CONFINEMENT ORDER

1. PERSON TO BE CONFINED

a. NAME *(Last, First, Middle Initial)*

b. SOCIAL SECURITY NUMBER

2. DATE *(YYYYMMDD)*

c. BRANCH

d. GRADE

e. UNIT/AGENCY *(Parent unit)*

3. TYPE OF CONFINEMENT

a. PRE-TRIAL ☐ NO ☐ YES

b. RESULT OF NJP ☐ NO ☐ YES

c. RESULT OF COURT MARTIAL: ☐ NO ☐ YES

d. TYPE 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:

7. PERSON DIRECTING CONFINEMENT

a. TYPED NAME *(Last, First, Middle Initial)*, GRADE AND TITLE

b. SIGNATURE

c. DATE *(YYYYMMDD)*

d. TIME

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.

COLLECTED: ☐ YES ☐ NO KIT# _____

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

c. TYPED NAME *(Last, First, Middle Initial)*, GRADE AND TITLE

d. SIGNATURE

e. DATE *(YYYYMMDD)*

9. MEDICAL CERTIFICATE *(Required completion only when applicable by Service regulation)*

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

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

b. PERSON RECEIPTING FOR PRISONER *(Typed name (Last, First, Middle Initial), Grade and Title)*

c. SIGNATURE

d. DATE *(YYYYMMDD)*

e. TIME