# REQUEST AND RECEIPT FOR HEALTH AND COMFORT SUPPLIES

*(Read Privacy Act Statement on back before completing form.)*

| 1. TO: | 2. INSTALLATION | 3. DATE *(YYYYMMDD)* |
|---|---|---|
| 4. REQUESTED BY *(Last Name - First Name - Middle Initial. Printed or Typed)* | | 5. GRADE OR RATE |
| 6. SSN | 7. ORGANIZATION | 8. DEPT. OF MIL. SERVICE |

9. I authorize the Confinement/Correctional Facility Commanding Officer to withdraw sufficient funds from my personal deposit fund account to pay for the health and comfort supplies described below. I understand that the cost of these supplies will be charged against my military pay account if the balance of my personal deposit fund account is insufficient to cover the total cost of these supplies. No charge will be made against my military pay account if I am in a nonpay and allowance status.

| a. QUANTITY (1) Requested | a. QUANTITY (2) Issued | b. ARTICLE | c. UNIT COST | d. COST |
|---|---|---|---|---|
| | | | | 0.00 |
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| | | | | 0.00 |
| | | | | 0.00 |
| 10. REQUESTED BY *(Signature)* | | | e. TOTAL COST | 0.00 |

**11. APPROVAL AND AUTHENTICATION**

| a. NAME, GRADE OR RANK & TITLE OF APPROVING OFFICER *(Printed or Typed)* | b. SIGNATURE OF APPROVING OFFICER |
|---|---|

**12. RECEIPT**

| a. I acknowledge receipt of the issued health and comfort articles costing Dollars Cents. | b. DATE *(YYYYMMDD)* | c. SIGNATURE |
|---|---|---|



APPELLATE EXHIBIT 441 c
PAGE REFERENCED:
PAGE ___ OF ___ PAGES

## PRIVACY ACT STATEMENT

**AUTHORITY:** Chapter 48, Title 10 U.S.C., Military Correctional Facilities; 10 U.S.C. 3013, Secretary of the Army; DoD Directive 1030.1, Victim and Witness Assistance; DoD Directive 1030.2, Victim and Witness Assistance Procedures; Army Regulations 190-47, Army Corrections System; and E.O. 9397 (SSN).

**PRINCIPAL PURPOSE(S):** This information is used as a receipt and to accurately identify individuals requesting health and comfort supplies.

**ROUTINE USES:** Information may be disclosed to local, state, and federal law enforcement and investigation agencies for investigation and possible criminal prosecution, civil court actions or regulatory orders.

To confinement/correctional agencies for use in the administration of correctional programs including custody classification, employment, training and educational assignments, treatment programs, clemency, restoration to duty or parole actions, verification of offender's criminal records, employment records, and social histories.

To state and local authorities for purposes of providing (1) notification that individuals, who have been convicted of a specified sex offense or an offense against a victim who is a minor, will be residing in the state upon release from military confinement and (2) information about the individual for inclusion in a state operated sex offender registry.

To the Bureau of Prisons for purpose of providing notification that the military transferee has been convicted of a sexually violent offense or an offense against a victim who is a minor.

To victims and witnesses of crime for purposes of notifying them of date of parole or clemency hearing and other release related activities.

The "Blanket Routine Uses" set forth at the beginning of the Army's compilation of systems of records notices also apply to this system.

**DISCLOSURE:** Voluntary. However, failure to provide the requested information may result in the denial of the requested health and comfort supplies.

# REQUEST FOR INTERVIEW

*(Read Privacy Act Statement on back before completing form.)*

| 1. TO: Confinement Officer | | | 2. DATE *(YYYYMMDD)* |
|---|---|---|---|
| **REQUEST THAT I BE AUTHORIZED AN INTERVIEW WITH THE PERSON NAMED BELOW** | | | |
| 3. NAME OR TITLE | | | |
| 4. SUBJECT AND PURPOSE OF THE INTERVIEW | | | |
| 5. PRISONER'S NAME *(Last, First, Middle Initial)* | 6. SERVICE NO./SSN | 7. DEPT. OF MIL. SERVICE | 8. SIGNATURE OF PRISONER |
| **ACTION** *(To be filled in by Confinement Officer)* | | | |
| 9a. INTERVIEW WAS ☐ AUTHORIZED ☐ NOT AUTHORIZED *(Show reasons under Remarks)* | | | b. DATE *(YYYYMMDD)* |
| 10a. FORWARDED TO *(Name, Grade, and Organization, printed)* | | | b. DATE *(YYYYMMDD)* |
| 11a. INTERVIEW WAS HELD WITH *(Name, Grade, and Organization, printed)* | | | b. DATE *(YYYYMMDD)* |
| 12. REMARKS | | | |
| 13. NAME AND GRADE OF CONFINEMENT OFFICER *(Printed)* | | 14. SIGNATURE OF CONFINEMENT OFFICER | |

## PRIVACY ACT STATEMENT

**AUTHORITY:** Chapter 48, Title 10 U.S.C., Military Correctional Facilities; 10 U.S.C. 3013, Secretary of the Army; DoD Directive 1030.1, Victim and Witness Assistance; DoD Directive 1030.2, Victim and Witness Assistance Procedures; Army Regulations 190-47, Army Corrections System; and E.O. 9397 (SSN).

**PRINCIPAL PURPOSE(S):** The primary use of this information by Correction Officials is for approval/disapproval, to maintain accurate records of requests and remarks pertinent to the interview.

**ROUTINE USES:** Information may be disclosed to local, state, and federal law enforcement and investigation agencies for investigation and possible criminal prosecution, civil court actions or regulatory orders.

To confinement/correctional agencies for use in the administration of correctional programs including custody classification, employment, training and educational assignments, treatment programs, clemency, restoration to duty or parole actions, verification of offender's criminal records, employment records, and social histories.

To state and local authorities for purposes of providing (1) notification that individuals, who have been convicted of a specified sex offense or an offense against a victim who is a minor, will be residing in the state upon release from military confinement and (2) information about the individual for inclusion in a state operated sex offender registry.

To the Bureau of Prisons for purpose of providing notification that the military transferee has been convicted of a sexually violent offense or an offense against a victim who is a minor.

To victims and witnesses of crime for purposes of notifying them of date of parole or clemency hearing and other release related activities.

The "Blanket Routine Uses" set forth at the beginning of the Army's compilation of systems of records notices also apply to this system.

**DISCLOSURE:** Voluntary. However, failure to provide the requested information may result in the denial of the requested interview.

# INSTALLATION PAROLEE - MINIMUM CUSTODY AGREEMENT

*(See Privacy Act Statement on back.)*

| 1. LAST NAME - FIRST NAME - MIDDLE INITIAL | 2. SSN | 3. BRANCH OF SERVICE |
|---|---|---|
| | | |

| 4. INSTALLATION | 5. DATE |
|---|---|
| | |

In consideration of being placed in ☐ Installation Parolee ☐ Minimum Custody status and permitted to work without armed supervision. I agree that I will abide by the restrictions specified below, realizing that violation of these or of local regulations may result in loss of accrued good conduct time and may subject me to disciplinary action under the UCMJ.

(a) I will not leave the officially specified limits of this reservation.

(b) I will be in my quarters for bed check at the specified time and will not leave therefrom without permission.

| 6. SIGNATURE | 7. WITNESS *(Confinement Officer)* |
|---|---|
| | |

DD FORM 512, AUG 2001 PREVIOUS EDITION IS OBSOLETE.

## 8. DESCRIPTION

| RIGHT-HANDED / LEFT-HANDED | AGE | HEIGHT | WEIGHT | HAIR COLOR | EYE COLOR |
|---|---|---|---|---|---|
| | | | | | |

*(Photograph)*

9. REMARKS

**PRIVACY ACT STATEMENT.**
**AUTHORITY:** Chapter 48, Title 10 U.S.C.; 10 U.S.C. 3013; DoD Directive 1030.1; DoD Directive 1030.2; Army Regulations 190-47; and E.O. 9397.
**PRINCIPAL PURPOSE:** This information is used to identify and authenticate your status as a trustee.
**ROUTINE USES:** Information may be disclosed to local, state, and federal law enforcement and investigation agencies for investigation and possible criminal prosecution, civil court actions or regulatory orders. To confinement/correctional agencies for use in the administration of correctional programs including custody classification, employment, training and educational assignments, treatment programs, clemency, restoration to duty or parole actions, verification of offender's criminal records, employment records, and social histories. To state and local authorities for purposes of providing (1) notification that individuals, who have been convicted of a specified sex offense or an offense against a victim who is a minor, will be residing in the state upon release from military confinement and (2) information about the individual for inclusion in a state operated sex offender registry. To the Bureau of Prisons for purpose of providing notification that the military transferee has been convicted of a sexually violent offense or an offense against a victim who is a minor. To victims and witnesses of crime for the purpose of notifying them of date of parole or clemency hearing and other release related activities. The "Blanket Routine Uses" set forth at the beginning of the Army's compilation of systems of records notices also apply to this system.
**DISCLOSURE:** Required. Execution of this form and the requested information is mandatory for the prisoner to be designated as a trustee.

DD FORM 512 (BACK), AUG 2001 Adobe Professional 7.0

# VICTIM/WITNESS CERTIFICATION AND ELECTION CONCERNING INMATE STATUS

*(This form is exempt from Freedom of Information Act release.)*

## PRIVACY ACT STATEMENT

**AUTHORITY:** 42 U.S.C. 10606 et sec., Victim's Rights and Restitution Act of 1990; 18 U.S.C. 1501 et sec., Victim and Witness Protection Act of 1982.

**PRINCIPAL PURPOSES:** To inform victims and witnesses of their post-trial rights; to determine whether the victim or witness of a crime elects to be notified of changes in the confinement status of a convicted criminal offender; and to record the election by the victim or witness of their desire to be notified about subsequent changes in inmate status.

**ROUTINE USES:** None.

**DISCLOSURE:** Voluntary; however, failure to provide identifying information will prevent the corrections facility from notifying victim or witness of changes in a criminal offender's status.

## SECTION I - ADMINISTRATIVE INFORMATION

Installation _____ City _____ State _____ ZIP Code _____

Incident Number _____ Organizational Identifier (ORI) _____

## SECTION II - CERTIFICATION OF NO VICTIM OR WITNESS

*(Complete this section only if there are no victims or witnesses who are entitled to notification under the Victim's Rights and Restitution Act of 1990, and DoD Instruction 1030.2.)*

As representative for the Government in the court-martial case of United States v. _____,
*(Name of accused) (Last, first, middle initial)*

_____, convened by _____,
*(Social Security Number)* *(Court-martial convening order number, date, and issuing command)*

I certify that this case does not involve a victim or witness entitled to receive information about the confinement status of the defendant as required by the Victim's Rights and Restitution Act of 1990 (Public Law 101-647; 104 Stat. 4820).

_____ _____
*(Signature of person certifying)* *(Typed name (Last, first))*

_____ _____
*(Date) (YYYYMMDD)* *(Grade and title)*

## SECTION III - CERTIFICATION OF ADVICE TO VICTIM(S) AND WITNESS(ES)

*(Complete this section when there are victims or witnesses entitled to notification.)*

I certify that on this date I personally notified the victim(s) and witness(es) in the court-martial case of United States v.

_____, _____,
*(Name of accused) (Last, first, middle initial)* *(Social Security Number)*

convened by _____,
*(Court-martial convening order number, date, and issuing command)*

whose sentence included confinement, of their right under the Victim's Rights and Restitution Act of 1990 (Public Law 101-647, 104 Stat. 4820), to receive information about the status of the inmate, to include length of sentence, anticipated earliest release date, likely place of confinement, the possibility of transfer, and the right to receive notification of a new place of confinement. I advised of the possibility of parole or clemency with an explanation of these terms. Additionally, I advised of the right to prior notification of the inmate's parole hearings, release from confinement, escape and death. I advised that to receive notification of the inmate's transfer, parole hearings, and release from confinement, the victim or witness must provide the information required in Section IV of this form. I advised all victims and witnesses that if they elect to terminate or reinitiate notifications, or if they change their address listed above, they must contact the Military Service Central Repository listed in Section V.

_____ _____
*(Signature of person providing notification)* *(Typed name (Last, first))*

_____ _____
*(Date) (YYYYMMDD)* *(Grade and title)*

## SECTION IV - ELECTION TO BE NOTIFIED

The victim(s) and witness(es) listed below have elected the right to receive information about changes in the status of the inmate by initialing the "Yes" block. If the inmate is transferred, they understand that they will be notified of the address of the new confinement facility. They also understand that if they move or their telephone number changes, they must notify the confinement facility of the new address or telephone numbers in order to be notified.

**LIST ALL VICTIMS AND WITNESSES INVOLVED IN THE CASE.** *(Indicate whether a victim or witness by entering "V" or "W" in the appropriate column. Those who elect to be notified of inmate status changes should initial in the "Yes" column; otherwise initial the "No" column.)*

| NAME *(Last, First, Middle Initial)* | ADDRESS *(Street, Apartment No., City, State, ZIP Code)* | TELEPHONE NUMBER *(Include Area Code)* | V OR W | NOTIFY | |
|---|---|---|---|---|---|
| | | | | YES | NO |
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## SECTION V - DISTRIBUTION

**ADDRESSES** *(Include 9-digit ZIP Code and telephone number.)*

| MILITARY SERVICE CENTRAL REPOSITORY | LOCAL CONFINEMENT FACILITY *(Name and address)* |
|---|---|
| LAW ENFORCEMENT/SPECIAL INVESTIGATION | VICTIM/WITNESS *(Individual will receive a copy with all other victim/witness addresses blacked out.)* |

# VICTIM/WITNESS NOTIFICATION OF INMATE STATUS

*(This form is exempt from Freedom of Information Act release.)*

**EXPLANATION:** This form is being used to give basic information on changes in an inmate's status to victims and witnesses who elected, on the DD Form 2704, to be notified. The confinement facility holding the inmate must promptly notify victims and witnesses of initial entry into confinement and of confinee status changes in accordance with DoD Instruction 1030.2.

## SECTION I - DISTRIBUTION

| 1. TO: *(Victim or Witness)* | | | 2. FROM: *(Victim/Witness Assistance Coordinator at Confinement Facility)* | | |
|---|---|---|---|---|---|
| a. NAME *(Last, First, Middle Initial)* | | | a. NAME *(Last, First, Middle Initial)* | | |
| b. STREET ADDRESS *(include apartment no.)* | | | b. STREET ADDRESS | | |
| c. CITY | d. STATE | e. ZIP CODE | c. CITY | d. STATE | e. ZIP CODE |
| f. TELEPHONE NUMBER *(include area code)* | | | f. TELEPHONE NUMBER *(Include area code)* | | |

## SECTION II - INMATE STATUS

| 3. INMATE NAME *(Last, First, Middle Initial)* | 4. REGISTER NUMBER | 5. MINIMUM RELEASE DATE ON/ABOUT *(YYYYMMDD)* | 6. MAXIMUM RELEASE DATE *(YYYYMMDD)* |
|---|---|---|---|

| 7. ADDRESS OF SERVICE CLEMENCY AND PAROLE BOARD | | | |
|---|---|---|---|
| a. STREET | b. CITY | c. STATE | d. ZIP CODE |

**NOTE 1:** Clemency Boards will meet annually from the date of the initial board until the inmate is released. Clemency Boards will be held in conjunction with Parole Boards when the inmate becomes eligible for parole after serving one third of the sentence.
**NOTE 2:** You may submit documentation to Clemency and Parole Boards when the inmate is scheduled to appear. If you would like to submit a Victim Impact Statement to the Board, please send it to the address above approximately two weeks prior to the scheduled board meeting. Your statement may be submitted in the form of a letter, or audio or video cassette. A personal appearance may also be permitted.

## SECTION III - RELEASE ELIGIBILITY

**8. RESTORATION AND CLEMENCY ELIGIBILITY**

☐ a. INMATE IS INITIALLY ELIGIBLE TO BE CONSIDERED FOR RESTORATION AND CLEMENCY ON *(YYYYMMDD)* _____ .
☐ b. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR RESTORATION AND CLEMENCY ON *(YYYYMMDD)* _____ .

**9. PAROLE ELIGIBILITY**

☐ a. INMATE IS INITIALLY ELIGIBLE FOR RELEASE ON PAROLE ON *(YYYYMMDD)* _____.
☐ b. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON *(YYYYMMDD)* _____ .

## SECTION IV - CHANGE IN INMATE STATUS

**10. CLEMENCY/PAROLE APPROVAL**

☐ a. INMATE WAS APPROVED FOR ☐ CLEMENCY ☐ PAROLE ON *(YYYYMMDD)*
AT *(Location)*

| b. PAROLE OFFICER'S NAME *(Last, First, Middle Initial)* | TELEPHONE NUMBER *(Incl. area code)* |
|---|---|

☐ c. INMATE'S SENTENCE HAS BEEN CHANGED AS FOLLOWS:

**11. RELEASE**

☐ a. INMATE IS BEING RELEASED ON *(YYYYMMDD)* _____ .
☐ b. INMATE'S RELEASE IS UNDER NO COMMUNITY SUPERVISION.

| c. PLANNED RELEASE DESTINATION CITY | STATE |
|---|---|

☐ **12. INMATE IS DECEASED** *(Date of death)*

☐ **13. INMATE ESCAPED**

| a. DATE AND TIME OF ESCAPE | b. DESTINATION *(If known)* | c. DATE, TIME, AND PLACE OF APPREHENSION *(If apprehended)* | d. PLACE OF RECONFINEMENT |
|---|---|---|---|

☐ **14. INMATE WAS TRANSFERRED TO ANOTHER CORRECTIONS FACILITY ON** *(YYYYMMDD)* .

| a. STREET ADDRESS | b. CITY | c. STATE | d. ZIP CODE |
|---|---|---|---|

**15. OTHER**

☐ a. WORK RELEASE PROGRAM BEGAN ON *(YYYYMMDD)* _____ .
☐ b. RELEASE ON TEMPORARY HOME PAROLE FROM *(YYYYMMDD)* _____
TO *(YYYYMMDD)* _____ .
☐ c. *(Specify)*

**16. WE HAVE CANCELLED YOUR REQUEST TO BE NOTIFIED OF THIS INMATE'S RELEASE DUE TO:**

☐ a. YOUR REQUEST
☐ b. OTHER *(Specify)*

## SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR

| 17.a. NAME *(Last, First, Middle Initial)* | b. RANK | c. SIGNATURE | d. DATE SIGNED |
|---|---|---|---|

# CONFINEMENT ORDER

| 1. PERSON TO BE CONFINED | | | 2. DATE *(YYYYMMDD)* |
|---|---|---|---|
| a. NAME *(Last, First, Middle)* | | b. SSN | |
| c. BRANCH OF SERVICE | d. GRADE | e. MILITARY ORGANIZATION *(From)*: | |

**TYPE OF CONFINEMENT**

3.a. PRE-TRIAL ☐ NO ☐ YES | b. RESULT OF NJP ☐ NO ☐ YES

c. RESULT OF COURT MARTIAL: ☐ NO ☐ YES

TYPE: ☐ SCM ☐ SPCM ☐ GCM ☐ VACATED SUSPENSION

d. DNA PROCESSING ☐ IS ☐ IS NOT REQUIRED UNDER 10 U.S.C. 1565.

4. OFFENSES/CHARGES OF UCMJ ARTICLES VIOLATED:

| 5. SENTENCE ADJUDGED: | b. ADJUDGED DATE *(YYYYMMDD)*: |
|---|---|

6. IF THE SENTENCE IS DEFERRED, THE DATE DEFERMENT IS TERMINATED:

7. PERSON DIRECTING CONFINEMENT

| a. TYPED NAME, GRADE AND TITLE: | b. SIGNATURE | c. DATE *(YYYYMMDD)* | d. TIME |
|---|---|---|---|

| 8.a. NAME, GRADE, TITLE OF LEGAL REVIEW AND APPROVAL | b. SIGNATURE: | c. DATE *(YYYYMMDD)* |
|---|---|---|

**MEDICAL CERTIFICATE**

9a. The above named inmate was examined by me at _____ *(Time)* on _____ *(YYYYMMDD)* and found to be ☐ Fit ☐ Unfit for confinement. I certify that from this examination the execution of the foregoing sentence to confinement ☐ will ☐ will not produce serious injury to the inmate's health.

b. The following irregularities were noted during the examination *(If none, so state)*:

c. HIV Test administered on *(YYYYMMDD)*: _____

d. Pregnancy test administered on *(YYYYMMDD)*: _____ ☐ N/A

10. EXAMINER

| a. TYPED NAME, GRADE AND TITLE: | b. SIGNATURE | c. DATE *(YYYYMMDD)* | d. TIME |
|---|---|---|---|

**RECEIPT FOR INMATE**

11.a. THE INMATE NAMED ABOVE HAS BEEN RECEIVED FOR CONFINEMENT AT: _____ *(Facility Name and Location)*

ON _____ *(YYYYMMDD)* AND TIME: _____ *(Time)*

| b. PERSON RECEIPTING FOR INMATE TYPED NAME, GRADE AND TITLE: | c. SIGNATURE: | d. DATE *(YYYYMMDD)* | e. TIME |
|---|---|---|---|

## RECEIPT FOR INMATE OR DETAINED PERSON

| | | |
|---|---|---|
| 1. RECEIVED FROM *(Unit or Agency and Station)* | 2. TIME | 3. DATE *(YYYYMMDD)* |
| 4. INMATE NAME *(Last, First, Middle)* | 5. SSN | 6. GRADE |
| 7. ORGANIZATION | 8. STATION | |
| 9. OFFENSE | | |
| 10. PERSONAL PROPERTY | | |
| 11. REMARKS | | |
| 12. NAME AND TITLE OF PERSON RECEIVING ABOVE INDIVIDUAL | 13. SSN | 14. GRADE |
| 15. RECEIVING UNIT OR AGENCY AND STATION | 16. SIGNATURE | |

DD FORM 2708, NOV 1999

Adobe Professional 7.0

## PRIVACY ACT STATEMENT

*(To be presented to the prisoner when information for DD Form 2710 and/or DD Form 2711 is provided in an interview setting.)*

| 1. PRISONER NAME | 2. SSN | 3. IDENTIFICATION NUMBER |
|---|---|---|
| | | |

| 4. FACILITY NAME |
|---|
| |

**AUTHORITY:** 5 U.S.C. 301 and E.O. 9397.

**PRINCIPAL PURPOSE(S):** To collect personal history information from the prisoner to assist in the classification and assignment process. In addition, the information will be used to evaluate the prisoner's progress toward rehabilitation or suitability for parole or clemency.

**ROUTINE USE(S):** To the Department of Justice, in instances where the prisoner is transferred to a Federal Bureau of Prisons facility for incarceration.

**DISCLOSURE AND EFFECT ON THE INDIVIDUAL OF NOT PROVIDING INFORMATION:** Voluntary; however, failure to provide the requested information may prevent the staff of the correctional facility from fully evaluating the prisoner.

| 5. PRISONER SIGNATURE | DATE *(YYYYMMDD)* |
|---|---|
| | |

| 6. WITNESS | | |
|---|---|---|
| a. NAME | b. SIGNATURE | c. DATE *(YYYYMMDD)* |
| | | |

# INMATE BACKGROUND SUMMARY

## SECTION 1 - PERSONAL DATA

REPORT DATE *(YYYYMMDD)*

1. NAME *(Last, First, Middle)*
2. SSN
3. ID NUMBER
4. MAIDEN NAME
5. NICKNAME
6. ALIAS(ES)
7. AGE
8. SEX:
   - ☐ MALE
   - ☐ FEMALE
9. PLACE OF BIRTH *(City, County and State)*
10. DATE OF BIRTH *(YYYYMMDD)*
11. RACE *(X one or more)*
    - ☐ AMERICAN INDIAN/ ALASKA NATIVE
    - ☐ ASIAN
    - ☐ BLACK OR AFRICAN AMERICAN
    - ☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
    - ☐ WHITE
    - ☐ DECLINE TO RESPOND
12. ETHNICITY *(X one)*
    - ☐ HISPANIC OR LATINO
    - ☐ NOT HISPANIC OR LATINO
    - ☐ DECLINE TO RESPOND
13. NATIONALITY
14. RELIGION
15. HEIGHT
16. WEIGHT
17. IDENTIFYING MARKS *(Scars, tattoos, etc.) (If Yes, see attached)*
    - ☐ NO ☐ YES
18. HAIR COLOR *(X one)*
    - ☐ AUBURN ☐ BROWN ☐ SILVER
    - ☐ BLACK ☐ GRAY ☐ WHITE
    - ☐ BLOND ☐ RED ☐ BALD
19. EYE COLOR *(X one)*
    - ☐ BLACK ☐ GREEN ☐ VIOLET
    - ☐ BLUE ☐ GRAY
    - ☐ BROWN ☐ HAZEL
20. GANG ASSOCIATION:
    - ☐ NO ☐ YES

    GANG NAME/LOCATION *(City, State)*
21. CULT/EXTREMIST ASSOCIATION:
    - ☐ NO ☐ YES

    CULT NAME/LOCATION *(City, State)*
22. DOES YOUR FAMILY KNOW YOUR WHEREABOUTS:
    - ☐ NO ☐ YES
23. DO THEY NEED TO BE NOTIFIED:
    - ☐ NO ☐ YES *(If Yes, Name, Relationship, Phone)*
24. a. HAVE YOU EVER TRIED TO COMMIT SUICIDE?
    - ☐ NO ☐ YES

    b. DO YOU FEEL SUICIDAL AT THIS TIME?
    - ☐ NO ☐ YES
25. ARE THERE ANY ISSUES THAT NEED IMMEDIATE MEDICAL ATTENTION? *(Communicable diseases or disabilities)*
26. ARE THERE ANY ISSUES THAT NEED IMMEDIATE ATTENTION?
27. a. FORM COMPLETED BY:

    b. DATE *(YYYYMMDD)*

    c. TIME
28. ACTIONS TAKEN IF NECESSARY:
29. a. ACTION TAKEN BY:

    b. DATE *(YYYYMMDD)*

    c. TIME

## SECTION 2 - MILITARY BACKGROUND

REPORT DATE *(YYYYMMDD)*

| 1. NAME *(Last, First, Middle)* | 2. SSN | 3. ID NUMBER |
|---|---|---|
| | | |

**4. BRANCH OF SERVICE**

☐ AIR FORCE ☐ ARMY ☐ NAVY ☐ MARINES ☐ COAST GUARD ☐ RESERVES

| 5. MILITARY UNIT | 6. MILITARY INSTALLATION |
|---|---|
| | |

| 7. HOME OF RECORD *(City, State)*: | 8. ACTIVE DUTY BASE DATE *(YYYYMMDD)* | 9. DATE ENTERED CURRENT TERM *(YYYYMMDD)* |
|---|---|---|
| | | |

| 10. END OF ACTIVE DUTY OBLIGATION *(YYYYMMDD)* | 11. TOTAL ACTIVE LENGTH OF SERVICE |
|---|---|
| | |

**12. METHOD OF ENTRY** *(Choose one)*:

☐ INDUCTION ☐ INITIAL ENLISTMENT ☐ REENLISTMENT ☐ DIRECT APPOINTMENT

| 13. HIGHEST PAYGRADE ATTAINED: | 14. CURRENT MOS/RATE OR SPECIALTY: | 15. PREVIOUS DISCHARGE RECEIVED *(Type and Date - YYYYMMDD)*: |
|---|---|---|
| | | |

**16. PRIOR SERVICE** ☐ NO ☐ YES

**PRIOR BRANCH OF SERVICE** ☐ AIR FORCE ☐ ARMY ☐ NAVY ☐ MARINES ☐ COAST GUARD ☐ RESERVES

**17. MILITARY AWARDS AND DECORATIONS**

**18. MAJOR MILITARY SCHOOLS ATTENDED**

| COURSE TITLE a. | COURSE LOCATION b. | DATE COMPLETED *(YYYYMMDD)* c. |
|---|---|---|
| | | |
| | | |
| | | |
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| | | |

**19. PREVIOUS MILITARY OFFENSES**

| ARTICLE 15 OR COURT MARTIAL a. | DATE OF INCIDENT OR ACTION *(YYYYMMDD)* b. | OFFENSES c. | DISPOSITION d. | CONFINEMENT *(Y/N)* e. |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**20. MILITARY HISTORY NARRATIVE**

a. GENERAL MILITARY SERVICE BACKGROUND

## SECTION 3 - CIVILIAN BACKGROUND

| REPORT DATE *(YYYYMMDD)* |
|---|
| |

| 1. NAME *(Last, First, Middle)* | 2. SSN | 3. ID NUMBER |
|---|---|---|
| | | |

**4. CIVILIAN EDUCATION** *(List High School, Colleges, and Trade Schools)*

| NAME AND ADDRESS OF SCHOOL a. | AGE b. | DATE ENTERED *(YYYYMMDD)* c. | GRADE(S) COMPLETED d. | DEGREE e. | DATE *(YYYYMMDD)* f. |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| g. HIGHEST GRADE COMPLETED | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

h. REASON FOR LEAVING SCHOOL:

**5. CIVILIAN EMPLOYMENT**

| NAME AND CITY/STATE OF EMPLOYER a. | TYPE OF WORK b. | SALARY c. | FULL OR PART TIME d. | DATES FROM/TO *(YYYYMMDD)* e. | REASON FOR LEAVING f. |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

**6. CIVILIAN ARREST RECORD**

| OFFENSE *(Exclude minor traffic offenses - include DUI/DWI)* a. | PLACE OF ARREST b. | DATE *(YYYYMMDD)* c. | DISPOSITION OR SENTENCE d. | CONFINED *(Y/N)* e. |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**7. PERSONAL HISTORY**

a. EDUCATIONAL BACKGROUND

b. OCCUPATIONAL BACKGROUND

c. GENERAL BACKGROUND

## SECTION 4 - FAMILY BACKGROUND

REPORT DATE *(YYYYMMDD)*

| 1. NAME *(Last, First, Middle)* | 2. SSN | 3. ID NUMBER |
|---|---|---|
| | | |

**4. MARITAL STATUS CODES** *(Current)*

☐ 1 MARRIAGE ANNULLED ☐ 3 INTERLOCUTORY ☐ 5 MARRIED ☐ 7 WIDOWED
☐ 2 DIVORCED ☐ 4 LEGALLY SEPARATED ☐ 6 NEVER MARRIED

**5. LIVING STATUS:**

☐ ALONE ☐ SINGLE PARENT/HEAD OF HOUSEHOLD ☐ WITH SPOUSE ☐ WITH PARENTS DATE *(YYYYMMDD)*: _____
☐ WITH RELATIVE ☐ COHABITING ☐ MILITARY QUARTERS ☐ OTHER: _____

| 6. INMATE'S HOME ADDRESS *(Street, City, State and ZIP Code)* | 7. NUMBER OF FAMILY MEMBERS |
|---|---|
| | |

**8. FAMILY**

| NAME a. | RELATIONSHIP *(List Spouse, Children, and Parents)* b. | ADDRESS *(Street, City, State)* c. | TELEPHONE NUMBER *(Include Area Code)* d. | AGE e. |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**9. NEXT OF KIN**

| a. NAME *(Last, First, Middle Initial)* | b. ADDRESS *(Street, City, State, ZIP Code)* | c. TELEPHONE *(Incl. Area Code)* |
|---|---|---|
| | | |

**10. EMERGENCY CONTACT** *(If Next of Kin, indicate SAME):*

| a. NAME *(Last, First, Middle Initial)* | b. ADDRESS *(Street, City, State, ZIP Code)* | c. TELEPHONE *(Incl. Area Code)* |
|---|---|---|
| | | |

| 11. LENGTH OF RESIDENCY AT CURRENT ADDRESS: | 12. LENGTH OF RESIDENCY IN THE LOCAL AREA: | 13. LENGTH OF TIME APART FROM PARENTS: | 14. HAS ANY FAMILY MEMBER EVER BEEN CONVICTED OF A FELONY? |
|---|---|---|---|
| YEARS _____ MONTHS _____ | YEARS _____ MONTHS _____ | YEARS _____ MONTHS _____ | ☐ NO ☐ YES ☐ UNKNOWN |

**15. HAVE YOU EVER BEEN REFERRED TO OR PARTICIPATED IN A MILITARY FAMILY ADVOCACY PROGRAM OR CHILD/SPOUSE PROTECTIVE SERVICES AGENCY?**

☐ NO ☐ YES *(If Yes, state where, when and reason.)*

**16. ARE YOU PRESENTLY UNDER A COURT ORDER CONCERNING FAMILY/OTHERS** *(restraint order, no-contact order)*?

☐ NO ☐ YES *(If Yes, give dates, persons, conditions and name of jurisdiction.)*

**17. FAMILY NARRATIVE ENVIRONMENTAL INFORMATION:**

a. GENERAL FAMILY BACKGROUND

b. IF APPLICABLE INCLUDE:

- STATUS OF MARRIAGE
- FINANCIAL ARRANGEMENTS FOR FAMILY

## SECTION 5 - MENTAL/PHYSICAL HEALTH BACKGROUND

REPORT DATE *(YYYYMMDD)*

| 1. NAME *(Last, First, Middle)* | 2. SSN | 3. ID NUMBER |
|---|---|---|
| | | |

4. HOW WOULD YOU DESCRIBE YOUR CURRENT PHYSICAL CONDITION: ☐ EXCELLENT ☐ GOOD ☐ FAIR ☐ POOR

5. LIST ANY PAST SERIOUS ILLNESS, INJURY OR PHYSICAL AILMENT YOU HAVE SUFFERED OR ARE CURRENTLY SUFFERING AND DATE OF OCCURRENCE:

6. DO YOU HAVE A PHYSICAL HANDICAP: ☐ NO ☐ YES *(Explain)*

7. LAST HIV TEST DATE *(YYYYMMDD)*

8. HAVE YOU EVER BEEN HOSPITALIZED IN A MENTAL INSTITUTION: ☐ NO ☐ YES *(State facility, reason and date)*

9. HAVE YOU EVER CONSIDERED SUICIDE: ☐ NO ☐ YES *(Explain)*

10. HAVE YOU EVER ATTEMPTED SUICIDE: ☐ NO ☐ YES *(Explain)*

11. PERSONAL HABITS

ALCOHOL USE CLAIMED: ☐ NONE ☐ OCCASIONAL ☐ MODERATE ☐ HEAVY ☐ OTHER *(Explain)* _____

WAS ALCOHOL ABUSE APPARENT? ☐ NO ☐ YES

HAVE YOU EVER RECEIVED ALCOHOL TREATMENT? ☐ NO ☐ YES *(State facility and date)* _____

DRUG USE CLAIMED: ☐ NONE ☐ OCCASIONAL ☐ MODERATE ☐ HEAVY ☐ OTHER *(Explain)* _____

DRUG USE APPARENT? ☐ NO ☐ YES

HAVE YOU EVER RECEIVED DRUG TREATMENT? ☐ NO ☐ YES *(State facility and date)* _____

GAMBLING: ☐ FREQUENTLY ☐ OCCASIONALLY ☐ NEVER

12. MENTAL/PHYSICAL HEALTH BACKGROUND INFORMATION

a. SPORTS AND HOBBIES

b. SPECIAL SKILLS/ABILITIES

c. NOTES *(Is there anything on this form which is not covered that you feel should be brought to the attention of the confining facility?)*

# PRISONER SENTENCE COMPUTATION

DATE *(YYYYMMDD)*

1. PRISONER'S NAME *(Last, First, Middle Initial) (AKA)*

2. SOCIAL SECURITY NUMBER

3. ID NUMBER *(If applicable)*

4. REASON FOR COMPUTATION

| | | | | | |
|---|---|---|---|---|---|
| | ADJUDGED | | SENTENCED/CA ACTION | | APPEALS COURT DECISION |
| | CLEMENCY | | VACATED SENTENCE | | ADDITIONAL SENTENCE |
| | AUDIT | | RETURN FROM PAROLE/ SUPERVISED RELEASE | | OTHER |

| 5.a. SENTENCE TO CONFINEMENT INFORMATION | | | | | 5.b. OTHER SENTENCE TO CONFINEMENT CHANGES | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | YEARS | MONTHS | DAYS | EFFECTIVE DATE | AUTHORITY | YEARS | MONTHS | DAYS | EFFECTIVE DATE |
| (1) ADJUDGED | | | | | | | | | |
| (2) PTA | | | | | | | | | |
| (3) CA | | | | | | | | | |
| (4) APPEAL | | | | | | | | | |

6. SENTENCE COMPUTATION

| ACTION | YEAR | MONTH | DAY | EXPIRATION TABLE NUMBER |
|---|---|---|---|---|
| a. DATE SENTENCE ADJUDGED | | | | |
| b. CURRENT LENGTH OF SENTENCE | | | | |
| c. RESULT OF a. PLUS b. *(Unadjusted maximum release date, UMXRD)* | | | | 0 |
| d. LESS ONE DAY | | | -1 | -1 |
| e. RESULT OF c. MINUS d. *(Maximum release date, MXRD)* | | | | -1 |
| f. INTERNATIONAL DATE LINE, IDL *(If none, enter 0)* | | | | |
| g. RESULT OF e. MINUS f. | | | | -1 |
| h. ADMINISTRATIVE CREDIT *(If none, enter 0)* | | | | |
| i. RESULT OF g. MINUS h. | | | | -1 |
| j. JUDICIAL CREDIT *(If none, enter 0)* | | | | |
| k. RESULT OF i. MINUS j. | | | | -1 |
| l. INOPERATIVE TIME *(If none, enter 0)* | | | | |
| m. RESULT OF k. PLUS l. *(Adjusted MXRD, AMXRD)* | | | | -1 |
| n. GOOD CONDUCT TIME _____ | | | | |
| o. RESULT OF m. MINUS n. | | | | -1 |
| p. ADD FORFEITED GCT<br>TOTAL FORFEITED _____ - RESTORED _____ = 0 | | | | |
| q. RESULT OF o. PLUS p. | | | | -1 |
| r. LESS ABATEMENTS<br>EARNED _____ - FORFEITED _____ + RESTORED _____ = 0 | | | | |
| s. RESULT OF q. MINUS r.: MINIMUM RELEASE DATE (MRD) | | | | -1 |

# INITIAL CUSTODY CLASSIFICATION

| 1. DATE *(YYYYMMDD)* | 2. INTERVIEWER NAME | 3. *(X one)* ☐ DETAINED ☐ ADJUDGED |
|---|---|---|

**4. IDENTIFICATION**

| a. PRISONER NAME *(Last, First, Middle)* | b. SSN | c. GRADE | d. SEX *(X one)* ☐ MALE ☐ FEMALE |
|---|---|---|---|

| 5. ADMINISTRATIVE FACTORS *(X as applicable)* | NO | YES |
|---|---|---|
| a. SUICIDE RISK | | |
| b. PHYSICAL HEALTH PROBLEM | | |
| c. MENTAL HEALTH PROBLEM | | |
| d. SPECIAL QUARTERS | | |

| 6. MANAGEMENT FACTORS *(Enter point values)* | POINTS |
|---|---|
| a. OFFENSE<br>OFFENSE SEVERITY = 1 - 8 | |
| b. SUBSTANCE ABUSE<br>YES x 1 = 1 YES x 2 = 2 YES x 3 = 3 YES x 4 = 4 | |
| c. PENDING CHARGES/WARRANTS/DETAINERS<br>NO = 0 YES = *(Enter points from Offense Severity Scale)* | |
| d. HISTORY OF VIOLENCE<br>QUESTION (2) - YES = 2 QUESTION (3) - YES = 4 QUESTION (4) - YES = 6 QUESTION (5) - YES = 8 | |
| e. HISTORY OF ESCAPE<br>NO = 0 YES = 6 | |
| f. LENGTH OF SENTENCE TIME REMAINING<br>DETAINEE OR 0 - 90 DAYS = 0 91 DAYS - 1 YEAR = 1 1+ TO 3 YEARS = 2 3+ TO 5 YEARS = 3<br>5 + TO 10 YEARS = 5 10+ YEARS = 7 LIFE/DEATH = 8 | |
| g. TOTAL POINTS | 0 |

**7. SCREENING DECISION** *(X one)*

☐ MEDIUM-IN *(0 - 11 Points)* ☐ MAXIMUM *(12+ Points)*

**8. FINAL DECISION**

a. OVERRIDE *(X one)*

☐ NO ☐ YES - ☐ CODE ☐ NOT APPLICABLE *(Policy)*

b. RATIONALE

**9. DECIDING AUTHORITY**

| a. NAME | b. GRADE | c. TITLE | d. SIGNATURE |
|---|---|---|---|

**10. CUSTODY DECISION**

## CLASSIFICATION WORKSHEET

| 11. DATE *(YYYYMMDD)* | 12. TIME | 13. INTERVIEWER NAME | 14. *(X one)* ☐ DETAINED ☐ ADJUDGED |
|---|---|---|---|
| | | | |

**15. ADMINISTRATIVE FACTORS**

**a. SUICIDE RISK**

(1) HOW DO YOU FEEL ABOUT BEING HERE?

| | NO | YES |
|---|---|---|
| (2) HAVE YOU EVER THOUGHT ABOUT COMMITTING SUICIDE? *(X)* | | |
| (3) DID YOU MAKE A PLAN TO COMMIT SUICIDE? | | |
| (4) HAVE YOU EVER ATTEMPTED SUICIDE? *(If Yes, when and how?)* | | |

| b. PHYSICAL HEALTH PROBLEM | NO | YES |
|---|---|---|
| (1) DO YOU HAVE A CONTAGIOUS DISEASE? *(If Yes, what?)* | | |
| (2) DO YOU HAVE ANY PHYSICAL PROBLEMS? *(If Yes, what?)* | | |
| (3) ARE YOU TAKING ANY MEDICATIONS? *(If Yes, give reason)* | | |

| c. MENTAL HEALTH | NO | YES |
|---|---|---|
| (1) DO YOU HAVE ANY MENTAL PROBLEMS? *(If Yes, what?)* | | |
| (2) WERE YOU EVER HOSPITALIZED FOR MENTAL PROBLEMS? *(If Yes, when?)* | | |

| d. SPECIAL QUARTERS | NO | YES |
|---|---|---|
| TO YOUR KNOWLEDGE, DO YOU HAVE ANY ENEMIES IN THIS FACILITY? *(If Yes, who and why?)* | | |

CLASSIFICATION WORKSHEET *(Continued)*

**16. MANAGEMENT FACTORS**

a. WHAT CHARGE(S) ARE YOU CONFINED FOR?

| b. SUBSTANCE ABUSE *(X)* | | NO | YES |
|---|---|---|---|
| (1) HAVE YOU EVER USED DRUGS OR ALCOHOL? | DRUGS | | |
| | ALCOHOL | | |
| (2) HAVE YOU USED DRUGS/ALCOHOL IN THIS ENLISTMENT? | DRUGS | | |
| | ALCOHOL | | |
| *(If answer to both (1) and (2) is No, skip to 16.c. If either (1) or (2) is Yes, continue lines (3) through (6).)* | | | |
| (3) HAVE YOU EVER BEEN DISCIPLINED IN THE SERVICE OR FIRED FROM A JOB BECAUSE OF DRUG OR ALCOHOL USE? | | | |
| (4) HAS DRUG/ALCOHOL USE EVER LED TO FAMILY PROBLEMS OR CONFLICTS? | | | |
| (5) HAVE YOU EVER BEEN ARRESTED WHILE UNDER THE INFLUENCE OF DRUGS OR ALCOHOL? | | | |
| (6) HAS USE OF DRUGS/ALCOHOL RESULTED IN OTHER PROBLEMS, SUCH AS BLACKOUTS OR LOSS OF FRIENDS? | | | |

| c. PENDING CHARGES/WARRANTS/DETAINERS | NO | YES |
|---|---|---|
| DO YOU HAVE ANY OUTSTANDING WARRANTS/DETAINERS OR ADDITIONAL PENDING CHARGES? *(If Yes, explain)* | | |

| d. HISTORY OF VIOLENCE *(X)* | NO | YES |
|---|---|---|
| (1) HAVE YOU EVER ASSAULTED ANOTHER PERSON? | | |
| *(If No, skip to 16.e. If Yes, answer (2) through (7).)* | | |
| (2) NON-PHYSICAL ALTERCATION | | |
| (3) ASSAULT WITHOUT A WEAPON | | |
| (4) ASSAULT WITH A WEAPON | | |
| (5) MULTIPLE ASSAULTS | | |

(6) AGE AT TIME OF INCIDENT(S)

(7) EXPLAIN INCIDENT(S)

| e. HISTORY OF ESCAPE *(X as appropriate. Assign 6 points in Item 6.e. if answer is Yes to any of the following questions:)* | NO | YES |
|---|---|---|
| (1) HAVE YOU EVER ESCAPED OR ATTEMPTED TO ESCAPE CONFINEMENT? | | |
| (2) WERE YOU EVER APPREHENDED ON A PAROLE VIOLATION? | | |
| (3) HAVE YOU EVER RESISTED ARREST? | | |
| (4) DID YOU EVER INITIATE A PERIOD OF UNAUTHORIZED ABSENCE WHILE OTHER CHARGES WERE PENDING? | | |

**17. INTERVIEWER'S IMPRESSION**

# CUSTODY RECLASSIFICATION

| 1. INTERVIEWER NAME | 2. *(X one)* ☐ DETAINED ☐ ADJUDGED |
|---|---|

**3. IDENTIFICATION**

| a. PRISONER NAME *(Last, First, Middle)* | b. SSN | c. RELEASE DATE *(YYYYMMDD)* |
|---|---|---|
| d. PRESENT CUSTODY | e. HOUSING UNIT | f. REGISTRATION NUMBER |

| 4. ADMINISTRATIVE FACTORS *(X as applicable)* | NO | YES |
|---|---|---|
| a. SUICIDE RISK | | |
| b. PHYSICAL HEALTH PROBLEM | | |
| c. MENTAL HEALTH PROBLEM | | |
| d. SPECIAL QUARTERS | | |
| e. VICTIM/WITNESS NOTIFICATION PROGRAM | | |
| f. WAS THERE AN OVERRIDE ON LAST CLASSIFICATION? | | |

| 5. CLASSIFICATION CRITERIA *(Enter point values)* | POINTS |
|---|---|
| a. OFFENSE SEVERITY = 1 - 8 | |
| b. NUMBER OF DISCIPLINARY REPORTS *(Last 90 days)*<br>NONE = 0 ONE = 2 TWO+ = 4 | |
| c. SEVERITY OF DISCIPLINARY REPORTS<br>NONE = 0 LOW MODERATE = 1 MODERATE = 3 HIGH = 5 GREATEST = 7 | |
| d. NUMBER OF NEGATIVE SPOT REPORTS *(Last 90 days)*<br>NONE - THREE = 0 FOUR - SIX = 2 SEVEN - TEN = 4 ELEVEN+ = 6 | |
| e. CURRENT PROGRAMMING<br>PROGRAM AND JOB = MINUS 2 (-2) PROGRAM OR JOB = MINUS 1 (-1) NONE = 0 | |
| f. FALSE DATA ON SCREENING FORM *(Initial Classification only)*<br>NO = 0 YES = 4 | |
| g. RESPONSIBILITY SHOWN<br>GOOD = -2 AVERAGE = 0 POOR = +2 | |
| h. LENGTH OF SENTENCE TIME REMAINING DETAINEE OR 0 - 90 DAYS = 0 91 DAYS - 1 YEAR = 1<br>1+ TO 3 YEARS = 2 3+ TO 5 YEARS = 3 5 + TO 10 YEARS = 5 10+ YEARS = 7 LIFE/DEATH = 8 | |
| i. PENDING CHARGES/WARRANTS/DETAINERS<br>NO = 0 YES = *(Enter offense severity code)* | |
| j. TOTAL POINTS | 0 |

**6. CLASSIFICATION DECISION**

a *(X one)*

☐ REDUCE *(0 - 6 Points)* ☐ SAME *(7-10 Points)* ☐ INCREASE *(11+Points)*

b. RATIONALE

**7. OVERRIDE**

a. *(X one)*

☐ NO ☐ YES *(Enter code)* ☐ NOT APPLICABLE *(Policy)*

b. RATIONALE

**8. RECOMMENDED DECISION**

**9. FACILITY COMMANDER/DESIGNEE**

| a. NAME, GRADE, TITLE | b. SIGNATURE | c. DATE *(YYYYMMDD)* |
|---|---|---|

**10. FINAL DECISION**



Adobe Professional 7.0

# INMATE WORK AND TRAINING EVALUATION

REPORT DATE *(YYYYMMDD)*

| 1. NAME *(Last, First, Middle)* | 2. SSN | 3. ID NUMBER |
|---|---|---|
| | | |

| 4. BRANCH OF SERVICE | 5. HOUSING UNIT | 6. DETAIL | 7. CUSTODY LEVEL |
|---|---|---|---|
| | | | |

8. PURPOSE OF EVALUATION: ☐ DISPOSITION BOARD ☐ CLASSIFICATION BOARD ☐ WORK ASSIGNMENT ☐ OTHER

IF FOR DISPOSITION BOARD *(Check type)*: ☐ RESTORATION/RETURN TO DUTY ☐ PAROLE ☐ WORK/CUSTODY

☐ OTHER *(Specify)* _____ ☐ CLEMENCY ☐ SPECIAL WORK ☐ FEDERAL TRANSFER

PERIOD COVERED: *(YYYYMMDD)* FROM: TO: | COMPLETED BY: ☐ DORM SUPV ☐ WORK SUPV ☐ OTHER _____

AREAS OF EVALUATION: *(Check the appropriate spaces)*
The dormitory supervisor completes Section 1 only. The work supervisor completes Sections 1 and 2.

| SECTION 1 - ATTITUDE AND TRAITS *(Circle one box per row)* | | | | | | POINTS |
|---|---|---|---|---|---|---|
| CONDUCT | Unsatisfactory (1) | (2) | Conforms (3) | (4) | Exemplary (5) | |
| DISCIPLINE | Disciplinary Action (1) | (2) | Minor Infractions (3) | (4) | No Infractions (5) | |
| SUPERVISION REQUIRED | Constant (1) | (2) | Moderate (3) | (4) | Minimal (5) | |
| ATTITUDE TOWARD SUPERVISOR | Poor (1) | (2) | Borderline (3) | (4) | Respectful (5) | |
| COOPERATION | Uncooperative (1) | (2) | Moderate (3) | (4) | Cooperative (5) | |
| PERSONALITY | Unfavorable (1) | (2) | Fair (3) | (4) | Exceptional (5) | |
| GROUP CONFORMITY | Easily Led (1) | (2) | Complies (3) | (4) | Self-Reliant (5) | |
| INFLUENCE ON OTHERS | Disruptive (1) | (2) | Neutral (3) | (4) | Positive (5) | |
| INITIATIVE | Minimal (1) | (2) | Average (3) | (4) | Energetic (5) | |
| TEMPERAMENT | Volatile (1) | (2) | Indifferent (3) | (4) | Stable (5) | |
| INTEREST IN FACILITY TREATMENT PROGRAM | Minimal (1) | (2) | Participates (3) | (4) | Active Participation (5) | |
| TOTALS | | | | | | = 0 |

| OVERALL EVALUATION SUBTOTAL | Unsatisfactory 11-21 | Below Average 22-32 | Average 33-43 | Above Average 44-54 | Outstanding 55 |
|---|---|---|---|---|---|

| SECTION 2 - WORK PERFORMANCE | | | | | | POINTS |
|---|---|---|---|---|---|---|
| QUALITY OF WORK | Poor (1) | (2) | Acceptable (3) | (4) | Outstanding (5) | |
| PRODUCTIVITY | Minimal (1) | (2) | Average (3) | (4) | Excellent Output (5) | |
| SAFETY | Careless (1) | (2) | Follows Rules (3) | (4) | Safety Conscious (5) | |
| TOTALS | | | | | | = 0 |

| OVERALL EVALUATION GRAND TOTAL 0 | Unsatisfactory 14-27 | Below Average 28-41 | Average 42-55 | Above Average 56-69 | Outstanding 70 |
|---|---|---|---|---|---|

| INMATE SIGNATURE | DATE *(YYYYMMDD)* | |
|---|---|---|
| EVALUATOR'S NAME | SIGNATURE | DATE *(YYYYMMDD)* |

# INMATE OBSERVATION REPORT

REPORT DATE *(YYYYMMDD)*

| 1. INMATE NAME *(Last, First, Middle)* | 2. SSN | 3. ID NUMBER |
|---|---|---|
| | | |

| 4. CUSTODY LEVEL | 5. QUARTERS AND DETAIL | 6. CELLBLOCK/DORMITORY | 7. CELL #/BUNK # |
|---|---|---|---|
| | | | |

**8. OBSERVATION**

a. TYPE OF OBSERVATION: ☐ FAVORABLE ☐ UNFAVORABLE ☐ INJURY ☐ BEHAVIORAL

| b. DATE *(YYYYMMDD)* | c. TIME | d. LOCATION | e. WAS INMATE NOTIFIED ABOUT THIS REPORT: ☐ YES ☐ NO |
|---|---|---|---|
| | | | |

**9. OBSERVATION REPORTED BY**

| a. NAME *(Last, First, Middle)* | b. GRADE | c. TITLE | d. DATE *(YYYYMMDD)* |
|---|---|---|---|
| | | | |

**10. WITNESS**

| a. NAME *(Last, First, Middle)* | b. GRADE | c. TITLE | d. DATE *(YYYYMMDD)* |
|---|---|---|---|
| | | | |

11. OBSERVATION SUMMARY *(Give an in-depth description of the observation; include all necessary information, provide attachment if necessary):*

| 12. SIGNATURE OF REPORTING PERSON | b. DATE *(YYYYMMDD)* | |
|---|---|---|
| | | |

| 13. WAS IMMEDIATE MEDICAL ATTENTION NEEDED? ☐ YES ☐ NO | b. DATE *(YYYYMMDD)* | c. TIME |
|---|---|---|
| | | |

d. DESCRIBE ANY IMMEDIATE MEDICAL ATTENTION GIVEN:

**14. OBSERVATION REPORTED TO**

| a. SUPERVISOR NAME *(Last, First, Middle Initial)* | b. DATE *(YYYYMMDD)* | c. TIME |
|---|---|---|
| | | |

15. ACTIONS OF CORRECTIONS SUPERVISOR:

16. ACTIONS OF REVIEWING AUTHORITY:

**17. COMMANDING OFFICER REVIEW**

| a. NAME, GRADE, TITLE | b. SIGNATURE | c. DATE *(YYYYMMDD)* |
|---|---|---|
| | | |

# INMATE DISCIPLINARY REPORT

REPORT DATE *(YYYYMMDD)*

**1. INMATE**

| a. NAME *(Last, First, Middle)* | b. SSN | c. ID NUMBER |
|---|---|---|
| | | |

| 2. CUSTODY LEVEL | 3. CELLBLOCK/DORMITORY | 4. DETAIL |
|---|---|---|
| | | |

**5. INCIDENT**

| a. CHARGES | b. DATE *(YYYYMMDD)* | c. TIME | d. LOCATION |
|---|---|---|---|
| | | | |

e. DETAILS OF CHARGE(S)

**6. INCIDENT REPORTED BY**

| a. NAME *(Last, First, Middle)* | b. GRADE | c. TITLE | d. SIGNATURE | e. DATE *(YYYYMMDD)* |
|---|---|---|---|---|
| | | | | |

**7. INCIDENT REPORTED TO**

| a. SUPERVISOR NAME *(Last, First, Middle)* | b. DATE *(YYYYMMDD)* | c. TIME |
|---|---|---|
| | | |

d. DISPOSITION TAKEN:

| 8.a. WAS MEDICAL ATTENTION NEEDED? | ☐ YES | ☐ NO | b. DATE *(YYYYMMDD)* | c. TIME |
|---|---|---|---|---|

d. DESCRIBE ANY MEDICAL ATTENTION GIVEN:

| | | | |
|---|---|---|---|
| 9. INVESTIGATION REQUIRED? | ☐ YES | ☐ NO | ☐ N/A |
| 10.a. ADVISEMENT OF RIGHTS GIVEN? *(If yes, attach original rights acknowledgment form)* | ☐ YES | ☐ NO | ☐ N/A |
| b. INMATE WAIVED RIGHTS? *(If yes, attach)* | ☐ YES | ☐ NO | ☐ N/A |
| c. INMATE STATEMENT *(If yes, attach statement)* | ☐ YES | ☐ NO | ☐ N/A |

11.a. INVESTIGATIVE SUMMARY? ☐ YES *(Please attach copy of report)* ☐ NO

b. BRIEF SYNOPSIS:

| c. NAME AND TITLE OF INVESTIGATOR | d. SIGNATURE | e. DATE *(YYYYMMDD)* |
|---|---|---|
| | | |

12. ATTACHMENTS *(Use DD Form 2719)*

## INMATE DISCIPLINARY REPORT

**13. INITIAL REVIEWING AUTHORITY DISPOSITION**

| b. INITIAL REVIEWING AUTHORITY NAME, GRADE AND TITLE | c. SIGNATURE | d. DATE *(YYYYMMDD)* |
|---|---|---|
| | | |

**14. RESULTS OF DISCIPLINARY AND ADJUSTMENT BOARD**

a. FINDINGS:

- ☐ INMATE DID COMMIT THE OFFENSE REPORTED
- ☐ INMATE DID NOT COMMIT THE OFFENSE REPORTED

FINDINGS ARE BASED ON THE FOLLOWING:

b. RECOMMENDATION OF DISCIPLINARY AND ADJUSTMENT BOARD

| c. NAME AND TITLE OF BOARD PRESIDENT | d. SIGNATURE | e. DATE *(YYYYMMDD)* |
|---|---|---|
| | | |

**15. RECOMMENDATION OF THE REVIEWING OFFICER**

| b. NAME AND TITLE OF REVIEWING OFFICER | c. SIGNATURE | d. DATE *(YYYYMMDD)* |
|---|---|---|
| | | |

**16. ACTION TAKEN BY THE APPROVING AUTHORITY**

| b. NAME AND TITLE OF APPROVING AUTHORITY | c. SIGNATURE | d. DATE *(YYYYMMDD)* |
|---|---|---|
| | | |

# CLEMENCY/PAROLE SUBMISSION

| 1. SERVICE CLEMENCY/PAROLE BOARD | 2. SERVICE FACILITY |
|---|---|
| | |

3. SUBJECT: PAROLE PACKAGE

INMATE NAME: _____ SSN: _____ ID NUMBER _____
*(Last, First, Middle)*

MOST SERIOUS OFFENSE: _____

ADJUDGED SENTENCE INFORMATION: _____

PACKAGE INCLUDES: PART 1. PAROLE SUMMARY

a. DISPOSITION BOARD RECOMMENDATION *(DD Form 2715-1)*
b. INMATE SUMMARY DATA *(DD Form 2715-2)*
c. INMATE RESTORATION, RETURN TO DUTY, CLEMENCY AND PAROLE STATEMENT *(DD Form 2715-3)*

PART 2. INMATE BACKGROUND SUMMARY

a. PERSONAL DATA *(DD Form 2710, Section 1)*
b. COURT MARTIAL DATA
c. MILITARY BACKGROUND *(DD Form 2710, Section 2)*
d. CIVILIAN BACKGROUND *(DD Form 2710, Section 3)*
e. FAMILY BACKGROUND *(DD Form 2710, Section 4)*
f. MENTAL/PHYSICAL HEALTH BACKGROUND *(DD Form 2710, Section 5)*
g. INMATE SENTENCE INFORMATION *(DD Form 2710-1)*

PART 3. ADDITIONAL INFORMATION *(List)*

DOES CASE INVOLVE VICTIM/WITNESS NOTIFICATIONS? ☐ NO ☐ YES

| REPORT PREPARED BY | | |
|---|---|---|
| NAME, GRADE, TITLE | SIGNATURE | DATE *(YYYYMMDD)* |
| **REVIEWED AND FORWARDED BY** | | |
| NAME, GRADE, TITLE | SIGNATURE | DATE *(YYYYMMDD)* |



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| DISPOSITION BOARD RECOMMENDATION | | REPORT DATE *(YYYYMMDD)* |
|---|---|---|
| 1. NAME *(Last, First, Middle)* | 2. SSN: | 3. ID NUMBER |
| 4. CORRECTIONAL FACILITY: | | |

5. REASON FOR BOARD ACTION: *(Check one)*

- ☐ INITIAL CLEMENCY
- ☐ INITIAL PAROLE
- ☐ RESTORATION/RETURN TO DUTY
- ☐ SUPPLEMENTAL/SPECIAL CLEMENCY
- ☐ OTHER _____

6. RECOMMENDATION

a. RESTORATION/RETURN TO DUTY
b. CLEMENCY
c. PAROLE
d. TRANSFER
e. OTHER

| 7.a. TYPED NAME AND GRADE OF RECORDER | b. SIGNATURE | c. DATE *(YYYYMMDD)* |
|---|---|---|
| 8.a. TYPED NAME AND GRADE OF BOARD CHAIRMAN | b. SIGNATURE | c. DATE *(YYYYMMDD)* |

| 9. RECOMMENDATION OF THE COMMANDER | | |
|---|---|---|
| | | |
| TYPED NAME AND GRADE OF COMMANDER | SIGNATURE | DATE *(YYYYMMDD)* |

| INMATE SUMMARY DATA | | REPORT DATE *(YYYYMMDD)* |
|---|---|---|
| 1. NAME *(Last, First, Middle)* | 2. SSN | 3. ID NUMBER |

4. CONTENTS: ADMISSION SUMMARY *(Complete 5, 6, and 7)* ☐ PROGRESS SUMMARY *(Complete 7, 8, and 9)* ☐

5. CURRENT OFFENSE
   a. OFFICIAL INFORMATION
   b. PRISONER'S VERSION

6. PRIOR OFFENSE
   a. CIVIL
   b. MILITARY

7. EVALUATION AND PLANNING
   a. IMPRESSIONS BASED ON PERSONAL HISTORY
   b. CURRENT MENTAL HEALTH EVALUATION (INITIAL)

8. ASSIGNMENT PROGRAM
   a. CURRENT CUSTODY
   b. CURRENT QUARTERS
   c. CURRENT TRAINING
   d. CURRENT WORK ASSIGNMENTS
   e. SPECIAL TREATMENT PROGRAMS
   f. PLANNED DISPOSITION

9. CONFINEMENT PROGRESS
   a. NEW INFORMATION
   b. PROGRESS IN CONFINEMENT
   c. CURRENT MENTAL HEALTH EVALUATION
   d. PAROLE OFFICER EVALUATION

| INMATE RESTORATION/RETURN TO DUTY, CLEMENCY AND PAROLE STATEMENT | | REPORT DATE *(YYYYMMDD)* |
|---|---|---|
| 1. INMATE NAME *(Last, First, Middle)* | 2. SSN | 3. ID NUMBER |
| 4. CORRECTIONS FACILITY | | |

**SECTION 1 - RESTORATION/RETURN TO DUTY**

5. ☐ I request suspension of the discharge/dismissal adjudged by court-martial in my case, and restoration/return to duty on probation. I understand that any unsatisfactory conduct on my part may violate the probation and vacation of suspension could result in execution of the remainder of the court-martial sentence in addition to further disciplinary action.

6. ☐ I do not request to be restored/returned to duty.

**SECTION 2 - CLEMENCY**

7. ☐ I hereby waive my right to be considered for clemency.

a. I understand my case will not be reviewed administratively for remission, mitigation, or suspension of the unexecuted parts of my sentence. I further understand that I will not receive consideration for annual clemency until one year after my current clemency board date.

b. I also acknowledge that if my sentence includes an unsuspended punitive discharge or dismissal:

(1) I may be ineligible for many or all benefits as a veteran under both Federal and state laws.

(2) I may expect to encounter substantial prejudice in civilian life.

(3) This waiver will remain part of my permanent military service record.

(4) I may not reenlist without special permission (enlisted members only).

8. I hereby request to be considered for clemency in the following form(s):

☐ Reduction in length of sentence

☐ Reduction or remission of forfeitures.

☐ Reduction or remission of fine.

☐ Substitution of administrative discharge for punitive discharge.

☐ Remission of dismissal (officers and cadets only).

☐ Mitigation of a DD to a BCD.

☐ Restoration to pay grade _____

☐ Restoration of precedence (officers only).

9. MY REASONS FOR REQUESTING CLEMENCY ARE AS FOLLOWS:

| 10. INMATE SIGNATURE | 11. WITNESS SIGNATURE | 12. DATE *(YYYYMMDD)* |
|---|---|---|
| | | |

**CERTIFICATION TO BE COMPLETED FOR CLEMENCY WAIVER ONLY**

| CERTIFIED: I certify that the above individual signed this waiver in my presence, and that his right to request clemency and the effect of this waiver have been fully explained to him/her. | CERTIFYING OFFICIAL *(Name, Grade and Title)* | SIGNATURE OF CERTIFYING OFFICIAL | DATE *(YYYYMMDD)* |
|---|---|---|---|
| | | | |

## SECTION 3 - PAROLE

13. UNDER REGULATIONS I BECOME ELIGIBLE FOR ☐ INITIAL ☐ ANNUAL PAROLE CONSIDERATION ON _____ *(YYYYMMDD)*

14. ☐ I DESIRE ☐ DO NOT DESIRE TO BE CONSIDERED FOR PAROLE FOR THE FOLLOWING REASONS:

15. PROPOSED PAROLE RESIDENCE
*(State fully where and with whom you will live):*

| a. NAME *(Last, First, Middle Initial)* | b. RELATIONSHIP | c. TELEPHONE NUMBER *(Include area code)* | |
|---|---|---|---|
| d. STREET ADDRESS *(Include apartment number)* | e. CITY | f. STATE | g. ZIP CODE |

16. PROPOSED PAROLE/PROBATION OFFICER

| a. NAME *(Last, First, Middle Initial)* | | b. TELEPHONE NUMBER *(Include area code)* | |
|---|---|---|---|
| c. STREET ADDRESS *(Include apartment number)* | d. CITY | e. STATE | f. ZIP CODE |

17. PROPOSED ☐ EMPLOYER ☐ SCHOOL

| a. EMPLOYER OR SCHOOL NAME | | b. TELEPHONE NUMBER *(Include area code)* | |
|---|---|---|---|
| c. STREET ADDRESS *(Include apartment number)* | d. CITY | e. STATE | f. ZIP CODE |
| g. TITLE OR POSITION | | h. RATE OF PAY (1) FULL TIME | (2) PART TIME |

### PRIVACY ACT STATEMENT

Authority to request this information is contained in Title 10 United States Code, sections 874(a) and 952-954. The information which you provide will become a permanent part of your correction record. It will be referred to by official military personnel in conjunction with the initial and any periodic review of your eligibility for clemency or parole. You are not required to provide this information; however, your failure to respond fully may prevent the board from considering your eligibility for clemency or parole. Further authority to request your social security number is contained in Executive Order no. 9397. Disclosure of your social security number is voluntary. Failure to disclose your social security number will have no effect on your eligibility for clemency or parole.

| 18. INMATE SIGNATURE | | 19. DATE *(YYYYMMDD)* |
|---|---|---|
| 20. WITNESS NAME AND TITLE *(Last, First, MI)* | 21. SIGNATURE | 22. DATE *(YYYYMMDD)* |

# PAROLE ACKNOWLEDGEMENT LETTER

| REPORT DATE *(YYYYMMDD)* |
|---|
| |

| 1. INMATE NAME *(Last, First, Middle)* | 2. SSN | 3. ID NUMBER |
|---|---|---|
| | | |

**4. CORRECTIONS FACILITY**

**5. ACKNOWLEDGEMENT**

I have read and understand the attached notice of approval/disapproval of my parole.

**6. PAROLE APPROVAL**

☐ I accept parole release. I understand my release is conditional upon continued good behavior and acceptance for supervision by a US Probation/Parole Officer.

☐ **I do not accept parole release.**

**7. PAROLE DENIAL**

## INSTRUCTIONS

You have the right to appeal the determination of the Service Clemency and Parole Board denying your release on parole. You may submit your appeal through the commanding officer of your confinement facility within 30 days of receipt of the attached denial letter. The appeal application may include any new or additional information which was not previously considered by the Service Clemency and Parole Board.

## APPEAL SELECTION

☐ I desire to appeal the denial of my parole by the Service Secretary Clemency and Parole Board. I understand the decision on my appeal by the designee of the Service Secretary is final.

☐ I do not desire to appeal the denial of my parole by the Service Secretary Clemency and Parole Board.

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. §951, P.L. 90-377, and E.O. 9397.

**PRINCIPAL PURPOSE(S):** To notify an offender of approval for parole release and record the individual's acceptance or rejection of parole. This form is also used to notify an offender of a negative determination by the Service Clemency and Parole Board and to record an offender's decision to appeal or not appeal the decision denying parole.

**ROUTINE USE(S):** To the Department of Justice, in instances where the prisoner is incarcerated in a Federal Bureau of Prisons facility for incarceration.

**DISCLOSURE:** Voluntary; however, failure to provide the requested information may result in denial of parole or forfeiture of opportunity to elect appeal rights as to parole denial.

| 8. INMATE SIGNATURE | | 9. DATE *(YYYYMMDD)* |
|---|---|---|
| 10. WITNESS NAME. GRADE AND TITLE *(Last, First, Middle)* | 11. SIGNATURE | 12. DATE *(YYYYMMDD)* |

DEPARTMENT OF DEFENSE

# CERTIFICATE OF PAROLE

Dated _____
(YYYYMMDD)

_____
(Last, First, Middle)

being eligible for parole under the terms and conditions prescribed by his/her respective branch of service, will be released on parole from the _____ provided that his/her parole plan for home, employment, and parole officer has been completed and he/she agrees to and complies with the provisions and conditions prescribed in the Parole Agreement on the reverse side of this Certificate and further provided that all conditions set forth by the respective branch of service and facility commander are met and he/she continues to perform satisfactorily until his/her release on parole.

The term of parole hereby granted will become effective _____ (YYYYMMDD) and will expire on _____ (YYYYMMDD) unless sooner suspended or revoked for violation of its conditions or otherwise terminated by competent authority. (For Navy personnel, parole will terminate at the end of ninety days unless the Naval Parole and Clemency Board acts before the termination date to extend the term of parole.)

*(Seal)*

Signed _____
*(Chairman, Parole and Clemency Board)*

ENDORSEMENT

The above named individual was released from confinement and placed on parole the _____ day of _____ , _____ .

Dated _____
*(YYYYMMDD)*

Signed _____
*(Commander of Regional Corrections Facility)*

DISTRIBUTION

Upon completion of confinement, the original of the Certificate of Parole and the Parole Agreement will be given to the paroled inmate. One copy will be mailed to the probation officer, and one copy will be placed in the inmate's Correctional Treatment Folder.



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## PAROLE AGREEMENT

| 1.a. PROBATION/PAROLE OFFICER NAME *(Last, First, Middle)* | | b. TELEPHONE NUMBER *(Include area code)* | |
|---|---|---|---|
| c. AGENCY ADDRESS | d. CITY | e. STATE | f. ZIP CODE |

**2. PROBATION/PAROLE DESTINATION** *(Limitation of travel will be designated by Parole Officer)*

**3. CONDITIONS**

This Certificate of Parole shall not become operative until the following conditions are agreed to by the inmate and have been subscribed thereto in writing:

a. When released on parole, I will go without delay to my parole destination as specified above.

b. Within three working days of release, I will report in person to my parole officer, unless directed otherwise by my parole officer. I will follow my parole officer's reporting instructions and report as directed. After reporting I will complete the Notification of Arrival and Parolee letter and forward it to

_____.

c. I will remain within the limits prescribed by my parole officer, and, if I have justifiable cause to leave these limits temporarily, I will first obtain permission from my parole officer.

d. I will not change the residence and employment approved in my parole plan without first receiving permission from my parole officer. In the event my residence or employment is involuntarily terminated, I will report these events to my parole officer within one working day of being notified of such termination.

e. I understand that failure to maintain contact with my parole officer constitutes absconding parole.

f. I will promptly and truthfully answer all inquiries directed to me by my respective Branch of Service, my Commander, my parole officer, or other persons acting in an official capacity.

g. I will not associate with persons of bad or questionable reputation, nor enter or frequent places where controlled substances are sold, used, distributed or administered.

h. I will in all respects conduct myself in an honorable manner, work diligently at a lawful occupation, support those dependent on me, meet other family and financial responsibilities to the best of my ability, and avoid unnecessary or excessive debt.

i. I will live and remain at liberty without violating the law. In accordance with 18 USC I am a convicted felon and I understand that all laws regulating convicted felons apply to me.

j. I will refrain from the excessive use of alcohol and will not purchase, possess, use, distribute or administer any narcotic or other controlled substance or any paraphernalia related to such substances, except as prescribed by a physician.

k. I will notify my parole officer within 24 hours of being arrested, detained, or questioned by a law enforcement officer.

l. I will not enter into any agreement to act as an informer or special agent of a law enforcement agency without the permission of my respective Parole and Clemency Board.

m. I also understand and agree that if I violate any of the conditions of my parole, I may be apprehended or returned to military control, and be held liable to serve the remainder of my sentence to confinement and forfeit my time served on parole.

n. I further understand that by accepting parole I waive all good conduct time earned up to my parole release date.

o. I will not possess a firearm, ammunition, or other dangerous weapon.

p. I will not possess pornographic material.

q. I will comply with any additional conditions of my parole. *(List below)*

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

4. (APPLICABLE ONLY IF THE APPELLATE REVIEW OF THE COURTS-MARTIAL SENTENCE IS NOT COMPLETE)

a. I voluntarily apply for excess leave without pay and allowances to become effective in the event of expiration of my term to confinement prior to completion of appellate action on my court-martial sentence. I understand that for pay purposes, I am in excess leave status during the period of parole, except to the extent I may be entitled to pay and allowances for accrued leave which was not forfeited by my court-martial sentence.

b. I agree not to wear the military uniform following release on parole.

c. I understand that in the event my court-martial sentence is set aside by appellate review, I may be ordered to return to an active duty status.

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. §952, P.L. 90-377, and E.O. 9397.

**PRINCIPAL PURPOSE(S):** To certify an offender for parole release from confinement, notify the individual of the conditions of the parole, and record the individual's release from confinement and placement on parole.

**ROUTINE USE(S):** To the Department of Justice, in instances where the prisoner is incarcerated in a Federal Bureau of Prisons facility for incarceration, and to inform U.S. Probation Officers and the Administrative Office of the U.S. Courts of the conditions of parole.

**DISCLOSURE:** Voluntary; however, failure to provide the requested information as required in block 5a. may result in denial or revocation of parole.

5. INMATE CERTIFICATION.
I THOROUGHLY UNDERSTAND THE FOREGOING CONDITIONS AND SOLEMNLY PROMISE AND AGREE NOT TO VIOLATE ANY OF THEM.

| a. INMATE SIGNATURE | b. DATE *(YYYYMMDD)* |
|---|---|
| | |

6. WITNESS

| a. NAME *(Last, First, Middle)* | b. GRADE | c. TITLE | d. SIGNATURE |
|---|---|---|---|
| | | | |

# INMATE'S RELEASE ORDER

| | | |
|---|---|---|
| 1. TO: Confinement or Brig Officer | 2. INSTALLATION: | 3. DATE *(YYYYMMDD)*: |
| 4. THE INMATE NAMED BELOW WILL BE RELEASED FROM CONFINEMENT _____ *(YYYYMMDD)* AND DELIVERED TO THE ORGANIZATION SHOWN. | | |
| 5. INMATE NAME *(Last, First, Middle)* | 6. SSN | 7. GRADE |
| 8. SERVICE BRANCH | 9. ORGANIZATION | |
| 10. REASON FOR RELEASE : _____ | | |
| FOR THE COMMANDER | | |
| 11. AUTHENTICATING OFFICER NAME *(Last, First, MI)* | 12. SIGNATURE | |
| 13. GRADE, ORGANIZATION, AND TITLE | | |
| RECEIPT | | |
| 14. RECEIPT OF THE ABOVE NAMED RELEASED PERSON IS ACKNOWLEDGED. | 15. DATE *(YYYYMMDD)* | 16. TIME |
| 17. NAME, GRADE, ORGANIZATION, TITLE | 18. SIGNATURE | |
| 19. REMARKS: _____ | | |

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| CONTINUATION SHEET | | REPORT DATE *(YYYYMMDD)* |
|---|---|---|
| 1. TITLE OF FORM | 2. DD FORM | |
| 3. INMATE'S NAME *(Last, First, Middle)* | 4. SSN | 5. ID NUMBER |

# NOTICE OF RELEASE/ACKNOWLEDGEMENT OF CONVICTED SEX OFFENDER REGISTRATION REQUIREMENTS

| 1. TO | | STATE LAW ENFORCEMENT | | LOCAL LAW ENFORCEMENT | | STATE SEX OFFENDER REGISTRATION OFFICIAL |
|---|---|---|---|---|---|---|

| a. ADDRESS *(Include ZIP Code)* | b. DATE *(YYYYMMDD)* |
|---|---|
| | |

Pursuant to 10 U.S.C. 951 (Note) and DODI 1325.7, paragraph 6.18.5, the Department of Defense is notifying your office of the release of an offender who, based on available information, was convicted of a sex offense or a crime against a victim who was a minor. The offender is subject to sex offender registration under Federal law. For additional information, please contact the point of contact with facility of release who is identified below.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 951 (Note); DODI 1325.7, paragraph 6.18.5; and E.O. 9397.
**PRINCIPAL PURPOSE(S):** To notify an offender of the requirement to register upon release from confinement or military service with the state authorities as a sex offender, to record the offender's acknowledgement of receiving notice of and information pertaining to the requirement, and to obtain an offender's expected place of residence following release.
**ROUTINE USE(S):** To State and local law enforcement authorities for purposes of notification that a sex offender will be residing in a local community and to State or local officials for purposes of registering the individual as a sex offender.
**DISCLOSURE:** Voluntary; however, failure to provide an expected place of residency may result in denial of your request for parole or delay your release from confinement or military service.

| 2. NAME OF OFFENDER *(Last, First, Middle Initial)* | 3. DATE OF BIRTH *(YYYYMMDD)* | 4. SOCIAL SECURITY NUMBER |
|---|---|---|
| | | |

**5. CURRENT AND PRIOR CRIMINAL HISTORY OF SEXUAL OFFENSE(S)**

| a. SPECIFIC OFFENSE TITLE AND DESCRIPTION *(5 words or more)* | b. DATE OF CONVICTION *(YYYYMMDD)* | c. PLACE OF CONVICTION |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

| 6. FINAL RELEASE DATE *(YYYYMMDD)* | 7. RELEASE CONDITIONS OR RESTRICTIONS |
|---|---|
| | |

**8. OFFENDER'S ACKNOWLEDGEMENT OF SEX OFFENDER REGISTRATION REQUIREMENTS**

I, _____ *(Full Name - Last, First, Middle)*, _____ *(Rank)*, _____ *(Service)*, _____ *(Social Security Number)*, was convicted and sentenced for the commission of ☐ a sexual offense ☐ sexual offenses ☐ an offense involving a _____ year old minor.

I have been informed that I will be released from confinement or military service on or about: _____ *(YYYYMMDD)*.

I certify that upon release from confinement or military service I will reside at the following address:

_____ *(Initial)* _____
*(Street, Apartment Number, City, State and ZIP Code)*

I hereby acknowledge that I was informed that upon my release from confinement or military service, I am subject to registration requirements as a sex offender in any State or U.S. territory in which I will reside, be employed, carry on a vocation, or be a student. I was further informed that the chief local law enforcement officer of the jurisdiction in which I will reside upon release from confinement or military service is being provided written notice of the date of my release from confinement or military service, the offense(s) of which I was convicted, and that I am subject to a registration requirement as a sex offender. This notice will also be submitted to state law enforcement and sex offender officials. I understand that I must contact the office that follows, to ensure that sex offender registration requirements are met: _____ *(Initial)*

_____
*(Organization, Address (Include ZIP Code), and Telephone Number)*

I acknowledge that I was informed that every change in my address must be reported in the manner provided by State law. I also acknowledge being informed that if I move to another state, I must report the change of address to the responsible agency in the state I am leaving, and comply with the registration requirements in the new state of residence. I understand that the failure to register may constitute grounds to revoke parole. Finally, I understand that if I fail to register and/or change or update such registration information as required under a State sex offender registration program, I may be subject to criminal prosecution.

Signed on this _____ day of _____, _____.

**WITNESS:** *(Signed Name)* _____ **OFFENDER:** *(Signed Name)* _____

*(Printed Name)* _____ *(Printed Name)* _____

**9. CONFINEMENT FACILITY OR COMMAND RELEASING OFFENDER**

| a. NAME OF FACILITY OR COMMAND | b. ADDRESS *(Include ZIP Code)* |
|---|---|
| | |

**10. CONFINEMENT FACILITY OR COMMAND POINT OF CONTACT**

| a. NAME *(Last, First, Middle Initial)* | b. ADDRESS *(Include ZIP Code)* | c. TELEPHONE NUMBER *(Include Area Code)* |
|---|---|---|
| | | |

**11. CONFINEMENT FACILITY COMMANDER OR COMMANDER RELEASING OFFENDER**

| a. TYPED NAME *(Last, First, Middle Initial)* | b. SIGNATURE | c. DATE SIGNED *(YYYYMMDD)* |
|---|---|---|
| | | |

In the event you are not the law enforcement agency with jurisdiction authority consistent with the offender's release address, please forward these documents to the appropriate authority.