

CONFINEMENT ORDER

1. PERSON TO BE CONFINED			2. DATE (YYYYMMDD)	
a. NAME (Last, First, Middle)		b. SSN		
c. BRANCH OF SERVICE	d. GRADE	e. MILITARY ORGANIZATION (From):		

TYPE OF CONFINEMENT

3.a. PRE-TRIAL <input type="checkbox"/> NO <input type="checkbox"/> YES		b. RESULT OF NJP <input type="checkbox"/> NO <input type="checkbox"/> YES	
c. RESULT OF COURT MARTIAL: <input type="checkbox"/> NO <input type="checkbox"/> YES			
TYPE: <input type="checkbox"/> SCM <input type="checkbox"/> SPCM <input type="checkbox"/> GCM <input type="checkbox"/> VACATED SUSPENSION			
d. DNA PROCESSING <input type="checkbox"/> IS <input type="checkbox"/> IS NOT REQUIRED UNDER 10 U.S.C. 1565.			

4. OFFENSES/CHARGES OF UCMJ ARTICLES VIOLATED:	
5. SENTENCE ADJUDGED:	
b. ADJUDGED DATE (YYYYMMDD):	

6. IF THE SENTENCE IS DEFERRED, THE DATE DEFERMENT IS TERMINATED:

7. PERSON DIRECTING CONFINEMENT			
a. TYPED NAME, GRADE AND TITLE:	b. SIGNATURE	c. DATE (YYYYMMDD)	d. TIME
8.a. NAME, GRADE, TITLE OF LEGAL REVIEW AND APPROVAL	b. SIGNATURE:	c. DATE (YYYYMMDD)	

MEDICAL CERTIFICATE

9a. The above named inmate was examined by me at _____ on _____ 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 inmate's health.
(Time) (YYYYMMDD)

b. The following irregularities were noted during the examination *(if none, so state):*

c. HIV Test administered on (YYYYMMDD): _____

d. Pregnancy test administered on (YYYYMMDD): _____ N/A

10. EXAMINER			
a. TYPED NAME, GRADE AND TITLE:	b. SIGNATURE	c. DATE (YYYYMMDD)	d. TIME

RECEIPT FOR INMATE

11.a. THE INMATE NAMED ABOVE HAS BEEN RECEIVED FOR CONFINEMENT AT:				
ON _____ AND TIME: _____		_____ <i>(Facility Name and Location)</i>		
<small>(YYYYMMDD) (Time)</small>				
b. PERSON RECEIPTING FOR INMATE TYPED NAME, GRADE AND TITLE:	c. SIGNATURE:	d. DATE (YYYYMMDD)	e. TIME	