

CONFINEMENT ORDER

PRIVACY ADVISORY

Disclosure of this information is voluntary and will be used to record information about military member ordered into confinement pretrial, post-trial or as a result of nonjudicial punishment. For additional information, see System of Records Notice, A0190-47 DAPM-ACC, "Army Corrections System and Parole Board Records," NM01650-1, "Individual Confinement Records," and F031 AF SF A, "Correction and Rehabilitation Records" published at <https://dpcl.d.defense.gov/Privacy/SORNS/>. When completed, this form contains personally identifiable information and is protected by the Privacy Act of 1974, as amended.

1. PERSON TO BE CONFINED		2. DATE (YYYYMMDD)	
a. NAME (Last, First, Middle Initial)		b. SOCIAL SECURITY NUMBER	

c. BRANCH	d. GRADE	e. UNIT/AGENCY (Parent unit)
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3. TYPE OF CONFINEMENT

a. PRETRIAL <input type="checkbox"/> NO <input type="checkbox"/> YES	b. RESULT OF NJP <input type="checkbox"/> NO <input type="checkbox"/> YES	c. RESULT OF COURT-MARTIAL: <input type="checkbox"/> NO <input type="checkbox"/> YES
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d. TYPE OF COURT-MARTIAL: SCM SPCM GCM VACATED SUSPENSION

4. OFFENSES/CHARGES OF UCMJ ARTICLES VIOLATED (List all charge(s) if prisoner is pretrial. List guilty finding(s) only if prisoner is post-trial.)

5. SENTENCE ADJUDGED (Annotate sentence from the result of trial)	b. ADJUDGED DATE (YYYYMMDD):
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6. IF THE SENTENCE IS DEFERRED, THE DATE DEFERMENT IS TERMINATED (YYYYMMDD): _____

7. PERSON DIRECTING CONFINEMENT

a. TYPED NAME (Last, First, Middle Initial), GRADE AND TITLE	b. SIGNATURE	c. DATE (YYYYMMDD)	d. TIME
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8. LEGAL REVIEW AND APPROVAL REQUIRED (Review required by different name at 7.a and b.)

a. INCIDENT # _____ ORI _____

b. DNA PROCESSING IS IS NOT REQUIRED PURSUANT TO DODI 5505.14.
COLLECTED: YES NO KIT# _____ Date DNA collected (YYYYMMDD) _____

c. SEX OFFENDER REGISTRATION IS IS NOT REQUIRED UNDER 42 U.S.C. 14071.

d. TYPED NAME (Last, First, Middle Initial), GRADE AND TITLE	e. SIGNATURE	f. DATE (YYYYMMDD)
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9. MEDICAL CERTIFICATE

a. The above named prisoner was examined by me at _____ on _____ and found to be Fit Unfit
(Time) (YYYYMMDD)

for confinement. I certify that from this examination the execution of the foregoing sentence to confinement will will not produce serious injury to the prisoner's health.

b. The following irregularities were noted during the examination: (List only non-medical information. Refer to SF 600 for all medical information, including HIV, TB and pregnancy tests and results.)

10. EXAMINER

a. TYPED NAME (Last, First, Middle Initial), GRADE AND TITLE	b. SIGNATURE	c. DATE (YYYYMMDD)	d. TIME
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11. RECEIPT FOR PRISONER (Completed by the correctional facility staff upon arrival of the prisoner)

a. THE PRISONER NAMED ABOVE HAS BEEN RECEIVED FOR CONFINEMENT AT (Facility Name and Location)

on _____ AND TIME: _____
(YYYYMMDD) (Time)

b. PERSON RECEIPTING FOR PRISONER (Typed name (Last, First, Middle Initial), Grade and Title)	c. SIGNATURE	d. DATE (YYYYMMDD)	e. TIME
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