| CONFINEMENT ORDER | | | | | | | | | | | | | |
|--|---|---------------------------|--------------|----------|------------------------------|---------------------------|------|----------------------|--------------------|----------------------------|-------------------------|---------|--|
| 1. PERSON TO BE CONFINED | | | | | | | | 2. | 2. DATE (YYYYMMDD) | | | | |
| a. | NAME (Last, First, Middle Initial) | | | | | b. SOCIAL SECURITY NUMBER | | | | · | | ĺ | |
| C. | BRANCH d. GRADE | | | | e. UNIT/AGENCY (Parent unit) | | | | | | | | |
| 3. | TYPE OF CONFINEMENT | • | | <u> </u> | | | | | | | | | |
| a. | PRE-TRIAL b. RESULT 0 NO YES | | | | | OF NJP C. RESULT OF CO | | | | DURT MARTIAL: YES | | | |
| d. | TYPE OF COURT MARTIAL | PPE OF COURT MARTIAL: SCM | | | SPCM | | | GCM | VACATED SUSPENSION | | | | |
| 4. OFFENSES/CHARGES OF UCMJ ARTICLES VIOLATED (List all charge(s) if prisoner is pre-trial. List guilty finding(s) only if prisoner is post-trial.) 5. SENTENCE ADJUDGED (Annotate sentence from the result of trial) b. ADJUDGED DATE (YYYYMMDD): | | | | | | | | | | | | | |
| | | | | | | | | | | | , | , | |
| 6. IF THE SENTENCE IS DEFERRED, THE DATE DEFERMENT IS TERMINATED: | | | | | | | | | | | | | |
| | PERSON DIRECTING CON | | | | | | | | | | | | |
| a. | a. TYPED NAME (Last, First, Middle Initial), GRADE AND TITLE | | | | | b. SIGNATURE c. | | | | | DATE d. TIME (YYYYMMDD) | | |
| 8. LEGAL REVIEW AND APPROVAL REQUIRED (Review required by different name at 7.a and b.) | | | | | | | | | | | | | |
| a. DNA PROCESSING IS IS NOT REQUIRED UNDER 10 U.S.C. 1565. | | | | | | | | | | | | | |
| u. | COLLECTED: YES NO KIT# | | | | | | | | | | | | |
| b. | . SEX OFFENDER REGISTRATION IS IS NOT REQUIRED UNDER 42 U.S.C. 14071. | | | | | | | | | | | | |
| C. | TYPED NAME (Last, First, M | d. SI | d. SIGNATURE | | | | | : DATE (YYYYMMDD) | | | | | |
| 9. | 9. MEDICAL CERTIFICATE (Required completion only when applicable by Service regulation) | | | | | | | | | | | | |
| a. ⁻ | The above named prisoner w | vas examined | l by me at | | | n | MADE | and found to | o be | Fit | Un | fit | |
| | (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. | 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.) | | | | | | | | | | | | |
| _ | . EXAMINER | | | | | | | | | | | | |
| a. TYPED NAME (Last, First, Middle Initial), GRADE AND TITLE | | | | | b. Sl | b. SIGNATURE c. D | | | | | MMDD) | d. TIME | |
| | 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: | | | | | | | | | | | | |
| b | (YYYYMMDD) (Time) D. PERSON RECEIPTING FOR PRISONER (Typed name (Last, First, Middle Initial), Grade and Title) | | | | | c. SIGNATURE | | | | d. DATE e. TIME (YYYYMMDD) | | | |
| | | | | | | | | | | | - | | |