

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 1325.04, "Confinement of Military Prisoners and Administration of Military Correctional Programs and Facilities"; and DOD Instruction 1325.07, "Administration of Military Correctional Facilities and Clemency and Parole Authority." 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://dpclid.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 (<i>Last, First, Middle</i>)			2. REGISTRATION NUMBER		3. FBI NUMBER (<i>if known</i>)
4. MAIDEN NAME		5. NICKNAME		6. ALIAS(ES)	
7. AGE	8. SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	9. PLACE OF BIRTH (<i>City, County and State</i>)		10. DATE OF BIRTH (YYYYMMDD)	
11. RACE (<i>X one</i>) (<i>If prisoner does not fill out or answer, reviewer will mark "UNKNOWN".</i>) <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> WHITE <input type="checkbox"/> UNKNOWN					
12. NATIONALITY		13. RELIGION		14. HEIGHT (<i>Inches</i>)	15. WEIGHT (<i>Lbs.</i>)
16. IDENTIFYING MARKS (<i>Scars, tattoos, etc.</i>) (<i>If Yes, see attached</i>) <input type="checkbox"/> NO <input type="checkbox"/> YES					
17. HAIR COLOR (<i>X one</i>) <input type="checkbox"/> AUBURN <input type="checkbox"/> BROWN <input type="checkbox"/> SILVER <input type="checkbox"/> OTHER <input type="checkbox"/> BLACK <input type="checkbox"/> GRAY <input type="checkbox"/> WHITE <input type="checkbox"/> BLOND <input type="checkbox"/> RED <input type="checkbox"/> BALD			18. EYE COLOR (<i>X one</i>) <input type="checkbox"/> BLACK <input type="checkbox"/> GREEN <input type="checkbox"/> OTHER <input type="checkbox"/> BLUE <input type="checkbox"/> GRAY <input type="checkbox"/> BROWN <input type="checkbox"/> HAZEL		
19. GANG ASSOCIATION: <input type="checkbox"/> NO <input type="checkbox"/> YES		GANG NAME/LOCATION (<i>City, State</i>)			
20. CULT/EXTREMIST ASSOCIATION: <input type="checkbox"/> NO <input type="checkbox"/> YES		CULT NAME/LOCATION (<i>City, State</i>)			
21. DOES YOUR FAMILY KNOW YOUR WHEREABOUTS? <input type="checkbox"/> NO <input type="checkbox"/> YES					
22. DO THEY NEED TO BE NOTIFIED? <input type="checkbox"/> NO <input type="checkbox"/> YES (<i>If Yes, Name, Relationship, Phone</i>)					
23. DO YOU FEEL SUICIDAL AT THIS TIME? <input type="checkbox"/> NO <input type="checkbox"/> YES					
24. ARE THERE ANY ISSUES THAT NEED IMMEDIATE MEDICAL ATTENTION? (<i>Communicable disease or disabilities</i>)					
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 (<i>Last Name, First, Middle Initial/Grade</i>)				b. DATE (YYYYMMDD)	
27. ACTIONS TAKEN IF NECESSARY				c. TIME	
28.a. ACTION TAKEN BY (<i>Last Name, First, Middle Initial/Grade</i>)				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):					
<input type="checkbox"/> INDUCTION <input type="checkbox"/> INITIAL ENLISTMENT <input type="checkbox"/> REENLISTMENT <input type="checkbox"/> DIRECT APPOINTMENT					
40. HIGHEST PAY GRADE ATTAINED		41. CURRENT MOS/RATE OR SPECIALTY		42. PREVIOUS DISCHARGE RECEIVED (Type and Date)	
43. PRIOR SERVICE		PRIOR BRANCH OF SERVICE			
<input type="checkbox"/> NO <input type="checkbox"/> YES					
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) <div><input type="checkbox"/> 1 MARRIAGE ANNULLED <input type="checkbox"/> 3 COMMON LAW <input type="checkbox"/> 5 MARRIED <input type="checkbox"/> 7 WIDOWED <input type="checkbox"/> 2 DIVORCED <input type="checkbox"/> 4 LEGALLY SEPARATED <input type="checkbox"/> 6 NEVER MARRIED</div>							
57. CURRENT LIVING STATUS <div><input type="checkbox"/> ALONE <input type="checkbox"/> SINGLE PARENT/HEAD OF HOUSEHOLD <input type="checkbox"/> WITH SPOUSE <input type="checkbox"/> WITH PARENTS <input type="checkbox"/> WITH RELATIVE <input type="checkbox"/> COHABITING <input type="checkbox"/> QUARTERS <input type="checkbox"/> OTHER _____</div>							
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 YEARS MONTHS		64. LENGTH OF RESIDENCY IN THE LOCAL AREA YEARS MONTHS		65. LENGTH OF TIME APART FROM PARENTS YEARS MONTHS		66. HAS ANY FAMILY MEMBER EVER BEEN CONVICTED OF A FELONY? (If Yes, complete Item 16) <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	
67. HAVE YOU EVER BEEN REFERRED TO OR PARTICIPATED IN A MILITARY FAMILY ADVOCACY PROGRAM OR CHILD/SPOUSE PROTECTIVE SERVICES AGENCY? <input type="checkbox"/> NO <input type="checkbox"/> YES (If Yes, state where, when and reason.)							
68. ARE YOU PRESENTLY UNDER A COURT ORDER CONCERNING FAMILY/OTHERS (restraint order, no-contact order)? <input type="checkbox"/> NO <input type="checkbox"/> 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 <i>(Last, First, Middle)</i>	71. REGISTRATION NUMBER
72. HOW WOULD YOU DESCRIBE YOUR CURRENT PHYSICAL CONDITION? <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> 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? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If yes, explain)</i>	
75. LAST HIV TEST DATE (YYYYMM)	
76. HAVE YOU EVER BEEN HOSPITALIZED IN A MENTAL INSTITUTION? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If yes, provide name of facility, reason, and date)</i>	
77. HAVE YOU EVER CONSIDERED SUICIDE? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If yes, explain)</i>	
78. HAVE YOU EVER ATTEMPTED SUICIDE? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If yes, explain)</i>	
79. PERSONAL HABITS ALCOHOL USE CLAIMED: <input type="checkbox"/> NONE <input type="checkbox"/> OCCASIONAL <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY <input type="checkbox"/> OTHER <i>(Explain)</i> _____ WAS ALCOHOL ABUSE APPARENT? <input type="checkbox"/> NO <input type="checkbox"/> YES HAVE YOU EVER RECEIVED ALCOHOL TREATMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(State facility and date)</i> _____ DRUG USE CLAIMED: <input type="checkbox"/> NONE <input type="checkbox"/> OCCASIONAL <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY <input type="checkbox"/> OTHER <i>(Explain)</i> _____ DRUG USE APPARENT? <input type="checkbox"/> NO <input type="checkbox"/> YES HAVE YOU EVER RECEIVED DRUG TREATMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(State facility and date)</i> _____ GAMBLING: <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> NEVER	
80. MENTAL/PHYSICAL HEALTH BACKGROUND INFORMATION a. SPORTS AND HOBBIES b. SPECIAL SKILLS/ABILITIES c. NOTES <i>(Is there anything on this form which is not covered that you feel should be brought to the attention of the confining facility?)</i>	
81. OBSERVATION - General appearance and behavior at the time of confinement - Are there any signs of trauma or abuse	