

CANCELLATION OF MILITARY PROTECTIVE ORDER

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; DoDI 6400.06, Domestic Abuse Involving DoD Military and Certain Affiliated Personnel; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To inform the Service member and the protected person that the commanding officer is issuing an order to the member prohibiting contact or communication with the protected person or members of the protected person's family or household and directing that the member take specified actions that support, or are in furtherance of, the prohibition.

ROUTINE USE(S): Information may be disclosed to Departments and agencies of the Executive Branch of government in performance of their official duties relating to coordination of Family Advocacy Programs, medical care and research concerning child abuse and neglect, and spouse abuse; to the Attorney General of the United States or his authorized representatives in connection with litigation, or other matters under the direct jurisdiction of the Department of Justice; to law enforcement officials to protect the life and welfare of third parties; see each applicable Military Service system of records notice for a complete listing of routine uses: A0608-18 DASG, Army Family Advocacy Program Files, <https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570082/a0608-18-dasg/>; N01752-1, Family Advocacy Program System, <https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570332/n01752-1/>; F044 AF SG Q, Family Advocacy Program Record, <https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/569871/f044-af-sg-q/>; and DMDC 01, Defense Manpower Data Center Data Base, <https://dpcl.d.defense.gov/Portals/49/Documents/Privacy/SORNS/OSDJS/DMDC-01.pdf?ver=2019-04-18-091612-550>.

DISCLOSURE: Voluntary; however, failure to disclose/verify information will not delay either the issuance of the order or the enforceability of the order.

1. DATE MPO ISSUED											
2. SUBJECT SERVICE MEMBER						a. MILITARY SERVICE:					
b. GRADE			c. LAST NAME			FIRST NAME			MI		d. GENDER
e. UNIT								f. INSTALLATION			
g. DOB (YYYYMMDD)			h. HEIGHT			i. WEIGHT			j. EYE COLOR		k. HAIR COLOR
l. Race:	American Indian or Alaska Native		Asian	Black or African American		Hispanic or Latino		Native Hawaiian or Other Pacific Islander		White	
	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
m. EAS (YYYYMM)			n. OTHER DISTINGUISHING FEATURES (Scars, marks, tattoos, etc.)								
o. DRIVER'S LICENSE NUMBER				p. STATE OF ISSUANCE				q. VEHICLE INFORMATION (Plate Number/State/Make/Model/Year)			
r. PASSPORT NUMBER				s. SSN				t. OTHER ID			
3. PROTECTED PERSON (Omit any information from item 3 that, if known to the subject Service member in item 2, could endanger the protected person).											
a. GRADE/CIVILIAN			b. LAST NAME			FIRST NAME			MI		c. GENDER
d. DRIVER'S LICENSE NUMBER				e. STATE OF ISSUANCE				f. OTHER ID			
g. UNIT						h. INSTALLATION			i. DOB (YYYYMMDD)		
j. Race:	American Indian or Alaska Native		Asian	Black or African American		Hispanic or Latino		Native Hawaiian or Other Pacific Islander		White	
	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	

4. INFORMATION SUPPORTING THE CANCELLATION OF THIS MILITARY ORDER

5. CANCELLATION: Effective (today's date, YYYYMMDD), the issued Military Protective Order pertaining to the above-named Service member issued on initial MPO issue date, YYYYMMDD) is rescinded.

a. COMMANDING OFFICER'S SIGNATURE

b. DATE (YYYYMMDD)

6. I hereby acknowledge receipt of a copy of this form.

a. SERVICE MEMBER'S SIGNATURE

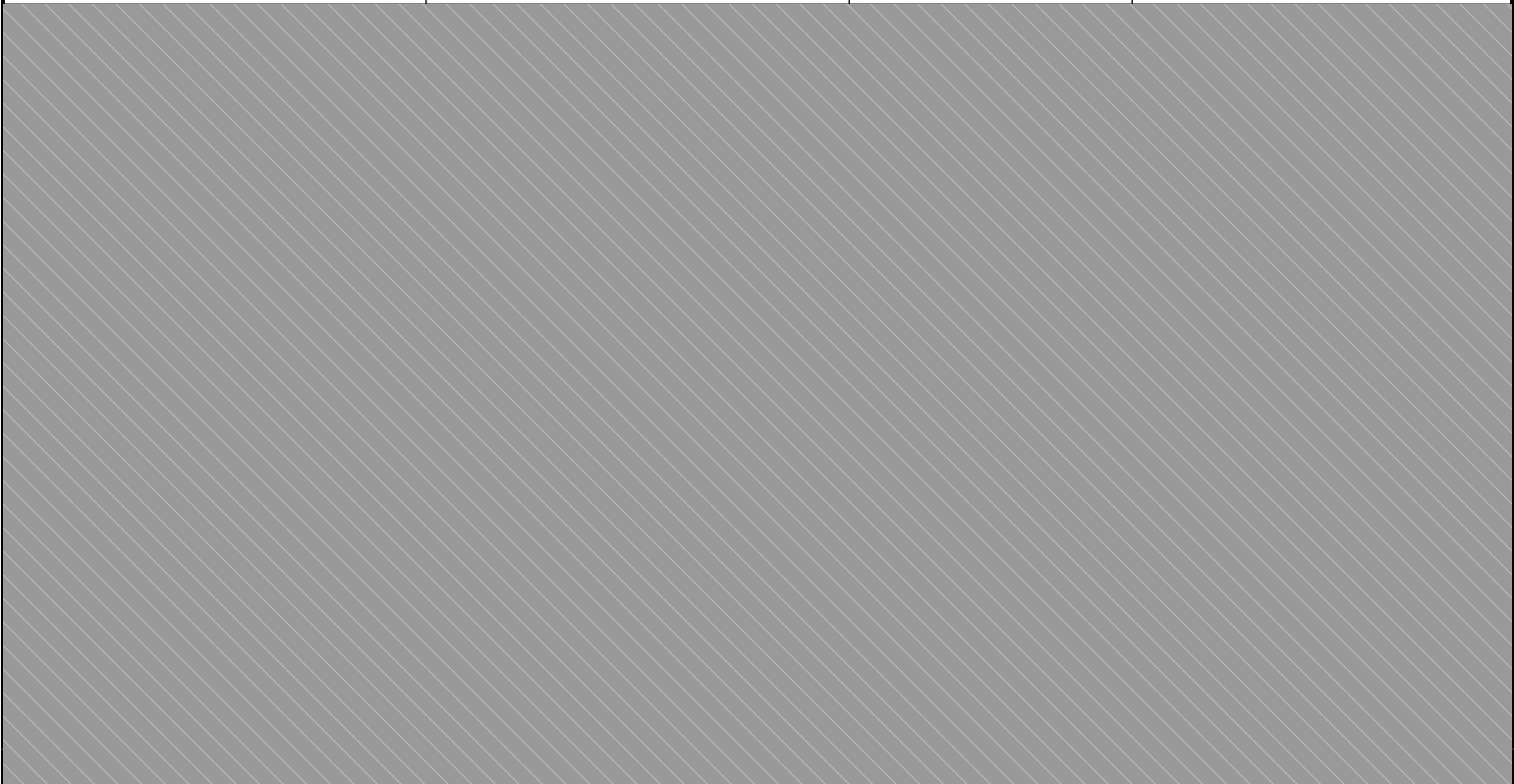
b. DATE (YYYYMMDD)

DISTRIBUTION:

- Service member
- Protected person (custodial parent of protected child)
- Service member's local personnel file
- Installation Law Enforcement for entry in the National Crime Information Center (NCIC)

7. National Crime Information Center (NCIC) Protective Order File (POF)

a. ORI	b. NCIC#	c. Date placed in NCIC	d. Date removed from NCIC
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INSTRUCTIONS

Complete as follows: Sections 1-5 are to be completed by the subject Service member's commanding officer. Section 6 is to be completed by the subject Service member and Section 7 is to be completed by law enforcement.

Note: Appropriate redaction should be used with the protected person's information before a copy of this form is provided to the Service member subject. The Service member subject should NOT be given the protected person's social security number.

Section 1: MPO Original Issue Date

Section 2: Subject Service Member Data

2a-l. Self-explanatory.

2m. Provide EAS (End of Active Service) date.

2n. Self-explanatory

2o-t. Provide information of an acceptable form of government identification, to include:

driver's license, state ID card, passport or naturalization number. The social security number is required when the Service Member does not have other acceptable identification.

Section 3: Protected Person

3a-c. Self-explanatory (Omit any information from this section that, if known to the subject Service member, could endanger the protected person.)

3d-f. Driver's license, state ID card, passport or naturalization number are acceptable forms of identification.

3g-j. Self-explanatory.

Section 4: Information Supporting Cancellation of the Military Protective

Self-explanatory.

Section 5: Cancellation

5-5a. Self-explanatory.

Section 6: Service Members Signature

6a-b. Self-explanatory.

7. National Crime Information Center (NCIC) Protective Order File (POF)

7a. Originating Agency Identifier (ORI) - Self-explanatory.

7b. National Crime Information Center (NCIC) - Self-explanatory.

7c-d. Self-explanatory.