PRISONER BACKGROUND SUMMARY **SECTION 1 - PERSONAL DATA**

REPORT	DATE (Y)	(YYMMDD)
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PRIVACY ACT STATEMENT

AUTHORITY: Chapter 48, title 10 U.S.C., Military Correctional Facilities, and DoD Instruction 1325.07.

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 or suitability for parole or clemency.

ROUTINE USE(S): To the Department of Justice and U.S. Probation Officers for annual statistical data analysis. To the Bureau of Prisons (BOP) when a prisoner is transferred to its custody for incarceration.

DISCLOSURE: Voluntary; however, failure to provide the requested information may prevent the staff of the correctional facility from fully evaluating

the prisoner.	·	·	•							, , ,			
UPON COMPLETION	N OF THE DD	FORM 2	710, DETACH	PAGE	#5 AND MAINTAIN	N IN TH	E PRISO	NER'S	MEDIC	AL RECORDS.			
1. NAME (Last, First, Middle)								2. RE	GISTR	ATION NUMBER			
3. MAIDEN NAME		4. NICK	(NAMF		5. ALIAS(ES	S)							
o. MAIDEN NAME		4. 11.01	(IVAIII)		o. AliAo(Lo	٥,							
6. AGE 7. SEX:	9. DATE	OF BII	RTH (Y)	(YYMMDD)									
MALE	FEMALE							_					
10. RACE (X one or more) (If pri					WN".)			TY (X one)					
AMERICAN INDIAN/ ALAS	KA NATIVE			HER PACIFIC ISLAN	IDER				C OR LATINO				
ASIAN	·DIO AN		HITE							PANIC OR LATINO			
BLACK OR AFRICAN AME	RICAN		KNOWN				14 UEIO		INKNOW				
12. NATIONALITY		13. REL	.IGION				14. HEIG	9H I		15. WEIGHT			
16. IDENTIFYING MARKS (S	cars tattoos oto) /If Voc. s	eno attachad)			Ţ]			
NO YES	Jars, lall00s, 610.	. <i>)</i> (II 163, 3	ee allacheu)										
17. HAIR COLOR (X one)				18. E	EYE COLOR (X one	e)							
AUBURN	BROWN		SILVER		BLACK		GREEN			VIOLET			
BLACK	GRAY		WHITE		BLUE		GRAY			₫			
BLOND	RED		BALD		BROWN		HAZEL						
19. GANG ASSOCIATION:	19. GANG ASSOCIATION: GANG NAME/LOCATION (City, State)												
NO YES													
_	20. CULT/EXTREMIST ASSOCIATION: CULT NAME/LOCATION (City, State)												
NO YES													
21. DOES YOUR FAMILY KNOW YOUR WHEREABOUTS?													
NO YES 22. DO THEY NEED TO BE N	JOTIFIED?												
H H	s, Name, Relation	nship. Pho	ne)										
23.a. HAVE YOU EVER TRIE				b. D	O YOU FEEL SUICID	DAL AT T	HIS TIME	?					
NO YES					NO YES								
24. ARE THERE ANY ISSUE	S THAT NEED	IMMEDIA	ATE MEDICAL	ATTE	NTION? (Communic	cable dise	ease or dis	sabilities,)				
25. ARE THERE ANY ISSUE	S THAT NEED	IMMEDIA	ATE ATTENTIC	ON?									
20. AIL MERE ART 1000E	J IIIAI NEED		ATE ATTENTIO										
26.a. FORM COMPLETED B	V // / N 5	:	1-14-1101-1			DATE ()	0000444	201		- TIME			
26.a. FURIN COMPLETED B	t (Last Name, Fi	irst, ivilaale	Initial/Grade)		D.	DATE()	YYYMME	(טכ)		c. TIME			
27. ACTIONS TAKEN IF NEO	ESSARY												
28.a. ACTION TAKEN BY (La	est Name First M	Middle Initio	l/Grade)		l h	DATE /	YYYMME	ומכ	Ι.	c. TIME			
20.a. ACTION TAKEN DI (La	scrvanie, Filst, IV	ndule IIIIIld	"Graue)		D.	DAIE ()	TTIVIIVIL	יטט		C. IIIVIE			

PRISONER SECTION 2	REPORT DATE (YYYYMMDD)									
1. NAME (Last, First, Middle)								2. REGI	STRATION	NUMBER
3. BRANCH OF SERVICE								<u> </u>		
AIR FORCE ARMY	N	IAVY	MA	ARINE COR			ST GUARI	D	RESE	RVES
4. UNIT/AGENCY				5. INST						
6. HOME OF RECORD (City, State):	7. AC	TIVE DU	JTY BASE	DATE (YY	/YYMMD	D)	_	TE ENTER YYMMDD)	ED CURRE	NT TERM
9. END OF ACTIVE DUTY OBLIGATION (Y	YYYMMDD)			10. TOT	AL ACT	TIVE LEN	GTH OF	SERVICE		
11. METHOD OF ENTRY (Choose one): INDUCTION INITIAL ENLIS	STMENT		REENLIST	/ENT	Г	DIRE	CT ADDO	INTMENT		
12. HIGHEST PAY GRADE ATTAINED				TE OR SPI	ECIALT				ISCHARGE	RECEIVED
								oe and Date		
15. PRIOR SERVICE PRIOR BRANCH										
NO YES AIR FORCE 16. MILITARY AWARDS AND DECORATIO		RMY	NA	WY	N	MARINE C	ORPS	COA	AST GUARD	RESERVES
17. MAJOR MILITARY SCHOOLS ATTEND	ED	1							T	
a. COURSE TITLE				COUR	b. RSE LOC	DATE COMPLETED (YYYYMMDD)				
18. PREVIOUS MILITARY OFFENSES										
a. ARTICLE 15 OR COURT MARTIAL		b. E OF INC TION (YY	CIDENT YYMMDD)		c. OFFENSE	≣S		d. DISPOSITIO	e. CONFINEMENT (Y/N)	
19. MILITARY HISTORY NARRATIVE (Rema a. GENERAL MILITARY SERVICE BACKGROU		s) (Explain	any specia	alty skills) (C	ontinuatio	ons)				

PRISONER BACKGROUND SUMMARY SECTION 3 - CIVILIAN BACKGROUND											REP	REPORT DATE (YYYYMMDD)							
. NAME (Last, First, Middle)												2. REGISTRATION NUMBER							
School, Co	olleges, a	and Trac	de Scho	ools)	—														
a. NAME AND ADDRESS OF SCHOOL							GF	RADE(d. S) CON	IPLETE	ED	D	e. EGRE	EE	()	f. DATE /YYYM	IM)		
						+													
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18		
TATE			/ORK			DA FRO	F	e. REASON FOR LEA			/ING								
	_																		
1	PLACE	b. OF ARF	REST			c. DATE (YYYYMM)										e. CONFINED (Y/N)			
					_														
lerts) (Expl	'ain any :	specialt	y skills)	(Conti	nuation	s)													
	School, Co	School, Colleges, a OOL A TATE PLACE 0	School, Colleges, and Trace School AGE 1 2 3 TATE b. AGE D. AGE D. AGE	School, Colleges, and Trade School OOL AGE DA 1 2 3 4 TATE TYPE b. PLACE OF ARREST	School, Colleges, and Trade Schools) OOL AGE DATE EN (YYYY) 1 2 3 4 5 TATE TYPE OF W B. DATE EN (YYYY) D. DATE EN (YYYY	School, Colleges, and Trade Schools) OOL AGE DATE ENTERED (YYYYMM) 1 2 3 4 5 6 TATE TYPE OF WORK B. TYPE OF WORK	School, Colleges, and Trade Schools) OOL DATE ENTERED (YYYYMM) 1 2 3 4 5 6 7 TATE TYPE OF WORK b. TYPE OF WORK	School, Colleges, and Trade Schools) OOL	School, Colleges, and Trade Schools) OOL Doll AGE DATE ENTERED (YYYYYMM) OOL 1 2 3 4 5 6 7 8 9 TATE TYPE OF WORK PLACE OF ARREST C. DATE (YYYYMM)	School, Colleges, and Trade Schools) OOL AGE DATE CITERED GRADE(S) COM 1 2 3 4 5 6 7 8 9 10 TATE TYPE OF WORK FULL O PART TIM PLACE OF ARREST DATE (YYYYMM)	School, Colleges, and Trade Schools) DOL AGE DATE STERED GRADE(S) COMPLETE 1 2 3 4 5 6 7 8 9 10 11 TATE TYPE OF WORK FULL OR PART TIME D. C. FULL OR PART TIME	2. R	CTION 3 - CIVILIAN BACKGROUND	2. REGISTRA'	2. REGISTRATION		CTION 3 - CIVILIAN BACKGROUND		

	PRISONER BACKGROUND SUMMARY												REPORT DATE (YYYYMMDD)					
	SECTION 4 - FAMILY BACKGROUND																	
1. 1	1. NAME (Last, First, Middle) 2. RE												GISTRATION NUMBER					
3. I	3. MARITAL STATUS CODES (Current) 1 MARRIAGE ANNULLED 3 COMMON LAW 5 MARRIED												7 WIDOWED					
	2 DIVORCED			EGALLY SE			7 WIDOWED											
4.	LIVING STATUS	S STATUS																
	ALONE		GLE PARE															
	ALONE OF HOUSEHOLD WITH SPOUSE WITH PARENTS WITH RELATIVE COHABITING MILITARY QUARTERS OTHER																	
5. I	PRISONER'S HOME ADD	DRESS (S	treet, City, S	State and ZIF	P Cod	le)				6	6. NUMBER (OF FAN	MILY MEMBERS					
7 1	FAMILY																	
7.				b.														
	a. NAME			ELATIONS					C ADDR		SS		d. TELEPHONE NUMBER	e. AGE				
				Spouse, Ch and Parents		1,		(Stre	eet, Ci	City,	, State)		(Include Area Code)					
8 1	NEXT OF KIN																	
	NAME (Last, First, Middle Ini	itial)	b. ADDR	ESS (Street	t City	State	ZIP Code)						c. TELEPHONE (Incl. A	rea Code)				
".	Traine (Edot, Friot, Wildio III	iliai)	D. 715511	.200 (0.700)	i, Oity	, olulo,	211 0000)						or received (mon.)	, oa 00a0)				
9. I	EMERGENCY CONTACT	(If Next of	Kin, indicate	e SAME)														
_	NAME (Last, First, Middle Initi		1	ESS (Street	t, City	, State,	ZIP Code)						c. TELEPHONE (Incl. Area Code)					
	LENGTH OF RESIDENC				CY		NGTH OF TIME		NITO				LY MEMBER EVER BE					
	AT CURRENT ADDRESS		THE LOC				ART FROM F		NIS		├		A FELONY? (If Yes, comple					
YEA	ARS MONTHS HAVE YOU EVER BEEN	YEARS		NTHS		YEARS		_	1 V A I		NO NO		OR CHILD/SPOUSE	٧N				
	PROTECTIVE SERVICES			CPARTICI	IFAII		AWILITARTI	AIVIII	LIAL	UV	OCACT PRO	GRAW	OK CHILD/3F003E					
	NO YES (If Yes,	, state whe	re, when an	d reason.)														
15. 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.)																		
16	16. FAMILY NARRATIVE ENVIRONMENTAL INFORMATION																	
	GENERAL FAMILY BACKS					f marria	ne financial arm	naor	nento f	for	family any fam	ilv mamb	ners incarcerated \					
a.	OLNERAL PAWILT DACKS	JILOUND (/	т аррисавіе,	. กาษานนษ รโส	ius Ul	manid	yo, iiriaribidi dife	angen	i c iilo I	IUI	iaiiiiy, aiiy idili	ny memb	oers iricarcerateu.)					

PRISONER BACKGROUND SUMMARY	REPORT DATE (YYYYMMDD)				
SECTION 5 - MENTAL/PHYSICAL HEALTH BACKGROUND					
(DETACH THIS PAGE AND MAINTAIN IN THE PRISONER'S MEDICAL RECORDS.)					
1. NAME (Last, First, Middle)	2. REGISTRATION NUMBER				
3. HOW WOULD YOU DESCRIBE YOUR CURRENT PHYSICAL CONDITION? EXCELLENT	GOOD FAIR 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? NO YES (Explain)					
_ _					
6. LAST HIV TEST DATE (YYYYMM)					
7. HAVE YOU EVER BEEN HOSPITALIZED IN A MENTAL INSTITUTION? NO YES (State facility)	ty, reason and date)				
8. HAVE YOU EVER CONSIDERED SUICIDE? NO YES (Explain)					
9. HAVE YOU EVER ATTEMPTED SUICIDE? NO YES (Explain)					
10. PERSONAL HABITS					
ALCOHOL USE CLAIMED: NONE OCCASIONAL MODERATE HEAVY OTH	ER (Explain)				
	EK (Explain)				
WAS ALCOHOL ABUSE APPARENT? NO YES					
HAVE YOU EVER RECEIVED ALCOHOL TREATMENT? NO YES (State facility and date)					
	ER (Explain)				
DRUG USE CLAIMED: NONE OCCASIONAL MODERATE HEAVY OTH	EK (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	g facility?)				