REQUEST FOR WARRANT

DEFENDANT: Jeffrey Esptein DATE OF BIRTH 01-20-1953

HABITUAL OFFENDER: YES _____ NO _____ A/K/A _____

VICTIM RELATED / ACQUAINTED WITH DEFENDANT? YES XX NO _____

AGENCY CASE NUMBER: 05-368 (1)

LEAD OFFICER: [redacted]

AGENCY: PALM BEACH POLICE DEPARTMENT PHONE NUMBER: [redacted]

CURRENT SHIFT HOURS: 8 am TO 5 pm DAYS OFF: _____

LEAVE / SHIFT CHANGE INFO: _____

WAS ARREST MADE FOR, OR IN CONJUNCTION WITH ANOTHER AGENCY. IF SO, WHAT AGENCY?:

_____

SENTENCING RECOMMENDATIONS: CONTACT DETECTIVE

ADDITIONAL COMMENTS: _____

****

FILING DOCUMENTS ATTACHED:

- X ARREST FORM
- X P.C. AFFIDAVIT (2 COPIES)
- X WITNESS / EVIDENCE LIST Previously Given to ASA BELOHLAVEK
- ____ SWORN STATEMENT OF MATERIAL WITNESS(ES)
- X OFFENSE REPORT (2 COPIES)
- ____ ACCIDENT REPORTS (ALL)
- ____ WITNESS STATEMENTS (ALL)
- X FCIC/NCIC CRIMINAL HISTORY Previously Given to ASA BELOHLAVEK
- ____ REQUEST FOR CONVICTION LETTERS
- X PROPERTY RECEIPT Previous given to ASA BELOHLAVEK
- ____ VEHICLE TOW RECEIPT
- ____ OTHER ATTACHMENTS INCLUDE:

_____

_____

INITIAL FOR COMPLETENESS: JR (OFFICER) 7915 (ID#) 050106 (DATE)

_____ (SUPERVISOR) _____ (ID#) 5-01-06 (DATE)

DELIVERED BY: [redacted] (DETECTIVE) [redacted] (ID#) [redacted] (DATE)

RECEIVED, STATE ATTORNEY'S OFFICE ON: _____ BY: _____

CONFIDENTIAL

SDNY_GM_00330491

EFTA_00203217

EFTA02728962

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number | 1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias | 3 | Juvenile

ADMINISTRATIVE

Agency ORI Number: FL0 5 0 0 6 0 0 | Agency Name: PALM BEACH POLICE DEPARTMENT | Agency Report Number (N.T.A.'s only): 7 6 - -

Charge Type Check as many as apply: [X] 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) | Location of Offenses (Business Name, Address): 358 EL BRILLO WAY PALM BEACH, FL

Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle

DEFENDANT

Name (Last, First, Middle): EPSTEIN, JEFFREY E. | 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	01/20/53	6'00	175	BLUE	GREY		MED

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | Marital Status | Religion | Indication of: Alcohol Influence, Drug Influence (Y / N / Unk)

Local Address (Street, Apt. Number): 358 EL BRILLO WAY | (City): PALM BEACH | (State): FL | (Zip): 33480 | Phone: (561) 832-4117 | Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt. Number): 34 E 69 ST. | (City): N.Y. | (State): N.Y. | (Zip): 10021 | Phone: ( ) | Address Source

Business Address (Name, Street): 457 MADISON AVE | (City): NY | (State): NY | (Zip): 10022 | Phone: ( ) | Occupation: INVESTOR

DL Number, State: T42004119330 USVI. [redacted] | INS Number | Place of Birth (City, State): NEW YORK | 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 ( )

TOT JAC | 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 #
UNLawful SEX ACTS w/MINOR	4	[ ] Y [X] N	794.05, (1)	
Drug Activity	**Drug Type**	**Amount / Unit**	**Offense #**	**Warrant / Capias Number**	**Bond**
N	N		05-368		

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
LEWD / LASCIVIOUS Molest	1	[ ] Y [X] N	800.04, (5)	
Drug Activity	**Drug Type**	**Amount / Unit**	**Offense #**	**Warrant / Capias Number**	**Bond**
N	N		05-368		

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**

NOTICE TO APPEAR

[ ] Instruction No. 1 Mandatory Appearance in Court
[ ] Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.

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 [redacted] X | Name Verification (Printed by Arrestee) (PRINT)

[ ] Dangerous [ ] Resisted Arrest [ ] Suicidal [ ] Other: | Name of Arresting Officer (Print) [redacted] | I.D. #

Intake Deputy | I.D. # | Pouch | Transporting Officer | I.D. # | Agency | Witness here if subject signed with an "X". | PAGE ____ OF ____

DISTRIBUTION: WHITE — COURT COPY GREEN — STATE ATTORNEY YELLOW — AGENCY PINK — JAIL GOLD - DEFENDANT (N.T.A's ONLY)

CONFIDENTIAL

SDNY_GM_00330492

EFTA_00203218

EFTA02728963

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1 Arrest 3 Request for Warrant
2 NTA 4 Request for Capias
3 Juvenile

ADMINISTRATIVE

OBTS Number

Agency ORI Number: FL0 5 0 0 6 0 0

Agency Name: PALM BEACH POLICE DEPARTMENT

Agency Report Number (N.T.A.'s only): 7 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)

Location of Offenses (Business Name, Address): 358 EL BRILLO WAY PALM BEACH, FL

Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle

DEFENDANT

Name (Last, First, Middle): EPSTEIN, JEFFREY E

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian): W

Sex: M

Date of Birth: 0 1 2 0 5 3

Height: 600

Weight: 175

Eye Color: BLUE

Hair Color: GREY

Complexion

Build: MED

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Marital Status | Religion

Indication of: Alcohol Influence / Drug Influence (Y / N / Unk.)

Local Address (Street, Apt. Number): 358 EL BRILLO WAY (City) PALM BEACH (State) FL (Zip) 33480

Phone: (561) 832-417

Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt. Number): 34 E 69 ST. (City) N.Y. (State) N.Y. (Zip) 10021

Phone: ( )

Address Source

Business Address (Name, Street): 457 MADISON AVE (City) NY (State) NY (Zip) 10022

Phone: ( )

Occupation: INVESTOR

D/L Number, State: T42004411933 USVI. [redacted]

INS Number

Place of Birth (City, State): NEW YORK

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 ( )

TOT JAC | 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: UNLAWFUL SEX ACTS W/MINOR | Counts: 4 | Domestic Violence: ☐ Y ☒ N | Statute Violation Number: 794.05 (1) | Violation of ORD #

Drug Activity: N | Drug Type: N | Amount / Unit | Offense #: 05-368 | Warrant / Capias Number | Bond

CHARGE

Charge Description: LEWD/LASCIVIOUS Molest | Counts | Domestic Violence: ☐ Y ☒ N | Statute Violation Number: 800.04 (5) | Violation of ORD #

Drug Activity: N | Drug Type: N | Amount / Unit | Offense #: 05-368 | Warrant / Capias Number | Bond

CHARGE

Charge Description | Counts | Domestic Violence ☐ Y ☐ N | Statute Violation Number | Violation of ORD #

Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond

CHARGE

Charge Description | Counts | Domestic Violence ☐ Y ☐ N | Statute Violation Number | Violation of ORD #

Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond

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Signature of Defendant (or Juvenile and Paren[redacted] Date Signed

ADMIN.

HOLD for other Agency Name: | S[redacted] X N | [redacted]me Verification (Printed by Arrestee) [redacted] PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy | I.D. # | Pouch | Transporting Officer | I.D. # | Agency | Witness here if subject signed with an "X". | PAGE ___ OF ___

DISTRIBUTION: WHITE — COURT COPY GREEN — STATE ATTORNEY YELLOW — AGENCY PINK — JAIL GOLD - DEFENDANT (N.T.A's ONLY)

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1 Arrest 3 Request for Warrant
2 N T A 4 Request for Capias

3

Juvenile

ADMINISTRATIVE

OBTS Number

Agency ORI Number: FL0 5 0 0 6 0 0

Agency Name: PALM BEACH POLICE DEPARTMENT

Agency Report Number (N.T.A.'s only): 7 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 ______

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Location of Arrest (Including Name of Business)

Location of Offenses (Business Name, Address): 358 EL BRILLO WAY PALM BEACH FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

DEFENDANT

Name (Last, First, Middle): EPSTEIN, JEFFREY E

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	[illegible] 2053	[illegible]	175	BLUE	GREY		MED

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Marital Status | Religion | Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk; Drug Influence ☐ Y ☐ N ☐ Unk

Local Address (Street, Apt. Number): 358 EL BRILLO WAY (City): PALM BEACH (State): FL (Zip): [illegible] Phone ( ) [illegible]-4117

Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt. Number): [illegible] ST. (City): NY (State): NY (Zip): 10021 Phone ( )

Address Source

Business Address (Name, Street): 457 MADISON AVE (City): NY (State): NY (Zip): 1002[illegible] Phone ( )

Occupation: [illegible]

D/L Number, State: [illegible] USVI | S[redacted] | INS Number | Place of Birth (City, State): [illegible] | 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 ( )

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School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

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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: UNLAWFUL SEX ACTS W/MINOR | Counts: 4 | Domestic Violence ☐ Y ☐ N | Statute Violation Number: 794.05 (1) | Violation of ORD #

Drug Activity | Drug Type | Amount / Unit | Offense #: 05-360 | Warrant / Capias Number | Bond

CHARGE

Charge Description: LEWD/LASCIVIOUS M[illegible] | Counts | Domestic Violence ☐ Y ☐ N | Statute Violation Number: [illegible] (5) | Violation of ORD #

Drug Activity | Drug Type | Amount / Unit | Offense #: 05-368 | Warrant / Capias Number | Bond

CHARGE

Charge Description | Counts | Domestic Violence ☐ Y ☐ N | Statute Violation Number | Violation of ORD #

Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond

CHARGE

Charge Description | Counts | Domestic Violence ☐ Y ☐ N | Statute Violation Number | Violation of ORD #

Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond

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Signature of Defendant (or Juvenile and Pa[redacted] Date Signed

ADMIN.

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy | I.D. # | Pouch | Transporting Officer | I.D. # | Agency

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X".

DISTRIBUTION: WHITE — COURT COPY GREEN — STATE ATTORNEY YELLOW — AGENCY PINK — JAIL GOLD - DEFE[NDANT]

CONFIDENTIAL

08-492

Friday, July 25, 2008

Aileen Josephs, P.A.
[redacted]

RE: State of Florida v Jeffrey E. Epstein
Case No. 06CF009454 AMB

Dear Ms. Josephs:

In response to your Public Records request for copies of the above referenced case, please remit by check or money order payable to the State Attorney's Office, 15th Judicial Circuit in the amount of $654.50 the cost of copying & redacting documents (see attached). The shipping charge will be determined at the time of copying.

Sincerely,

Copy

LaTosha Lowe-Goode
Public Information

Enc.

STATE ATTORNEY

FIFTEENTH JUDICIAL CIRCUIT OF FLORIDA
IN AND FOR PALM BEACH COUNTY

BARRY E. KRISCHER
STATE ATTORNEY

Public Records Request

Date of Request: 8/14/2006 (* Revised 7/21/2008)

Person/Organization Making Request: Aileen Josephs, P.A.

[redacted]

Contact Person & Phone #: [redacted]

Case # 06CF009454 AMB – Jeffrey E. Epstein

Fed Ex Account #

Charges are broken down as follows in accordance with F.S. 119.07

Approximate number of copies 3,030 @ $ .15 per copy = $454.50
Videos _____ @ $20.00 per copy = _____
Cassette Tapes _____ @ $15.00 per copy = _____
Color Photos _____ @ $1.50 per copy = _____
Labor 10 hours @ $20.00 per hour = $200.00
Shipping = TBD
TOTAL: $654.50

(Check or Money Order made payable to: State Attorney's Office, 15th Judicial Circuit

Date Payment Received: _____
Amount: $_____ Check No._____

[redacted]

"There is no excuse for child abuse"

CONFIDENTIAL