

ADMINISTRATIVE DETENTION ORDER

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

NEW YORK MCC
Institution

Date/Time: 07-16-2019 15:50

TO: Special Housing Unit Officer

FROM: [REDACTED], (Name/Title)

SUBJECT : Placement of REYES, EFRAIN, Reg. No. 85993-054, in Administrative Detention

_____ (a) Is pending an investigation for a violation of Bureau regulations;

(b) Is pending an SIS investigation.

_____ (c) Is pending investigation or trial for a criminal act;

_____ (d) Is to be admitted to Administrative Detention

_____ (1) Since the inmate has requested admission for protection;

I hereby request placement in Administrative Detention for my own protection.

Inmate Signature/Register No.: _____

Staff Witness Printed Name Signature: _____

_____ (2) Since a serious threat exists to individual's safety as perceived by staff, although person has not requested admission; referral of the necessary information will be forwarded for an appropriate hearing by the SRO.

_____ (e) Is pending transfer or is in holdover status during transfer.

_____ (f) Is pending classification; or

_____ (g) Is terminating confinement in Disciplinary Segregation and has been ordered into Administrative Detention by the Warden's designee.

It is this Correctional Supervisor's decision based on all the circumstances that the above named inmate's continued presence in the general population poses a serious threat to life, property, self, staff, other inmates, or to the security or orderly running of the institution because*

PENDING SIS INVESTIGATION/ THREAT ASSESSMENT

Therefore, the above named inmate is to be placed in Administrative Detention until further notice. The inmate received a copy of this Order on

(date / time) _____

Staff Witness Signature/Printed Name [REDACTED] Date 7/16/19

Supervisor 24 hour review of placement: Signature/Printed name _____

* In the case of DHO action, reference to that order is sufficient. In other cases, the Correctional supervisor will make an independent review and decision, which is documented here.

Record Copy - Inmate Concerned (not necessary if placement is a result of holdover status); Copy - Captain; Copy - Unit Manager; Copy - Operation Supervisor - Administrative Detention Unit; Copy - Psychology; Copy - Central File

ADMINISTRATIVE DETENTION ORDER

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

NEW YORK MCC
Institution

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FROM: [Redacted] (Name/Title)

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NYMHJ 535.03 *
PAGE 001 OF 001

INMATE PROFILE

* 07-16-2019
15:47:57

85993-054
REGNO: 85993-054
NAME.: REYES, EFRAIN
RSP.: NYM-NEW YORK MCC
PHONE: [REDACTED]
PROJ REL METHOD: UNKNOWN
PROJ REL DATE.: UNKNOWN
PAR ELIG DATE.:
PAR HEAR DATE.:
OFFN/CHG RMKS: TITLE: 21 USC: 846
OFFN/CHG RMKS: TITLE: 21 USC: 841

REG
FUNCTION: PRT DOB/AGE.: [REDACTED]
R/S/ETH.: W/M/H WALSH: YES
MILEAGE.: 11 MILES
FAX: [REDACTED]
FBI NO.: [REDACTED]
INS NO.:
SSN.: [REDACTED]
PSYCH: NO
DETAINER: NO CMC.: YES

FACL CATEGORY	- - - -	CURRENT ASSIGNMENT	- - - -	EFF DATE	TIME
NYM ADM-REL	A-PRE	PRE-SENT ADMIT, ADULT		08-01-2018	1718
NYM CALLOUTS	COURT SDNY	COURT USM SOUTHERN DISTRICT		07-16-2019	0731
NYM CARE LEVEL	[REDACTED]	[REDACTED]		09-12-2018	1343
NYM COR COUNSL	UNT 7S	VACANT		11-24-2018	1414
NYM CMC	SEPARATION	SEPARATION		11-23-2018	0955
NYM CASEWORKER	UNT 7	A. BLACK EXT. 6494		11-24-2018	1415
NYM CUSTODY	IN	IN CUSTODY		08-01-2018	1718
NYM DRUG PGMS	NR WAIT	NRES DRUG TMT WAITING		08-02-2018	1102
NYM EDUC INFO	GED UNK	GED STATUS UNKNOWN		08-01-2018	1718
NYM FIN RESP	UNASSG	FINANC RESP-UNASSIGNED		08-01-2018	1718
NYM LEVEL	UNASSG	UNASSIGNED		08-01-2018	1718
NYM MED DY ST	NOT MED CL	NOT MEDICALLY CLEARED		08-01-2018	1718
NYM PGM REVIEW	OCT	OCTOBER PROGRAM REVIEW		10-29-2019	1043
NYM QUARTERS	G12-792L	HOUSE G/RANGE 12/BED 792L		11-23-2018	1001
NYM RELIGION	UNKNOWN	RELIGION UNKNOWN		08-01-2018	1718
NYM SECOND RSP	54N	USM NYS 54N NEW YORK, NY		08-01-2018	1718
NYM UNIT	7	UNT MGR. R. PROTO EXT 6393		08-04-2018	1050
NYM WAITNG LST	CIM COMP	CIM PACKET COMPLETE		03-07-2019	1110
NYM WRK DETAIL	UNASSG	UNASSIGNED WORK DETAIL		08-01-2018	1718

G0000

TRANSACTION SUCCESSFULLY COMPLETED

NYMHJ 535.01

07-16-2019

PAGE 001 OF 001 *

INMATE LOAD DATA

*

15:48:27

REG NO: 85993-054 NAME: REYES, EFRAIN

RSP OF: NYM-NEW YORK MCC

DOB(AGE): [REDACTED]

RACE....: WHITE

SEX.....: MALE

ETHNIC...: [REDACTED]

HEIGHT..: 5 06

WEIGHT..: 180

HAIR....: BLACK

EYES....: BROWN

CMC.....: YES

MILEAGE.: 11 MILES

FBI NO..: [REDACTED]

INS NO..:

SSN.....: [REDACTED]

DNA.....: [REDACTED]

CITIZENSHIP....:

BIRTH PLACE....: [REDACTED]

LEGAL RESIDENCE: [REDACTED]

[REDACTED]

G0005

TRANSACTION SUCCESSFULLY COMPLETED - CONTINUE PROCESSING IF DESIRED

NYMG5	*	INMATE DISCIPLINE DATA	*	07-16-2019
PAGE 001 OF 001	*	CHRONOLOGICAL DISCIPLINARY RECORD	*	23:36:10

REGISTER NO: 85993-054 NAME...: REYES, EFRAIN
 FUNCTION...: DIS FORMAT: CHRONO LIMIT TO MOS PRIOR TO 07-16-2019
 RSP OF: NYM-NEW YORK MCC

G5401 DISCIPLINE DATA DOES NOT EXIST FOR THIS INMATE

NYMG5	*	INMATE DISCIPLINE DATA	*	07-16-2019
PAGE 001 OF 001	*	PENDING REPORTS	*	23:36:32

REGISTER NO: 85993-054 NAME...: REYES, EFRAIN
 FUNCTION...: DIS FORMAT: PENDING LIMIT TO MOS PRIOR TO 07-16-2019
 RSP OF: NYM-NEW YORK MCC

G5401 DISCIPLINE DATA DOES NOT EXIST FOR THIS INMATE

SPECIAL HOUSING UNIT REVIEW

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

Inmate Name: REYES, EFRAIN	Register Number: 85993-054	Unit: 7	Institution: NEW YORK MCC
Date Entered Special Housing: 07-16-2019		Reason for Placement: PENDING SIS INVESTIGATION/ THREAT ASSESSMENT	
I. Subject: (2 or 3 Days) 3 Day Review		Date Reviewed 07-19-2019	

Action Taken on the Above Date:

Continue in Special Housing Unit

Printed Name/Signature:

II. RECORD REVIEW.

(To be done weekly in the inmate's absence, beginning after the in-person 7 day review, and continuing every week between each in-person 30 day review.)

DATE	ACTION TAKEN	REMARKS	SIGNATURE

III. Subject: (7 or 30 Days)	Review By (SRO):	Reviewing Authority:
------------------------------	------------------	----------------------

Date inmate appeared for a Special Housing Review:	Or Date inmate waived right to appear:
--	--

Has been seen daily by Medical Staff: Yes; No

Has been seen daily by responsible officer designated by Warden: Yes; No

Has received prescribed weekly exercise: Yes; No

Proper documentation and justification in the Central File (Incident Report, DHO Report, copies of Special Housing Review Form): Yes; No
if no, why not?

Is there a written psychiatric or psychological assessment on the inmate who has spent 30 days in a special housing status? Yes; No

Is there an additional assessment for every one month interval thereafter? Yes; No
if no, why not?

Action taken on the above date by the Segregation Review Official or the Reviewing Authority:

Released from Special Housing; Continue in Special Housing

Did inmate in Administrative Detention receive a written copy of staff's decision and the basis for the finding at each 30 day review? Yes; No
if no, why not (Should be given provided institutional security not compromised)?

Remarks: (Any change in the reason for placement is to be noted in this section. If the reason for placement changes, the inmate must receive a copy of this form):

Date of Next Review:
07-23-2019

Signature of Segregation Review Official or the Reviewing Authority and Date Signed:

This form replaces BP-295(52) dated January 1988

SPECIAL HOUSING UNIT REVIEW

**U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS**

Inmate Name: REYES, EFRAIN	Register Number: 85993-054	Unit: 7	Institution: NEW YORK MCC
Date Entered Special Housing: 07-16-2019	Reason for Placement: PENDING SIS INVESTIGATION/ THREAT ASSESSMENT		
I. Subject: (2 or 3 Days) 3 Day Review	Date Reviewed 07-19-2019		

Action Taken on the Above Date:

Continue in Special Housing Unit

Printed Name/Signature:

[Redacted Signature]

II. RECORD REVIEW.

(To be done weekly in the inmate's absence, beginning after the in-person 7 day review, and continuing every week between each in-person 30 day review.)

DATE	ACTION TAKEN	REMARKS	SIGNATURE
07-23-2019	Continue in Special Housing Unit		[Redacted Signature]

III. Subject: (7 or 30 Days) 7 Day Review	Review By (SRO): [Redacted]	Reviewing Authority:
---	--------------------------------	----------------------

Date inmate appeared for a Special Housing Review: 07-23-2019	Or Date inmate waived right to appear:
---	--

Has been seen daily by Medical Staff: Yes; No

Has been seen daily by responsible officer designated by Warden: Yes; No

Has received prescribed weekly exercise: Yes; No

Proper documentation and justification in the Central File (Incident Report, DHO Report, copies of Special Housing Review Form): Yes; No
if no, why not?

Is there a written psychiatric or psychological assessment on the inmate who has spent 30 days in a special housing status? Yes; No

Is there an additional assessment for every one month interval thereafter? Yes; No
if no, why not?

Action taken on the above date by the Segregation Review Official or the Reviewing Authority:
 Released from Special Housing; Continue in Special Housing

Did inmate in Administrative Detention receive a written copy of staff's decision and the basis for the finding at each 30 day review? Yes; No
if no, why not (Should be given provided institutional security not compromised)?

Remarks: (Any change in the reason for placement is to be noted in this section. If the reason for placement changes, the inmate must receive a copy of this form):

Date of Next Review:
07-30-2019

[Redacted] Review Official or the Reviewing Authority and Date Signed:

Record Copy - Central File

This form replaces BP-295(52) dated January 1988

SPECIAL HOUSING UNIT REVIEW

Inmate Name: REYES, EFRAIN	Register Number: 85993-054	Unit: 7	Institution: NEW YORK MCC
Date Entered Special Housing: 07-16-2019	Reason for Placement: PENDING SIS INVESTIGATION/ THREAT ASSESSMENT/COURTS SAY INMATE FELT THREATEN ON UNIT.		
I. Subject: (2 or 3 Days) 3 Day Review	Date Reviewed 07-19-2019		
Action Taken on the Above Date: Continue in Special Housing Unit			
Printed Name/Signature: [REDACTED]			

II. RECORD REVIEW.
(To be done weekly in the inmate's absence, beginning after the in-person 7 day review, and continuing every week between each in-person 30 day review.)

DATE	ACTION TAKEN	REMARKS	SIGNATURE
07-23-2019	Continue in Special Housing Unit		[REDACTED]
07-30-2019	Continue in Special Housing Unit		[REDACTED]
08-06-2019	Continue in Special Housing Unit		[REDACTED]

III. Subject: (7 or 30 Days) 7 Day Review	Review By (SRO): [REDACTED]	Reviewing Authority:
---	--------------------------------	----------------------

Date inmate appeared for a Special Housing Review: 07-23-2019	Or Date inmate waived right to appear:
---	--

Has been seen daily by Medical Staff: Yes; No

Has been seen daily by responsible officer designated by Warden: Yes; No

Has received prescribed weekly exercise: Yes; No

Proper documentation and justification in the Central File (Incident Report, DHO Report, copies of Special Housing Review Form): Yes; No
if no, why not?

Is there a written psychiatric or psychological assessment on the inmate who has spent 30 days in a special housing status? Yes; No

Is there an additional assessment for every one month interval thereafter? Yes; No
if no, why not?

Action taken on the above date by the Segregation Review Official or the Reviewing Authority:
 Released from Special Housing; Continue in Special Housing

Did inmate in Administrative Detention receive a written copy of staff's decision and the basis for the finding at each 30 day review? Yes; No
if no, why not (Should be given provided institutional security not compromised)?

Remarks: (Any change in the reason for placement is to be noted in this section. If the reason for placement changes, the inmate must receive a copy of this form):

Date of Next Review:
08-13-2019

Printed Name and Signature of Segregation Review Official or the Reviewing Authority and Date Signed:
[REDACTED]

Record Copy - Central File

This form replaces BP-295(52) dated January 1988

Last Name
REYES
First Name
EFRAIN
Middle Name Suffix

Height Weight
5'06'' 180
Hair
BLACK
Regno
85993-054

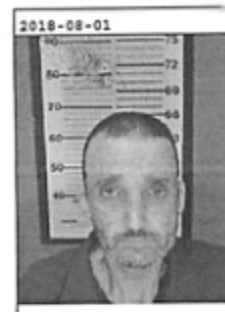
Eye
BROWN
Facility
NYM



Last Name
REYES
First Name
EFRAIN
Middle Name Suffix

Height Weight
5'06'' 180
Hair
BLACK
Regno
85993-054

Eye
BROWN
Facility
NYM



Last Name
REYES
First Name
EFRAIN
Middle Name Suffix

Height Weight
5'06'' 180
Hair
BLACK
Regno
85993-054

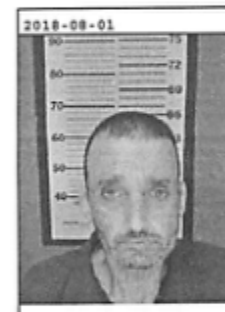
Eye
BROWN
Facility
NYM



Last Name
REYES
First Name
EFRAIN
Middle Name Suffix

Height Weight
5'06'' 180
Hair
BLACK
Regno
85993-054

Eye
BROWN
Facility
NYM



Last Name
REYES
First Name
EFRAIN
Middle Name Suffix

Height Weight
5'06'' 180
Hair
BLACK
Regno
85993-054

Eye
BROWN
Facility
NYM



