

CONFINEMENT ORDER

1. PERSON TO BE CONFINED		2. DATE (YYYYMMDD)	
a. NAME (Last, First, Middle Initial)		b. SOCIAL SECURITY NUMBER	
c. BRANCH	d. GRADE	e. UNIT/AGENCY (Parent unit)	
3. TYPE OF CONFINEMENT			
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			
d. TYPE OF COURT MARTIAL: <input type="checkbox"/> SCM <input type="checkbox"/> SPCM <input type="checkbox"/> GCM <input type="checkbox"/> 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 (YYYYMMDD):			
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 <input type="checkbox"/> IS <input type="checkbox"/> IS NOT REQUIRED UNDER 10 U.S.C. 1565. COLLECTED: <input type="checkbox"/> YES <input type="checkbox"/> NO KIT# _____			
b. SEX OFFENDER REGISTRATION <input type="checkbox"/> IS <input type="checkbox"/> 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 _____ on _____ and found to be <input type="checkbox"/> Fit <input type="checkbox"/> Unfit (Time) (YYYYMMDD)			
for confinement. I certify that from this examination the execution of the foregoing sentence to confinement <input type="checkbox"/> will <input type="checkbox"/> 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 _____ AND TIME: _____ (YYYYMMDD) (Time)			
b. PERSON RECEIPTING FOR PRISONER (Typed name (Last, First, Middle Initial), Grade and Title)		c. SIGNATURE	d. DATE (YYYYMMDD)
			e. TIME