

# EXHIBIT 7



December 11, 2019

**Via Certified Mail, Return Receipt Request**

Federal Bureau of Investigation  
Attn: FOI/PA Request  
Record/Information Dissemination Section  
170 Marcel Drive  
Winchester, VA 22602-4483

Re: *FOIA Request on behalf of my client's family:*  
Leyla Ann Cox (DOB: June 9, 1966)

Dear Sir/Madam:

Enclosed please find a request for records under the Freedom of Information Act ("FOIA")  
5 U.S.C. § 552 and Privacy Act, 5 U.S.C. § 552a.

Please feel free to call me at (410) 951-8744 with any questions.

Thank you.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Nicholas A. Szokoly', written over a light blue horizontal line.

Nicholas A. Szokoly

NAS/es



**This is a request for records under the Freedom of Information Act (“FOIA”), 5 U.S.C. § 552 and the Privacy Act, 5 U.S.C. § 552a. This request should be considered under both statutes to maximize the release of records.**

**Requester Information**

Name: Nicholas A. Szokoly

Affiliation: Attorney for families of:

Leyla Ann Cox (DOB: June 9, 1966)

Died on or about June 10, 2019 in the Dominican Republic

Address:

Nicholas A. Szokoly, Esq.

Murphy, Falcon & Murphy, P.A.

1 South Street

30<sup>th</sup> Floor

Baltimore, Maryland 21202

Email:

[nick.szokoly@murphyfalcon.com](mailto:nick.szokoly@murphyfalcon.com)

[erin.sofinowski@murphyfalcon.com](mailto:erin.sofinowski@murphyfalcon.com)

Phone:

(410) 951-8744

**Records Sought**

I request disclosure from the FBI of the following records:

1. A copy of all communications, including but not limited to all FD-159’s regarding the FBI involvement in the investigation of the deaths of the above-referenced United States’ citizen Leyla Ann Cox.
  - a. This request includes communications with foreign governments as well as other federal agencies.
  - b. This request includes communications where the FBI involvement in this investigation was first requested.

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2. All interview notes, investigative notes, reports of toxicological studies, and FD-302s, relating or referring to the investigation of the deaths above-referenced United States' citizen Leyla Ann Cox.
3. All communications by the FBI with the United States State Department regarding the basis of the FBI assertion as shared by the State Department on or about October 19, 2019 that the above referenced United States' citizen Leyla Ann Cox died of natural causes.
  - a. This request specifically includes communications with the Office of United States Ambassador Robin S. Bernstein.

### **Expedited Processing**

The unexplained deaths of at least 7 US tourists in the Dominican Republic have been a matter of widespread and exceptional media interest. There are multiple serious questions about the integrity of the United States government relating to this investigation including the erratic acknowledgements by the FBI that an investigation was or was not even occurring.

Further, additional serious questions about the integrity of the US government have been raised in light of a press briefing on or about October 21, 2019, by the US State Department which purported to quote the FBI that the deaths were by natural causes, without any information cited as the basis for that statement.

In addition, the family of this deceased US Citizen faces the imminent loss of substantial due process rights if this request is not expedited because any ability they may have to access the Dominican Republic Court system is limited to a very short time period from the death of their loved one.

### **Instructions Regarding Search**

1. *Request for Public Records:*  
Please search for any records even if they are already publicly available.
2. *Request for Electronic and Paper/Manual Searches:*  
I request that searches of all electronic and paper/manual indices, filing systems, and locations for any and all records relating or referring to the subject of my request be conducted. I further request that the agency conduct a search of its "soft files" as well as files in its locked cabinets.
3. *Request regarding Photographs and other Visual Materials:*

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I request that any photographs or other visual materials responsive to my request be released to me in their original or comparable forms, quality, and resolution.

4. *Request for Duplicate Pages:*

I request disclosure of any and all supposedly “duplicate” pages. Investigators analyze records not only for the information available on any given page, but also for the relationships between that information and information on pages surrounding it. As such, though certain pages may have been previously released to me, the existence of those pages within new context renders them functionally new pages.

5. *Request to Search Emails:*

Please search for emails relating to the subject matter of my request.

6. *Request for Search of Records Transferred to Other Agencies:*

I request that in conducting its search, the agency disclose releasable records even if they are available publicly through other sources such as NARA.

**Format**

I request that any releases stemming from this request be provided to me in digital format on a compact disk or other like media.

**Fee Category And Request For A Fee Waiver**

Under 5 U.S.C. §552(a)(4)(A)(iii), “Documents shall be furnished without any charge ... if disclosure of the information is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the government and is not primarily in the commercial interest of the requester.” Disclosure in this case meets the statutory criteria, as the records sought detail the operations and activities of government. This request is also not primarily in my commercial interest not in those of my Clients who are entitled to know the involvement of their own government in the investigation of the death of their family members. I am seeking the records as their attorney and public spokesperson to analyze and freely release to members of the public and news media.

If I am not granted a complete fee waiver, I am willing to pay all reasonable duplication expenses incurred in processing this FOIA request.



U.S. Department of State

CONSULAR OFFICES OF THE UNITED STATES OF AMERICA

**AUTHORIZATION FOR THE RELEASE OF INFORMATION UNDER THE PRIVACY ACT**

In accordance with the Privacy Act (PL 93-578) passed by Congress in 1974, a U.S. Consular Office cannot release any information regarding you to anyone without your written consent except as set forth in the Act. Please complete the authorization below, specifying whom a U.S. Consular Office may contact and to whom to release information with regard to your case. Please return the completed authorization to a U.S. Consular Office. Local language translations are acceptable to facilitate completion of the form in English.

The U.S. Government, by providing the Authorization for the Release of Information Under the Privacy Act Form, cannot under any circumstances compel an individual to complete and submit the form. PLEASE CAREFULLY CONSIDER TO WHOM, AND WHAT INFORMATION IS BEING DISCLOSED.

**IMPORTANT:** You are not obliged to grant anyone access to information regarding you but failure to provide the information requested on this form may make it more difficult, or impossible, for the Department of State or the U.S. Consular Office to assist you.

Your Full Name (Last, First, MI)			Place of Birth (City, State/Province, Country)
Cox	Leyla	A	Chicago, IL, USA
			Date of Birth (mm-dd-yyyy)
			6/9/1966

**SECTION A**

I hereby authorize the U.S. Consular Office of the United States of America and the U.S. Department of State to release information regarding me to the following individuals :

Name (Last, First)	Telephone Number	Address	Relationship
Bullock Steven	202-437-2648	Bullock Law Office, PC 800 Maryland Avenue, SW, Suite 400 East, Washington, DC 20024	Attorney
Szokoly Nicholas	410-851-8744	Murphy Falcon Murphy, P.A., 1 South Street, 23rd Floor, Baltimore, MD 21202	Attorney
Name (Last, First)	Telephone Number	Address	Relationship
Name (Last, First)	Telephone Number	Address	Relationship
Name (Last, First)	Telephone Number	Address	Relationship

**IN THE EVENT OTHER PERSONS REQUEST INFORMATION REGARDING MY CASE, INFORMATION CAN BE RELEASED TO THE FOLLOWING:**

- | YES                      | NO                                  |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Family (Other than Those Listed Under Section A)  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Friends (Other than Those Listed Under Section A) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Individual Members of Congress and Staff          |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Members of the Media                              |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The General Public                                |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Employer  |

Please review the form before signing. Information will only be released under Section A if requested and if we have your signed authorization.

*[Handwritten Signature]*

Signature of the Applicant  
(Please Sign in Black or Blue Ink)

*Knoxville, TN*

City, Country

William Cox (next of kin to Leyla Cox)

Print Your Name

*08/15/2019*

Date (mm-dd-yyyy)

**PRIVACY ACT STATEMENT**

This information is needed to assist you in your present need for consular services. The primary purpose for soliciting this information is to establish your citizenship, identity, and entitlement to welfare protection services offered by the U.S. Government.

The U.S. Department of State is committed to ensuring that any personal information received is safeguarded against unauthorized disclosure. The data you provide is subject to the provisions of the Privacy Act (5 U.S.C. 552a). This means that the U.S. Department of State will not disclose the information you provide unless you have given us written authorization to do so, or unless the disclosure is otherwise permitted under the provisions of the Act or in accordance with our routine uses published in Title 22 of the Code of Federal Regulations. The information solicited on this form may be made available as a routine use to other government agencies for law enforcement and administrative purposes.

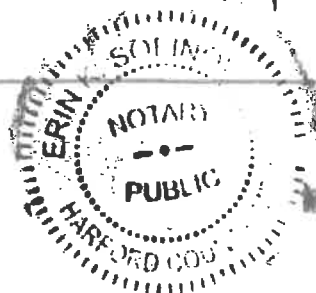
*[Handwritten Signature]*

Erin Sofinowski

*10/21/19*

DS-6503  
08-2015

ERIN K. SOFINOWSKI  
Notary Public  
Harford County  
Maryland  
My Commission Expires November 19, 2022



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**Federal Bureau of Investigation**  
**Attn: FOIPA Request**  
**Record/Info Dissemination Section**  
**170 Marcel Drive**  
**Winchester, VA 22602-4483**

Sent To  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, June 2002  
 See Reverse for Instructions