Prescribed by: Do	<u>DI 1030.02</u>			CUI (whe	n filled in)						
	NO				TNESS OF		NER STATUS				
the DD Form 2704	nformation is voluntary an to be notified of prisoner's onally identifiable informat	d will be use s initial entry	d to provid	PRIVACY de basic inform nement and c	ADVISORY mation on char of any status ch	iges in a anges ir	a prisoner's status to vic n accordance with DoDI	tims and wit 1030.02. V	nesses who elected on /hen completed, this		
2704, to be notifie	This form is being used to g d. The correctional facility ance with DoDI 1030.02.										
			SE	CTION 1 -	DISTRIBUTIO	DN					
1. TO: (Victim or V	Vitness)				2. FROM: (V	ictim/Wi	tness Assistance Coord	linator at Co	rectional Facility/Brig)		
a. NAME (Last, Fi	rst, Middle Initial)				a. NAME (La	st, First,	Middle Initial)				
b. STREET ADDRESS (Include apartment no.)					b. STREET ADDRESS (Include apartment no.)						
c. CITY		d. STATE	e. ZIF	CODE	c. CITY	Y		d. STATE	e. ZIP CODE		
f. TELEPHONE NUMBER (Include area code) f. TELEPHONE NO. (Include area code) g. EMAIL											
	SECTION 2 - PRI	SONER RE	ELEASE	ELIGIBILIT	Y DATE AND	DISP	OSITION BOARD HE	EARINGS			
3. PRISONER NA	ME (Last, First, Middle Init	tial) 4.	REGISTR	ATION NUM	BER 5		IUM RELEASE DATE (MMDD)		UM RELEASE DATE MMDD)		
7. SCHEDULED CORRECTIONAL FACILITY BOARD DATE (YYYYMMDD) 8. PAROLE ELIGIBILIT (YYYYMMDD)					DATE	TE 9. CLEMENCY E			ELIGIBILITY DATE		
10. ADDRESS OF	CORRECTIONAL FACIL	.ITY/BRIG D	ISPOSITI	ON BOARD							
submissions. NOTE 2: You may Statement to the E This board reviews adds its recommen Parole Board. NOTE 3: Victim In NOTE 4: The facil	he Service Clemency and submit documentation to loard, please mail it to the s all Victim Impact Statement adation to the case file and apact Statement(s) concern ty Victim/Witness Coordin SERVICE CLEMENCY A	the Facility E above addre ent(s) in the o the entire re ning U.S. Na ator will notif	Disposition ess as soc original me ecord, incl avy and Ma fy you in a	Board when n as possible edia in which uding the Vic arine Corps P dvance of the	the prisoner is Your stateme they were subr tim Impact Stat	schedul ent may nitted. l ement(s e submit	led to appear. If you we be submitted in the forr Upon review of all the in s), which are forwarded tted directly to the U.S.	ould like to s n of a letter, formation av to the Servio Naval Cleme	ubmit a Victim Impact or electronic media. vailable, the board be Clemency and ency and Parole Board.		
NOTE 1: If you wis	sh to appear at this Service e: 1-240-612-5409; US Ar	e board, you	must obta	ain approval 3	0 days prior to	the sch	eduled board date by co	ontacting the	appropriate Service		
board: US Air Ford	ce: 1-240-612-5409; US Ar				y/US Marine C			Coast Gua	d 1-785-357-3450.		
12. PRISONER'S	SENTENCE TO CONFINE										
13. PRISONER H	AS BEEN APPROVED FC	OR (X and co	omplete as	applicable)							
a. CLEMENCY (Date - YY)		ole - Yyyymmi	(ססי	c. MSR (Date - `	YYYYMMDD)	C	I. RESTORATION TO I (Date - YYYYMMDD)		e. OTHER (Date - YYYYMMDD)		
f. NAME OF U.S.	PAROLE/PROBATION O	FFICER (Las	st, First, M	liddle Initial)		ç	g. TELEPHONE NUMB	ER (Include	area code)		
14. RELEASE (If applicable)	a. PROJECTED RELEAS (YYYYMMDD)	SE DATE b). PLANNI	ED RELEASE	E DESTINATIO		AND STATE				
15. ESCAPE (If applicable)	a. ESCAPE DATE (YYY)	YMMDD) b	. RECAP	TURE DATE	(YYYYMMDD)	c. REC	CONFINEMENT LOCA	TION			
16. TRANSFER (If applicable)	a. TRANSFER DATE (YYYYMMDD)	b). FACILIT	Y NAME		c. ADI	DRESS (Include Zip Co	de)			

DD FORM 2705, MAR 2023

PREVIOUS EDITION IS OBSOLETE.

CUI (when filled in)

Controlled by: OUSD(P&R) Page 1 of 2 CUI Category: CRIM HISTORY LDC: FEDCON POC: osd.mc-alex.ousd-p-r.mbx.upr-legal-policy@mail.mil

CUI (when filled in)

17. PRISONER DECEASED		a. DATE BEGAN	b. DATE TERMINA	TED	c. SPECIFY TYPE				
(YYYYMMDD)	18. TEMPORARY PAROLE (If applicable)	(YYYYMMDD)	(YYYYMMDD)						
	SECT	ION 4 - TERMIN	ATION/SUSPENS	ON O	FNOTIFICATION				
19. THE ABOVE NAMED PR	ISONER STATUS N	OTIFICATIONS HA	VE BEEN (X)	TERM	INATED SUSPI	ENDED DUE TO:			
a. REQUEST BY YOU	b. OTHER (Speci	fy)							
		SECTION 5 - PC	DINT OF CONTAC	T INF	ORMATION				
20.a. NAME OF VICTIM/WITI (Last, First, Middle Initia		COORDINATOR	b. GRADE	c. SI(GNATURE	d. DATE SIGNED (YYYYMMDD)			
			FOR COMPLETIN CTIM/WITNESS C		-	I			
PURPOSE: Use this form t status.	o make notifications	to the victims and w	vitnesses who have re	equest	ed to be informed of the c	hanges in the prisoner's			
SECTION 1 - DISTRIBUTI	ON								
Block 1.a 1.f. Add the Vi Block 2.a 2.g. Add the V SECTION 2 - PRISONER I	ictim/Witness Coordi	nator's name, addre	ess, telephone numbe	-					
Block 3 - 4. Add the prison Block 5. Add the prisoner's Block 6. Add the prisoner's Block 7. Add the date the f Block 8. Add the prisoner's Block 9. Add the prisoner's Block 10. Add the address Block 11. Add the address	minimum release da maximum release d acility will hold the di parole eligibility date clemency eligibility date for the correctional fit	ate. ate. sposition board. e. date. acility board.	pard.						
SECTION 3 - CHANGE IN	PRISONER STATUS	6							
	he type of conditiona prospective U.S. Pro- te the projected relea te of escape and/or w e date, name and add prisoner expired. ter types of release b arole (EP): A condition presence of the priso ti immediately followi	I release for which bation Officer infor se date, city and st varrant issuance an ress of the facility v y Service as listed nal release authori oner to save the life ng the period consi	the prisoner has been mation including telep ate where the prisoner d the date the prisoner where the prisoner is below and the date. zed by the confineme of another, e.g., and dered medically nece	bhone er plan er was being t ent offic organ c essary,	number, if known. s to reside. taken into custody. Annot transferred for further conf cer. EP is for extreme eme donation/bone marrow dor normally should not exce	inement. ergency circumstances nation. Prisoners released ed a seven-day period.			
on EP return to confinement immediately following the period considered medically necessary, normally should not exceed a seven-day period. Army - Emergency Home Parole (EHP): In accordance with AR 190-47, EHP may be used for prisoners that require a home visit for extreme emergency reasons. Temporary Home Parole (THP): The purpose of THP is to strengthen family relationships and provide an incentive and reinforcement to positive behavior and morale.									
SECTION 4 - TERMINATIO	ON/SUSPENSION O	F NOTIFICATION							
Block 19. Select the applic number.	able option when all	efforts to complete	a notification have fa	iled du	e to incorrect or outdated	address and telephone			
SECTION 5 - POINT OF C	ONTACT INFORMA	ΓΙΟΝ							
Block 20. Victim/Witness Coordinator when necessa		nator. Add the infor	mation for victims and	d witne	esses to contact the facility	/ Victim/Witness			
TERMS AND DEFINITION	S								
Clemency: Remitting or su Article 74(b), UCMJ, for go sentence of a court-martial Mandatory Supervised Rd to their minimum release da Clemency and Parole Boar Abatement Time: Any ded a. Good Conduct Time: A b. Earned Time: Deduction programs, education, self-ii in considered with Militory.	od cause, to substitut elease (MSR): A form ate. This form of relea d concerned. luctions from the term deduction from the a ns from a prisoner's r mprovement and pers	te an administrative n of conditional rele ase is served until t n of a sentence duri idjusted maximum i elease date earned	form of discharge fo ase granted to individ he adjusted maximur ing confinement such release date for faithf for participation and	r a diso duals w n relea as: ul obso gradeo	charge or dismissal execu- who have served their sent ise, unless otherwise revo ervance of all rules and re- d effort in the areas of wor	ted in accordance with the ence to confinement up ked or remitted by the gulations. k, offense-related			
in accordance with Military Maximum Release Date: 7 Minimum Release Date: 7 Release: A prisoner shall b applicable, additional abate	The sentence or sent he adjusted maximum be released at the exp	m release date red	uced or increased for	credit	or forfeiture of good condu	uct time and abatements.			