein

Charges: Procure person Under Age of 18 for prostitution

Arrest# _____ Bond# _____ Type _____ $ _____ A/C _____

Date 11/30/09 Judge Deckard Crt. Rep. Cope

ASA B Burns DC A Wurtz Int _____

Deft---Pres / Not Pres W / W/O Def. Co. J Goldberger Esq / PD---Pres / Not Pres.

Before the Court for: Motion for Transfer

❒ Granted ☒ Denied ❒ With / Without Prejudice ❒ Withdrawn ❒ Court Reserves Ruling ☒ Written Order to Follow

❒ Warrant ❒ Ordered ❒ Recalled ❒ Bond Set at $ _____ ❒ See Below ❒ Also Covers ❒ Sp Cond

❒ Bond Forf ❒ OR: Disch / Revoked / Reinstated ❒ Bond: Disch / Revoked ❒ SOR: Disch / Revoked / Reinstated

❒ Bond Forf Vacated ❒ Previous Bond Reinstated, if Bondsman agrees ❒ State failed to file charges ❒ Released O.R. / S.O.R.

❒ Deft __ Indigent ❒ PD Appt ❒ Hrg only PD Pres _____ ❒ Court Appts _____

Evaluation for: ❒ Drug Farm ❒ DOC Non-Secure Bed by _____

❒ Pre-Plea ❒ PSI ordered by/within _____ days ❒ w/input from DJJ / Staffing

❒ Referred to: PTI / SAAP / PADD ❒ Case placed on the absentee docket

DEFT ENTERED A PLEA OF: ❒ NOT GUILTY ❒ GUILTY ❒ NO CONTEST ❒ BEST INTEREST ❒ TO THE COURT

As Charged-Cts _____ Lesser Cts _____ Lesser Charge _____

❒ Sw & Test ❒ Adv of Rts ❒ Waived PSI Lesser Cts _____ Lesser Charge _____

❒ ADJ GUILTY as Charged as to Cts _____ Lesser Cts _____

❒ FOUND GUILTY as Charged as to Cts _____ Lesser Cts _____

❒ ADJ W/HELD as to Cts _____ ❒ SENT W/HELD as to Cts _____

❒ FOUND AND ADJUDICATED DELINQUENT as to Cts _____ ❒ Dispo Order to follow / Filed

❒ FOUND & ADJ NOT GUILTY as to Cts _____ ❒ Dismiss ❒ Nolle Prosse Cts _____

Prob / Comm Control: ❒ Revoked ❒ Reinstated ❒ Modified ❒ Term. Successfully / Unsuccessfully

❒ Stip/Found: (violent) Habitual Off. 775.084 ❒ Stip/Found: Sexual Offender / Sexual Predator ❒ Stip/Found: P.R.R.

SENTENCE: PBCJ: _____ Cts: _____ / DOC: _____ Cts: _____

PBCJ: _____ Cts: _____ / DOC: _____ Cts: _____

❒ W/Credit for _____ Days / Mos. / Yrs. ❒ Deft Remanded ❒ Deft to remain on same rel. status pending sent.

Conc / Consec / Co-Term w/cases / cts: _____

❒ Execution of Sentence Stayed ❒ Sentence Suspended ❒ Time served as to Cts _____

❒ Youthful Off ❒ Habitual Off ❒ Min / Mand: _____ as to Cts _____

❒ ABOVE SENTENCE TO BE FOLLOWED By: ❒ Probation ❒ Drug / Sex Off Prob ❒ Comm. Control ❒ I ❒ II - See Pg. 2

❒ DRIVERS LICENSE TO BE SUSPENDED / REVOKED FOR _____ YEARS AS A RESULT OF THIS PLEA.

Granted in part & Denied in Part

_____ Set / Remains Set / Reset _____ Div ____ Rm ____ at ____ AM/PM

_____ Set / Remains Set / Reset _____ Div ____ Rm ____ at ____ AM/PM

❒ Deft sign _____

❒ Def Co _____ ❒ ASA _____ ❒ Bondsman _____

Prob ❒ Jail ❒ DJJ ❒ GAL Notified by mail by: _____ on ____ / ____ / ____

❒ County Courthouse
205 N. Dixie, West Palm Beach

❒ Courtroom, Criminal Justice Bldg.
38844 State Road 80, Belle Glade

❒ Courtroom, Criminal Justice Complex
3228 Gun Club Rd., West Palm Beach

IF YOU ARE A PERSON WITH A DISABILITY WHO NEEDS ANY ACCOMMODATION IN ORDER TO PARTICIPATE IN THIS PROCEEDING, YOU ARE ENTITLED, AT NO COST TO YOU, TO THE PROVISION OF CERTAIN ASSISTANCE. PLEASE CONTACT MARY JAFFE, ADA COORDINATOR IN THE ADMINISTRATIVE OFFICE OF THE COURT, PALM BEACH COUNTY COURTHOUSE, 205 N. DIXIE HWY, RM 5.2500, WEST PALM BEACH, FL 33401; TELEPHONE (561) 355-4380, WITHIN 2 WORKING DAYS OF YOUR RECEIPT OF THIS NOTICE. IF YOU ARE HEARING OR VOICE IMPAIRED, CALL 1-800-955-8771.

IN THE CIRCUIT/COUNTY COURT, FIFTEENTH JUDICIAL CIRCUIT, PALM BEACH COUNTY, FLORIDA

STATE OF FLORIDA,

BOOKING NO.: 2006036744

CASE NO.: 06CF009454AMB
08CF009381AMB

VS.

Jeffrey Epstein
(first name) (last name)
Defendant.

ORDER OF NO CONTACT

1. The Defendant is specifically ordered to have NO CONTACT and to not attempt to contact the following person or persons:

   ☑ Alleged victim(s) S.G.; A.H.; A.D.
   ☐ Co-defendant(s) _____
   ☐ Witness(es) _____

FILED
Circuit Criminal Department
NOV 18 2009
SHARON R. BOCK
Clerk & Comptroller
Palm Beach County

2. The Defendant shall NOT CONTACT or attempt to contact the above-listed person(s) until this case is closed or until further order of the Court, whichever occurs first.

3. For purposes of this Order, "no contact" means:

   1. NO direct or indirect messages or communications by the Defendant.
   2. NO direct or indirect contact by a third person on behalf of the Defendant.
   3. NO communication of any kind including telephone calls, messages on answering machines and voice or electronic mail; all written forms of communication, including letters of apology; or any other means of communication, including the delivery of gifts at any time, either at a residence, school, or workplace.

4. The Defendant has been expressly advised that if any of the above-listed person(s) attempts to contact the Defendant, he/she must avoid any such contact and the Defendant has been further advised that he/she would be in violation of this Order if the Defendant communicates with any of the above-listed persons even if contact is initiated by the above-listed person(s).

5. **Exceptions**: (applies only if checked):

   ☑ Defendant's Attys/Agents may have contact for purposes of civil lawsuit;
   ☐ The Defendant may return to the residence where the above-listed person(s) resides for the purpose of removing the Defendant's PERSONAL EFFECTS ONLY and then only in the presence of a uniformed law enforcement officer and on ONE occasion only.
   ☐ Contact may be in writing.
   ☐ Contact may be by telephone.
   ☐ Contact may occur but only through a third party and only to facilitate visitation with the Defendant's minor children.

6. The Defendant has been expressly advised that violation of this Order will subject the Defendant to arrest and commitment by the Court, plus, if applicable, bond forfeiture.

I have read and do understand this Order and agree to obey it. I fully understand that ONLY A CRIMINAL DIVISION JUDGE may modify this order. I understand therefore that the alleged victim in this case, the state attorney, and any other attorney or person DOES NOT HAVE THE AUTHORITY to modify ANY PORTION of this Order without APPROVAL BY THE JUDGE.

I completely understand and agree that if I disobey this Order, the Judge may possibly revoke and forfeit any bond, and/or order my immediate incarceration.

FAXED @ 2:15pm LM/DWD

_____ Defendant

DONE AND ORDERED at West Palm Beach, Palm Beach County, Florida, this ___ day of 11/18 20 09

nunc pro tunc to June 30, 2009

_____
CIRCUIT/COUNTY COURT JUDGE

copies: Blue: State Attorney
Pink: Public Defender/Defense Attorney
Yellow: Defendant

Form 025

EFTA01625789

DIV : W
CASE NO : 502008CF009381AXXXMB ST OF FL VS. JEFFREY E. EPSTEIN
Charges : PROCURE PERSON UNDER AGE OF 18 FOR PROSTITUTION

ARREST # 2008039316 BOND# TYPE

Date 11/18/09 Judge Cathleen Crt. Rep. Jaye
ASA B Burns DC Walking Int
Deft Pres / Not Pres W / W/O Def. Co. Esq PD-- Pres Not Pres.
STATUS CHECK MSN PARTY E.W.'S MOTION TO VACATE ORDER SEALI
Before the Court for: No Contact Order
☒ Granted ☐ Denied ☐ With / Without Prejudice ☐ Withdrawn ☐ Court Reserves Ruling ☐ Written Order to Follow

☐ Warrant ☐ Ordered ☐ Recalled ☐ Bond Set at $ ☐ See Below ☐ Also Covers ☒ Sp Cond
☐ Bond Forf ☐ OR: Disch / Revoked / Reinstated ☐ Bond: Disch / Revoked ☐ SOR: Disch / Revoked / Reinstated
☐ Bond Forf Vacated ☐ Previous Bond Reinstated, if Bondsman agrees ☐ State failed to file charges ☐ Released O.R. / S.O.R.

☐ Deft ___ Indigent ☐ PD Appt ☐ Hrg only PD Pres ☐ Court Appts
Evaluation for: ☐ Drug Farm ☐ DOC Non-Secure Bed by
☐ Pre-Plea ☐ PSI ordered by/within ___ days ☐ w/input from DJJ / Staffing
☐ Referred to: PTI / SAAP / PADD ☐ Case placed on the absentee docket

DEFT ENTERED A PLEA OF: ☐ NOT GUILTY ☐ GUILTY ☐ NO CONTEST ☐ BEST INTEREST ☐ TO THE COURT
As Charged-Cts Lesser Cts Lesser Charge
☐ Sw & Test ☐ Adv of Rts ☐ Waived PSI Lesser Cts Lesser Charge

☐ ADJ GUILTY as Charged as to Cts Lesser Cts
☐ FOUND GUILTY as Charged as to Cts Lesser Cts
☐ ADJ W/HELD as to Cts ☐ SENT W/HELD as to Cts
☐ FOUND AND ADJUDICATED DELINQUENT as to Cts ☐ Dispo Order to follow/Filed
FOUND & ADJ NOT GUILTY as to Cts ☐ Dismiss ☐ Nolle Prosse Cts

Prob / Comm Control: ☐ Revoked ☐ Reinstated ☐ Modified ☐ Term. Successfully / Unsuccessfully
☐ Stip/Found: (violent) Habitual Off. 775.084 ☐ Stip/Found: Sexual Offender / Sexual Predator ☐ Stip/Found: P.R.R.
SENTENCE: PBCJ: Cts: / DOC: Cts:
PBCJ: Cts: / DOC: Cts:

☐ W/Credit for Days / Mos. / Yrs. ☐ Deft Remanded ☐ Deft to remain on same rel. status pending sent.
Conc / Consec / Co-Term w/cases / cts:

☐ Execution of Sentence Stayed ☐ Sentence Suspended ☐ Time served as to Cts
☐ Youthful Off ☐ Habitual Off ☐ Min / Mand: as to Cts
☐ ABOVE SENTENCE TO BE FOLLOWED By: ☐ Probation ☐ Drug / Sex Off Prob ☐ Comm. Control ☐ I ☐ II - See Pg. 2
☐ DRIVERS LICENSE TO BE SUSPENDED / REVOKED FOR ___ YEARS AS A RESULT OF THIS PLEA.

Defense Motion to Travel - denied

Set / Remains Set / Reset Div Rm at AM/PM

Set / Remains Set / Reset Div Rm at AM/PM

☐ Deft sign
Def Co ☐ ASA ☐ Bondsman
☐ Prob ☐ Jail ☐ DJJ ☐ GAL Notified by mail by: on / /

☐ County Courthouse
205 N. Dixie, West Palm Beach
☐ Courtroom, Criminal Justice Bldg.
38844 State Road 80, Belle Glade
☐ Courtroom, Criminal Justice Complex
3228 Gun Club Rd., West Palm Beach

IF YOU ARE A PERSON WITH A DISABILITY WHO NEEDS ANY ACCOMMODATION IN ORDER TO PARTICIPATE IN THIS PROCEEDING, YOU ARE ENTITLED, AT NO COST TO YOU, TO THE PROVISION OF CERTAIN ASSISTANCE. PLEASE CONTACT MARY JAFFE, ADA COORDINATOR IN THE ADMINISTRATIVE OFFICE OF THE COURT, PALM BEACH COUNTY COURTHOUSE, 205 N. DIXIE HWY, RM 5.2500, WEST PALM BEACH, FL 33401; TELEPHONE (561) 355-4380, WITHIN 2 WORKING DAYS OF YOUR RECEIPT OF THIS NOTICE. IF YOU ARE HEARING OR VOICE IMPAIRED, CALL 1-800-955-8771.

DIV - M W

CASE NO: 502008CF009381AXXXMB ST OF FL VS. JEFFREY E. EPSTEIN

Charges: PROCURE PERSON UNDER AGE OF 18 FOR PROSTITUTION

ARREST #: 2008039316 BOND# TYPE

Date 11/18/09 Judge [illegible] Crt. Rep. [illegible]

ASA B Brunn DC [illegible] Int [illegible]

Deft---Pres / Not Pres, W / W/O Def. Co. [illegible] Esq / PD---Pres / Not Pres.

STATUS CHECK NON-PARTY [illegible] MOTION TO VACATE ORDER SEAL

Before the Court for: [illegible]

❒ Granted ❒ Denied ❒ With / Without Prejudice ❒ Withdrawn ❒ Court Reserves Ruling ❒ Written Order to Follow

❒ Warrant ❒ Ordered ❒ Recalled ❒ Bond Set at $ _____ ❒ See Below ❒ Also Covers ❒ Sp Cond

❒ Bond Forf ❒ OR: Disch / Revoked / Reinstated ❒ Bond: Disch / Revoked ❒ SOR: Disch / Revoked / Reinstated

❒ Bond Forf Vacated ❒ Previous Bond Reinstated, if Bondsman agrees ❒ State failed to file charges ❒ Released O.R. / S.O.R.

❒ Deft ___ Indigent ❒ PD Appt ❒ Hrg only PD Pres _____ ❒ Court Appts _____

Evaluation for: ❒ Drug Farm ❒ DOC Non-Secure Bed by _____

❒ Pre-Plea ❒ PSI ordered by/within _____ days ❒ w/input from DJJ / Staffing

❒ Referred to: PTI / SAAP / PADD ❒ Case placed on the absentee docket

DEFT ENTERED A PLEA OF: ❒ NOT GUILTY ❒ GUILTY ❒ NO CONTEST ❒ BEST INTEREST ❒ TO THE COURT

As Charged-Cts _____ Lesser Cts _____ Lesser Charge _____

❒ Sw & Test ❒ Adv of Rts ❒ Waived PSI Lesser Cts _____ Lesser Charge _____

❒ ADJ GUILTY as Charged as to Cts _____ Lesser Cts _____

❒ FOUND GUILTY as Charged as to Cts _____ Lesser Cts _____

❒ ADJ W/HELD as to Cts _____ ❒ SENT W/HELD as to Cts _____

❒ FOUND AND ADJUDICATED DELINQUENT as to Cts _____ ❒ Dispo Order to follow/Filed

❒ FOUND & ADJ NOT GUILTY as to Cts _____ ❒ Dismiss ❒ Nolle Prosse Cts _____

Prob / Comm Control: ❒ Revoked ❒ Reinstated ❒ Modified ❒ Term. Successfully / Unsuccessfully

❒ Stip/Found: (violent) Habitual Off. 775.084 ❒ Stip/Found: Sexual Offender / Sexual Predator ❒ Stip/Found: P.R.R.

SENTENCE: PBCJ: _____ Cts: _____ / DOC: _____ Cts: _____

PBCJ: _____ Cts: _____ / DOC: _____ Cts: _____

❒ W/Credit for _____ Days / Mos. / Yrs. ❒ Deft Remanded ❒ Deft to remain on same rel. status pending sent.

Conc / Consec / Co-Term w/cases / cts: _____

❒ Execution of Sentence Stayed ❒ Sentence Suspended ❒ Time served as to Cts _____

❒ Youthful Off ❒ Habitual Off ❒ Min / Mand: _____ as to Cts _____

❒ ABOVE SENTENCE TO BE FOLLOWED By: ❒ Probation ❒ Drug / Sex Off Prob ❒ Comm. Control ❒ I ❒ II - See Pg. 2

❒ DRIVERS LICENSE TO BE SUSPENDED / REVOKED FOR _____ YEARS AS A RESULT OF THIS PLEA.

Witness Motion to Travel - Denied

_____ Set / Remains Set / Reset _____ Div ____ Rm ____ at ____ AM/PM

_____ Set / Remains Set / Reset _____ Div ____ Rm ____ at ____ AM/PM

❒ Deft sign _____

❒ Def Co _____ ❒ ASA _____ ❒ Bondsman _____

Prob ❒ Jail ❒ DJJ ❒ GAL Notified by mail by: _____ on ____ / ____ / ____

❒ County Courthouse
205 N. Dixie, West Palm Beach

❒ Courtroom, Criminal Justice Bldg.
38844 State Road 80, Belle Glade

❒ Courtroom, Criminal Justice Complex
3228 Gun Club Rd., West Palm Beach

IF YOU ARE A PERSON WITH A DISABILITY WHO NEEDS ANY ACCOMMODATION IN ORDER TO PARTICIPATE IN THIS PROCEEDING, YOU ARE ENTITLED, AT NO COST TO YOU, TO THE PROVISION OF CERTAIN ASSISTANCE. PLEASE CONTACT MARY JAFFE, ADA COORDINATOR IN THE ADMINISTRATIVE OFFICE OF THE COURT, PALM BEACH COUNTY COURTHOUSE, 205 N. DIXIE HWY, RM 5.2500, WEST PALM BEACH, FL 33401; TELEPHONE (561) 355-4380, WITHIN 2 WORKING DAYS OF YOUR RECEIPT OF THIS NOTICE. IF YOU ARE HEARING OR VOICE IMPAIRED, CALL 1-800-955-8771.

Form 611 EDP Rev 12/06

IN THE CIRCUIT/COUNTY COURT, FIFTEENTH JUDICIAL CIRCUIT, PALM BEACH COUNTY, FLORIDA

STATE OF FLORIDA,

BOOKING NO.: 20060367444

CASE NO.: 06CF009434AMB
08CF009381AMB

Jeffrey Epstein
(first name) (last name)
Defendant.

ORDER OF NO CONTACT

1. The Defendant is specifically ordered to have NO CONTACT and to not attempt to contact the following person or persons:

   ☑ Alleged victim(s) S.G.; A.H.; A.D.
   ☐ Co-defendant(s)
   ☐ Witness(es)

2. The Defendant shall NOT CONTACT or attempt to contact the above-listed person(s) until this case is closed or until further order of the Court, whichever occurs first.

3. For purposes of this Order, "no contact" means:

   1. NO direct or indirect messages or communications by the Defendant.
   2. NO direct or indirect contact by a third person on behalf of the Defendant.
   3. NO communication of any kind including telephone calls, messages on answering machines and voice or electronic mail; all written forms of communication, including letters of apology; or any other means of communication, including the delivery of gifts at any time, either at a residence, school, or workplace.

4. The Defendant has been expressly advised that if any of the above-listed person(s) attempts to contact the Defendant, he/she must avoid any such contact and the Defendant has been further advised that he/she would be in violation of this Order if the Defendant communicates with any of the above-listed persons even if contact is initiated by the above-listed person(s).

5. **Exceptions**: (applies only if checked):

   ✱ Defendant Atty's/Agents may have contact for purposes of civil Lawsuit
   ☐ The Defendant may return to the residence where the above-listed person(s) resides for the purpose of removing the Defendant's PERSONAL EFFECTS ONLY and then only in the presence of a uniformed law enforcement officer and on ONE occasion only.
   ☐ Contact may be in writing.
   ☐ Contact may be by telephone.
   ☐ Contact may occur but only through a third party and only to facilitate visitation with the Defendant's minor children.

6. The Defendant has been expressly advised that violation of this Order will subject the Defendant to arrest and commitment by the Court, plus, if applicable, bond forfeiture.

I have read and do understand this Order and agree to obey it. I fully understand that ONLY A CRIMINAL DIVISION JUDGE may modify this order. I understand therefore that the alleged victim in this case, the state attorney, and any other attorney or person DOES NOT HAVE THE AUTHORITY to modify ANY PORTION of this Order without APPROVAL BY THE JUDGE.

I completely understand and agree that if I disobey this Order, the Judge may possibly revoke and forfeit any bond, and/or order my immediate incarceration.

Defendant

DONE AND ORDERED at West Palm Beach, Palm Beach County, Florida, this ___ day of 11/13, 20 07
June 6th thru June 30, 2008

CIRCUIT/COUNTY COURT JUDGE

copies: Blue: State Attorney
Pink: Public Defender/Defense Attorney
Yellow: Defendant
Green: Alleged victim (provided by State Attorney)

Form 025

EFTA01625792

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT, IN AND FOR PALM BEACH COUNTY, FLORIDA

CASE NO. 2008CF009381A

STATE OF FLORIDA

vs.

JEFFREY EPSTEIN,

Defendant.
_____/

AGREED ORDER

This cause came on to be heard upon the agreement of the parties, Jack Goldberger representing Jeffrey Epstein and Barbara Burns representing the State of Florida, and the Court being fully advised that the parties have reviewed both the plea agreement and the transcript of the plea conference in the Defendants case and have confirmed that the requirement of "mandatory public service" as a special condition of community control checked off on the Order Placing the Defendant on Community Control was due to a clerical error. Accordingly, it is hereby ordered and adjudged that the special condition of "mandatory public service" is deleted.

DONE AND ORDERED in West Palm Beach, Palm Beach County, Florida on this _____ day of October, 2009.

_____
JEFFREY COLBATH
Circuit Court Judge

Copies:

Jack A. Goldberger, Esquire
Barbara Burns, ASA
Carmen Sloane, Department of Corrections

A SAFER FLORIDA
HIGHWAY SAFETY AND MOTOR VEHICLES

Driver And Vehicle Information Database (DAVID)

DIGITAL IMAGES ARE RESTRICTED TO LAW ENFORCEMENT USE PURSUANT TO S. 322.142(4),FLORIDA STATUTES - IMAGES INCLUDE PHOTOGRAPHS AND SIGNATURES

Individual Summary Page



DL/ID Number [redacted] Class **E** Status **EXPIRED**

Valid ID Card

JEFFREY E EPSTEIN
358 EL BRILLO WAY
PALM BCH FL 334804730

All Addresses On File

Date of Birth [redacted] Sex **M** Height **6'00** State Of Birth **New York**

Restrictions

Endorsements

Issue Date **01-03-96** Duplicate Date Expiration Date **01-20-02**

SSN

Form Number **X069601035963**

Conditional Messages:
SEXUAL OFFENDER
MOTORCYCLE ALSO SAFE DRIVER

Vehicle Information

Record	VIN	Type	Color	Body	Make	Acquired Date	Reg
View	[redacted]	MOTORCYCLE	UNKNOWN COLOR	MOTORCYCLE	HARLEY-DAVIDSON		[redacted]
View		MOTORCYCLE	BLACK	MOTORCYCLE	HARLEY-DAVIDSON		
View		AUTO	BLACK	UTILITY	CHEVROLET	11-26-00	
View		AUTO	BLUE	CONVERTIBLE	VOLKSWAGEN		
View		AUTO	BLACK	4 DOOR	MERCEDES-BENZ	12-04-00	
View		AUTO	BLACK	2 DOOR	CHEVROLET	08-22-00	
View		AUTO	BLACK	4 DOOR	MERCEDES-BENZ	01-03-03	
View		AUTO	ALUMINUM / SILVER	ROADSTER	MERCEDES-BENZ	03-04-01	
View		AUTO	GREEN	CONVERTIBLE	ROADSTER	07-29-97	

EFTA01625794

View	[redacted]	VESSEL		VESSEL		02-06-04	[redacted]
View		AUTO	BLACK	UTILITY	CHEVROLET	12-18-02	
View		MOTORCYCLE	GREEN	MOTORCYCLE	HARLEY-DAVIDSON	05-23-03	
View		AUTO	BLACK	UTILITY	CHEVROLET	11-12-03	
View		AUTO	RED	2 DOOR	JEEP	12-04-03	
View		VEHICLE TRAILER		TRAILER	CONTINENTAL	02-06-04	
View		AUTO	BLACK	4 DOOR	CADILLAC	02-04-05	
View		AUTO	GREEN	UTILITY	JEEP	02-11-05	
View		AUTO	GRAY	2 DOOR	MERCEDES-BENZ	02-28-05	
View		AUTO	BLACK	4 DOOR	BENTLEY INDUSTRIES	05-19-06	
View		VEHICLE TRAILER		TRAILER	FAST LOAD AUTO HAULERS	05-30-07	

Driver License Transactions

Record	DL/ID Number	Transaction Date	Issue Date	Update Time	Lic Type	Issue Type	Change Type	FL Disp
View	[redacted]	05-21-09	05-21-09	05-21-09 10:17:33	ID	Original	None	

Historical Driver License Activity

Vehicle Insurance | Previous Vehicles

Photo Array | Signature Array

New Search | Main Menu

EFTA01625795

Sloane, Carmen

From: Sloane, Carmen
Sent: Thursday, February 04, 2010 11:21 AM
To: 'Barbara Burns'
Cc: Sloane, Carmen
Subject: Jeffrey Epstein #W35755

Second Request

Hi,

Can you please email me the victim's addresses, I need to send them a No Contact letter from DOC.

Thanks,

Carmen

EFTA01625796

Sloane, Carmen

F...n: Sloane, Carmen
Sent: Tuesday, January 19, 2010 2:59 PM
To: 'Barbara Burns'
Subject: Jeffrey Epstein #W35755

Hi,

In December 2009, I received the Order of No Contact. Can you please email me the victim's addresses, I need to send them a No Contact letter from DOC.

Thanks,

Carmen

EFTA01625797



Registration No: 273223 **Person Number: 73274**

FDLE SEXUAL PREDATOR/OFFENDER REGISTRATION FORM

Agency Name: Palm Beach County SO

******* Note: Your next ReRegistration month is July of 2010 *******

Registration For: January 2010 - SEXUAL OFFENDER

Reason For Registration

☐ Initial Registration ☒ Scheduled ReRegistration ☐ Information Update ☐ Early/Late ReRegistration

Registrant Information

Name: JEFFREY E EPSTEIN (First Middle Last, Suffix) *SSN: _____ DOB: 01/20/1953 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 #[redacted] Height: 6' 00" Weight: 180 lbs Hair: Grey Eyes: Blue

Place of Birth: United States Of America (usa)

Currently on Probation/Parole: ☐ No ☒ Yes

Probation Type: ☒ State FL (State) Officer Name: Sloane Phone: [redacted]

☐ Federal _____ (City) Officer Name: Phone: ( )

☐ County _____ (County) Officer Name: Phone: ( )

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

☐ Permanently leaving Florida to establish a residence in another state Date of Departure: _____

☐ Temporarily leaving Florida to visit another state

☐ Moving from another state to permanently establish a residence in Florida Date of Arrival: _____

☐ Visiting from another state and establishing a temporary address in Florida

☐ Other (please describe): _____

Previous Permanent Address

(Address Line 1) _____

(Address Line 2) _____

(City) _____ , (State) _____ (Zip) _____

County: _____ End Date: _____

☐ **I am vacating this residence and have no other permanent or temporary residence as of this date:**

Current Permanent Address

358 El Brillo Way
(Address Line 1)

(Address Line 2)

Palm Beach (City) , FL (State) 33480-4730 (Zip)

County: Palm Beach Start Date: 06/30/2009

☐ **I have no other permanent or temporary residence at this time.**

2010-01-05 10:03:44 AM

EFTA01625798

Registration No: 273223 **Person Number: 73274**

Temporary Addresses

[X] I do NOT have a temporary address

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

Mailing Address

[X] Same as Permanent [ ] Same as Temporary

_____ (Address Line 1)
_____ (Address Line 2)
_____ (City) _____ (State) _____ (Zip)
County: _____ End Date: _____

Phone Numbers

[ ] I do NOT have or use any home or mobile phone numbers

	Phone Number:	Phone Type:
1.	[redacted]	Home
2.		Home
3.	( )	
4.	( )	
5.	( )	

Employment

[ ] I am currently unemployed.

1. Employer: Florida Science Foundation Occupation: Owner Start Date: _____
   Address: 250 S Australian Ave (Street Address) West Palm Beach (City) FL (State) 33401-5018 (Zip)
   County: Palm Beach 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: _____

2010-01-05 10:03:44 AM

EFTA01625799

Registration No: 273223 **Person Number: 73274**

Vehicles

☐ I do NOT own or use a vehicle, RV, trailer or mobile home.

	Year	Make	Model	Color/Color Scheme	Vehicle Type
1.	2005	Cadillac	Other	Black	Auto
2.					
3.					
4.					
5.					

	License Tag #	State	This vehicle is:	
1.	unknown	FL	☒ NOT used as a residence	☐ Used as a residence
2.			☐ NOT used as a residence	☐ Used as a residence
3.			☐ NOT used as a residence	☐ Used as a residence
4.			☐ NOT used as a residence	☐ Used as a residence
5.			☐ NOT used as a residence	☐ Used as a residence

Vessels

☒ I do NOT own a vessel or houseboat.

	Year	Vessel Type	Color/Color Scheme	Name of Vessel	Registration #	This vessel is:	
1.						☐ NOT used as a residence	☐ Used as a residence
2.						☐ NOT used as a residence	☐ Used as a residence
3.						☐ NOT used as a residence	☐ Used as a residence
4.						☐ NOT used as a residence	☐ Used as a residence
5.						☐ NOT used as a residence	☐ Used as a residence

2010-01-05 10:03:44 AM

EFTA01625800

Registration No: 273223 **Person Number: 73274**

Campus Activity

[X] 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

1. jeeproject@yahoo.com
2. jeevacation@gmail.com
3. _____
4. _____
5. _____

Instant Message Screen Names

	Name:	Provider:
1.		
2.		
3.		
4.		
5.		

Adjudication Information

	Date Adjudicated	Crime	Location of Adjudication/Conviction	Victim Information
1.	_____	_____	_____ (County), _____ (State)	[ ] Minor [ ] Adult Gender: _____
2.	_____	_____	_____ (County), _____ (State)	[ ] Minor [ ] Adult Gender: _____
3.	_____	_____	_____ (County), _____ (State)	[ ] Minor [ ] Adult Gender: _____
4.	_____	_____	_____ (County), _____ (State)	[ ] Minor [ ] Adult Gender: _____

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

EFTA01625801

Registration No: 273223 **Person Number: 73274**

NOTICE OF SEXUAL PREDATOR AND SEXUAL OFFENDER OBLIGATIONS

As a Sexual Predator (Florida Statute 775.21) or Sexual Offender (Florida Statute 943.0435, 944.607, or 985.481) where **"Permanent residence"** means a place where the person abides, lodges, or resides for 5 or more consecutive days, and **"Temporary residence"** means a place where the person abides, lodges, or resides 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, I understand that I am required by law to abide by the following: **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 the state of Florida or 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) to register my temporary or permanent address.
2. Within 48 hours after the initial report required as stated in requirement #1 above, I must report **in person** the driver's license office of the Department of Highway Safety and Motor Vehicles (DHSMV) to obtain 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 while under supervision of DOC, DCFS or DJJ and there have been no changes to my address, name or designation (Florida Statute 322.212).
3. I must report **in person** either twice a year (during the month of my birth and during the sixth month following my birth month) **or four times per 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.

NOTE: Unless otherwise notified by the Florida Department of Law Enforcement (FDLE), Sexual Offenders that were not adjudicated delinquent are required to reregister twice a year. All Sexual Predators are required to reregister four times a year and all Sexual Offenders adjudicated delinquent are required to reregister four times a year.

[X] **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

EFTA01625802

Registration No: 273223 **Person Number: 73274**

4. Within 48 hours, after any change of address in permanent or temporary residence, change of name due to marriage or other legal process, or when my driver's license is subject to renewal, I must report that information **in person** to the driver's license office of the Department of Highway Safety and Motor Vehicles to obtain and maintain a valid Florida driver's license or identification card.
5. 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. I must also obtain and maintain a valid Florida driver's license or identification card.
6. If I intend to establish residence in another state or jurisdiction other than the State of Florida, I must report **in person** to the local Sheriff's Office to notify of my intention to do so within 48 hours prior to leaving.
7. If I later decide to remain in this state (see #6 above), I must report **in person** back to the local Sheriff's Office to notify of my intention to remain in Florida. This report must occur within 48 hours after the date I indicated that I would leave. **Failure to comply with this requirement is a felony of the second degree.**
8. If I move from a permanent residence and do not have another permanent or temporary residence, I must report this change **in person** to the Sheriff's Office within 48 hours. I must update all registration information and provide an address or location that I will occupy until I establish a residence.
9. If I later decide to remain at the permanent residence (see #8 above), I must report **in person** back to the Sheriff's Office to notify of my intention. This report must occur within 48 hours after the date that I indicated that I would leave the permanent residence. **Failure to comply with this requirement is a felony of the second degree.**
10. I MUST respond to any address verification correspondence from FDLE within three weeks of the date of the correspondence.
11. If I am employed, carry on a vocation, am a student, or become a resident of another state I must also register in that state.
12. If I am enrolled, employed, or carrying on a vocation at an institution of higher education in this state, I shall also provide the name, address, and county of each institution, including each campus attended, and my enrollment or employment status. I shall report each change in enrollment or employment status **in person** at the Sheriff's Office within 48 hours after any change in status.
13. I MUST report any electronic mail address or instant message name, prior to using such, during registration/ reregistration and provide all updates through the online system provided by the Florida Department of Law Enforcement.

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*), you are required by law to abide by those requirements listed on this form. By signing below, you acknowledge that you have read or have been read all the requirements on this form, AND that you understand these requirements.

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



Under penalty of perjury I declare the above is true and correct.

Registrant: Signature Required **Witnessed by Reporting Officer:** [redacted]

Printed Name: JEFFREY E EPSTEIN **Date:** 01/05/2010 **Printed Name:** veronica english **Date:** 01/05/2010

*** OFFICIAL DOCUMENT DO NOT DESTROY ***

******* NOTE: Your next ReRegistration month is July of 2010. *******

2010-01-05 10:03:44 AM

EFTA01625803

State of Florida
Department of Corrections

Initial 60-Day Review

ffender: Jeffrey Epstein
umber: W35755

Gain Date: 7-22-09
Overall Term Date: 7-21-10

	File/Data Base Review	Completed	Exception	Due
.	**File Organization**	☐		
	PP02 Movement and Status Review	☒		
	Movements and supervision type	☐		
	Status (e.g., Active, Active-Suspense, S13, etc.)			
3.	**OT22/OT21-Sentence Structure Review-Compare sentence structure with order**			
	Intake date matches G01 date	☒		
	Imposed date	☐		
	Offense code and offense date 8-1-04- 10/9/05	☐		
	Sentence type/length/sched. & overall term	☐		
	Special provision codes (e.g., JL, HO, HV, TS, etc.)	☐		
	Chaining (e.g., IN/CC/CS/CT)	☐		
	Effective date	☐		
	PP76 Entry SS SSA sentence structure review	☐		
4.	**OT23-Personal Characteristics/Photo**			
	True name, alias, maiden	☒		
	Date of Birth/Race/Sex	☒		
	FDLE (State ID)/SS#/DL or ID#	☒		
	DNA drawn date displayed	☒		
	Review photo date or "RP"	☒		
	Compare photo with identifying information	☐		
5.	**COPS**			
	COPS input form in file	☒	open dry tat - Completed	10/7/09
	COPS acct. review compared to order	☒		
	Review for OP03 7/Officer Audit Entry	☐		
	Review OP04 for each account	☐		
	PP76 Entry P3 OP03 COPS Audit	☐		
6.	**Review Individualized Supervision Plan/Signed**	☐		
	Review order of supervision/Signed	☒		
	Review OFOA/Signed	☒	means ofoa need to be reflected on PP76 - Completed	10/7/09
	PP76 "INT" entry to document instruct	☐		10/7/09
	PP76 entry SA SOA Supervision Order Audit	☐		
	'riminal History/Offense Circum/Victim	☒		
	l Investigation or FCIC/NCIC arrest record, nse circumstances, & victim impact mation (if victim) 7/22/09	☐		
	are FCIC II/NCIC w/OT41 entries	☐		
	'view/OT74 entries if needed	☒		
	'view Risk Level	☐		

EFTA01625804

Offender: _____ DC Number: _____

10.	**Contact Standards & Case Notes**			
	Review contact requirements met	☒		
	Review content of case notes-quality check	☐		
	Review case notes-appropriate use of codes	☐		
	"A3/ALL" audit code or SS, SA, P3 entered	☐		
11.	**OT71 Residence Verification**			
	OT71 entry complete with correct type, full address, telephone, curfew hours (if app.), etc.	☒		
	Residence verified	☐		
12.	**OT36 Employment/School Verification and Notification**			
	OT36 employment information is complete	☒		
	OT36 completed for each employment, unemployment, school, disabled, retired	☐		
	Employer notified and employment verified	☒	Documentation in file Cert of Incorporation	
	Case notes describe offender's employment	☐		
	If Unemployed-referrals/job search forms/"JOB" entry and notes on PP76	☐	N/A	
	If Self Employed-review occupational license and case note describing details	☒		
	If Disabled-review documents	☐		
	If Retired-review documentation	☐		
13.	**OT17 Special Conditions Entered**			
	Compare OT17 with order for entry of all	☒	Verify if there are any additional has not been determined. Ref Victim Contact	10/17/09
	Treatment referrals within 30 days-review DC5-404 and PP70 entries	☐	N/A	
	Education referrals (if app.)-review OT36	☐	N/A	
	Public Service-review OT18 and forms	☐		
	Drug Testing (initial during 2nd or 3rd month)	☒	9/15/09	
	"No Contact" Victim Notification-review form letter to victim and case notes	☐	N/A	
	Apology letter to victim, if ordered	☐	N/A	
	Entry of 99 code or text added for conditions with exceptions or more specifications	☒		
	Other-	☐		
	Other-	☐		
14.	**Career Offender Registration Notices signed** (DC3-2001A and DC3-2001B)	☐		
15.	**Instruction to Offender signed** (DC3-246)	☒		
16.	**Privacy Practices signed** (DC3-2006)	☒	Need all three forms ↑ Completed	10/17/09

[redacted] 9-18-09 [redacted] 9/18/09

Officer Date Supervisor/Reviewer Date

Review Assigned Date: _____ Re-Review Completion Date: 10/16/09 [redacted]

EFTA01625805

E. Sloane

MERMELSTEIN & HOROWITZ PA

ATTORNEYS AT LAW

Adam D. Horowitz
Tel 305.931.2200
Fax 305.931.0877
ahorowitz@sexabuseattorney.com

18205 Biscayne Blvd.
Suite 2218
Miami, Florida 33160
www.sexabuseattorney.com

September 29, 2009

Via U.S. Mail
Hon. Jeffrey Colbath
Palm Beach County Circuit Court
Criminal Division W
205 North Dixie Highway, Room 11.2213
West Palm Beach, FL 33401

Re: State of Florida v. Jeffrey Epstein

Dear Judge Colbath:

I am writing to you regarding Jeffrey Epstein as I understand you may be the presiding judge in his criminal case.

My client, , is one of Jeffrey Epstein's alleged victims. She has asked me to report to you that Jeffrey Epstein violated the terms of his probation, including his No-Contact Order, during an incident on September 16, 2009 in which Mr. Epstein came within approximately ten (10) feet of her, stared her down, and intimidated her to tears. This occurred at a time and place where Jeffrey Epstein knew he might come into contact with An affidavit setting forth the facts is attached hereto. My client can testify to these events as well.

If you require additional information from my client, please do not hesitate to ask.

Respectfully submitted,

Adam Horowitz

EFTA01625806

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

CASE NO.: 08-CV-80119-MARRA/JOHNSON

JANE DOE NO. 2,

Plaintiff,

vs.

JEFFREY EPSTEIN,

Defendant.
_____/

Related Cases:
08-80232, 08-80380, 08-80381, 08-80994,
08-80993, 08-80811, 08-80893, 09-80469,
09-80591, 09-80656, 09-80802, 09-81092,
_____/

DECLARATION OF ADAM D. HOROWITZ

1. My name is Adam D. Horowitz. I am an attorney for Jane Doe No. 4.

2. The deposition of Jane Doe No. 4 was scheduled for September 16, 2009 at 1:00 p.m. at 350 Australian Ave. South, Suite 115, West Palm Beach, Florida. On the day before the deposition, the undersigned and counsel for Jeffrey Epstein entered into a written stipulation in which it was agreed that "Jeffrey Epstein will not attend tomorrow's deposition of Jane Doe No. 4 (in the absence of a court order permitting him to attend)." It was further agreed that Jeffrey Epstein may listen in to the deposition by telephone or view a videofeed of the deposition, but under no circumstances would he "be seen by our client."

3. While Jane Doe No. 4 and I were in the lobby of 350 Australian Ave South at approximately 1:00 p.m. for her deposition on September 16, 2009, we crossed paths with Jeffrey Epstein and someone who appeared to be his bodyguard. Jeffrey Epstein stopped



walking and began to stare at and intimidate Jane Doe No. 4. Jane Doe No. 4 was terrified, began crying and ran outside the building. Jeffrey Epstein smirked at her and walked away.

4. As a result of this incident, Jane Doe began crying uncontrollably and was unable to proceed with her deposition.

Under penalties of perjury I declare that I have read the foregoing Declaration and the facts stated in it are true.

Dated: September 17, 2009

Adam D. Horowitz

EFTA01625808

Halloween Rules

1. YOU WILL NOT GIVE OUT CANDY

2. NO LAWN DISPLAYS

3. NO HOUSE DECORATIONS

4. YOUR PORCH LIGHT IS TO BE TURNED OFF

5. DO NOT ATTEND ANY PARTIES OR FUNCTIONS WHERE MINORS ARE PRESENT

6. ALL OTHER CONDITIONS OF SUPERVISION STILL APPLY

Offender Signature: _____ Officer Signatu [redacted] Date: 10-6-09

Sloane, Carmen

From: Barbara Burns [redacted]
Sent: Thursday, September 24, 2009 6:22 PM
To: Sloane, Carmen
Subject: RE: Jeffrey Epstein

Thank you for all of this info that you have forwarded re: Mr. Epstein. As to your concern about clarification on the Public Service issue. An order should have already been submitted correcting that error. It was never a part of the plea and should not have been made a part of the Order of Probation/House Arrest. I am meeting with my superiors on the other issue of the no victim contact and will get back with you. Thanks again.

From: Sloane, Carmen [redacted]
Sent: Wednesday, September 23, 2009 5:19 PM
To: Barbara Burns
Cc: Baker, Rosalyn; Gaines, Willie
Subject: Jeffrey Epstein

<<P154Scanner20090923170423.pdf>>

Mrs. Burns,

FYI - This is Mr. Epstein response to Attorney Horowitz declaration.

Carmen Sloane

Sloane, Carmen

From: Sloane, Carmen
Sent: Wednesday, September 23, 2009 5:19 PM
To: [redacted]
Cc: Baker, Rosalyn; Gaines, Willie
Subject: Jeffrey Epstein

Attachments: P154Scanner20090923170423.pdf



P154Scanner20090923170423.pdf ...

Mrs. Burns,

FYI - This is Mr. Epstein response to Attorney Horowitz declaration.

Carmen Sloane

EFTA01625811

Sloane, Carmen

From: Sloane, Carmen
Sent: Wednesday, September 23, 2009 10:02 AM
To: [redacted]
Cc: Baker, Rosalyn
Subject: Jeffrey Espstein #W35755

Attachments: P154Scanner20090923091308.pdf; P154Scanner20090923091347.pdf


P154Scanner20090923091308.pdf ...


P154Scanner20090923091347.pdf ...

Mrs. Burns,

On 9-18-09, I received an email via our Circuit Administrator Mrs. Baker from Mr. Adam Horowitz. In regards to a document which was stated as a "Declaration of Adam Horowitz" (see scan document), which states the subject had contact with one of the victims (Jane Doe No 4) in the lobby of 250 Australian Ave, where one of the civil disposition was being held. In addition on 9-21-09, Mr. Horowitz forwarded the transcripts of the subject's criminal trail, which states on page 3 that he is not to have any contact direct or indirect with the victims. On the court event form dated 6-30-08 it does not state if he can or can not have contact with the victims. After reviewing the clerks file, I was unable to locate in the file a "no contact order" if one exist. Can you please clarify this matter? I would also like clarification of condition #25 of the Orders of Community Control, which states "Mandatory Public Service". According to the court event form there where no community service hours ordered. If these two matters have to be taken back to court for clarification, please advise me of the court date. If you have any questions, please call me at [redacted]

Sincerely,

Carmen Sloane, 154
Correctional Probation Senior Officer

EFTA01625812

CCS

Report Selection Criteria

Case ID: 502008CF009381AXXXMB
Docket Start Date:
Docket Ending Date:

Case Description

Case ID: 502008CF009381AXXXMB
Case Caption: EPSTEIN, JEFFREY E
Division: W - COLBATH
Filing Date: Thursday , June 26th, 2008
Court: CF - FELONY
Location: MB - MAIN BRANCH
Jury: N-Non Jury
Type: CF - FELONY
Status: CLSD - CLOSED CASE

Related Cases

No related cases were found.

Case Event Schedule

No case events were found.

Case Parties

Seq #	Assoc	Expn Date	Type	ID	Name		
2			JUDGE	W	**COLBATH, JUDGE JEFFREY**	**Aliases:**	*none*
3			DEFENDANT	Z4167391	**EPSTEIN, JEFFREY E**	**Aliases:**	*none*
4	3	30-JUN-2008	ATTORNEY	0262013	**GOLDBERGER , ESQ, JACK A**	**Aliases:**	*none*

Docket Entries

Docket Number	Docket Type	Book and Page No.	Attached To:
	0000C - CASE INITIATED TIMELINESS RPT		
Filing Date:	26-JUN-2008		
Filing Party:			
Disposition Amount:			
Docket Text:	*none.*		
1	INFO - INFORMATION SHEET		
Filing Date:	26-JUN-2008		
Filing Party:	EPSTEIN, JEFFREY E		
Disposition Amount:			
Docket Text:	ARISES FROM 2006CF009454AXX		
1 A	AREC - ARREST RECORD		
Filing Date:	26-JUN-2008		
Filing Party:	EPSTEIN, JEFFREY E		
Disposition Amount:			
Docket Text:	*none.*		
1 B	TEXT - SEE DOCUMENT DESCRIPTION		
Filing Date:	26-JUN-2008		
Filing Party:	EPSTEIN, JEFFREY E		
Disposition Amount:			
Docket Text:	ROUGH ARREST - NO PROBABLE CAUSE FILED		
1 C	WOAR - WAIVER OF ARRAIGNMENT		
Filing Date:	26-JUN-2008		
Filing Party:	EPSTEIN, JEFFREY E		
Disposition Amount:			
Docket Text:	FILED BY JACK GOLDBERG		
	EVSCH - HEARING EVENT SCHEDULED		
Filing Date:	27-JUN-2008		
Filing Party:			
Disposition Amount:			

Docket Text:	*none.*
2	JDN - JUDICIAL NOTES
Filing Date:	27-JUN-2008
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	SET CASE FOR 6/30/08 @ 8:30 AM FOR STATUS CHECK
	EVHLD - EVENT HELD
Filing Date:	30-JUN-2008
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	CR-DAMES. PLEAD & ADJ GUILTY AS CHARGED. STIP/FOUND: SEXUAL OFFENDER. PBCJ 6 MOS W/CD FOR 1 DAY, TO RUN CONSECUTIVE W/06-9454AXX. PBCJ SENTENCE FOLLOWED BY 12 MOS PROB. DEFT MUST REGISTER AS A SEXUAL OFFENDER W/IN 48 HRS OF RELEASE. DNA SWAB. MER
2 A	GUIL - JUDGMENT OF GUILTY
Filing Date:	30-JUN-2008
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	*none.*
2 B	FNGR - FINGERPRINTS
Filing Date:	30-JUN-2008
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	*none.*
2 C	SORD - SENTENCE ORDER
Filing Date:	30-JUN-2008
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	*none.*
2 D	SORC - SENTENCE ORDER - CONTINUED
Filing Date:	30-JUN-2008
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	

Docket Text:	*none.*
2 E	RITE - WAIVER OF RIGHTS
Filing Date:	30-JUN-2008
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	*none.*
2 F	PLS - PLEA SHEET
Filing Date:	30-JUN-2008
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	*none.*
2 G	GLSS - GUIDELINE SCORESHEET
Filing Date:	30-JUN-2008
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	*none.*
2 H	OAFC - ORDER ASSESSING FEES/COST
Filing Date:	30-JUN-2008
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	(JUDGE PUCILLO FOR MCSORLEY) IN THE AMOUNT OF $473.00 AS CONDS OF PROB. MER
3	AREC - ARREST RECORD
Filing Date:	01-JUL-2008
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	RECOMMIT
	RCMIT - RECOMMITMENT
Filing Date:	01-JUL-2008
Filing Party:	
Disposition Amount:	
Docket Text:	*none.*
	CLSD - CLOSED CASE

Filing Date:	08-JUL-2008
Filing Party:	
Disposition Amount:	
Docket Text:	*none.*

	RCPT - RECEIPT FOR PAYMENT

Filing Date:	14-JUL-2008
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	A Payment of -$473.00 was made on receipt CFMB30200. From Bond ID: 00073142

4	ORD - ORDER

Filing Date:	21-JUL-2008
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	(JUDGE MCSORLEY) OF PROBATION..NUNC PRO TUNC 6/30/08

5	PROC - CRT REPORTER TRANSCRIPT OF

Filing Date:	22-JUL-2008
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	PLEA CONFERENCE, TAKEN 6/30/08

6	MOT - MOTION

Filing Date:	04-DEC-2008
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	TO CLARIFY SENTENCE TO CORRECT SCRIVENER'S ERROR FILED BY JACK GOLDBERGER

7	AGOR - AGREED ORDER

Filing Date:	04-MAY-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	(JUDGE COLBATH) THAT THE ORDER OF COMMUNITY CONTROL IS CORRECTED TO DELETE SPECIAL CONDITION #26 AND #27.

8	MOT - MOTION

Filing Date:	12-MAY-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	(NONPARTY E.W'S) TO VACATE ORDER SEALING RECORDS AND UNSEAL RECORDS.

9	ORSH - ORDER SETTING HEARING

Filing Date:	15-MAY-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	SET FOR 5/29/09 RE:MOTION TO VACATE ORDER TO SEAL AND UNSEAL RECORD

	EVSCH - HEARING EVENT SCHEDULED

Filing Date:	19-MAY-2009
Filing Party:	
Disposition Amount:	
Docket Text:	*none.*

10	NOH - NOTICE OF HEARING

Filing Date:	26-MAY-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	SET FOR 5/29/09 10:30

12	PONG - PLEA OF NOT GUILTY

Filing Date:	29-MAY-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	*none.*

	EVSCH - HEARING EVENT SCHEDULED

Filing Date:	01-JUN-2009
Filing Party:	
Disposition Amount:	
Docket Text:	NON PARTY E.W.'S MOTION TO VACATE ORDER SEALING RECORDS AND UNSEAL RECORDS

	EVCAN - EVENT

	CANCELLED/SETTLED		

Filing Date:	01-JUN-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	*none.*

11	RNOH - RE-NOTICE OF HEARING	

Filing Date:	01-JUN-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	SETTING CASE FOR OTHER HEARING ON 6/10/2009 AT 10:30 AM FILED BY BRADLEY EDWARDS, ESQ. RE: NON PARTY E.W.'S MOTION TO VACATE ORDER SEALING RECORDS AND UNSEAL RECORDS, HEARING SEET FOR 5/29/2009 IS CANCELLED

13	MOT - MOTION	

Filing Date:	03-JUN-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	TO VACATE ORDER SEALING RECORD AND UNSEAL RECORDS FILED BY BRADLEY EDWARDS, ESQ.

14	MOT - MOTION	

Filing Date:	03-JUN-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	PALM BEACH POST'S MOTION TO INTERVENE AND PETITION FOR ACCESS FILED BY DEANNA SHULLMAN, ESQ.

	EVRST - EVENT RESET	

Filing Date:	10-JUN-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	CR-BELTRAN. MOTION TO INTERVENE-GRANTED. NO ACTION ON MOTION TO UNSEAL. RESET FOR MOTION HRG ON 6/25/09. BLE

15	ORD - ORDER	

Filing Date:	10-JUN-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	

Docket Text:	(COLBATH)
16	CEF - COURT EVENT FORM
Filing Date:	10-JUN-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	*none.*
17	ORD - ORDER
Filing Date:	10-JUN-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	(COLBATH)
	EVSCH - HEARING EVENT SCHEDULED
Filing Date:	11-JUN-2009
Filing Party:	
Disposition Amount:	
Docket Text:	*none.*
19	MOT - MOTION
Filing Date:	11-JUN-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	TO MAKE COURT RECORDS CONFIDENTIAL. FILED BY J. GOLDBERGER, ESQ
18	MOT - MOTION
Filing Date:	15-JUN-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	TO INTERVENE AND SUPPORTING MEMORANDUM OF LAW. FILED BY S. KUBIN, ESQ
	EVHLD - EVENT HELD
Filing Date:	25-JUN-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	CR-WIGGINS (COLBATH) DEFT PRES W/J.GOLDBERGER, GRANTED, CASE RESET FOR MOTION TO STAY DISCLOSURE

	EVSCH - HEARING EVENT SCHEDULED
Filing Date:	25-JUN-2009
Filing Party:	
Disposition Amount:	
Docket Text:	TO STAY DISCLOSURE
	EVSCH - HEARING EVENT SCHEDULED
Filing Date:	25-JUN-2009
Filing Party:	
Disposition Amount:	
Docket Text:	TO STAY DISCLOSURE
20	CEF - COURT EVENT FORM
Filing Date:	25-JUN-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	*none.*
21	MOT - MOTION
Filing Date:	25-JUN-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	TO STAY DISCLOSURE OPF THE NON- PROSECUTION AGREEMENT AND ADDENDUM PENDING REVIEW. FILE BY R. CRITON, PA
	EVHLD - EVENT HELD
Filing Date:	26-JUN-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	CR-WIGGINS. MOTION TO STAY, DENIED. WRITTEN ORDER TO FOLLOW. DOCUMENTS IN QUESTION ARE DELAYED UNTIL NOON ON THURSDAY 02-JUL-2009. MOTION TO COMPEL THE DEFT TO POST BOND - DENIED.
25	MOT - MOTION
Filing Date:	26-JUN-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	

Docket Text:	FOR ATTY'S FEES AND COSTS. FILED BY D. SHULLMAN, PA
31	CEF - COURT EVENT FORM
Filing Date:	26-JUN-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	*none.*
32	ORD - ORDER
Filing Date:	26-JUN-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	(JUDGE COLBATH) THAT THE MOTIONS TO SEAL THE COURT RECORDS ARE DENIED. THE MOTIONS TO INTERVENE ARE GRANTED. THE MOTION TO UNSEAL THE DOCUMENTS IS GRANTED.
23	RESP - RESPONSE TO:
Filing Date:	29-JUN-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	MOTION TO STAY AND SUPPORTING MEMORANDUM OF LAW. FILED BY S. KUVIN, ESQ
24	ODMO - ORDER DENYING MOTION
Filing Date:	29-JUN-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	(COLBATH) TO STAY DISCLOSURE AGREEMENT
26	PROC - CRT REPORTER TRANSCRIPT OF
Filing Date:	01-JUL-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	PROCEEDINGS BEFORE THE COURT,
27	PROC - CRT REPORTER TRANSCRIPT OF
Filing Date:	01-JUL-2009
Filing Party:	EPSTEIN, JEFFREY E

Disposition Amount:	
Docket Text:	PROCEEDINGS BEFORE THE COURT

22	ORD - ORDER
Filing Date:	02-JUL-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	THAT THE MOTION TO FILE UNDER SEAL IS GRANTED. ORDERED FURTHER THAT THIS COURT GRANTS THE MOTION TO USE ONE APPENDIX TO SUPPORT THE EMERGENCY PETITION FOR WRIT OF CERTIORARI AND EMERGENCEY MOTION TO REVIEW DENIAL OF STAY. ORDERED FURTHER THAT THIS COURT GRANTS PETITIONERS EMERGENCEY MOTION TO REVIEW THE ORDER JUNE 26, 2009, THAT DENIES THE MOTION FOR STAY. THE JUNE 25, 2009 ORDER GRANTING THE MOTION TO UNSEAL IS STAYED PENDING FURTHER ORDER OF THE COURT. ORDERED FURTHER THAT WITHIN TEN (10) DAYS OF THIS ORDER RESPONDENT SHALL SHOW CAUSE WHY THE PETITION SHOULD NOT BE GRANTED. RESPONDENT SHALL ADDRESS THIS COURTS JURISDICTION TO REVIEW THE ORDER AS WELL AS THE MERITS OF THE PETITION. ORDERED FURTHER THAT PETITIONER MAY HAVE TEN (10) DAYS THEREAFTER TO REPLY.

28	MOT - MOTION
Filing Date:	06-JUL-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	NONPARTY E.W.'S MOTION FOR ATTORNEYS FEES AND COSTS FILED BY W. BERGER

29	RESP - RESPONSE TO:
Filing Date:	06-JUL-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	(NTERVENER'S) MOTION TO STAY AND SUPPORTING MEMORANDUM OF LAW. FILED BY S. KUVIN, ESQ

30	EXLT - EXHIBIT LIST
Filing Date:	08-JUL-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	*none.*

EFTA01625823

33	PET - PETITION
Filing Date:	21-JUL-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	*none.*
34	PET - PETITION
Filing Date:	21-JUL-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	*none.*
	EVSCH - HEARING EVENT SCHEDULED
Filing Date:	03-SEP-2009
Filing Party:	
Disposition Amount:	
Docket Text:	RE: OPINION
35	CLN - CLERK'S NOTE
Filing Date:	03-SEP-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	ADDING CASE TO CALENDAR ON 090409 AT 1100AM.
	EVHLD - EVENT HELD
Filing Date:	04-SEP-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	CR-TAPED. ATTY W. BERGER BY SPEAKER PHONE. ATTY FOR B. BURNS. PAST ATTY BY SPEAKER PHONE/WRITTEN ORDER TO FOLLOW.
36	CEF - COURT EVENT FORM
Filing Date:	04-SEP-2009
Filing Party:	EPSTEIN, JEFFREY E
Disposition Amount:	
Docket Text:	*none.*

EFTA01625824

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

CASE NO.: 08-CV-80119-MARRA/JOHNSON

JANE DOE NO. 2,

Plaintiff,

vs.

JEFFREY EPSTEIN,

Defendant.

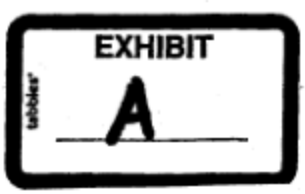
Related Cases:
08-80232, 08-80380, 08-80381, 08-80994,
08-80993, 08-80811, 08-80893, 09-80469,
09-80591, 09-80656, 09-80802, 09-81092,

DECLARATION OF ADAM D. HOROWITZ

1. My name is Adam D. Horowitz. I am an attorney for Jane Doe No. 4.

2. The deposition of Jane Doe No. 4 was scheduled for September 16, 2009 at 1:00 p.m. at 350 Australian Ave. South, Suite 115, West Palm Beach, Florida. On the day before the deposition, the undersigned and counsel for Jeffrey Epstein entered into a written stipulation in which it was agreed that "Jeffrey Epstein will not attend tomorrow's deposition of Jane Doe No. 4 (in the absence of a court order permitting him to attend)." It was further agreed that Jeffrey Epstein may listen in to the deposition by telephone or view a videofeed of the deposition, but under no circumstances would he "be seen by our client."

3. While Jane Doe No. 4 and I were in the lobby of 350 Australian Ave South at approximately 1:00 p.m. for her deposition on September 16, 2009, we crossed paths with Jeffrey Epstein and someone who appeared to be his bodyguard. Jeffrey Epstein stopped



walking and began to stare at and intimidate Jane Doe No. 4. Jane Doe No. 4 was terrified, began crying and ran outside the building. Jeffrey Epstein smirked at her and walked away.

4. As a result of this incident, Jane Doe began crying uncontrollably and was unable to proceed with her deposition.

Under penalties of perjury I declare that I have read the foregoing Declaration and the facts stated in it are true.

Dated: September 17, 2009

Adam D. Horowitz

EFTA01625826

09/15/2009
OTSO177

FLORIDA DEPARTMENT OF CORRECTIONS
INDIVIDUALIZED SUPERVISION PLAN
NEEDS IDENTIFIED FOR PERIOD BEGINNING 07/22/2009

TIME 08:40

DC NO: W35755 NAME: EPSTEIN, JEFFREY STATUS: ACTIVE TERM DATE: 07/21/2010
SUPV LVL: CC7 OFFICER: SLOANE, CARMEN LOC: LAKE WORTH

NEEDS IDENTIFIED	TYPE	AGENCY	OBJECTIVE/GOAL	REFERRAL DATE	GOAL DATE	END DATE	STATUS
(01)	EMP	GET BUSINESS BACK		09/15/2009	09/15/2009	09/15/2009	COMPLETED
(02)	HEA	GET BACK IN SHAPE		09/15/2009	09/15/2009	09/15/2009	COMPLETED

DATE	COMMENTS/PROGRESS UPDATES:	INIT.

[redacted] 9-15-09
OFFICER SIGNATURE/DATE

OFFENDER SIGNATURE/DATE 9/15/09

EFTA01625827

men

Sloane, Carmen
Friday, August 21, 2009 9:46 AM
[redacted]
ubject: Baker, Rosalyn; Gladstone, Bart; Gaines, Willie; Sloane, Carmen
Dept of Corrections Cell Phone #s

Re: Jeffrey Epstein #W35755

Here is the information you requested:

Probation Office - 561-434-3960
Carmen Sloane [redacted] - Officer Supervising the case.
Bart Gladstone - [redacted] - Supervisor until 8/31
Willie Gaines - [redacted] - New supervisor (effective 8/31)
Conrad Hill - [redacted] - Officer Supervising case from 8-24 - 9- 7

If you need any further information, please feel free to contact me at that the above numbers.

Sincerely,

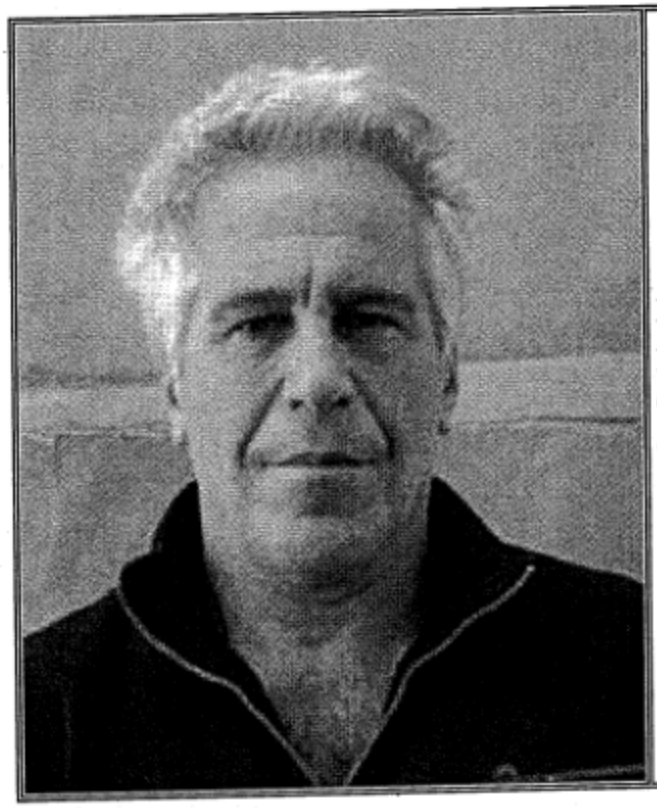
Officer Carmen Sloane
Correctional Probation Senior Officer

EFTA01625828

Corrections Offender Information Network

Florida Department of Corrections

Find an Offender Photo



DC Number: W35755 Search

Date of Photo: 8/3/09 11:29:06 AM

Offender Name: EPSTEIN, JEFFREY

Current Status: Supervised

Click here for additional information

EFTA01625829

United States Virgin Islands

Government of the U.S. Virgin Islands
Economic Development Commission

Initial: _____

JAN 1 8 2009

RECEIVED

RECEIVED
JAN 1 3 2009
Initial:

Application for Economic Development Benefits

Name of Applicant:
Financial Trust Company, Inc.

FOR OFFICIAL USE ONLY

Dates Received: _____

Accepted as Complete: _____

TYPE OF APPLICATION:

NEW ☐
EXTENSION ☒
SMALL MANUFACTURER ☐
MODIFICATION ☐
TRANSFER ☐

1. CONTACT INFORMATION

EIN # [redacted]

A.) **Name of Applicant:** Financial Trust Company, Inc.

B.) **Mailing Address:** 6100 Red Hook Quarter, B-3, St. Thomas, VI 00802

C.) **Plant/Facility Location:**

Island St. Thomas ; Estate & Parcel No: Red Hook Qtr. #2

D.) **Name of Local Attorney or Representative:** Hodge & Francois

Address: 1340 Taarneberg, St. Thomas, VI 00802

Phone No.: 340 774 6845 Fax No: 340 774 4578

E-Mail Address: [redacted]

2. BUSINESS INFORMATION

A.) **Brief description of the type of Business** (e.g. Assembly, Hotel, Utility) **to be undertaken by applicant in USVI.** Category IIA designated service business providing economic, scientific or management consulting services as defined in §703(g)(4), Title 29, Chapter 12, Virgin Islands Code.

1. CATEGORY I ____ II ____ IIA X III ____

2. Detailed description and narrative in support of application. *(Include a business plan)* *Check if attached,* **Appendix 1.** X

3. If applicant is a small business, attach small business certification. *Check if attached,* **Appendix 2.** (N/A)

B.) **Form of Business Organization:**

1: Individual ____ 2: Corporation X 3: Partnership: ____

4: Limited Liability Corporation: ____ 5: Limited Liability Partnership: ____

6: Limited Liability Limited Partnership: ____ 7: Other: ____

8: If Subsidiary of U.S. Corporation, Name of Parent Corporation and EIN: ____

1). Individual

a.) Country of citizenship: ____

b.) Date applicant became a permanent resident of the USVI: ____

c.) Applicant intends to remain a resident of USVI? Yes ____ No ____

2.) Corporation

a.) Stockholders or partners' full name *(including first, middle, last and alias/nickname)* Address, Date of Birth *(including month, day and year)* and Social Security or Country ID.

	Name	Social Security No. / Country ID No.	% Owned
1	Jeffrey E. Epstein		100
	Address: Little St. James Island, c/o 6100 Red Hook Quarter B-3, St. Thomas, VI 00802	Date of Birth: [redacted]	
2.	Name	Social Security No. / Country ID No.	% Owned
	Address	Date of Birth	
3.	Name	Social Security No. / Country ID No.	% Owned
	Address	Date of Birth	
4.	Name	Social Security No. / Country ID No.	% Owned
	Address	Date of Birth	
5.	Name	Social Security No. / Country ID No.	% Owned
	Address	Date of Birth	

b.) If stockholder is a firm or corporation, specify full names *(including first, middle, last and alias/nickname)* of directors, principals and officers of the trustees.
Check if attached, **Appendix 3.** (N/A)

c.) Date of incorporation: November 6, 1998

Place of incorporation: U.S. Virgin Islands

d.) Copy of Articles of Incorporation certified by the Lt. Governor's Office.
Check if attached, **Appendix 4.** (X)

e.) "Certificate of Good Standing" from the Lt. Governor's Office certifying that all required annual reports have been filed and franchise taxes paid.
Check if attached, **Appendix 5.** (X)

f.) In case of a foreign (non V.I.) corporation, attach evidence that the Corporation is authorized to do business in the USVI.
Check if attached, **Appendix 6.** (N/A)

3.) Partnership

a.) Full names *(including first, middle, last and alias/nickname)* residence, social security number, date of birth, occupation, citizenship. V.I. residents must give date when his or her residency commenced.

	Name	Date of Citizenship	Date of Residency	Occupation
1.	Address of Residence	Social Security No. / Country ID No.		Date of Birth
2.	Name	Date of Citizenship	Date of Residency	Occupation
	Address of Residence	Social Security No. / Country ID No.		Date of Birth
	Name	Date of Citizenship	Date of Residency	Occupation
	Address of Residence	Social Security No. / Country ID No.		Date of Birth

4.	Name	Date of Citizenship	Date of Residency	Occupation
	Address of Residence	Social Security No. / Country ID No.		Date of Birth

5.	Name	Date of Citizenship	Date of Residency	Occupation
	Address of Residence	Social Security No. / Country ID No.		Date of Birth

b.) Attached a copy of partnership agreement filed at the Lt. Governor's Office and the internal agreement between partners.

Check if attached, **Appendix 7.** (N/A)

c.) If a partner is a corporation, submit all of the information required of a corporation (Section "B") for each applicant including individual stock certificates of each beneficial owner and a copy of the stock registry.

Check if attached, **Appendix 8.** (N/A)

d.) If a partner, is a LLC, submit all of the information required of a Limited Liability Corporation.

Check if attached, **Appendix 9.** (N/A)

e.) If a partner, is a LLP, submit all of the information required of a Limited Liability Partner.

Check if attached, **Appendix 10.** (N/A)

f.) If a partner, is a LLLP, submit all of the information required of a Limited Liability Limited Partner.

Check if attached, **Appendix 11.** (N/A)

4. Limited Liability Entries

a.) Full names *(including first, middle, last and alias/nickname)* residence, social security number, date of birth, occupation, citizenship. V.I. residents must give date when his or her residency commenced.

1.	Name	Date of Citizenship	Date of Residency	Occupation
	Address of Residence	Social Security No. / Country ID No.		Date of Birth

2.	Name	Date of Citizenship	Date of Residency	Occupation
	Address of Residence	Social Security No. / Country ID No.		Date of Birth

3.	Name	Date of Citizenship	Date of Residency	Occupation
	Address of Residence	Social Security No. / Country ID No.		Date of Birth

4.	Name	Date of Citizenship	Date of Residency	Occupation
	Address of Residence	Social Security No. / Country ID No.		Date of Birth

	Name	Date of Citizenship	Date of Residency	Occupation
	Address of Residence	Social Security No. / Country ID No.		Date of Birth

b.) Agreement of LLLP

b.) Agreement of LLLP

General Partner: _____ *Check if attached,* **Appendix 12.** (N/A)

c.) Statement of Qualification *Check if attached,* **Appendix 13.** (N/A)

d.) Certificate of Limited Partnership *Check if attached,* **Appendix 14.** (N/A)

e.) Article of organization *Check if attached,* **Appendix 15.** (N/A)

f.) Certificate of Existence

General Partner: _____ *Check if attached,* **Appendix 16.** (N/A)

g.) IRB Clearance Letter

General Partner: _____ *Check if attached,* **Appendix 17.** (N/A)

h.) Agreement between General & Limited Partners *Check if attached,* **Appendix 18.** (N/A)

3. Employment

A.) Employment and payroll information

1.) Summary

Position	Classification	Present		After the first 12 months of Operation	
		No.	Annual Wages	No.	Annual Wages
Hourly Workers	Resident		$		$
	Other		$		$
Clerical	Resident	2	$ 59,000	2	$ 59,000
	Other		$		$
Professional Technical	Resident	5	$ 212,000	4	$189,500
	Other		$		$
Supervisor Managerial	Resident	2	$ 208,000	2	$ 208,000
	Other	1	$ 190,000	1	$ 190,000
Other	Resident	1	$ 50,000	1	$50,000
	Other		$		$
Total	Resident	10	$ 529,000	9	$506,500
	Other	1	$ 190,000	1	$190,000

Please attach a list of job titles and salaries *Check if attached,* **Appendix 19.** (X)

2.) How many employees will be V.I. residents at inception? *Check if attached,* **Appendix 20.** (N/A)

3.) How many will be Virgin Islands residence at the time of hire? *Check if attached,* **Appendix 21.** (N/A)

4.) If applicant is or will be employing non-residents, attached copy of Comprehensive training plan approved by the Commissioner of Labor.
Check if attached. **Appendix 22.** (N/A)

5.) In the case of seasonal employment, how many full time employees will the Applicant have on a continual basis?
Check if attached. **Appendix 23.** (N/A)

6.) Attach copies of most recent payrolls to include name, title, ss#, job, and salary.
Check if attached. **Appendix 24.** (x)

7.) Have you had any unresolved labor problems during the past two (2) years?
Yes _____ No ___x___ *If "yes", attach a statement as to the nature of the problem.*
Check if attached. **Appendix 25.** (N/A)

8.) Attach copy of Management Training Plan
Check if attached. **Appendix 26.** (x)

9.) Employee benefit plan
Check if attached. **Appendix 27.** (x)

4. Investment & Procurement

A.) Proposed Initial Capital Investment

New Applicant $ _____
Extension/Renewal $ 100,000 (See Appendix 30)
Small Business $ _____
Date of Commencement of Investment 2009
Date of Completion of Investment 2012

B.) Principle Raw Materials and Components to be Unutilized in Process:

Description	Source*	Annual Dollar Volume	Value as % of Finish Product

*Indicate whether V.I., U.S., or name of foreign country.

C.) In the event the applicant is engaged in manufacturing requiring duty free entry to the U.S., attach U.S. customs ruling for favorable treatment under headnote 3(a) (19 USC 1202).
Check if attached. **Appendix 28.** (N/A)

D.) Principle Marketing Outlets. Indicate Percent to:

V.I. 0 % U.S. 80 %; Foreign 20
(name of country (s))
Check if attached. **Appendix 29.** (x)

E.) Machinery and Equipment

Description	Date of Acquisition	Purchase price	*Lease Cost

*Please submit copy of lease and documentation attesting to the Fair Market Value of equipment to be leased.

Check if attached, **Appendix 30.** (x)

F.) Land and Buildings

Location: American Yacht Harbor, Suites B3-3 & B3-5	**Initial**	**Planned Expansion**
Land Area	**acres/ sq. ft.**	**acres/ sq. ft.**
Land Value (If Owned)	**$**	**$**
Date purchased or rented	**$**	
Number of Buildings:	**sq. ft.**	**sq. ft.**
Area	2,800 sq. ft.	
Value (if owned)	**$**	**$**
Annual Rent (Submit Lease)	**$** 97,000	**$**
Date Purchased or Rented	April 1, 1999	

B. If land and/or building are leased, attach copy of lease (s)
Check if attached, **Appendix 31.** (x)

C. Description of facilities needed for business, (i.e # of square footage, etc)
Check if attached, **Appendix 32.** (N/A)

G.) Indicate whether the applicant will utilize any facilities or locations in common with another person or company. Yes _____ No ___x___ *If* "yes", list such facilities and locations their value (if owned) and percentage used by each occupant.

User 1 _____ **User 2** _____
Name **Name**

5. Financial

A.) **FINANCIAL INFORMATION: Please submit the following if applicable:**

1.) Applicant must obtain a Bank reference(s) letter, provide a list of all bank accounts and the names of all authorize signatures on the accounts.

Check if attached, **Appendix 33.** (x)

2.) Copies of Profit and Loss statements and balance sheets for the past Three (3) years.

Check if attached, **Appendix 34.** (x)

3.) Projected income and expense statements for five (5) years.
(Use attached example format or equivalent.)

Check if attached, **Appendix 35.** (x)

4.) Beginning balance sheet.

Check if attached, **Appendix 36.** (x)

5.) Copies of annual report of the parent company.

Check if attached, **Appendix 37.** (N/A)

6.) A letter from V.I. Bureau of Internal Revenue indicating status of the tax obligations.
(Required of all Applicants.)

Check if attached, **Appendix 38.** (x)

7.) Statement as to the manner in which the investment has been or will be financed together with names an address of persons or companies providing the financing, and verification of financing.

Check if attached, **Appendix 39.** (x)

8.) Copies of federal or V.I. income tax returns for the past three (3) years of company and or beneficial owners.

Check if attached, **Appendix 40.** (x)

6. Additional Information

A.) **Applicant must obtain a letter from the V.I. Department of Planning and Natural Resources stating compliance with ecological, environmental and planning laws and regulations.**

Check if attached, **Appendix 41.** (N/A)

B.) **If the property or facility adjoins beach or shoreline attach copy of easement or lease recorded with recorder of deeds with public easement provisions.**

Check if attached, **Appendix 42.** (N/A)

C.) **If applicant is approved, does applicant intend to conduct any business not eligible for benefits?** Yes _____ No __X__ *If* "yes", attach explanation and the nature of such business.

Check if attached, **Appendix 43.** (N/A)

EFTA01625837

7. Background Information

A.) **Indicate whether applicant, or any of its stockholders or partners have, or have had, any proprietary interest in any other enterprise which is or has been a beneficiary under the V.I. Economic Development Program.**

Yes ___X___ No _____ *If "yes" explain below.*

Name	Name of Business	Type of Business
Jeffrey E. Epstein	IGY-AYH St. Thomas Holdings, LLC	Category II Marina

B.) **Has any entity in which you, or your spouse, is/was a director, officer, partner or an owner of a 5% or greater interest ever had any license, permit or certificate issued by a governmental agency in any jurisdiction denied, suspended, revoked, or subject to any conditions?**

Yes_____ No ___X___ *If "yes" please explain.*

Check if attached, **Appendix 44.** (N/A)

C.) **Have you ever been arrested or charged with any crime or offense in any jurisdiction?**

Yes ___X___ No _____ *If "yes" please explain.*

Check if attached, **Appendix 45.** (X)

D.) **Have you ever been the subject of an investigation conducted by any governmental agency/organization, court, commission, committee, grand jury or investigatory body (local, state, county, provincial, federal, national, etc.) other than in response to a traffic summons?**

Yes ___X___ No _____. *(If "yes" please provided the name and address of court or other agency, nature of proceeding or investigation date, whether testimony given and if so what date, and approximate time period of investigation.)*

Check if attached, **Appendix 46.** (X)

E.) **In the past ten (10) years, have you as an individual, member of a partnership, or owner, director, or officer of a corporation, ever been a party to a lawsuit, as a defendant.**

Yes ___X___ No _____. *(If "yes" please provide information regarding the date it was filed, name and address of the court, docket/case number, names of any other parties to suit, nature of suit, disposition and date of disposition.)*

Check if attached, **Appendix 47.** (X)

F.) **Have any of the beneficial owners ever been adjudicated bankrupt or filed a petition for any type of bankruptcy, insolvency or liquidation under any bankruptcy or insolvency law in any jurisdiction?** Yes _____ No ___X___ *If "yes" please explain.*

Check if attached, **Appendix 48.** (N/A)

8. Extensive, Modification and Transfer Applicants

A.) **Extension applicants. All extension applicants shall provide the following:**

1.) Certification from EDC stating the applicant is in compliance with the EDC Law and rules and regulations. See Statement 1

2.) Indicate the specific benefits which applicant is seeking: Ten year extension at 100% of benefits. See Statement 2.

3.) A certificate from the Commissioner of Labor stating the applicant is in compliance with all labor laws, codes and regulations.

Check if attached, **Appendix 49.** (x)

4.) A statement showing the percentage level, effective date and termination date of each type of benefit previously enjoyed by the applicant.

Check if attached, **Appendix 50.** (x)

5.) In the case of a hotel, a statement from the V.I. Bureau of Economic Research showing that the applicant is current in reporting the hotel occupancy on a monthly and annual basis and visitor origin data on annual basis, for a two year period ending no more than five months prior to the date of application.

Check if attached, **Appendix 51.** (N/A)

B.) **Transfer applicants: In addition to the information required in items 1-19 above, transfer applications (as defined in section 719 title 29 VIC) shall contain the date on which the applicant wishes the effective date of the transfer of benefits.**

Check if attached, **Appendix 52.** (N/A)

C.) **Exempt support businesses in addition to the information required in items 1-19 above all exempt support business applicants shall provide a statement from the commissioner of insurance that applicant, and copy of license to operate in the V.I. as an "exempt support business".**

Check if attached, **Appendix 53.** (N/A)

EFTA01625839

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF INCORPORATION OF "THE C.O.U.Q. FOUNDATION, INC.", FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF MARCH, A.D. 1998, AT 2 O'CLOCK P.M.

Edward J. Freel, Secretary of State

AUTHENTICATION: 8973332

DATE:

2871726 8100

.....

EFTA01625840

CERTIFICATE OF INCORPORATION

OF

THE C.O.U.Q. FOUNDATION, INC.
(A NON-PROFIT, NON-STOCK CORPORATION)

The undersigned incorporator, in order to form a corporation under the General Corporation Law of the State of Delaware, certifies as follows:

FIRST: The name of the corporation (hereinafter called the "Foundation") is The C.O.U.Q. Foundation, Inc.

SECOND: The address of the Foundation's registered office in the State of Delaware is Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, County of New Castle, Delaware 19801. The name of its registered agent at such address is The Corporation Trust Company.

THIRD: The Foundation shall have no capital stock. The Foundation is a nonprofit organization, organized and operated exclusively for one or more charitable, religious, literary, scientific and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), including for such purposes the making of distributions to organizations described in Section 501(c)(3) of the Code.

FOURTH: The name and mailing address of the incorporator is Darren K. Indyke, Esq., 457 Madison Avenue, Fourth Floor, New York, NY 10022.

FIFTH: The Foundation shall have perpetual existence.

SIXTH: The Foundation shall have no members.

SEVENTH: The names and mailing addresses of the members of the initial Board of Directors (the "Board") of the Foundation are as follows:

NAME	MAILING ADDRESS
Jeffrey E. Epstein	358 El Brillo Way Palm Beach, Florida 33480
Darren K. Indyke	457 Madison Avenue Fourth Floor New York, New York 10022
Ghislaine Maxwell	c/o George V. Delson Associates 110 East 59th Street New York, New York 10022

The direction and management of the affairs of the Foundation, and the control and disposition of its property and funds, shall be vested in the Board. The qualifications, election, tenure, powers and duties of the directors of the Foundation shall be as provided in the By-laws of the Foundation.

EIGHTH: In furtherance, and not in limitation, of the powers conferred by statute, the Board, by an affirmative vote of not less than a majority of the directors on the Board, is expressly authorized, from time to time, to make, adopt, alter or repeal the By-laws and regulations of the Foundation for the orderly operation of the Foundation.

NINTH: The Foundation is not formed for, and shall not be conducted or operated for, pecuniary profit or for financial gain. No part of the Foundation's assets, income or profit shall be distributed to, or inure to the benefit of, any private individual or individuals; provided, however, that nothing provided herein shall prevent the Foundation from paying reasonable compensation to any individual or individuals for services rendered to or for the Foundation in furtherance of one or more of its purposes.

No private individual or individuals shall be entitled to share in the distribution of the Foundation's property or assets in the event of liquidation, dissolution or winding up of the Foundation, whether voluntary or involuntary. In such event, all of the assets and property of the Foundation remaining after the proper payment of expenses and the satisfaction of all liabilities shall be distributed to further the not-for-profit purposes of the Foundation and/or to such charitable organizations as shall qualify under Section501(c)(3) of the Code.

No substantial part of the activities of the Foundation shall be devoted to carrying on propaganda or otherwise attempting to influence legislation; except that the Board may, in its discretion and to the extent permitted in Section501(h) of the Code, make the election described therein. The Foundation shall not directly or indirectly participate in, or intervene in (including the publishing or distributing of statements), any political campaign on behalf of, or in opposition to, any candidate for public office.

Notwithstanding any other provision of this Certificate of Incorporation, the Foundation shall not engage in or include among its purposes any activities not permitted to be carried on by a corporation exempt from Federal income tax under Section501(c)(3) of the Code.

TENTH: As long as the Foundation is a private foundation as defined in Section 509(a) of the Code, Section 127 of the General Corporation Law of the State of Delaware (or any successor provision thereto) shall be applicable thereto.

ELEVENTH: The Foundation shall indemnify, to the fullest extent permitted by applicable law, the directors, officers and employees of the Foundation. The Foundation may obtain appropriate liability insurance for the benefit of its directors covering acts or omissions by such directors.

Subject to the provisions of the Code, no director of the Foundation shall be personally liable to the Foundation for monetary damages for breach of fiduciary duty as a director, except for any matter in respect of which such director shall be liable under Section 174 of Title 8 of the General Corporation Law of the State of Delaware or any amendment thereto or successor provision thereto, or shall be liable by reason that, in addition to any and all requirements for such liability, such director (i) shall have breached the duty of loyalty of the Foundation, (ii) shall not have acted in good faith or, in failing to act, shall not have acted in good faith, (iii) shall have acted in a manner involving intentional misconduct or a knowing violation of law or, in failing to act, shall have acted in a manner involving intentional misconduct or a knowing violation of the law, or (iv) shall have derived an improper personal benefit. Neither the amendment nor repeal of this Article shall eliminate or reduce the effect of this Article in respect of any matter occurring, or any course of action, suit or claim that, but for this Article, would accrue or arise, prior to such amendment, repeal or adoption of an inconsistent provision.

TWELTH: In furtherance of the purposes for which it is being organized, the Foundation reserves the right to amend, alter, change or repeal any provision contained in this Certificate of Incorporation, in the manner now or hereafter prescribed by statute; provided, however, that no amendment, alteration, change, or repeal shall be allowed to authorize the Board to manage the property of the Foundation or to conduct the affairs of the Foundation in any manner or for any purpose contrary to the provisions of Section 501(c)(3) of the Code.

THIRTEENTH: Elections of the directors of the Foundation need not be by written ballot unless the By-laws of the Foundation shall so provide.

The books of the Foundation may be kept (subject to any applicable provision of law) outside the State of Delaware at such place or places as may be designated from time to time by the Board or in the By-laws of the Foundation.

FOUTEENTH: Any reference herein to a Section of the Code shall be deemed to include a referenced to the corresponding provisions, if any, of any future internal revenue law.

IN WITNESS WHEREOF this Certificate has been signed and the statements made herein affirmed as true under the penalties of perjury, as of this 13th day of March, 1998.

Darren K. Indyke, Esq., Incorporator
457 Madison Avenue
Fourth Floor
New York, New York 10022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2008

THE FLORIDA SCIENCE FOUNDATION
250 S. AUSTRALIAN AVE.
STE 1404
WEST PALM BEACH, FL 33401

Subject: **THE FLORIDA SCIENCE FOUNDATION**

REGISTRATION NUMBER: **G08192900014**

This will acknowledge the filing of the above fictitious name registration which was registered on July 10, 2008. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Reinstatement Section
Division of Corporations

Letter No. 608A00040745

P.O. BOX 6327 -Tallahassee, Florida 32314

APPLICATION FOR REGIS ATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

FILED

08 JUL 10 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Section 1

1. The Florida Science Foundation
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

250 S. Australian Avenue, Suite 1404
Mailing Address of Business

West Palm Beach, FL 33401
City State Zip Code

3. Florida County of principal place of business: _____

West Palm Beach
(see instructions if more than one county)

This space for office use only

Section 2

A. Owner(s) of Fictitious Name if individual(s): (Use an attachment if necessary):

1. _____
Last First M.I.

_____
Address

_____
City State Zip Code

2. _____
Last First M.I.

_____
Address

_____
City State Zip Code

B. Owner(s) of Fictitious Name if other than an individual: (Use attachment if necessary):

1. The C.O.U.Q. Foundation, Inc.
Entity Name

250 S. Australian Avenue, Suite 1404
Address

West Palm Beach, FL 33401
City State Zip Code

Florida Registration Number F08000003948

FEI Number: 13-3996471

☐ Applied for ☐ Not Applicable

2. _____
Entity Name

_____
Address

_____
City State Zip Code

Florida Registration Number _____

FEI Number: _____

☐ Applied for ☐ Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Richard Cahn Treasurer, July 8, 2008
Signature of Owner Date

Phone Number: 561-659-8300

_____
Signature of Owner Date

Phone Number: _____

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name _____

_____, which was registered on _____ and was assigned

registration number _____

_____
Signature of Owner Date

_____
Signature of Owner Date

Mark the applicable boxes ☐ Certificate of Status — $10 ☐ Certified Copy — $30

NON-REFUNDABLE PROCESSING FEE: $50

FL000 - 03/01/2003 C T System Online

Single CR1E001 (11/03)

July 10, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THE C.O.U.Q. FOUNDATION, INC.
250 S. AUSTRALIAN AVENUE, SUITE 1404
WEST PALM BEACH, FL 33401

Qualification documents for THE C.O.U.Q. FOUNDATION, INC. were filed on July 9, 2008 and assigned document number F08000003048. Please refer to this number whenever corresponding with this office.

Your corporation is now qualified and authorized to transact business in Florida as of the file date.

This document was electronically received and filed under FAX audit number H08000168786.

A corporation annual report/uniform business report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. If you do not already have an FEI number, please apply NOW with the Internal Revenue by calling 1-800-829-4933 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding this matter, please contact this office at (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section
Division of Corporations

Letter Number: 808A00040706

P.O BOX 6327 - Tallahassee, Florida 32314

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. The C.O.U.Q. Foundation, Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Delaware
(State or country under the law of which it is incorporated)

3. 13-3996471
(FEI number, if applicable)

4. 3-16-98
(Date of Incorporation)

5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first conducted affairs in Florida if prior to registration. *See sections 617.1501 & 617.1502, F.S. to determine penalty liability.*)

7. 250 S. Australian Avenue, Suite 1404, West Palm Beach, FL 33401
(Principal office address)

250 S. Australian Avenue, Suite 1404, West Palm Beach, FL 33401
(Current mailing address)

8. (See attachment A)
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation (City), Florida 33324 (Zip Code)

10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[redacted]rporation System
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

By: _____
(Registered Agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

EFTA01625847

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

_____

Director
~~Vice Chairman~~: Jeffrey E. Epstein

Address: 6100 Red Hook Quarter B-3, St. Thomas, USVI 00802

_____

Director: Darren K. Indyke

Address: 2 Kean Court, Livingston, NJ 07039

_____

Director: Richard Kahn

Address: 1365 York Avenue, Apartment 28A, New York, NY 10021

_____

B. OFFICERS

President: Jeffrey E. Epstein

Address: 6100 Red Hook Quarter B-3, St. Thomas, USVI 00802

_____

Vice President: Darren K. Indyke

Address: 2 Kean Court, Livingston, NJ 07039

_____

Secretary: Darren K. Indyke

Address: 2 Kean Court, Livingston, NJ 07039

Treasurer: Richard Kahn

Address: 1365 York Avenue, Apartment 28A, New York, NY 10021

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

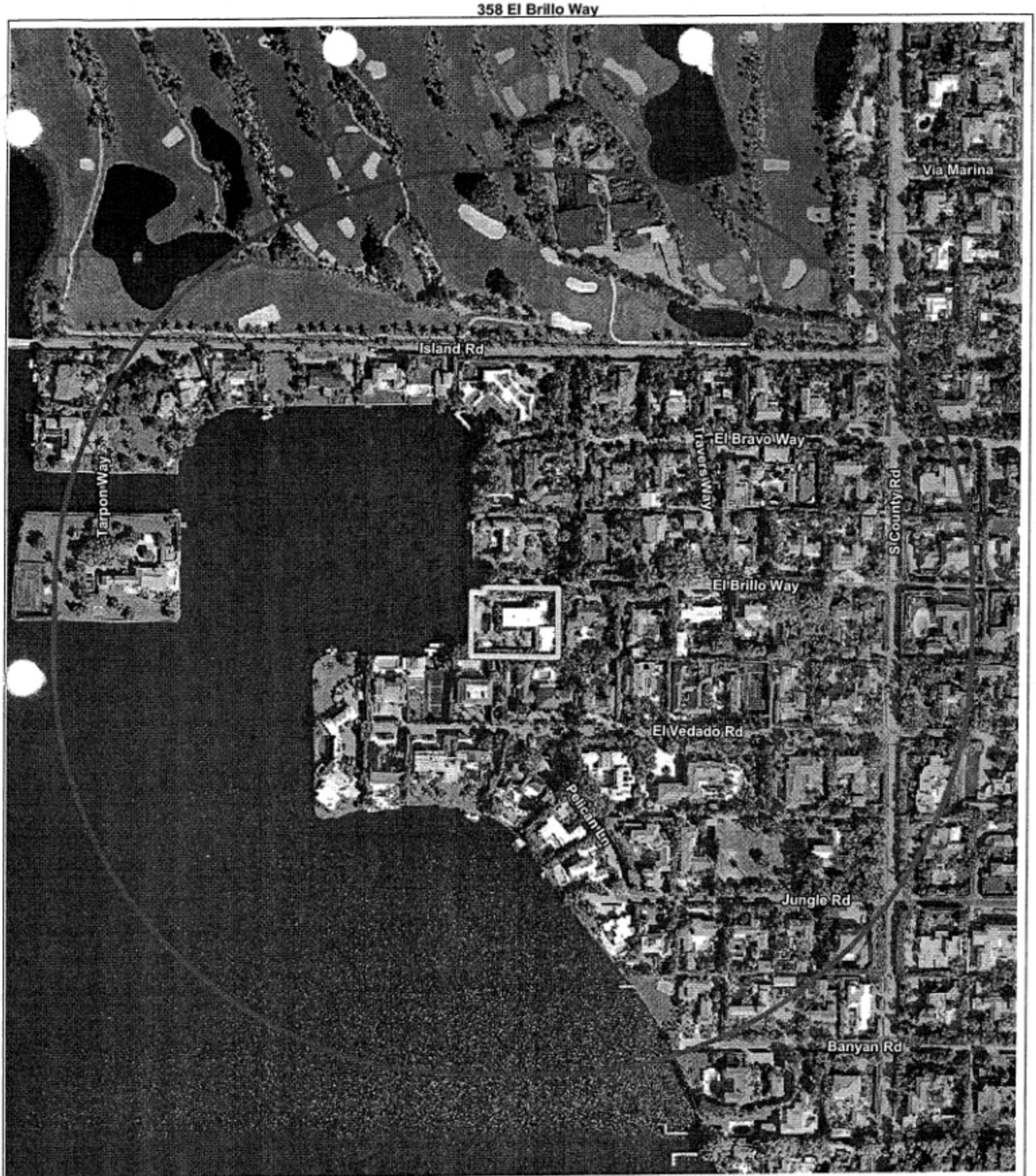
13. Richard Kahn
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Richard Kahn, Treasurer
(Typed or printed name and capacity of person signing application)

Attachment A

"Maintaining office in State of Florida to manage the activities of the Foundation, making distributions to qualified charitable, religious, literary, scientific and educational recipients, as described in Section 501(c)(3) of the Internal Revenue Code, employing persons to locate, investigate, and provide information regarding such recipients."

358 El Brillo Way



1000 Foot Buffer from 358 El Brillo Way

Boundary of 358 El Brillo Way

358 El Brillo Way is not within 1000 feet from an area where children could gather.

Created by: Palm Beach County 7/24/09



Registration No: 237442 **Person Number: 73274**

FDLE SEXUAL PREDATOR/OFFENDER REGISTRATION FORM

Agency Name: Palm Beach County SO

******* Note: Your next ReRegistration month is January of 2010 *******

Registration For: July 2009 - SEXUAL OFFENDER

Reason For Registration

☐ Initial Registration ☒ Scheduled ReRegistration ☐ 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 #: [redacted] Height: 6' 00" Weight: 185 lbs Hair: Grey Eyes: Blue

Place of Birth: United States Of America (usa)

Currently on Probation/Parole: ☐ No ☒ Yes

Probation Type: ☒ State FL (State) Officer Name: Williams Phone: [redacted]

☐ Federal (City) Officer Name: Phone: ( )

☐ County (County) Officer Name: Phone: ( )

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

☐ Permanently leaving Florida to establish a residence in another state Date of Departure:

☐ Temporarily leaving Florida to visit another state

☐ Moving from another state to permanently establish a residence in Florida Date of Arrival:

☐ Visiting from another state and establishing a temporary address in Florida

☐ Other (please describe):

Previous Permanent Address	Current Permanent Address
(Address Line 1)	358 El Brillo Way (Address Line 1)
(Address Line 2)	(Address Line 2)
(City) , (State) (Zip)	Palm Beach (City) , FL (State) 33480-4730 (Zip)
County: End Date:	County: Palm Beach Start Date: 07/02/2008
☐ I am vacating this residence and have no other permanent or temporary residence as of this date:	☐ I have no other permanent or temporary residence at this time.

2009-07-06 8:09:45 AM

EFTA01625851

Registration No: 237442 **Person Number: 73274**

Temporary Addresses

☐ I do NOT have a temporary address

1. [redacted] (Street Address) West Palm Beach (City), FL (State) [redacted] (Zip)
   County: Palm Beach Dates you will be at this address: From: ____ To: 7/22/2009
2. ____ (Street Address) ____ (City), ____ (State) ____ (Zip)
   County: ____ Dates you will be at this address: From: ____ To: ____
3. ____ (Street Address) ____ (City), ____ (State) ____ (Zip)
   County: ____ Dates you will be at this address: From: ____ To: ____
4. ____ (Street Address) ____ (City), ____ (State) ____ (Zip)
   County: ____ Dates you will be at this address: From: ____ To: ____
5. ____ (Street Address) ____ (City), ____ (State) ____ (Zip)
   County: ____ Dates you will be at this address: From: ____ To: ____

Mailing Address

☒ Same as Permanent ☐ Same as Temporary

____ (Street Address) ____ (City), ____ (State) ____ (Zip)
County: ____

Employment

☐ I am currently unemployed.

1. Employer: Florida Science Foundation Occupation: Owner Start Date: ____
   Address: 250 S Australian Ave (Street Address) West Palm Beach (City), FL (State) 33401-5018 (Zip)
   County: Palm Beach 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: ____

EFTA01625852

Registration No: 237442 **Person Number: 73274**

Vehicles

☐ I do NOT own or use a vehicle, RV, trailer or mobile home.

	Year	Make	Model	Color/Color Scheme	Vehicle Type
1.	2005	Cadillac	Other	Black	Auto
2.					
3.					
4.					
5.					

	License Tag #	State	This vehicle is:	
1.	unknown	FL	☒ NOT used as a residence	☐ Used as a residence
2.			☐ NOT used as a residence	☐ Used as a residence
3.			☐ NOT used as a residence	☐ Used as a residence
4.			☐ NOT used as a residence	☐ Used as a residence
5.			☐ NOT used as a residence	☐ Used as a residence

Vessels

☒ I do NOT own a vessel or houseboat.

	Year	Vessel Type	Color/Color Scheme	Name of Vessel	Registration #	This vessel is:	
1.						☐ NOT used as a residence	☐ Used as a residence
2.						☐ NOT used as a residence	☐ Used as a residence
3.						☐ NOT used as a residence	☐ Used as a residence
4.						☐ NOT used as a residence	☐ Used as a residence
5.						☐ NOT used as a residence	☐ Used as a residence

EFTA01625853

Registration No: 237442 **Person Number: 73274**

Campus Activity

[X] 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

1. jeeproject@yahoo.com
2. jeevacation@gmail.com
3. _____
4. _____
5. _____

Instant Message Screen Names

	Name:	Provider:
1.		
2.		
3.		
4.		
5.		

Adjudication Information

	Date Adjudicated	Crime	Location of Adjudication/Conviction	Victim Information
1.	_____	_____	_____ (County), _____ (State)	[ ] Minor [ ] Adult Gender: _____
2.	_____	_____	_____ (County), _____ (State)	[ ] Minor [ ] Adult Gender: _____
3.	_____	_____	_____ (County), _____ (State)	[ ] Minor [ ] Adult Gender: _____
4.	_____	_____	_____ (County), _____ (State)	[ ] Minor [ ] Adult Gender: _____

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

EFTA01625854

Registration No: 237442 **Person Number: 73274**

NOTICE OF SEXUAL PREDATOR AND SEXUAL OFFENDER OBLIGATIONS

As a Sexual Predator (Florida Statute 775.21) or Sexual Offender (Florida Statute 943.0435, 944.607, or 985.481) where **"Permanent residence"** means a place where the person abides, lodges, or resides for 5 or more consecutive days, and **"Temporary residence"** means a place where the person abides, lodges, or resides 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, I understand that I am required by law to abide by the following: **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 the state of Florida or 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) to register my temporary or permanent address.
2. Within 48 hours after the initial report required as stated in requirement #1 above, I must report **in person** the driver's license office of the Department of Highway Safety and Motor Vehicles (DHSMV) to obtain 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 while under supervision of DOC, DCFS or DJJ and there have been no changes to my address, name or designation (Florida Statute 322.212).
3. I must report **in person** either twice a year (during the month of my birth and during the sixth month following my birth month) **or four times per 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.

NOTE: Unless otherwise notified by the Florida Department of Law Enforcement (FDLE), Sexual Offenders that were not adjudicated delinquent are required to reregister twice a year. All Sexual Predators are required to reregister four times a year and all Sexual Offenders adjudicated delinquent are required to reregister four times a year.

[X] 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*

EFTA01625855

Registration No: 237442 **Person Number: 73274**

4. Within 48 hours, after any change of address in permanent or temporary residence, change of name due to marriage or other legal process, or when my driver's license is subject to renewal, I must report that information **in person** to the driver's license office of the Department of Highway Safety and Motor Vehicles to obtain and maintain a valid Florida driver's license or identification card.
5. 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. I must also obtain and maintain a valid Florida driver's license or identification card.
6. If I intend to establish residence in another state or jurisdiction other than the State of Florida, I must report **in person** to the local Sheriff's Office to notify of my intention to do so within 48 hours prior to leaving.
7. If I later decide to remain in this state (see #6 above), I must report **in person** back to the local Sheriff's Office to notify of my intention to remain in Florida. This report must occur within 48 hours after the date I indicated that I would leave. **Failure to comply with this requirement is a felony of the second degree.**
8. If I move from a permanent residence and do not have another permanent or temporary residence, I must report this change **in person** to the Sheriff's Office within 48 hours. I must update all registration information and provide an address or location that I will occupy until I establish a residence.
9. If I later decide to remain at the permanent residence (see #8 above), I must report **in person** back to the Sheriff's Office to notify of my intention. This report must occur within 48 hours after the date that I indicated that I would leave the permanent residence. **Failure to comply with this requirement is a felony of the second degree.**
10. I MUST respond to any address verification correspondence from FDLE within three weeks of the date of the correspondence.
11. If I am employed, carry on a vocation, am a student, or become a resident of another state I must also register in that state.
12. If I am enrolled, employed, or carrying on a vocation at an institution of higher education in this state, I shall also provide the name, address, and county of each institution, including each campus attended, and my enrollment or employment status. I shall report each change in enrollment or employment status **in person** at the Sheriff's Office within 48 hours after any change in status.
13. I MUST report any electronic mail address or instant message name, prior to using such, during registration/ reregistration and provide all updates through the online system provided by the Florida Department of Law Enforcement. This provision takes effect October 1, 2007.

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*), you are required by law to abide by those requirements listed on this form. By signing below, you acknowledge that you have read or have been read all the requirements on this form, AND that you understand these requirements.

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

Fingerprint

Under penalty of perjury I declare the above is true and correct.

Registrant: _____ **Witnessed by Reporting Officer:** [redacted]

Signature Required

Printed Name: JEFFREY E EPSTEIN **Date:** 07/06/2009 **Printed Name:** veronica english **Date:** 07/06/2009

*** OFFICIAL DOCUMENT DO NOT DESTROY ***

******* NOTE: Your next ReRegistration month is January of 2010. *******

2009-07-06 8:11:52 AM

EFTA01625856



Sloane, Carmen

From: Barbara Burns [redacted]
Sent: Friday, October 09, 2009 9:15 AM
To: Sloane, Carmen
Subject: RE: Jeffrey Esptein

Sorry, I have been in non-stop trials until today! How nice of him to use her name instead of initials or Jane Doe! Unfortunately she is not the designated victim of our State case. If there is a no contact order then it is by way of a Protective Order or possibly an Injunction sought by the victim and her attorney or the Order of No Contact may exist in the Federal case, neither of which I would have any documentation on. You might want to contact Marie Villafana at the US Attorney's Office. Her number is [redacted] I'm sorry that I don't have more info or can't offer any more assistance.

From: Sloane, Carmen [redacted]
Sent: Friday, October 09, 2009 8:45 AM
To: Barbara Burns
Cc: Baker, Rosalyn; Gaines, Willie
Subject: Jeffrey Esptein

<<P154Scanner20091009075059.pdf>>

Mrs. Burns,

I sent an email on September 23 regarding "No contact with the victim" order. Can you please advise of the status? Yesterday, I received the above scanned letter from Attorney Horowitz.

Thank you,

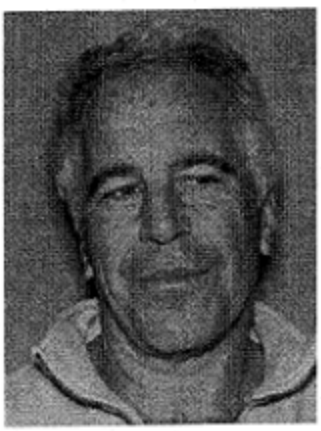
Carmen Sloane, 154

A SAFER FLORIDA
HIGHWAY SAFETY AND MOTOR VEHICLES

Driver And Vehicle Information Database (DAVID2)

DIGITAL IMAGES ARE RESTRICTED TO LAW ENFORCEMENT USE PURSUANT TO S. 322.142(4), FLORIDA STATUTES - IMAGES INCLUDE PHOTOGRAPHS AND SIGNATURES

Individual Summary Page



DL/ID Number [redacted]
Class **O**
Status **EXPIRED**

JEFFREY E EPSTEIN
358 EL BRILLO WAY
PALM BCH FL 334804730

All Addresses On File

Date of Birth [redacted]
Sex **M**
Height **6'00**
State Of Birth **New York**

Restrictions
Endorsements

Issue Date **01-03-96**
Duplicate Date
Expiration Date **01-20-02**

SSN [redacted]
Form Number **X069601035963**

Conditional Messages:
SEXUAL OFFENDER
MOTORCYCLE ALSO SAFE DRIVER

Vehicle Information

Record	VIN	Type	Color	Body	Make	Acquired Date	Reg
View	1GD1CAP13NY200197	MOTORCYCLE	UNKNOWN COLOR	MOTORCYCLE	HARLEY-DAVIDSON		62928683
View	4A42727H3	MOTORCYCLE	BLACK	MOTORCYCLE	HARLEY-DAVIDSON		66848855
View	3GNGK26G31G109646	AUTO	BLACK	UTILITY	CHEVROLET	11-26-00	75315759
View	5679199	AUTO	BLUE	CONVERTIBLE	VOLKSWAGEN		76811694
View	WDBGA57G5XA416740	AUTO	BLACK	4 DOOR	MERCEDES-BENZ	12-04-00	83435771
View	1G1YY12S915102426	AUTO	BLACK	2 DOOR	CHEVROLET	08-22-00	204147868
View	WDBNG75J02A217037	AUTO	BLACK	4 DOOR	MERCEDES-BENZ	01-03-03	204811825
View	WDBFA76F8WF161552	AUTO	ALUMINUM / SILVER	ROADSTER	MERCEDES-BENZ	03-04-01	205113391
View	ERA365	AUTO	GREEN	CONVERTIBLE	ROADSTER	07-29-97	208542967

EFTA01625859

View	YAMA1588F202	VESSEL		VESSEL		02-06-04	209760749
View	3GNGK26G93G176044	AUTO	BLACK	UTILITY	CHEVROLET	12-18-02	210937950
View	1HD1BJY1XYY059554	MOTORCYCLE	GREEN	MOTORCYCLE	HARLEY-DAVIDSON	05-23-03	220078668
View	3GNGK26G24G156199	AUTO	BLACK	UTILITY	CHEVROLET	11-12-03	221643742
View	1JCCE87A5FT0181384	AUTO	RED	2 DOOR	JEEP	12-04-03	221878293
View	1ZJBE14174M023100	VEHICLE TRAILER		TRAILER	CONTINENTAL	02-06-04	222263007
View	3GYFK66N45G188335	AUTO	BLACK	4 DOOR	CADILLAC	02-04-05	225418535
View	1JCML7811HT181651	AUTO	GREEN	UTILITY	JEEP	02-11-05	225426334
View	WDDAJ76F75M000301	AUTO	GRAY	2 DOOR	MERCEDES-BENZ	02-28-05	225555909
View	SCBLE37G26CX19439	AUTO	BLACK	4 DOOR	BENTLEY INDUSTRIES	05-19-06	229736088
View	40AB13431YY000407	VEHICLE TRAILER		TRAILER	FAST LOAD AUTO HAULERS	05-30-07	232783387

Driver License Transactions

Record	DL/ID Number	Transaction Date	Issue Date	Update Time	Lic Type	Issue Type	Change Type	FL Disp
View	[redacted]	05-21-09	05-21-09	05-21-09 10:17:33	ID	Original	None	

Historical Driver License Activity

Vehicle Insurance | Previous Vehicles

Photo Array | Signature Array

New Search | Main Menu

EFTA01625860

FLORIDA
DEPARTMENT of
CORRECTIONS

Governor
CHARLIE CRIST

Secretary
WALTER A. McNEIL

An Equal Opportunity Employer

2601 Blair Stone Road • Tallahassee, FL 32399-2500

http://www.dc.state.fl.us

COMMUNITY CONTROL GUIDELINES

1. **Office business hours:** Open from 8:00 a.m. to 5:00 p.m.; Monday through Friday. The office is closed on Saturdays, Sundays, and all official state holidays. Business hours telephone number is (561) 434-3960.

2. Community Control is a **"House Arrest"** type program, which requires you to remain confined to your approved residence. Unless your officer has approved otherwise, do not change your residence without your officer's **prior approval**! Staying away from your residence overnight is not permitted.

3. You are **required** to report every **Tuesday between 8:00 a.m. and 7:00 p.m.** and submit a Written Weekly Itinerary (schedule). It will be submitted to your officer for approval. It will begin the next day, Wednesday, and end the following Tuesday when you are required to submit a new Written Report Itinerary. Therefore, the schedule will run from Wednesday to Tuesday. You must include the time you **leave** your home, actual address of where you are going, and when you will return home. You must be accurate!

4. **Any officer needs to be able to take your itinerary and actually go to where you are.**

5. You may, if approved by your officer ahead of time, do "life maintenance" activities, such as banking, grocery shopping, worship attendance, and laundry. However, if there are others who live with you, they will have to do these tasks for you.

6. Shopping for personal items and getting a haircut is limited to once a month. Bring in cash register receipts if required by your officer.

7. Church is limited to once a week for no more than two hours. Bring in proof of attendance such as a bulletin signed by the spiritual leader verifying your attendance if requested by your officer.

8. **Any changes to your itinerary must be approved in advance by your officer.** The "duty officer" may authorize an itinerary change if your officer is not available. However, the duty officer is restricted to only work, medical, legal, and emergency types of changes. Do not waste their time with irrelevant requests.

9. Your Officer may randomly call your home phone number to verify your whereabouts during the day or night. Your officer will make random home and employment visits to ensure compliance with your approved itinerary. An unexcused absence will result in a Violation of Community Control report that will be sent to the sentencing authority for proper disposition.

10. Your work schedule will be verified with your employer periodically. Any deviation in your scheduled work time and actual work time may result in a violation report being sent to the sentencing authority.

11. Medical emergencies (life threatening/sever) should be taken care of at the nearest emergency room. When the emergency has been resolved, you should immediately call your Community Control Officer to report the details of the emergency. You should also provide documentation of your visit to the emergency room.

12. Weather or natural disaster emergencies: If you are ordered to evacuate by the Palm Beach County Emergency Management, evacuate to safety to the pre-designated shelter that your officer assigned to you. If Palm Beach County clears its residents to their residences, and the normal Probation Office is still operational, go back on your normal itinerary and report as normal. Attempt to report weekly regardless of whether or not you hear the State Probation Office is open or closed. If the Office is not longer operational, report immediately to the nearest operational office.

13. If you are in life threatening danger, you may leave your residence. However, the life threatening nature of the problems must be supported by a fire or police report, etc. Call your Community Control Officer.

EFTA01625861

14. Other emergencies: (Example: death of immediate family members): During **non-business hours** these types of emergencies must be reported to the telephone **561-791-4750**. The duty officer will attempt to contact your officer or supervisor, who will contact you with instructions. Do not call this number unless is a true emergency.

15. Examples of **non-approved non-emergencies**: going to the store, doing laundry, cashing your checks, etc. These examples must be approved on your weekly itinerary **in advance. If you leave and then report your absence its considered a violation. Don't deviate from your weekly itinerary.**

16. Should you have any contact with law enforcement for any reason, you must report the incident to your officer during business hours the next working day.

17. You cannot travel out of the state or Palm Beach County for social purposes, so **do not ask**. Transfers of Community Control supervision to other states are not permitted. Transfers within the State of Florida may be possible if certain requirements are met.

18. Community Control has no provisions for "leisure activities" (Anniversaries, County Fairs, Fireworks, Parties, Family Gatherings, etc.) that is not at your home.

19. Court costs, restitution, and any other money ordered to be paid by the court will be scheduled by your officer in monthly installments. **Do not bring payments to probation**. You must pay with a money order that must be mailed to Tallahassee. The money order must be made out to "**Florida Department of Corrections".**

20. You may be tested for illegal drug use at **any** time. The court will be notified on all "positive" tests results, and an appropriate recommendation made by your officer.

21. Expect a periodic walk through of your residence.

22. Requests for early termination or roll back to regular probation will not be recommended to your sentencing judge by your officer. You must contact your attorney.

23. Community Control requires planning and good communication with your Community Control Officer. It is a "punitive program", which means it is punishment, and not intended to be convenient. It will indirectly affect all household members. Community Control is a team supervision concept, so you may expect any officer to contact you at any time.

24. Remember, if at any time your Community Control is violated, you will continue to follow all conditions of community control until your case is heard before the Sentencing Judge.

25. Your officer is not the one punishing you. This is primarily between you, the Judge, and the Department of Corrections policies.

26. It will be your decision to successfully complete the Community Control program, or be brought back before the court for an alternate disposition.

Reinstructed
by CSloan 7-22-09

7/24/09

EFTA01625862

N[illegible] of Responsibilities as Required by St[illegible]e
For Offenders Under the Care, Custody, or Control of t[illegible] Department

NAME: Jeffrey Epstein **FDC Number:** W35775

he Florida Department of Corrections is required to submit personal information about you and the offense for which you were convicted to the Florida Department of Law Enforcement (FDLE) as a Sexual Offender or Sexual Predator as defined in Florida Statutes s. 944.607, s. 775.21, or s. 943.0435.

As required by Florida Statute, your photograph will be submitted to the FDLE and will be posted on FDLE's Internet website.

While under the care, custody, and/or control of the Florida Department of Corrections, you are required by law to follow these requirements and any other requirements established by law or as part of your sentence:

1. If you are a **sexual offender** or a **sexual predator** under supervision by the Department of Corrections, you must register and provide the following information to the Department of Corrections and notify the Department of Corrections immediately if any of this information changes:
   a. Your complete true name, date of birth, social security number, race, sex, height, weight, hair and eye color, tattoos or other identifying marks, occupation and place of employment; and permanent or legal residence and address of temporary residence; and
   b. Any electronic mail (email) address and any instant message (IM) name.

   FAILURE TO REPORT THIS INFORMATION OR CHANGES IS A THIRD DEGREE FELONY.

2. If you are a **sexual offender** or a **sexual predator** under supervision by the Department of Corrections, you must **register in person**
   a. **at your probation office** and you must be photographed as part of the process.
   b. **at a driver's license office** of the Department of Highway Safety and Motor Vehicles **within 48 hours** after registering in person with the Department of Corrections.

   FAILURE TO COMPLETE REGISTRATION IS A THIRD DEGREE FELONY.

3. If you are a **sexual offender** or a **sexual predator**, you must **report in person** at a **driver's license office** of the Department of Highway Safety and Motor Vehicles **if you change**
   a. **your name** by reason of marriage and/or any other legal process; **or**
   b. your permanent or temporary **residence or location**; **or**
   c. **your driver's license** or **identification card** whether or not the driver's license or identification card requires renewal.

   FAILURE TO REPORT ANY CHANGES WITHIN 48 HOURS OF MAKING CHANGES IS A THIRD DEGREE FELONY.

   NOTE: As applied to registration, the definition of temporary residence and permanent residence under s. 775.21(2)(f) and (g) or s. 943.0435(1)(c), F.S., are:
   - Permanent residence: place where a person abides, lodges, or resides for 5 or more consecutive days.
   - Temporary residence: place where a person abides, lodges, or resides for 5 or more days in the aggregate during any calendar year.

4. If you are a **sexual offender** or a **sexual predator**, you must **report in person** at the **sheriff's office** of the county in which you are located **before vacating, or within 48 hours after** vacating, your permanent residence if:
   a. You are vacating or have vacated your permanent residence and you do not have another permanent or temporary residence.

5. If you report your intent to vacate your permanent residence, under number 4 above, but remain at your permanent residence **you must report** that information to the ***same* sheriff's office, under number 4 above, within 48 hours** after the date upon which you indicated you would vacate.

   FAILURE TO REPORT THAT YOU DID NOT VACATE YOUR RESIDENCE IS A SECOND DEGREE FELONY.

6. If you are a **sexual offender** or a **sexual predator** under supervision by the Department of Corrections, you must provide notice to your probation office and the sheriff's office if your permanent or temporary place of residence is a motor vehicle, trailer, mobile home, or manufactured home as defined in chapter 320, F.S., or if your permanent or temporary place of residence is a live aboard vessel or houseboat as defined in chapter 327, F.S.

7. If you are a **sexual offender** or a **sexual predator** under supervision by the Department of Corrections and you are enrolled, employed, or carrying on a vocation at an institution of higher education, you must provide your probation office and the sheriff's office the name, address, and county of each institution of higher education where you are enrolled, employed, or carrying on a vocation, including each campus you are attending and your employment or enrollment status. Institutions of higher education are
   a. community colleges, colleges, or state universities; or
   b. independent post-secondary institutions including technical, vocational, or career centers; or
   c. adult education facilities.

8. You must report any change in enrollment or employment status under number 7. within 48 hours of any change in status.
   FAILURE TO INFORM THE SHERIFF'S OFFICE IS A THIRD DEGREE FELONY.

9. If you are under supervision and you intend to establish residence in another state or jurisdiction, you must report in person to the sheriff of the county of your current residence 48 hours *before* the date you intend to leave Florida. At that time you must provide the sheriff with the address of your intended residence, including the municipality, county, and state.
   FAILURE TO PROVIDE THE SHERIFF WITH THE PROPER INFORMATION IS A THIRD DEGREE FELONY.

10. If you choose to remain in Florida after reporting that you intend to establish residence in another state or jurisdiction under number 9., you must report that you did not leave Florida in person to the sheriff within 48 hours of the date you indicated you would leave.
    FAILURE TO REPORT THAT YOU DID NOT LEAVE FLORIDA IS A SECOND DEGREE FELONY.

11. If you are charged with any failure to register, that charge constitutes actual notice of failure to register. If you fail to register immediately thereafter, you may face a subsequent charge of failure to register. You may not use the defense of lack of notice when charged a second time with failure to register.

12. You must maintain registration for life except as specified in s. 775.21, F.S. or s. 943.0435, F.S.

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13. You must report **in person** twice a y[illegible]uring the month of your birthday and during the sixth [illegible]nth following your birth month to the sheriff's office in the county where you reside[illegible]re otherwise located to reregister as noted in s. 775[illegible].S., s. 943.0435, F.S., or s. 944.607, F.S. **FAILURE TO REREGISTER AS REQUIRED IS A THIRD DEGREE FELONY.**

If your birth month is:	You must reregister in:	If your birth month is:	You must reregister in:	If your birth month is:	You must reregister in:
January	January & July	May	May & November	September	March & September
February	February & August	June	June & December	October	April & October
March	March & September	July	January & July	November	May & November
April	April & October	August	February & August	December	June & December

14. Effective July 1, 2007, you must reregister during the month of your birthday and every three months thereafter if you are a sexual predator or if you have been convicted of a violation of one of the following Florida Statutes:
    a. s. 787.01 if certain provisions apply; or
    b. s. 787.02 if certain provisions apply; or
    c. s. 794.011, excluding s. 794.011(10); or
    d. s. 800.04(4)(b) if certain provisions apply; or
    e. s. 800.04(5)(b); or
    f. s. 800.04(5)(c)1 or 2 if certain provisions apply; or
    g. s. 800.04(5)(d) if certain provisions apply.

FAILURE TO REREGISTER AS REQUIRED IS A THIRD DEGREE FELONY.

If your birth month is:	You must reregister in:	If your birth month is:	You must reregister in:	If your birth month is:	You must reregister in:
January	January, April, July, & October	May	February, May, August, & November	September	March, June, September, & December
February	February, May, August, & November	June	March, June, September, & December	October	January, April, July, & October
March	March, June, September, & December	July	January, April, July, & October	November	February, May, August, & November
April	January, April, July, & October	August	February, May, August, & November	December	March, June, September, & December

15. If you are a **sexual offender** or a **sexual predator**, you must also comply with any registration requirements imposed by another state if you change your residence to another state or if you are employed, carry on a vocation, or if you are a student in another state.

16. You must respond to any address verification correspondence you receive within three weeks of the date of the correspondence.

17. You may not reside within 1,000 feet of any school, day care center, park, or playground if you have been convicted of an offense that occurred on or after October 1, 2004 against a victim that was less than 16 years of age in violation of any of the following Florida Statutes:
    a. s. 794.011; or
    b. s. 800.04; or
    c. s. 827.071; or
    d. s. 847.0145.

X **I acknowledge that I have read and understood the above requirements.**

<or>

____ **The above requirements have been read to me and I understand them.**

[illegible] Offender Printed Name	[redacted]gnature	7/22-/09 Date
Carmen Sloa Witness Printed Name	[illegible]gnature	7-22-09 Date

Distribution:

Institution:
- Central Office (Original)
- FDLE (Copy)
- File (Copy)
- Sheriff's Office (Copy)
- Offender (Copy)

Probation:
- FDLE (Original)
- P & P Offender File (Copy)
- Offender (Copy)

EFTA01625864

Notice . Offender Responsibilities as Required l tatute
For Offenders Being Discharged From the Care, Custody and/or Control Without Supervision

NAME _____**Jeffrey Epstein**_____ **FDC Number** _____**W35755**_____

The Florida Department of Corrections is required to submit personal information about you and the offense for which you were convicted to the Florida Department of Law Enforcement (FDLE) as a Sexual Offender or Sexual Predator as defined in Florida Statutes s. 944.607, s. 775.21, or s. 943.0435.

As required by Florida Statute, your photograph will be submitted to the FDLE and will be posted on FDLE's Internet website.

You will continue to be a Sex Offender or Sexual Predator as defined in s. 775.21, or s.943.0435 F.S., upon your discharge and/or termination of supervision from the Department of Corrections custody and will be required by law to do the following:

1. If you are a **sexual offender** or a **sexual predator**, you must provide the following information to the sheriff's office in the county you are residing within 48 hours of release from supervision or prison, and notify the sheriff's office immediately if any of this information changes:
   a. Your complete true name, date of birth, social security number, race, sex, height, weight, hair and eye color, tattoos or other identifying marks; and
   b. Any electronic mail (email) address and any instant message (IM) name.

   FAILURE TO REPORT THIS INFORMATION OR CHANGES IS A THIRD DEGREE FELONY.

2. If you are a **sexual offender** or a **sexual predator**, you must **register in person**
   a. **at the sheriff's office** in the county where you establish or maintain a residence **within 48 hours** after being released from the custody, control, or supervision of the Department of Corrections or from the custody of a private correctional facility; **and**
   b. **at a driver's license office** of the Department of Highway Safety and Motor Vehicles **within 48 hours** after registering in person at the sheriff's office in the county where you establish or maintain a residence.

   FAILURE TO COMPLETE REGISTRATION IS A THIRD DEGREE FELONY.

3. If you are a **sexual predator**, you must **register in person at the sheriff's office** in the county where you were designated by the court as a sexual predator **within 48 hours** after establishing or maintaining permanent or temporary residence in this state **or within 48 hours** after being released from the custody, control, or supervision of the Department of Corrections or from the custody of a private correctional facility.
   FAILURE TO COMPLETE REGISTRATION IS A THIRD DEGREE FELONY.

4. If you are a **sexual offender** or a **sexual predator**, you must **report in person** at a **driver's license office** of the Department of Highway Safety and Motor Vehicles **if you change**
   a. **your name** by reason of marriage and/or any other legal process; **or**
   b. your permanent or temporary **residence or location; or**
   c. **your driver's license** or **identification card** whether or not the driver's license or identification card requires renewal.

   FAILURE TO REPORT ANY CHANGES WITHIN 48 HOURS OF MAKING CHANGES IS A THIRD DEGREE FELONY.

   NOTE: As applied to registration, the definition of temporary residence and permanent residence under s. 775.21(2) (f) and (g) or s. 943.0435(1) (c), F.S. are:
   - Permanent residence: place where a person abides, lodges, or resides for 5 or more consecutive days.
   - Temporary residence: place where a person abides, lodges, or resides for 5 or more days in the aggregate during any calendar year.

5. If you are a **sexual offender** or a **sexual predator**, you must **report in person** at the **sheriff's office** of the county in which you are located **before vacating, or within 48 hours after** vacating, your permanent residence if
   a. You are vacating or have vacated your permanent residence and you do not have another permanent or temporary residence.

6. If you report your intent to vacate your permanent residence, under number 5 above, but remain at your permanent residence **you must report** that information to the ***same*** **sheriff's office, under number 5 above, within 48 hours** after the date upon which you indicated you would vacate.
   FAILURE TO REPORT THAT YOU DID NOT VACATE YOUR RESIDENCE IS A SECOND DEGREE FELONY.

7. If you are a **sexual offender** or a **sexual predator**, you must register through the sheriff's office if your permanent or temporary place of residence is a motor vehicle, trailer, mobile home, or manufactured home as defined in chapter 320, F.S., or if your permanent or temporary place of residence is a live aboard vessel or houseboat as defined in chapter 327, F.S.

8. If you are a **sexual offender** or a **sexual predator** and you are enrolled, employed, or carrying on a vocation at a covered institution, you must immediately provide to the **sheriff's office the name, address, and county** of each covered institution where you are enrolled, employed, or carrying on a vocation, including each campus you are attending and your employment or enrollment status. Covered institutions are
   a. community colleges, colleges, or state universities; or
   b. independent post-secondary institutions including technical, vocational or career centers; or
   c. adult education facilities.

   FAILURE TO INFORM THE SHERIFF'S OFFICE IS A THIRD DEGREE FELONY.

9. You must report any change in enrollment or employment status under number 8. within 48 hours of any change in status.
   FAILURE TO INFORM THE SHERIFF'S OFFICE IS A THIRD DEGREE FELONY.

10. If you are a **sexual offender** or a **sexual predator** and you intend to establish residence in another state or jurisdiction, you must report in person to the sheriff of the county of your current residence 48 hours *before* the date you intend to leave Florida. At that time you must provide the sheriff with the address of your intended residence, including the municipality, county, and state.
    FAILURE TO PROVIDE THE SHERIFF WITH THE PROPER INFORMATION IS A THIRD DEGREE FELONY.

11. If you are a **sexual offender** or a **sexual predator** and you choose to remain in Florida after reporting that you intend to establish residence in another state or jurisdiction under number 10., you must report that you did not leave Florida in person to the sheriff within 48 hours of the date you indicated you would leave.
    FAILURE TO REPORT THAT YOU DID NOT LEAVE FLORIDA IS A SECOND DEGREE FELONY.

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12. If you are charged with any failure to regis[illegible]hat charge constitutes actual notice of failure to regi[illegible] If you fail to register immediately thereafter, you may face a subsequent charge of failure to register. You may not use the defense of lack of notice when charged a second time with failure to register.

13. You must maintain registration for life except as specified in s. 775.21, F.S. or s. 943.0435, F.S.

14. You must report **in person twice a year**, during the month of your birthday and during the sixth month following your birth month, to the sheriff's office in the county in which you reside or are otherwise located to reregister in accordance with s. 775.21, s. 943.0435, or s. 944.607, F.S **FAILURE TO REREGISTER AS REQUIRED IS A THIRD DEGREE FELONY.**

If your birth month is:	You must reregister in:	If your birth month is:	You must reregister in:	If your birth month is:	You must reregister in:
January	January & July	May	May & November	September	March & September
February	February & August	June	June & December	October	April & October
March	March & September	July	January & July	November	May & November
April	April & October	August	February & August	December	June & December

15. Effective July 1, 2007, you must reregister during the month of your birthday and every three months thereafter if you are a sexual predator or if you have been convicted of a violation of one of the following Florida Statutes:
    a. s. 787.01 if certain provisions apply; or
    b. s. 787.02 if certain provisions apply; or
    c. s. 794.011, excluding s. 794.011(10); or
    d. s. 800.04(4)(b) if certain provisions apply; or
    e. s. 800.04(5)(b); or
    f. s. 800.04(5)(c)1 or 2 if certain provisions apply; or
    g. s. 800.04(5)(d) if certain provisions apply.

    FAILURE TO REREGISTER AS REQUIRED IS A THIRD DEGREE FELONY

If your birth month is:	You must reregister in:	If your birth month is:	You must reregister in:	If your birth month is:	You must reregister in:
January	January, April, July, & October	May	February, May, August, & November	September	March, June, September, & December
February	February, May, August, & November	June	March, June, September, & December	October	January, April, July, & October
March	March, June, September, & December	July	January, April, July, & October	November	February, May, August, & November
April	January, April, July, & October	August	February, May, August, & November	December	March, June, September, & December

16. If you are a **sexual offender** or a **sexual predator**, you must also comply with any registration requirements imposed by another state if you change your residence to another state or if you are employed, carry on a vocation, or are a student in another state.

17. You must respond to any address verification correspondence you receive within three weeks of the date of the correspondence.

18. You may not reside within 1,000 feet of any school, day care center, park, or playground if you have been convicted of an offense that occurred on or after October 1, 2004 against a victim that was less than 16 years of age in violation of any of the following Florida Statutes:
    a. s. 794.011; or
    b. s. 800.04; or
    c. s. 827.071; or
    d. s. 847.0145.

X **I acknowledge that I have read and understood the above requirements.**

<or>

____ **The above requirements have been read to me and I understand them.**

[illegible] Gonzalez
Offender Printed Name

Carmen Sloane
Witness Printed Name

[redacted]nature

[redacted]nature

2/26/09
Date

7-22-09
Date

Distribution:

Institution:
Central Office (Original)
FDLE (Copy)
File (Copy)
Sheriff's Office (Copy)
Offender (Copy)

Probation:
FDLE (Original)
P & P Offender File (Copy)
Offender (Copy)

Interstate Commission for Adult Offender Supervision

REPLY TO TRANSFER REQUEST

To:	Date:	Type of supervision:	Is this case:
Florida	06-08-2009	☐ Parole ☒ Probation	☒ Registered Sex Offender ☐ Victim sensitive
From: Virgin Islands	**Phone #:** [redacted]	**Fax #:** [redacted]	

OFFENDER INFORMATION

Offender's full name (last, first, MI):	
Epstein, Jeffrey E.	Offender number: 210257 Sending state #: 06587245 Receiving state #:

AKA:

SS#: (if available)	FBI# (if available)	Sex:	Race:	DOB:
[redacted]	[redacted]	M	White	[redacted]

RECEIVING STATE INFORMATION

Address of offender: Little Saint James Island

City:	State:	Zip:	Phone #:
St. Thomas	VI	00802	

CRITERIA

- ☒ Resident of the receiving state* within the meaning of the Compact
- ☐ Resident Family** AND Employment or Means of Support
- ☐ Military member
- ☐ Lives with Family who are Military members
- ☐ Employment Transfer of a Family member to another state
- ☐ Discretionary Plan

EMPLOYMENT OR MEANS OF SUPPORT

- ☒ Employer: Financial Trust Company Phone #: [redacted]
- ☒ Means of support: The offender's business is in the Virgin Islands

NAMES AND RELATIONSHIP OF OTHERS RESIDING IN HOME

Name	Relationship
Curtis & Silvina Royston	other

* Resident of receiving state – a person who (1) has continuously inhabited a state for at least one year prior to the commission of the offense for which the offender is under supervision, (2) with the intent that such state shall be the person's principal place of residence and (3) who has not, unless incarcerated, relocated to another state or states for a continuous period of six months or more with the intent to establish a new principal place of residence.

** Resident family – a parent, grandparent, aunt, uncle, adult child, adult sibling, spouse, legal guardian, or step-parent who-1) has resided in the receiving state for 180 days or longer; and 2) indicates willingness and ability to assist the offender as specified in the plan of supervision.

CONDITIONS BEING IMPOSED BY RECEIVING STATE
Special Condition : Administrative probation fee
CONDITIONS STATE CAN NOT COMPLY WITH
Special Condition : See attached conditions of probation -- Reason: We do not have a GPS system; therefore, we can not provide 24 hours per day electric monitoring.
GROUNDS FOR REJECTION
Review Offender Information
Review Offender Address
Review Transfer Reason
Review Transfer Justification
Review Employment / Means of Support

DECISION OF INVESTIGATION

[X] **Approved** [ ] **Denied**

Reason for denial:

[ ] Subject has reported pursuant to authorized Reporting Instructions — Date:

[X] Reporting instructions:

Date to report:	Offender to Report:
06/22/2009	[x] by phone [ ] in person [x] within **24** hours of arrival [ ] immediately upon arrival

Report to address:	City:	State:	Zip:

Report to:			Phone #:
	[ ]	Officer of the Day	
	[X]	Other: MRS. ARLINE SWAN	[redacted]

Comments/Special Instructions:

Please inform Mr. Epstein that he will have to register as a sex offender here in the Virgin Islands and, also, that he will be required to pay a Two Hundred Dollars ($200) Administative Fee for probation services.

Supervising Officer/Title:	Date:	Compact Administrator/Designee:	Date:
Arline Swan	06-08-2009	Charmaine Daley-Jeffers	06-08-2009

* Resident of receiving state – a person who (1) has continuously inhabited a state for at least one year prior to the commission of the offense for which the offender is under supervision, (2) with the intent that such state shall be the person's principal place of residence and (3) who has not, unless incarcerated, relocated to another state or states for a continuous period of six months or more with the intent to establish a new principal place of residence.
** Resident family – a parent, grandparent, aunt, uncle, adult child, adult sibling, spouse, legal guardian, or step-parent who-1) has resided in the receiving state for 180 days or longer; and 2) indicates willingness and ability to assist the offender as specified in the plan of supervision.

Interstate Commission for Adult Offender Supervision

COMPACT ACTION REQUEST

To:	Date:	Type of supervision:	Is this case:
Virgin Islands	06-08-2009	☐ Parole ☒ Probation	☒ Registered Sex Offender ☐ Victim sensitive
From: Florida	**Phone #:** [redacted]	**Fax #:** [redacted]	

OFFENDER INFORMATION

Offender's full name (last, first, MI):		
Epstein, Jeffrey E.	Offender number: 210257 Sending state#: 06587245 Receiving state#:	

AKA:

SS#: (if available)	FBI#: (if available)	Sex:	Race:	DOB:
[redacted]	[redacted]	M	White	01/20/1953

REQUEST

We received reporting instructions for 6/22/09. The offender's tentative release date from jail is 7/22/09. He will need reporting instructions for after that date.
Thank you

Supervising Officer/Location:	Date:	Compact Administrator/Designee:	Date:
Rachel Shea	06-08-2009	Karen Tucker	06-08-2009

REPLY			
Supervising Officer/Location:	Date:	Compact Administrator/Designee:	Date:

June 17, 2009

Florida Department of Corrections
ATTN: Officer Rachel Shae
3444 South Congress Ave
Lake Worth, FL

VIA FACSIMILE 561-434-3972

RE: DC W35755

Dear Ms. Shae:

Please be advised that due to circumstances, I hereby withdraw my request for interstate transfer of supervision. Should you need any additional information, please feel free to contact me at 561-366-0084.

Sincerely,

Jeffrey Epstein

Shea, Rachel

From: ICOTS Notification [redacted]
Sent: Wednesday, June 17, 2009 9:45 AM
To: Shea, Rachel
Subject: Compact Case #226377 has been withdrawn

Compact Case #226377 regarding Jeffrey Epstein has been withdrawn. Please log into ICOTS for more information.

EFTA01625873

Interstate Commission for Adult Offender Supervision

(Revised 10/18/06)

OFFENDER'S APPLICATION FOR INTERSTATE COMPACT TRANSFER

To: **US VIRGIN ISLAND**	Date: **5/29/2009**	Type of supervision: ☐ Parole ☐ Probation ☒ Other: **COMMUNITY CONTROL**	Is this case: ☒ Registered Sex Offender ☒ Victim sensitive
From: **FLORIDA**	Phone #: [redacted]	Fax #:	

OFFENDER INFORMATION

Offender's full name (last, first, MI): **EPSTEIN, JEFFREY, E**			Offender number: Sending state#: **W35755** Receiving state#:	
AKA:				
SS#: (if available)	FBI#: (if available) [redacted]	Sex: **MALE**	Race: ~~BLACK~~ WHITE	DOB: [redacted]

I, **JEFFREY E. EPSTEIN**, am applying for transfer of my parole/probation/other supervision from **FLORIDA** (sending state) to **US VIRGIN ISLAND** (receiving state). I understand that this transfer of supervision will be subject to the rules of the Interstate Commission for Adult Offender Supervision.

I understand that my supervision in another state may be different than the supervision I would be subject to in this state. I agree to accept any differences that may exist because I believe that transferring my supervision to **FLORIDA** (receiving state) will improve my chances for making a good adjustment in the community. I ask that the authorities to whom this application is made recognize this fact and grant my request for transfer of supervision.

In support of my application for transfer, I make the following statements:

1. If I am allowed to transfer my supervision to **US VIRGIN ISLAND** (receiving state), I plan to live with **CURTIS AND SILVINA ROYSTON**, at (full address/telephone #) **(340) 775-8100** until I am allowed by the supervising authorities to change my residence. Little St. James Island, St. Thomas, VI 00802
2. I will comply with the terms and conditions of my supervision that have been placed on me, or that will be placed on me by **FLORIDA** (sending state) and **US VIRGIN ISLAND** (receiving state).
3. I understand that if I do not comply with all the terms and conditions that the sending state or the receiving state, or both, placed on me, that it will be considered a violation and I may be returned to the sending state.
4. I agree to the release of any drug or alcohol treatment information from **FLORIDA** (sending state) to any authorized person in **US VIRGIN ISLAND** (receiving state) for the purpose of transferring my supervision. This consent remains in effect from this date **6/1/2009** (today's date) until I revoke this consent.
5. I agree to return to **FLORIDA** (sending state) at any time I am directed to by the sending state or the receiving state. I know that I may have a constitutional right to insist that the sending state extradite me from the receiving state or any other state where I may be found. This is commonly called the right to extradition. But I also understand and acknowledge that I have agreed to return to the sending state when ordered to do so either by the sending or receiving state. Therefore, I agree that I will not resist or fight any effort by any state to return me to the sending state and I AGREE TO WAIVE ANY RIGHT I MAY HAVE TO EXTRADITION. I WAIVE THIS RIGHT FREELY, VOLUNTARILY AND INTELLIGENTLY.

Offender's signature: _____ Date: 6/1/09

Printed name: Jeffrey Epstein

Witness: [redacted] Date: 6/1/09

Printed name: DUANE WILLIAMS

Interstate Commission for Adult Offender Supervision

(Revised 2/4/08)

TRANSFER REQUEST

To:	Date:	Type of supervision:	Is this case:
VI		☐ Parole ☐ Probation ☒ Other: Community control	☐ Victim sensitive Is this offender required to register as a sex offender in: ☒ Sending State ☒ Receiving State
From: FL	**Phone #:**	**Fax #:**	

OFFENDER INFORMATION

Offender's full name (last, first, MI):	Offender number: / Sending state #:	Receiving state #:
Epstein, Jeffrey, E.	W35755	
AKA: NONE		

SS#: (if available)	FBI#: (if available)	Sex: :	Race:	DOB:
		M	White	[redacted]

OFFENSE INFORMATION

☒ Felony ☐ Misdemeanor ☐ Deferred	County of Conviction:	Case number:
	Palm Beach	502008CF009381AXXX MB

Instant offense:	Instant offense reduced from:
796.07 - Solicitation of a Prostitute 796.03 - Procuring a minor for prostitution	

Date sentenced: 06/30/08 Beginning supervision date: Termination of supervision date:	Proposed Institutional release date: 07/22/2009 Offender institution number: W35755

* Resident of receiving state – a person who (1) has continuously inhabited a state for at least one year prior to the commission of the offense for which the offender is under supervision, (2) with the intent that such state shall be the person's principal place of residence and (3) who has not, unless incarcerated, relocated to another state or states for a continuous period of six months or more with the intent to establish a new principal place of residence.

** Resident family – a parent, grandparent, aunt, uncle, adult child, adult sibling, spouse, legal guardian, or step-parent who-1) has resided in the receiving state for 180 days or longer; and 2) indicates willingness and ability to assist the offender as specified in the plan of supervision.

	Supervision period: 12 months
Special Conditions: ☒ Yes ☐ No	List Special Conditions: see attached

REASONS FOR TRANSFER

Choose from one of the six reasons for transfer. See Rules 3.101 & 3.101-1 & 3.101-2 for transfer criteria

MANDATORY

☐ 1. Resident of receiving state* within the meaning of the Compact.	☐ Verified By: Date:
☐ 2. Resident family AND Employment or Means of Support. Family member name: Relationship: Address: Phone number:	☐ Verified By: Date:
☐ 3. Military member.	☐ Verified By: Date:
☐ 4. Live with family who are military members	☐ Verified By: Date:
☐ 5. Employment transfer of family member to another state.	☐ Verified By: Date:

DISCRETIONARY

☐ 6. Explain: Transferee is a legal resident of receiving state and his business is located in receiving state	☐ Verified By: Date:

JUSTIFICATION FOR TRANSFER (Mandatory)

Transferee is a legal resident of receiving state and his business is located in receiving state.

CURRENT RESIDENCE LOCATION

This section is to be completed to verify where the offender is located at the time the Transfer Request is completed.

Which State is the offender currently in:
☒ Sending State / ☐ Receiving State

If in the Sending State, is offender's current location prison or other institution?
☒ Yes / ☐ No

If in the Receiving State, is the offender in Receiving State with approved Reporting Instructions?
☐ Yes / ☐ No*
***If NO, order the return of this offender to the sending state in order to proceed with the transfer request process.**

RECEIVING STATE RESIDENCE (Must be Verified)

Offender will reside - name and relationship: House managers Curtis and Silvina Royston	Phone #: [redacted]

* Resident of receiving state – a person who (1) has continuously inhabited a state for at least one year prior to the commission of the offense for which the offender is under supervision, (2) with the intent that such state shall be the person's principal place of residence and (3) who has not, unless incarcerated, relocated to another state or states for a continuous period of six months or more with the intent to establish a new principal place of residence.
** Resident family – a parent, grandparent, aunt, uncle, adult child, adult sibling, spouse, legal guardian, or step-parent who-1) has resided in the receiving state for 180 days or longer; and 2) indicates willingness and ability to assist the offender as specified in the plan of supervision.

Address: Little St James Island	City: St. Thomas	State: USVI	Zip: 00802
Verified by:		Date:	

EMPLOYMENT (Must be Verified)

Offender's employment: Financial Trust Company Inc.

Employer's street address:	City:	State:	Zip:	Telephone #:
6100 Red Hook Quarter Suite B-3	St. Thomas	USVI	00802	[redacted]

Offender's employment supervisor: Darren Indyke	Offender's job title: Chairman
Verified by:	Date:

ATTACHMENTS

Below check off the attachments to the Transfer Request included in the packet. All Mandatory attachments must be included for the packet to be complete. Any attachments in the "if available" and "sex offender" sections should be included if they are attainable by the sending state.

Check all information that is attached to this form:

MANDATORY
- ☐ Offender's criminal history
- ☐ Notice, if applicable, indicating supervision of offender is a victim sensitive matter
- ☐ Copy of signed *Offender's Application for Interstate Compact Transfer* form
- ☐ Photograph of offender
- ☐ Conditions of supervision
- ☐ Any orders restricting offender's contact with victim or other persons
- ☐ Any known orders protecting offender from contact with any other person
- ☐ Information about whether offender is subject to sex offender registry requirements in sending state with supporting documents
- ☐ Instant offense details including type and severity of crime.
- ☐ Judgment and commitment records
- ☐ Information relating to court-ordered financial obligations

IF AVAILABLE
- ☐ Pre-sentence investigation report
- ☐ Psychological evaluation
- ☐ Medical information
- ☐ Supervision history

SEX OFFENDER
- ☐ Assessment(s)
- ☐ Social History
- ☐ Information regarding sex offender's criminal sexual behavior
- ☐ Law enforcement report regarding details of sex offense
- ☐ Victim information
- ☐ Current/recommended supervision plan
- ☐ Current/recommended treatment plan

Supervising Officer/Location:	Date:	Compact Administrator/Designee:	Date:
Duane Williams / 15-4			

* Resident of receiving state – a person who (1) has continuously inhabited a state for at least one year prior to the commission of the offense for which the offender is under supervision, (2) with the intent that such state shall be the person's principal place of residence and (3) who has not, unless incarcerated, relocated to another state or states for a continuous period of six months or more with the intent to establish a new principal place of residence.

** Resident family – a parent, grandparent, aunt, uncle, adult child, adult sibling, spouse, legal guardian, or step-parent who-1) has resided in the receiving state for 180 days or longer; and 2) indicates willingness and ability to assist the offender as specified in the plan of supervision.

Application:

Interstate Commission for Adult Offender Supervision

(Revised 10/18/06)

OFFENDER'S APPLICATION FOR INTERSTATE COMPACT TRANSFER

To:	Date:	Type of supervision:	Is this case:
VI		☐ Parole ☐ Probation ☒ Other: community control	☒ Registered Sex Offender ☐ Victim sensitive
From:	Phone #:	Fax #:	
FL	[redacted]		

OFFENDER INFORMATION

Offender's full name (last, first, MI):	Offender number: / Sending state#: / Receiving state#:
Epstein, Jeffrey, E.	W35755
AKA:	

SS#: (if available)	FBI#: (if available)	Sex:	Race:	DOB:
[redacted]		M	white	[redacted]

I, Jeffrey Epstein am applying for transfer of my parole/probation/other supervision from FL (sending state) to VI (receiving state). I understand that this transfer of supervision will be subject to the rules of the Interstate Commission for Adult Offender Supervision.

I understand that my supervision in another state may be different than the supervision I would be subject to in this state. I agree to accept any differences that may exist because I believe that transferring my supervision to VI (receiving state) will improve my chances for making a good adjustment in the community. I ask that the authorities to whom this application is made recognize this fact and grant my request for transfer of supervision.

In support of my application for transfer, I make the following statements:

1. If I am allowed to transfer my supervision to VI (receiving state), I plan to live with House Managers Curtis and Silvia Royston, at (full address/telephone #) Little St. James Island St. Thomas, USVI 00802 until I am allowed by the supervising authorities to change my residence.
2. I will comply with the terms and conditions of my supervision that have been placed on me, or that will be placed on me by FL (sending state) and VI (receiving state).

[redacted]

3. I understand that if I do not comply with all the terms and conditions that the sending state or the receiving state, or both, placed on me, that it will be considered a violation and I may be returned to the sending state.
4. I agree to the release of any drug or alcohol treatment information from FL (sending state) to any authorized person in VI (receiving state) for the purpose of transferring my supervision. This consent remains in effect from this date (today's date) until I revoke this consent.
5. I agree to return to FL (sending state) at any time I am directed to by the sending state or the receiving state. I know that I may have a constitutional right to insist that the sending state extradite me from the receiving state or any other state where I may be found. This is commonly called the right to extradition. But I also understand and acknowledge that I have agreed to return to the sending state when ordered to do so either by the sending or receiving state. Therefore, I agree that I will not resist or fight any effort by any state to return me to the sending state and I AGREE TO WAIVE ANY RIGHT I MAY HAVE TO EXTRADITION. I WAIVE THIS RIGHT FREELY, VOLUNTARILY AND INTELLIGENTLY.

Offender's signature: _____ Date: _____

Printed name: _____

Witness: _____ Date: _____

Printed name: _____

Interstate Commission for Adult Offender Supervision

(Revised 2/4/08)

REQUEST FOR REPORTING INSTRUCTIONS

To:	Date:	Type of supervision:	Is this case:
VI		☐ Parole ☐ Probation ☒ Other: Community Control	☐ Victim sensitive Is this offender required to register as a sex offender in: ☒ Sending State ☒ Receiving State
From: FL	Phone #: [redacted]	Fax #: [redacted]	

OFFENDER INFORMATION

Offender's full name (last, first, MI):	Offender number:
Epstein, Jeffrey, E.	W35755 Sending state #: Receiving state #:
AKA: NONE	

SS#: (if available)	FBI#: (if available)	Sex: :	Race:	DOB:
— —		M	White	[redacted]

REASON FOR REQUESTING REPORTING INSTRUCTIONS

Select from 1 of the reasons below. All reasons must be verified by the sending state.

☐ 1. Probationer living in receiving state at time of sentencing.

**sex offenders must remain in sending state until reporting instructions are issued*

☐ 2. Transferred offender returning to sending state.

☐ 4. Live with family who are military members.

☐ 5. Employment transfer of family member to another state.

☐ 3. Military member.	☒ 6. Expedited, explain: Transferee is a legal resident of receiving state and his only business is located in receiving state.

Justification for Expedited: Transferee is a legal resident of receiving state and his only business is located in receiving state.

RESIDENCE (Must be Verified)

Offender will reside with:	Relationship:	Telephone #:
Curtis and Silvina Royston	House Managers	[redacted]

Street address:	City:	State:	Zip:
Little St. James Island	St. Thomas	USVI	00802

Verified by:	Date:

EMPLOYMENT (Must be Verified)

Offender's employment: Financial Trust Company, Inc.

Employer's street address:	City:	State:	Zip:	Telephone #:
6100 Red Hook Quarter Suite B-3	St. Thomas	USVI	00802	[redacted]

Offender's employment supervisor:	Offender's job title:
Darren Indyke	Chairman

Verified by:	Date:

OFFENSE INFORMATION

☒ Felony
☐ Misdemeanor
☐ Deferred

Instant offense(s):	Description(s) *(if a sex offense, include age of victim(s))*:	Length of sentence:
Procure person under 18 for prostitution		6 months Palm Beach county jail with credit for one day, followed by 12 months community control

Supervision start date(s):	Supervision expiration date(s):

Special Conditions:	List Conditions:
☒ Yes ☐ No	See attached

HISTORICAL INFORMATION

Note whether this offender has a history of assault or sex offense(s). Explain below

History of assault: ☐ Yes ☒ No	History of sex offense: ☐ Yes ☒ No
Please explain all "Yes" checks:	

Supervising Officer/Location:	Date:	Compact Administrator/Designee:	Date: Date
Duane Williams/15-4			

RESULTS

Below is completed by the receiving state. Leave blank

Reporting instructions are: ☐ APPROVED ☐ DENIED	Reason for denial:
Date to report:	Offender to report: ☐ by phone ☐ in person ☐ within hours of arrival ☐ immediately upon arrival

Report to address:	City:	State:	Zip:
Report to: ☐ Officer of the Day ☐ Other:			Phone #:
Comments/Special Instructions:			

Receiving Compact Administrator/Designee:	Date:

SUMMARY OF STANDARD CONDITIONS AND SPECIAL CONDITIONS

Standard Conditions:

(1) You will report to the probation office as directed. Not later than the fifth day of each month, unless otherwise directed, you will make a full and truthful report to your officer on the form provided for that purpose.

(2) You will pay the State of Florida the amount of $50.00 per month, as will as 4% surcharge, toward the cost of your supervision in accordance with s. 948.09,F.S., unless otherwise exempted in compliance with Florida Statutes.

(3) You will remain in a specified place. You will not change your residence or employment or leave the county of your residence without first procuring the consent of your officer.

(4) You will not possess, carry or own any firearm or weapon, unless authorized by the court.

(5) You will live without violating the law. A conviction in a court of law shall not be necessary for such a violation to constitute a violation of your probation/community control.

(6) You will not associate with any person engaged in any criminal activity.

(7) You will not use intoxicants to excess or possess any drugs or narcotics unless prescribed by a physician. Nor will you visit places where intoxicants, drugs or other dangerous substances are unlawfully sold, dispensed or used.

(8) You will work diligently at a lawful occupation, advise your employer of your probation status, and support any dependents to the best of your ability, as directed by your officer.

(9) You will promptly and truthfully answer all inquiries directed to you by the court or the officer, and allow your officer to visit in your home, at your employment site or elsewhere, and you will comply with all instructions your officer may give you.

(10) You will pay restitution, court costs, and/or fees in accordance with special conditions imposed or in accordance with the attached orders.

(11) You will report in person within 72 hours of your release from incarceration to the probation office in **PALM BEACH** County, **Florida**, unless otherwise instructed by the court or department. (This condition applies only if section 3 on the previous page is checked.) Otherwise, you mist report immediately to the probation office located at **3444 SOUTH CONGRESS AVENUE, LAKE WORTH, FL 33461.**

Special Conditions:

(1) **AS A SPECIAL CONDITION OF HIS COMMUNITY CONTROL, THE DEFENDANT IS TO HAVE NO UNSUPERVISED CONTACT WITH MINORS, AND THE SUPERVISING ADULT MUST BE APPROVED BY THE DEPARTMENT OF CORRECTIONS.**

(2) **THE DEFENDANT IS DESIGNATED AS A SEXUAL OFFENDER PURSUANT TO FLORIDA STATUTE 943.05 AND MUST ABIDE BY ALL THE CORRESPONDING REQUIREMENTS OF**

THE STATUTE, A COPY OF WHICH IS ATTACHED HERETO AND INCORPORATED HEREIN.

(3) SPECIFIED CONTACT WITH THE PAROLE AND PROBATION OFFICER.

(4) CONFINEMENT TO A DESIGNATED RESIDENCE DURING DESIGNATED HOURS.

(5) YOU WILL REPORT TO YOUR OFFICER AS DIRECTED, AT LEAST ONE TIME A WEEK, UNLESS YOU HAVE WRITTEN CONSENT OTHERWISE.

(6) YOU WILL MAINTAIN AN HOURLY ACCOUNTING OF ALL YOUR ACTIVITIES ON A DAILY LOG, WHICH YOU WILL SUBMIT TO YOUR OFFICER ON REQUEST.

3444 S. Congress Ave. Lake Worth, FL 33461
(561) 434-3960 FAX (561) 434-3972

Department of Corrections
Probation & Parole Services
Circuit 15

Fax

To: Deputy Smith From: Diane Williams

Fax: (561) 688-4929 Pages: 1

Phone: (561) 688-4919 Date: 5/29/09

Re: Jeffrey Epstein

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

I am requesting that you escort Mr. Epstein to the probation office located at, 3444 South Congress Ave Lake Worth FL, 33461. On June 1, 2009 @ 3:30 pm, to sign application for Interstate compact transfer.

If you have any further question you can contact me at (561) 434-3960 mon-Fri 8:00am to 5:00pm

FAX Operator: _____

HP OfficeJet
Personal Printer/Fax/Copier/Scanner

Fax History Report for
15 4 Office
94332631
May 29 2020 11:10pm

Last Fax

Date	Time	Type	Identification	Duration	Pages	Result
May 29	11:09pm	Sent	96884929	0:24	1	OK

Result:
OK - black and white fax
OK color - color fax

EFTA01625886

Palm Beach County Sheriff's Office - http://www.pbso.org/



+ click image to zoom

Name: EPSTEIN, JEFFREY E
Race: White **DOB:** [redacted]
Address:
358 EL BRILLO WY
PALM BEACH, FL 33480
Facility: Stockade
Cell Location: S-T-01-M-16-B
Booking Number: 2008039316
OBTS Number: N/A
Booking Date: 06/30/2008 **Time:** 10:19
Arresting Agency: 01 - PBSO
Officer: D/S DELPLATO
Release Date: N/A
Holds For Other Agencies: No
Warrant Number: 787075K6
Jacket Number: 0338617

Charges:

9999.0004 -RE-COMMIT
Original Bond: $0.00 **Current Bond:** $0.00

* PROCURE PERSON UNDER AGE OF 18 FOR PROSTITUTION // CASE: 2008CF009381AXX-W
Original Bond: $0.00 **Current Bond:** $0.00

Information contained herein should not be relied upon for any type of legal action. PBSO cannot represent that the information is current, accurate or complete. Persons may use false identification information. True identity can only be confirmed through fingerprint comparison.

Release date:
7/22/09

EFTA01625887

Palm Beach County Sheriff's Office - http://www.pbso.org/



+ click image to zoom

Name: EPSTEIN, JEFFREY E
Race: White **DOB:** [redacted]
Address:
358 EL BRILLO WY
PALM BEACH, FL 33480
Facility: Stockade
Cell Location: S-T-01-M-16-B
Booking Number: 2008039316
OBTS Number: N/A
Booking Date: 06/30/2008 **Time:** 10:19
Arresting Agency: 01 - PBSO
Officer: D/S DELPLATO
Release Date: N/A
Holds For Other Agencies: No
Warrant Number: 787075K6
Jacket Number: 0338617

Charges:

9999.0004 -RE-COMMIT
Original Bond: $0.00 **Current Bond:** $0.00

- PROCURE PERSON UNDER AGE OF 18 FOR PROSTITUTION // CASE: 2008CF009381AXX-W
Original Bond: $0.00 **Current Bond:** $0.00

Information contained herein should not be relied upon for any type of legal action. PBSO cannot represent that the information is current, accurate or complete. Persons may use false identification information. True identity can only be confirmed through fingerprint comparison.

EFTA01625888

NAME: EPSTEIN, JEFFREY JACKET #: 0338617 BOOK #: 2006036744

ALIAS NAMES: OVER 8 NAMES: ☐

NONE

Sunday, July 23, 2006
02:43 AM

PALM BEACH SHERIFFS OFFICE
BOOKING CARD



INCARCERATION DATE/TIME 07/23/2006 1:56
PRISONER TYPE LOCAL CHARGES
DOB: [redacted]
AGE: 53
SSN: [redacted]
R/S: W/M
HEIGHT: 6 ft 0 in
WEIGHT: 180
BKG.LOC: MDC INTAKE
BKG. ID #: 6199
HAIR COLOR: GRY
EYE COLOR BLU
ADDRESS: 358 EL BRILLO WY CITY: PALM BEACH STATE: FL ZIP: 33480

ID #: 20060723017 POUCH: 1291 NCIC:
SID #: AFIS: DOC #:
ALIEN #: U.S. MARSHAL #: INCIDENT #:
FBI #: OBTS #:

ARREST ADDRESS: 3228 GUN CLUB ROAD CITY: WPB STATE: FL ZIP: 33406
ARREST DATE: 07/23/2006 ARREST TIME: 1:30
BKG. DATE: 07/23/2006 BKG. TIME: 1:56 CURRENT BOND: $3,000.00
WARRANT/CASE#: 06009454CFA99 W COURT DIVISION: T - MARX, KRISTA
ARREST OFFICER: CASTILLO ARREST AGENCY: 01 - PBSO
TRANS. OFFICER: SELF SURRENDER TRANS. AGENCY:

CASE TYPE: FELONY
NOTE:

STATUTE:	COUNT:	DESCRIPTION:	CASE FLAG:
796.07 2E (FT)	1	PROSTITUTION-OFFER COMMIT ENGAGE 3RD SUBSQ OFF	
()	0	CT1) FELONY SOLICITATION OF PROSTITUTION (3F)	
()	0	**SEALED INDICTMENT** NO INFORMATION GIVEN ** SEALED INDICTMENT JUDGE KROLL	

HOLDS:

	HOLD DATE/TIME:	HOLD BY:	HOLD DEPT.:	HOLD REM.DATE/TIME:	HOLD REM. BY:	HOLD REM. DEPT:
1						
2						
3						

	ALERT DESCRIPTION:	ALERT NARRATIVE:
1		
2		
3		

OVER 3 ALERTS: ☐

KEEP SEPARATE FROM:
NONE
OVER 6 NAMES: ☐

05 JUL 23 AM 5:51
CLERK
COUNTY, FL.

ASSIGNED HOUSING: NTA DATE/TIME: NTA LOC:
NCIC INTAKE: NCIC RELEASE: F.P. ENTERED: F.P. CLEAR:
PALMS REL.: PHOTO ID: CLASSIFICATION: MED.CLEAR IN:
MED. CLEAR REL: RELEASE MOVE:
RELEASE DATE/TIME: RELEASE INFORMATION:
COURT DATE/TIME: COURT LOCATION:

CLERK ☐ WARRANTS ☐ STATE ATTY ☐ CENTRAL RCDS ☐ CLASS ☐

EFTA01625889

SH0553601'7

1291

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. 2. I.A. 3. Request for Warrant 4. Request for Capias

Juvenile

ADMIN

OBTS Number

Agency ORI Number: FLO 5 0 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 0 6 - - -

Charge Type: (check as many as apply) 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

If Weapon Seized — Enter Type

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 3228 Gun Club RD WPB, FL

Location of Offense (Business Name, Address)

Date of arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
0 7 2 3 0 6	0 1 3 0					

DEFENDANT

Name (Last, First, Middle): Epstein, Jeffrey

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	[redacted]	6.00	180	BLUE	GRAY	FAIR	MED

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): NONE SEEN

Marital Status: S — Religion: DONE

Indication of: Alcohol Influence Y N Unk. — Drug Influence

Local Address (Street, Apt. Number): 358 EZBARILLO (City): Palm Beach, FL (State) (Zip): 33480 — Phone: [redacted]

Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt. Number): 16100 RED Hook Quarters Suite B3 (City): St Thomas (State): USVI (Zip) — Phone

Address Source: Verbal Def

Business Address (Name, Street) — (City) (State) (Zip) — Phone

Occupation: BANKER

DL Number, State

Soc. Sec. Number: [redacted]

INS Number

Place of Birth (City, State): NEW YORK, NY

Citizenship: USA

CO-DEF.

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large	3. Felony 4. Misdemeanor 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large	3. Felony 4. Misdemeanor 5. Juvenile

JUVENILE

Parent / Legal Custodian / Other: Name (Last) (First) (Middle) — Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) — Business Phone

Notified by: (Name) — Date — Time

Juvenile Disposition: 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated

Released To: (Name) — Relationship — Date — Time

The above address was provided by ☐ defendant and / or ☐ defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.
☐ Yes, by: (Name) ☐ No: (Reason)

School Attended — Grade

Property Crime? ☐Yes ☐No — Description of Property — Value of Property

CODE

Drug Activity: N. N/A P. Possess — S. Sell B. Buy T. Traffic — R. Smuggle D. Deliver E. Use — K. Dispense/ Distribute — M. Manufacture/ Produce/ Cultivate — Z. Other

Drug Type: N. N/A A. Amphetamine — B. Barbiturate C. Cocaine E. Heroin — H. Hallucinogen M. Marijuana O. Opium/Deriv. — P. Paraphernalia/ Equipment S. Synthetic — U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Felony Solicitation of Prostitution		☐Y ☐N	796.07(2)F(4)(c)(3F)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
				06009454 CFA99 DIV W	3,000

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
					5

NOTICE TO APPEAR

Location (Court, Room Number, Address)

Court Date and Time — Month — Day — Year — Time — A.M. — P.M.

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/ Custodian) — Date Signed

ADMIN

HOLD for other Agency Name:

Signature of Arresting Officer: X

Name Verification (Printed by Arresting Officer) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Name of Arresting Officer (Print) — I.D. #

Issue Deputy — I.D. # — Pouch # — Transporting Officer — I.D. # — Agency: SHF BURRENDER

Witness here if subject signed with an "X"

PAGE ____ OF ____

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