APPLICATION FOR TRANSITIONAL COMPENSATION

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The public reporting burden for this collection of information, 0704-0578, is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S. C. 1059, Dependents of members separated for dependent abuse: transitional compensation; commissary and exchange benefits; DoD Instruction 1342.24, Transitional Compensation for Abused Dependents; and E.O. 9397 (SSN), as amended.
PURPOSE: To coordinate requests for transitional compensation, to approve requests and forward them to DFAS, and to notify DFAS of any action that affects payment of transitional compensation.
ROUTINE USES: Records are provided to the Internal Revenue Service for normal wage and tax withholding, and to receive approved requests from the military services to make payments of transitional compensation to military member's spouses, former spouses, and other dependents that are determined to be victims of abuse. For a complete list of routine uses and authorities see the applicable system of records notice; T7347b, Defense Military Retiree and Annuity Pay System Records. The notice is located at: **http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570196/t7347b/**
DISCLOSURE: Voluntary; however, failure to provide the information may result in delay or denial of compensation.

PRESCRIBING AUTHORITY: DoDI 1342.24, Transitional Compensation for Abused Dependents

SECTION I - PAYEE INFORMATION

(If more than one eligible dependent, use Section III - Remarks on page 3 to enter applicable information for each payee.)

1. TYPE OF REQUEST *(Select one)*

☐ **Regular Transitional Compensation Request** ☐ **Exceptional Eligibility Request** ☐ **Add Eligible Newborn Child Beneficiary Information**

2. PAYEE NAME *(Last, First, Middle Initial)*	**3. SOCIAL SECURITY NUMBER**	**4. DATE OF BIRTH** *(YYYYMMDD)*	**5. SEX** *(Select one)* ☐ **MALE** ☐ **FEMALE**

6. ADDRESS

a. STREET *(Include apartment no.)*	**b. CITY**	**c. STATE** *(Select one)*	**d. ZIP CODE**

7. RELATIONSHIP TO (FORMER) MEMBER *(Check one)*

☐ **SPOUSE** ☐ **FORMER SPOUSE** ☐ **CHILD** *(includes stepchild and adopted child)*

8. INCAPACITATION (*Complete only if Payee has a mental or physical incapacity*)

YES	NO	N/A	
☐	☐	☐	**a. IS PAYEE INCAPABLE OF SELF-SUPPORT BECAUSE OF A MENTAL OR PHYSICAL INCAPACITY?**
☐	☐	☐	**b. IS INCAPACITY PERMANENT?**
☐	☐	☐	**c. DID INCAPACITY OCCUR BEFORE AGE 18?**
☐	☐	☐	**d. DID INCAPACITY OCCUR BETWEEN AGES 18 AND 23?**
☐	☐	☐	**e. IS PAYEE UNMARRIED?**
☐	☐	☐	**f. DID PAYEE RESIDE WITH (FORMER) MEMBER OR ELIGIBLE SPOUSE AT THE TIME OF THE DEPENDENT-ABUSE OFFENSE?**
☐	☐	☐	**g. IS PAYEE NOW, OR WAS PAYEE AT THE TIME THE PUNITIVE OR OTHER ADVERSE ACTION WAS EXECUTED, DEPENDENT ON THE (FORMER) MEMBER FOR OVER ONE-HALF OF PAYEE SUPPORT?**

9. MINOR PAYEE *(Complete if payee is a minor. Payee should complete the section based on the status on the date the (former) member was convicted of the dependent-abuse offense or the separation action was initiated.)*

YES	NO	N/A	
☐	☐	☐	**a. IS PAYEE UNDER 18 YEARS OF AGE?** *(If yes, skip to 9.c.)*
☐	☐	☐	**b. IS PAYEE BETWEEN AGES 18 AND 23?** *(If no, skip to 9.c.)*
☐	☐	☐	**i. Is payee enrolled in full-time course of study in institution of higher learning approved by Secretary of Defense?**
☐	☐	☐	**ii. Is payee now, or was payee at the time the punitive or other adverse action was executed, dependent on the (former) member for over one half of payee's support?**
☐	☐	☐	**c. IS PAYEE UNMARRIED?**
☐	☐	☐	**d. DID PAYEE RESIDE WITH (FORMER) MEMBER OR ELIGIBLE SPOUSE AT THE TIME OF THE DEPENDENT ABUSE?**

10. COURT-APPOINTED GUARDIAN *(Complete only if payee has a court-appointed guardian, as defined by DoDI 1342.24)*

a. NAME *(Last, First, Middle Initial)*	b. STREET ADDRESS *(Include apartment/suite no.)*	c. CITY	d. STATE	e. ZIP CODE

11. CUSTODY OF DEPENDENT CHILDREN *(If payee is spouse or former spouse, enter names of dependent children from Section II, block 11 who are in payee's custody. If all, enter "ALL".)*

12. PAYEE CERTIFICATION. I certify, under penalty of law, that the information above is true and correct to the best of my knowledge. I understand that I may not receive payment under both Section 1059 and Section 1408(h) of Title 10, U.S.C. and, if eligible for both, I must elect which to receive. By completing this form, I am electing to receive payment under Section 1059, Title 10, U.S.C. I further certify that:

a. For spouses/former spouses:	b. For eligible dependents 18 to 23 and court-appointed guardians:
(1) I am not cohabitating with the (former) member.	(1) The payee is not cohabitating with the (former) member or an ineligible spouse/former spouse.
(2) I have not remarried.	(2) The payee is not married.
(3) I have custody of the dependent children listed in block 11.	(3) The payee resided with the (former) member or eligible spouse at the time of the dependent abuse offense resulting in conviction/administrative separation.
(4) I was married to the (former) member in Section II, block 2 at the time of the dependent abuse offense resulting in conviction/administrative separation.	(4) I will notify DFAS within 30 days of any changes in payee's status, such as the payee marrying or cohabitating with the (former) member or ineligible spouse/former spouse.
(5) I will notify DFAS within 30 days of any changes in status, such as remarrying or cohabitating with the former spouse.	
c. SIGNATURE *(Applicant acknowledges that acceptance of payments if the offender rejoins household is punishable under the law.)*	**d. DATE SIGNED** *(YYYYMMDD)*

SECTION II - MEMBER IDENTIFICATION

1. BRANCH OF SERVICE *(Select one)* ☐ **AIR FORCE** ☐ **ARMY** ☐ **MARINE CORPS** ☐ **NAVY**

2. MEMBER NAME *(Last, First, Middle Initial)*	3. PAY GRADE *(Prior to conviction or separation)*	4. SOCIAL SECURITY NUMBER	5. DATE OF BIRTH *(YYYYMMDD)*	6. SEX *(Select one)*
				☐ MALE ☐ FEMALE

7. OBLIGATED SERVICE DATES	a. ACTIVE DUTY SERVICE ENTRY DATE	b. EXPIRATION OF ACTIVE OBLIGATED SERVICE *(Enlisted only)*

8. PAYMENT DATES	a. START	b. STOP

c. BASIS FOR START DATE	9. DATE OF APPROVAL OF THE COURT-MARTIAL SENTENCE/ADMINISTRATIVE SEPARATION

10. APPROVING OFFICIAL CERTIFICATION. I certify that the offense resulting in court-martial conviction or involved in administrative separation is a dependent-abuse offense in accordance with DoD regulations. If married, the spouse was not a participant in the abuse offense.

a. NAME/SIGNATURE	b. TITLE	c. DATE SIGNED	d. TELEPHONE *(Include area code)*

e. STREET ADDRESS *(Include apartment or suite no.)*	f. CITY	g. STATE	h. ZIP CODE

11. DEPENDENT CHILDREN AT THE TIME OF THE ABUSE *(Continue in Section III Remarks, if necessary)*

a. NAME *(Last, First, Middle Initial)*	b. SOCIAL SECURITY NUMBER	c. DATE OF BIRTH *(YYYYMMDD)*

12. Were you pregnant at the time of dependent abuse? *(Select one)*	**Yes** ☐	**No** ☐	**Projected date of delivery** *(Provide medical proof of pregnancy)*

SECTION III - REMARKS

(Use this area to continue items as necessary. Reference each entry by Section and block number.)

SECTION IV - APPROPRIATION DATA

1. DFAS-CL IS AUTHORIZED TO CITE FOLLOWING APPROPRIATIONS FOR PAYMENT:

2. FUND CITE APPROVING OFFICIAL TITLE		**a. TELEPHONE** *(include area code)*	**b. STREET ADDRESS** *(Include apartment or suite number)*	
c. CITY	**d. STATE**	**e. ZIP CODE**	**f. NAME/SIGNATURE**	**g. DATE SIGNED** *(YYYYMMDD)*