

PRISONER BACKGROUND SUMMARY SECTION 1 - PERSONAL DATA		REPORT DATE (YYYYMMDD)
PRIVACY ACT STATEMENT		
<p>AUTHORITY: 10 U.S.C. §136: "Under Secretary of Defense for Personnel and Readiness"; 10 U.S.C. Chapter 48, "Military Correctional Facilities"; DOD Directive 1325.04, "Confinement of Military Prisoners and Administration of Military Correctional Programs and Facilities"; and DOD Instruction 1325.07, "Administration of Military Correctional Facilities and Clemency and Parole Authority."</p> <p>PRINCIPAL PURPOSE(S): To collect a new prisoner's personal history to assist in the classification and assignment process. The information will also be used to evaluate progress toward rehabilitation and/or suitability for parole or clemency.</p> <p>ROUTINE USE(S): Disclosure of records are generally permitted under 5 U.S.C. 522a(b) of the Privacy Act of 1974, as amended. Information may be provided to the Department of Justice and U.S. Probation Officers for annual statistical data analysis, and to the Federal Bureau of Prisons (FBOP) when a prisoner is transferred to its custody. Additional routine uses are listed in the applicable 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://dpclid.defense.gov/Privacy/SORNS/.</p> <p>DISCLOSURE: Voluntary. However, failure to provide all requested information may prevent the Correctional Facility staff from fully evaluating the prisoner.</p>		
UPON COMPLETION OF THE DD FORM 2710, DETACH PAGE #5 AND MAINTAIN IN THE PRISONER'S MEDICAL RECORDS.		
1. NAME (Last, First, Middle)		2. REGISTRATION NUMBER
3. MAIDEN NAME	4. NICKNAME	5. ALIAS(ES)
6. AGE	7. SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	8. PLACE OF BIRTH (City, County and State)
9. DATE OF BIRTH (YYYYMMDD)		
10. RACE (X one or more) (If prisoner does not fill out or answer questions 10 and 11, reviewer will mark "UNKNOWN".)		11. ETHNICITY (X one)
<input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE	<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	<input type="checkbox"/> HISPANIC OR LATINO
<input type="checkbox"/> ASIAN	<input type="checkbox"/> WHITE	<input type="checkbox"/> NOT HISPANIC OR LATINO
<input type="checkbox"/> BLACK OR AFRICAN AMERICAN	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> UNKNOWN
12. NATIONALITY	13. RELIGION	14. HEIGHT
15. WEIGHT		
16. IDENTIFYING MARKS (Scars, tattoos, etc.) (If Yes, see attached) <input type="checkbox"/> NO <input type="checkbox"/> YES		
17. HAIR COLOR (X one)		18. EYE COLOR (X one)
<input type="checkbox"/> AUBURN	<input type="checkbox"/> BROWN	<input type="checkbox"/> SILVER
<input type="checkbox"/> BLACK	<input type="checkbox"/> GRAY	<input type="checkbox"/> WHITE
<input type="checkbox"/> BLOND	<input type="checkbox"/> RED	<input type="checkbox"/> BALD
<input type="checkbox"/> BLACK		<input type="checkbox"/> BLUE
<input type="checkbox"/> BROWN		<input type="checkbox"/> GREEN
<input type="checkbox"/> GRAY		<input type="checkbox"/> HAZEL
<input type="checkbox"/> VIOLET		
19. GANG ASSOCIATION: <input type="checkbox"/> NO <input type="checkbox"/> YES		GANG NAME/LOCATION (City, State)
20. CULT/EXTREMIST ASSOCIATION: <input type="checkbox"/> NO <input type="checkbox"/> YES		CULT NAME/LOCATION (City, State)
21. DOES YOUR FAMILY KNOW YOUR WHEREABOUTS? <input type="checkbox"/> NO <input type="checkbox"/> YES		
22. DO THEY NEED TO BE NOTIFIED? <input type="checkbox"/> NO <input type="checkbox"/> YES (If Yes, Name, Relationship, Phone)		
23.a. HAVE YOU EVER TRIED TO COMMIT SUICIDE? <input type="checkbox"/> NO <input type="checkbox"/> YES		b. DO YOU FEEL SUICIDAL AT THIS TIME? <input type="checkbox"/> NO <input type="checkbox"/> YES
24. ARE THERE ANY ISSUES THAT NEED IMMEDIATE MEDICAL ATTENTION? (Communicable disease or disabilities)		
25. ARE THERE ANY ISSUES THAT NEED IMMEDIATE ATTENTION?		
26.a. FORM COMPLETED BY (Last Name, First, Middle Initial/Grade)		b. DATE (YYYYMMDD)
		c. TIME
27. ACTIONS TAKEN IF NECESSARY		
28.a. ACTION TAKEN BY (Last Name, First, Middle Initial/Grade)		b. DATE (YYYYMMDD)
		c. TIME

PRISONER BACKGROUND SUMMARY SECTION 3 - CIVILIAN BACKGROUND					REPORT DATE (YYYYMMDD)	
1. NAME (Last, First, Middle)					2. REGISTRATION NUMBER	
3. CIVILIAN EDUCATION (List High School, Colleges, and Trade Schools)						
a. NAME AND ADDRESS OF SCHOOL	b. AGE	c. DATE ENTERED (YYYYMM)	d. GRADE(S) COMPLETED	e. DEGREE	f. DATE (YYYYMM)	
g. HIGHEST GRADE COMPLETED		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
h. REASON FOR LEAVING SCHOOL						
4. CIVILIAN EMPLOYMENT						
a. EMPLOYER NAME, CITY AND STATE	b. TYPE OF WORK	c. FULL OR PART TIME	d. DATES FROM/TO (YYYYMM)	e. REASON FOR LEAVING		
5. CIVILIAN ARREST RECORD						
a. OFFENSE(S) (Exclude minor traffic offenses - include DUI/DWI)	b. PLACE OF ARREST	c. DATE (YYYYMM)	d. DISPOSITION OR SENTENCE	e. CONFINED (Y/N)		
6. CIVILIAN HISTORY (Remarks or alerts) (Explain any specialty skills) (Continuations)						
a. EDUCATION BACKGROUND b. OCCUPATIONAL BACKGROUND c. GENERAL BACKGROUND						

PRISONER BACKGROUND SUMMARY SECTION 5 - MENTAL/PHYSICAL HEALTH BACKGROUND (DETACH THIS PAGE AND MAINTAIN IN THE PRISONER'S MEDICAL RECORDS.)	REPORT DATE (YYYYMMDD)
1. NAME (Last, First, Middle)	2. REGISTRATION NUMBER
3. HOW WOULD YOU DESCRIBE YOUR CURRENT PHYSICAL CONDITION? <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	
4. LIST ANY PAST SERIOUS ILLNESS, INJURY OR PHYSICAL AILMENT YOU HAVE SUFFERED OR ARE CURRENTLY SUFFERING AND DATE OF OCCURRENCE	
5. DO YOU HAVE A PHYSICAL HANDICAP? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)	
6. LAST HIV TEST DATE (YYYYMM)	
7. HAVE YOU EVER BEEN HOSPITALIZED IN A MENTAL INSTITUTION? <input type="checkbox"/> NO <input type="checkbox"/> YES (State facility, reason and date)	
8. HAVE YOU EVER CONSIDERED SUICIDE? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)	
9. HAVE YOU EVER ATTEMPTED SUICIDE? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)	
10. PERSONAL HABITS ALCOHOL USE CLAIMED: <input type="checkbox"/> NONE <input type="checkbox"/> OCCASIONAL <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY <input type="checkbox"/> OTHER (Explain) _____ WAS ALCOHOL ABUSE APPARENT? <input type="checkbox"/> NO <input type="checkbox"/> YES HAVE YOU EVER RECEIVED ALCOHOL TREATMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES (State facility and date) _____ DRUG USE CLAIMED: <input type="checkbox"/> NONE <input type="checkbox"/> OCCASIONAL <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY <input type="checkbox"/> OTHER (Explain) _____ DRUG USE APPARENT? <input type="checkbox"/> NO <input type="checkbox"/> YES HAVE YOU EVER RECEIVED DRUG TREATMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES (State facility and date) _____ GAMBLING: <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> 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?)	