

PRISONER RESTORATION/RETURN TO DUTY, CLEMENCY AND PAROLE STATEMENT <i>(Read Privacy Act Statement before completing form.)</i>		REPORT DATE (YYYYMMDD)
1. NAME (Last, First, Middle)		2. REGISTRATION NUMBER
3. DoD ID NUMBER	4. CORRECTIONAL FACILITY	
SECTION I - RESTORATION/RETURN TO DUTY		
5. <input type="checkbox"/> I REQUEST SUSPENSION OF THE DISCHARGE/DISMISSAL ADJUDGED BY COURT-MARTIAL IN MY CASE, AND RESTORATION. 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. <input type="checkbox"/> I DO NOT REQUEST TO BE RESTORED/RETURNED TO DUTY.		
SECTION II - CLEMENCY		
7. <input type="checkbox"/> 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):		
<input type="checkbox"/> Reduction in length of sentence. <input type="checkbox"/> Reduction or remission of forfeitures. <input type="checkbox"/> Reduction or remission of fine. <input type="checkbox"/> Substitution of administrative discharge for punitive discharge. <input type="checkbox"/> Remission of dismissal (<i>officers and cadets only</i>). <input type="checkbox"/> Mitigation of a DD to a BCD. <input type="checkbox"/> Restoration to pay grade _____ <input type="checkbox"/> Restoration of precedence (<i>officers only</i>).		
9. MY REASON(S) FOR REQUESTING CLEMENCY ARE AS FOLLOWS:		
10.a. PRISONER/SUPERVISEE SIGNATURE		10.b. DATE (YYYYMMDD)
11.a. WITNESS NAME (Last, First, Middle Initial), GRADE, TITLE	11.b. WITNESS SIGNATURE	
CERTIFICATION TO BE COMPLETED FOR CLEMENCY WAIVER ONLY		
12. CERTIFIED: I certify that the above individual signed this waiver in my presence, and that his/her right to request clemency and the effect of this waiver have been fully explained to him/her.		
a. CERTIFYING OFFICIAL (Name, Grade and Title)	b. SIGNATURE OF CERTIFYING OFFICIAL	c. DATE (YYYYMMDD)

SECTION III - PAROLE

13. UNDER REGULATION I BECOME ELIGIBLE FOR 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 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: 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"; DOD Instruction 1325.07, "Administration of Military Correctional Facilities and Clemency and Parole Authority"; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To allow military officials to review requests for restoration/return to duty, clemency, or parole and provide recommendations to the appropriate Military Service Clemency and Parole Board.

ROUTINE USE(S): Disclosure of records are generally permitted under 5 U.S.C. 522a(b) of the Privacy Act of 1974, as amended. The information may be disclosed to confinement/correctional system agencies for use in the administration of correctional programs to include clemency, restoration to duty and parole/MSR actions. 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/>.

DISCLOSURE: Voluntary. However, failure to provide all requested information may prevent the Board from considering your eligibility for clemency or parole.

17. PRISONER/SUPERVISEE SIGNATURE		18. DATE (YYYYMMDD)
19. WITNESS NAME (Last, First, Middle Initial), GRADE, TITLE	20. SIGNATURE	21. DATE (YYYYMMDD)