EXHIBIT 4



June 3, 2021

FOIA/PA Section Office of General Counsel, Room 924 Federal Bureau of Prisons 320 First Street, N.W. Washington, DC 20534

VIA EMAIL: <u>Ogc_efoia@bop.gov</u>

RE: Charles Michael Hall #03766-036, D.O.B 1971 FOIA Request

To Whom It May Concern,

Our office has been appointed to represent Mr. Charles Michael Hall. In connection with that representation we request the Federal Bureau of Prisons furnish to us any and all records related to Mr. Hall's Incarceration. This request should be understood to include Mr. Hall's full administrative and institutional files, as well as all records related to Mr. Hall including but not limited to all medical, psychological, behavioral and disciplinary records. Additionally, we request any records related to programs enrolled in or attended by Mr. Hall and any complaints filed by or on the behalf of Mr. Hall, and any other records that may be in your possession.

This request should also be understood to include all manner of documentation, including but not limited to paper, digital, audio and visual.

Enclosed you will find authorization for release of these records to us as well as Certification of Identity. If you have any questions or concerns, please do not hesitate to contact me.

Thank you and best regards,

D. Scott Subick Paralegal



AUTHORIZATION & RELEASE

Indiana Federal Community Defenders

TO: PA Section ce of General Counsel Bureau of Prisons eral N.W see. Washington DC 20534 RE: , Charles do hereby authorize the above-named agency or individual to release to the Indiana Federal Community Defenders, Inc., the following: records requested in attached letter

and any other records maintained pertaining to myself. I further authorize the abovenamed agency or individual to discuss any of the legal representation, treatment, counseling, or other programming provided by them to me including discussion of any statements I made during my treatment, counseling, or other programming.

Date

ignature

Hall Jr. Printed Name

111 Monument Circle, Suite 3200, Indianapolis, Indiana 46204 Phone: (317) 383-3520 Facsimile: (317) 383-3525 www.indianafederaldefender.org

U.S Department of Justice

Certification of Identity



FORM APPROVED OMB NO. 1103-0016 EXPIRES 05/31/2023

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 1 Charles Michael Hall, Jr.

| Citizenship Status ² U.S. Citizen | | Social Security Number ³ |
|--|---------|-------------------------------------|
| Current Address <u>C/O</u> | Indiana | Federal Community Defenders. Inc. |
| Date of Birth | 1971 | Place of Birth Maine |

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:

Indiana Federal Community Defenders

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 & Mall | Date 3/8/2021 |
|------------------|---------------|
| 6 j. | / / |

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Name of individual who is the subject of the record(s) sought.

² 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.

³Providing 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.

⁴ Signature of individual who is the subject of the record sought.

FORM DOJ-361