PRISONER BACKGROUND SUMMARY
SECTION 1 - PERSONAL DATA

REPORT DATE *(YYYYMMDD)*

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §136: "Under Secretary of Defense for Personnel and Readiness"; 10 U.S.C. Chapter 48, "Military Correctional Facilities"; DOD Directive 1325.04E, "Administration of Military Correctional Programs and Facilities", and DOD Instruction 1325.07, "Administration of Military Correctional Facilities and Clemency and Parole Programs."
PRINCIPAL PURPOSE(S): To collect a new prisoner's personal history to assist in the classification and assignment process. The information will also be used to evaluate progress toward rehabilitation and/or suitability for parole or clemency.
ROUTINE USE(S): Disclosure of records are generally permitted under 5 U.S.C. 522a(b) of the Privacy Act of 1974, as amended. Information may be provided to the Department of Justice and U.S. Probation Officers for annual statistical data analysis, and to the Federal Bureau of Prisons (FBOP) when a prisoner is transferred to its custody. Additional routine uses are listed in the applicable System of Records Notice, A0190-47 DAPM-ACC, "Army Corrections System and Parole Board Records," NM01640-1, "Individual Confinement Records," and F031 AF SF A, "Correction and Rehabilitation Records" published at **https://dpcld.defense.gov/Privacy/SORNs/**.
DISCLOSURE: Voluntary. However, failure to provide all requested information may prevent the Correctional Facility staff from fully evaluating the prisoner.

UPON COMPLETION OF THE DD FORM 2710, DETACH PAGE #5 AND MAINTAIN IN THE PRISONER'S MEDICAL RECORDS.

1. NAME *(Last, First, Middle)*	2. REGISTRATION NUMBER	3. FBI NUMBER *(if known)*

4. MAIDEN NAME	5. NICKNAME	6. ALIAS(ES)

7. AGE	8. SEX:	9. PLACE OF BIRTH *(City, County and State)*	10. DATE OF BIRTH *(YYYYMMDD)*
	☐ MALE ☐ FEMALE		

11. RACE *(X one) (If prisoner does not fill out or answer, reviewer will mark "UNKNOWN".)*

☐ AMERICAN INDIAN OR ALASKA NATIVE ☐ ASIAN ☐ BLACK OR AFRICAN AMERICAN
☐ WHITE ☐ UNKNOWN

12. NATIONALITY	13. RELIGION	14. HEIGHT *(Inches)*	15. WEIGHT *(Lbs.)*

16. IDENTIFYING MARKS *(Scars, tattoos, etc.) (If Yes, see attached)*

☐ NO ☐ YES

17. HAIR COLOR *(X one)*

☐ AUBURN ☐ BROWN ☐ SILVER ☐ OTHER
☐ BLACK ☐ GRAY ☐ WHITE
☐ BLOND ☐ RED ☐ BALD

18. EYE COLOR *(X one)*

☐ BLACK ☐ GREEN ☐ OTHER
☐ BLUE ☐ GRAY
☐ BROWN ☐ HAZEL

19. GANG ASSOCIATION:	GANG NAME/LOCATION *(City, State)*
☐ NO ☐ YES	

20. CULT/EXTREMIST ASSOCIATION:	CULT NAME/LOCATION *(City, State)*
☐ NO ☐ YES	

21. DOES YOUR FAMILY KNOW YOUR WHEREABOUTS?

☐ NO ☐ YES

22. DO THEY NEED TO BE NOTIFIED?

☐ NO ☐ YES *(If Yes, Name, Relationship, Phone)*

23. DO YOU FEEL SUICIDAL AT THIS TIME?

☐ NO ☐ YES

24. ARE THERE ANY ISSUES THAT NEED IMMEDIATE MEDICAL ATTENTION? *(Communicable disease or disabilities)*

25. ARE THERE ANY ISSUES THAT NEED IMMEDIATE ATTENTION?

- To General population
- To General population with appropriate referral to mental health care service
- Referral to appropriate mental health care service for emergency treatment

26.a. FORM COMPLETED BY *(Last Name, First, Middle Initial/Grade)*	b. DATE *(YYYYMMDD)*	c. TIME

27. ACTIONS TAKEN IF NECESSARY

28.a. ACTION TAKEN BY *(Last Name, First, Middle Initial/Grade)*	b. DATE *(YYYYMMDD)*	c. TIME

PRISONER BACKGROUND SUMMARY
SECTION 2 - MILITARY BACKGROUND

REPORT DATE *(YYYYMMDD)*

29. NAME *(Last, First, Middle)*

30. REGISTRATION CONTROL NUMBER

31. BRANCH OF SERVICE

32. UNIT/AGENCY

33. INSTALLATION

34. HOME OF RECORD *(City, State):*

35. ACTIVE DUTY BASE DATE *(YYYYMMDD)*

36. DATE ENTERED CURRENT TERM *(YYYYMMDD)*

37. END OF ACTIVE DUTY OBLIGATION *(YYYYMMDD)*

38. TOTAL ACTIVE LENGTH OF SERVICE

39. METHOD OF ENTRY *(Choose one):*

☐ INDUCTION ☐ INITIAL ENLISTMENT ☐ REENLISTMENT ☐ DIRECT APPOINTMENT

40. HIGHEST PAY GRADE ATTAINED

41. CURRENT MOS/RATE OR SPECIALTY

42. PREVIOUS DISCHARGE RECEIVED *(Type and Date)*

43. PRIOR SERVICE

☐ NO

☐ YES

PRIOR BRANCH OF SERVICE

44. MILITARY AWARDS AND DECORATIONS

45. MAJOR MILITARY SCHOOLS ATTENDED

a. COURSE TITLE	b. COURSE LOCATION	c. DATE COMPLETED *(YYYYMMDD)*

46. PREVIOUS MILITARY OFFENSES

a. ARTICLE 15 OR COURTS-MARTIAL	b. DATE OF INCIDENT OR ACTION *(YYYYMMDD)*	c. OFFENSES	d. DISPOSITION	e. CONFINEMENT *(Y/N)*

47. MILITARY HISTORY NARRATIVE *(Remarks or alerts) (Explain any specialty skills) (Continuations)*

a. GENERAL MILITARY SERVICE BACKGROUND

PRISONER BACKGROUND SUMMARY
SECTION 3 - CIVILIAN BACKGROUND

REPORT DATE *(YYYYMMDD)*

48. NAME *(Last, First, Middle)*

49. REGISTRATION NUMBER

50. CIVILIAN EDUCATION *(List High School, Colleges, and Trade Schools)*

a. NAME AND ADDRESS OF SCHOOL	b. AGE	c. DATE ENTERED *(YYYYMM)*	d. GRADE(S) COMPLETED	e. DEGREE	f. DATE *(YYYYMM)*

g. REASON FOR LEAVING SCHOOL

51. CIVILIAN EMPLOYMENT

a. EMPLOYER NAME, CITY AND STATE	b. TYPE OF WORK	c. FULL OR PART TIME	d. DATES FROM/TO *(YYYYMM)*	e. REASON FOR LEAVING

52. CIVILIAN ARREST RECORD

a. OFFENSE(S) *(Exclude minor traffic offenses - include DUI/DWI)*	b. PLACE OF ARREST	c. DATE *(YYYYMM)*	d. DISPOSITION OR SENTENCE	e. CONFINED *(Y/N)*

53. CIVILIAN HISTORY *(Remarks or alerts) (Explain any specialty skills) (Continuations)*

a. EDUCATION BACKGROUND *(any relevant information not addressed in Section 3, part 3)*

b. OCCUPATIONAL BACKGROUND

c. GENERAL BACKGROUND

PRISONER BACKGROUND SUMMARY
SECTION 4 - FAMILY BACKGROUND

REPORT DATE *(YYYYMMDD)*

54. NAME *(Last, First, Middle)*

55. REGISTRATION NUMBER

56. MARITAL STATUS CODES *(Current)*

☐ 1 MARRIAGE ANNULLED ☐ 3 COMMON LAW ☐ 5 MARRIED ☐ 7 WIDOWED
☐ 2 DIVORCED ☐ 4 LEGALLY SEPARATED ☐ 6 NEVER MARRIED

57. CURRENT LIVING STATUS

☐ ALONE ☐ SINGLE PARENT/HEAD OF HOUSEHOLD ☐ WITH SPOUSE ☐ WITH PARENTS
☐ WITH RELATIVE ☐ COHABITING ☐ QUARTERS ☐ OTHER _____

58. PRISONER'S HOME ADDRESS *(Street, City, State and ZIP Code)*

59. NUMBER OF FAMILY MEMBERS

60. FAMILY

a. NAME	b. RELATIONSHIP *(List Spouse, Children, and Parents)*	c. ADDRESS *(Street, City, State)*	d. TELEPHONE NUMBER *(Include Area Code)*	e. AGE

61. NEXT OF KIN

a. NAME *(Last, First, Middle Initial)*	b. ADDRESS *(Street, City, State, ZIP Code)*	c. TELEPHONE *(Incl. Area Code)*

62. EMERGENCY CONTACT *(If Next of Kin, indicate SAME)*

a. NAME *(Last, First, Middle Initial)*	b. ADDRESS *(Street, City, State, ZIP Code)*	c. TELEPHONE *(Incl. Area Code)*

63. LENGTH OF RESIDENCY AT CURRENT ADDRESS	64. LENGTH OF RESIDENCY IN THE LOCAL AREA	65. LENGTH OF TIME APART FROM PARENTS	66. HAS ANY FAMILY MEMBER EVER BEEN CONVICTED OF A FELONY? *(If Yes, complete Item 69)*
YEARS ____ MONTHS ____	YEARS ____ MONTHS ____	YEARS ____ MONTHS ____	☐ NO ☐ YES ☐ UNKNOWN

67. HAVE YOU EVER BEEN REFERRED TO OR PARTICIPATED IN A MILITARY FAMILY ADVOCACY PROGRAM OR CHILD/SPOUSE PROTECTIVE SERVICES AGENCY?

☐ NO ☐ YES *(If Yes, state where, when and reason.)*

68. ARE YOU PRESENTLY UNDER A COURT ORDER CONCERNING FAMILY/OTHERS *(restraint order, no-contact order)***?**

☐ NO ☐ YES *(If Yes, give dates, persons, conditions and name of jurisdiction.)*

69. FAMILY NARRATIVE ENVIRONMENTAL INFORMATION

a. GENERAL FAMILY BACKGROUND *(If applicable, include status of marriage, financial arrangements for family, any family members incarcerated.)*

PRISONER BACKGROUND SUMMARY
SECTION 5 - MENTAL/PHYSICAL HEALTH BACKGROUND
(DETACH THIS PAGE AND MAINTAIN IN THE PRISONER'S MEDICAL RECORDS.)

REPORT DATE *(YYYYMMDD)*

70. NAME *(Last, First, Middle)*

71. REGISTRATION NUMBER

72. HOW WOULD YOU DESCRIBE YOUR CURRENT PHYSICAL CONDITION? ☐ **EXCELLENT** ☐ **GOOD** ☐ **FAIR** ☐ **POOR**

73. LIST ANY PAST SERIOUS ILLNESS, INJURY OR PHYSICAL AILMENT YOU HAVE SUFFERED OR ARE CURRENTLY SUFFERING AND DATE OF OCCURRENCE

74. DO YOU HAVE A PHYSICAL HANDICAP? ☐ **NO** ☐ **YES** *(If yes, explain)*

75. LAST HIV TEST DATE *(YYYYMM)*

76. HAVE YOU EVER BEEN HOSPITALIZED IN A MENTAL INSTITUTION? ☐ **NO** ☐ **YES** *(If yes, provide name of facility, reason, and date)*

77. HAVE YOU EVER CONSIDERED SUICIDE? ☐ **NO** ☐ **YES** *(If yes, explain)*

78. HAVE YOU EVER ATTEMPTED SUICIDE? ☐ **NO** ☐ **YES** *(If yes, explain)*

79. PERSONAL HABITS

ALCOHOL USE CLAIMED: ☐ **NONE** ☐ **OCCASIONAL** ☐ **MODERATE** ☐ **HEAVY** ☐ **OTHER** *(Explain)* _____

WAS ALCOHOL ABUSE APPARENT? ☐ **NO** ☐ **YES**

HAVE YOU EVER RECEIVED ALCOHOL TREATMENT? ☐ **NO** ☐ **YES** *(State facility and date)* _____

DRUG USE CLAIMED: ☐ **NONE** ☐ **OCCASIONAL** ☐ **MODERATE** ☐ **HEAVY** ☐ **OTHER** *(Explain)* _____

DRUG USE APPARENT? ☐ **NO** ☐ **YES**

HAVE YOU EVER RECEIVED DRUG TREATMENT? ☐ **NO** ☐ **YES** *(State facility and date)* _____

GAMBLING: ☐ **FREQUENTLY** ☐ **OCCASIONALLY** ☐ **NEVER**

80. MENTAL/PHYSICAL HEALTH BACKGROUND INFORMATION
a. SPORTS AND HOBBIES
b. SPECIAL SKILLS/ABILITIES
c. NOTES *(Is there anything on this form which is not covered that you feel should be brought to the attention of the confining facility?)*

81. OBSERVATION
- General appearance and behavior at the time of confinement
- Are there any signs of trauma or abuse