

August 20, 2019

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VIA FEDEX

FOIA PUBLIC LIAISON  
EXECUTIVE OFFICE FOR UNITED STATES ATTORNEYS

Re: FOIA Requests: EOUSA-2019-003546, EOUSA-2019-003548, EOUSA-2019-003549, EOUSA-2019-003550, EOUSA-2019-003551, EOUSA-2019-003552, EOUSA-2019-003553, & EOUSA-2019-003554

Dear FOIA Public Liaison Officer:

This letter is in response to the July 17, 2019 letter regarding the eight above referenced FOIA requests from Assistant Director [REDACTED]. A copy of which is enclosed for you reference.

First, in regard to [REDACTED]. Records concerning [REDACTED] were requested in FOIA requests: EOUSA-2019-003549, EOUSA-2019-003550, EOUSA-2019-003552, EOUSA-2019-003553, and EOUSA-2019-003554 directed toward the United States Attorney's Offices for the District of New Mexico, Southern District of New York, District of the Virgin Islands, Southern District of Florida, and Northern District of Georgia respectively. We have obtained the necessary authorization (Certificate of Identity, Form DOJ-361) from [REDACTED] for the release of her records to our firm, Boies, Schiller and Flexner LLP, and to me specifically. See the signed authorization form enclosed.

[REDACTED] is our client and we are obtaining her records on her behalf. This is a priority over all other aspects of our record requests contained in the eight referenced FOIA requests. Specifically, records related to complaints filed by her against Jeffrey Epstein in New York are requested on an expedited basis if possible.

Second, in regard to Jeffrey Epstein (DOB: 01/20/1953). Records concerning Epstein were requested in FOIA requests: EOUSA-2019-003549, EOUSA-2019-003550, EOUSA-2019-003552, EOUSA-2019-003553, and EOUSA-2019-003554 directed toward the United States Attorney's Offices for the District of New Mexico, Southern District of New York, District of the Virgin Islands, Southern District of Florida, and Northern District of Georgia respectively. Subsequent to our original request, Jeffrey Epstein died on August 10, 2019. Given that Epstein died in Federal custody while facing Federal charges, and the resulting media attention, we assume that the Department of Justice is well aware of his death. As Jeffrey Epstein is now deceased, any privacy concerns are extinguished. We therefore renew our request for all records pertaining to

BOIES SCHILLER FLEXNER LLP

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EFTA00032431

Jeffrey Epstein. Should you require that we obtain a formal death certificate to proceed, please let us know and we will conduct that exercise.

Finally, we request all public documents concerning the named individuals that may be contained within your files as described by Assistant Director [REDACTED] in the third paragraph of his letter. We are prepared to pay reasonable duplication fees in an amount not to exceed \$500 for any such records.

We reserve the right to supplement this request with additional supporting material as it may become available, and to file a formal appeal should that become necessary. If it is helpful, please free to contact me by telephone at [REDACTED] or via email at [REDACTED] to discuss these matters and expedite a satisfactory resolution.

Sincerely,



Sigrid S. McCawley, Esq.

Enclosures



U.S. Department of Justice  
Executive Office for United States Attorneys

Freedom of Information and Privacy Staff

[REDACTED]

July 17, 2019

Sigrid S. McCawley

[REDACTED]

Re: Request Numbers: EOUSA-2019-003546, EOUSA-2019-003548, EOUSA-2019-003549, EOUSA-2019-003550, EOUSA-2019-003551, EOUSA-2019-003552, EOUSA-2019-003553, & EOUSA-2019-003554

Date of Receipt: July 1, 2019

Subject of Request: Third-Party Material – Multiple Individuals

Dear Ms. McCawley:

The Executive Office for United States Attorneys has received eight Freedom of Information Act request that you filed on July 1, 2019, and assigned the above reference numbers to them.

You have requested records concerning third parties. Records pertaining to a third party generally cannot be released absent express authorization and consent of the third party, proof that the subject of your request is deceased, or a clear demonstration that the public interest in disclosure outweighs the personal privacy interest and that significant public benefit would result from the disclosure of the requested records. Since you have not furnished a release, death certificate, or public justification for release, the release of records concerning a third party would result in an unwarranted invasion of personal privacy and would be in violation of the Privacy Act, 5 U.S.C. § 552a. These records are also generally exempt from disclosure pursuant to sections (b)(6) and (b)(7)(C) of the Freedom of Information Act, 5 U.S.C. § 552.

We will release, if requested, any public records maintained in our files, such as court records and news clippings, without the express authorization of the third party, a death certificate, or public justification for release. If you desire to obtain public records, if public records exist in our files, please reply with a letter asking for the public documents. Please send your letter to [REDACTED], [REDACTED].

Should you obtain the written authorization and consent of the third party for release of the records to you, please submit a new request for the documents accompanied by the written authorization. A form is enclosed to assist you in providing us the authorization and consent of the subject of your request. Your name should appear in the section titled "Optional." The authorization must be notarized or signed under penalty of perjury pursuant to 18 U.S.C. § 1001. Please send your new request to [REDACTED], [REDACTED].

This is our final action on this above-numbered request. If you are not satisfied with my response to this request, you may administratively appeal by writing to the Director, Office of Information Policy (OIP), United States Department of Justice, [REDACTED], or you may submit an appeal through OIP's FOIAonline portal by creating an account on the following web site: <https://foiaonline.regulations.gov/foia/action/public/home>. Your appeal must be postmarked or electronically transmitted within ninety (90) days of the date of my response to your request. If you submit your appeal by mail, both the letter and the envelope should be clearly marked "Freedom of Information Act Appeal."

You may contact our FOIA Public Liaison at the Executive Office for United States Attorneys (EOUSA) for any further assistance and to discuss any aspect of your request. The contact information for EOUSA is [REDACTED]; telephone at [REDACTED]; or facsimile [REDACTED]. Additionally, you may contact the Office of Government Information Services (OGIS) at the National Archives and Records Administration to inquire about the FOIA mediation services they offer. The contact information for OGIS is as follows: Office of Government Information Services, National Archives and Records Administration, [REDACTED]; e-mail at [REDACTED]; telephone at [REDACTED]; toll free at [REDACTED]; or facsimile at [REDACTED].

Sincerely,

[REDACTED]  
Assistant Director

Enclosure(s)

## Certification of Identity

FORM APPROVED OMB NO. 1103-0016  
EXPIRES 03/31/17

**Privacy Act Statement.** In accordance with 28 CFR Section 16.41(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of U.S. Department of Justice systems of records are not wrongfully disclosed by the Department. Requests will not be processed if this information is not furnished. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 552a(i)(3).

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project (1103-0016), Washington, DC 20503.

Full Name of Requester <sup>1</sup> \_\_\_\_\_Citizenship Status <sup>2</sup> \_\_\_\_\_ Social Security Number <sup>3</sup> \_\_\_\_\_

Current Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**OPTIONAL: Authorization to Release Information to Another Person**

This form is also to be completed by a requester who is authorizing information relating to himself or herself to be released to another person.

Further, pursuant to 5 U.S.C. Section 552a(h), I authorize the U.S. Department of Justice to release any and all information relating to me to:

**Print or Type Name**

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.

Signature <sup>4</sup> \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> Name of individual who is the subject of the record(s) sought.

<sup>2</sup> Individual submitting a request under the Privacy Act of 1974 must be either "a citizen of the United States or an alien lawfully admitted for permanent residence," pursuant to 5 U.S.C. Section 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. Section 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.

<sup>3</sup> Providing your social security number is voluntary. You are asked to provide your social security number only to facilitate the identification of records relating to you. Without your social security number, the Department may be unable to locate any or all records pertaining to you.

<sup>4</sup> Signature of individual who is the subject of the record sought.



**Privacy Act Statement.** In accordance with 28 CFR Section 16.41(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of U.S. Department of Justice systems of records are not wrongfully disclosed by the Department. Requests will not be processed if this information is not furnished. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 552a(i)(3).

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Full Name of Requester <sup>1</sup> [REDACTED]Citizenship Status <sup>2</sup> Citizen of the United States Social Security Number [REDACTED]

Current Address [REDACTED]

Date of Birth [REDACTED]

Place of Birth [REDACTED]

**OPTIONAL: Authorization to Release Information to Another Person**

This form is also to be completed by a requester who is authorizing information relating to himself or herself to be released to another person.

Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the U.S. Department of Justice to release any and all information relating to me to:

**My attorneys at Boies, Schiller and Flexner LLP. Including, but not limited to, Sigrid McCawley.**

**Print or Type Name**

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under 18 U.S.C. Section 1001 by a fine of not more than \$5,000.

Signature [REDACTED]

Date Aug 16, 2019

<sup>1</sup> Name of individual who is the subject of the record(s) sought.

<sup>2</sup> Individual submitting a request under the Privacy Act of 1974 must be either "a citizen of the United States or an alien lawfully admitted for permanent residence," pursuant to 5 U.S.C. Section 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. Section 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.

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<sup>4</sup> Signature of individual who is the subject of the record sought.

# THE CITY OF NEW YORK

## VITAL RECORDS CERTIFICATE

### DEATH TRANSCRIPT

DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

AUG-11-2019 07:36 PM

### CERTIFICATE OF DEATH

Certificate No. 156-19-032838

1. DECEDENT'S LEGAL NAME **JEFFREY EDWARD ERSTEIN**  
(First, Middle, Last)

Place of Death <b>Manhattan</b>	2a. New York City <b>Manhattan</b>	2b. Type of Place <input type="checkbox"/> Hospital Inpatient <input checked="" type="checkbox"/> Emergency Dept./Outpatient <input type="checkbox"/> Dead on Arrival	4. <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other Specify _____	5a. Any Hospice care in last 30 days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	5b. Name of hospital or other facility (if not facility, street address) <b>New York-Presbyterian-Lower Manhattan Hospital</b>
Date and Time of Death or Found Dead <b>August 10 2019 7:36 AM</b>	3a. (Month) <b>August</b> (Day) <b>10</b> (Year) <b>2019</b>	3b. Time <b>7:36</b>	3c. AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	4. Sex <b>Male</b>	5. OCME Case No. <b>M19019432</b>
6. Cause of Death a. Immediate cause <b>Pending Further Study</b> b. Due to or as a consequence of _____ c. Due to or as a consequence of _____ Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Include operation information.					
7a. Injury Date (mm dd yyyy) <b>***</b> 7b. Time <input type="checkbox"/> AM <input type="checkbox"/> PM 7c. At Work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 7d. Place of Injury - At Home, School, Street, etc. 7e. Location _____					
7f. How Injury Occurred					
7g. If Transportation Injury Specify <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other Specify _____					
8. Manner of Death <input checked="" type="checkbox"/> Pending further study <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined					
9. Autopsy <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Autopsy Performed or Law Center Requested <input type="checkbox"/> No Autopsy					
10. Any marks of assault, neglect or other interference. In my opinion, death occurred due to the causes and mechanism stated above. Coroner Signature <b>Paula P. Schwartz</b> D.O. Date <b>AUG-11-2019</b> Coroner Title <b>Medical Examiner</b> (Medical Examiner, Deputy Chief, Chief Medical Examiner)					
11a. Usual Residence State <b>US Virgin Islands</b>	11b. County <b>St. Thomas</b>	11c. City or Town <b>St. Thomas</b>	11d. Street or Highway <b>Little Saint James Island</b>	11e. ZIP Code <b>00802</b>	11f. Is this City (County) _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12. Date of Birth (Month) (Day) (Year) <b>January 20 1953</b>		13. Age at last birthday (years) <b>66</b>		14. Social Security No. <b>***-**-3348</b>	
15a. Usual Occupation (Type of work done during year of preceding life) <b>Consultant</b>					
15b. Usual Occupation (Type of work done during year of preceding life) <b>Consultant</b>					
17. Birthplace (City & State or Foreign Country) <b>Brooklyn, New York</b>					
18. Education (Check the box that best describes the highest degree or level of schooling completed at the time of death) <input type="checkbox"/> No grade or less; work <input type="checkbox"/> Some college; no degree <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS) <input type="checkbox"/> Doctoral degree (e.g., MD, DDS, DVM, LL.D., etc.)					
19. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
20. Marital/Partnership Status at time of death <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input checked="" type="checkbox"/> Married, but separated <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced					
21. Surviving Spouse's/Partner's Name (Last, name prior to first marriage) (First, Middle, Last) <b>Paula Skolofsky</b>					
22. Father's Name (First, Middle, Last) <b>Seymour Epstein</b>					
23. Informant's Name <b>Mark Epstein</b>					
24a. Relationship to Decedent <b>Brother</b>					
24b. Informant's Address (Street and Number) City & State ZIP Code <b>1076 Madison Ave New York, NY 10028-0237</b>					
25a. Method of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> City Cemetery <input type="checkbox"/> Other Specify _____					
25b. Location of Disposition (City & State or Foreign Country)					
25c. Date of Disposition mm dd yyyy <b>08 13 2019</b>					
25d. Funeral Establishment					
25e. Address (Street and Number) City & State ZIP Code <b>1076 Madison Ave New York, NY 10028-0237</b>					
No Correction History.					

EV1201908377726

*Gretchen Van Wy*  
Gretchen Van Wy, Ph.D., City Registrar as of 9/1/18

August 11, 2019

*Steven P. Schwartz*  
Steven P. Schwartz, Ph.D., City Registrar

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made therein, as no inquiry as to the facts has been provided by law.

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by §3-150b of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.

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