

ANNUAL ADJUSTMENT REPORT

PRIVACY ADVISORY

Disclosure of this information is voluntary. It will be used when reporting supervisee annual adjustment; and when in their second year or more on supervision, the supervisee wants to request a clemency review hearing. The request is made through the supervisee's probation officer. For additional information, see 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://dpcl.d.defense.gov/Privacy/SORNs/>. When completed, this form contains personally identifiable information and is protected by the Privacy Act of 1974, as amended.

INSTRUCTION: The Annual Adjustment Report (page 1) is submitted to the Military Department Clemency and Parole (C&PB) office annually for active military supervisees. When a supervisee is in their second year or more on supervision and desires a clemency review hearing, USPO completes pages 1 and 2 and forwards the document to respective Military C&PB office listed below via email or USPS. The Probation Office may retain a copy for their records.

U.S. Air Force C&PB: SAF/MRBB, 3351 Celmers Lane, Joint Base Andrews, Maryland 20762-6435, email: Saf.mrbs.workflow@us.af.mil

U.S. Army C&PB: 251 18th Street, South, Arlington, Virginia 22202-3531, email: usarmy.pentagon.hqda-arba.mbx.acpb@mail.mil

U.S. Navy C&PB: Council of Review Boards (CORB), Attn: Naval Clemency and Parole Board (NC&PB), 720 Kennon St SE, Suite 309, Washington Navy Yard, Washington, DC 20374-5023, email: ncpbmailbox.FCT@navy.mil

1. PERIOD COVERED BY THIS REPORT		2. BRANCH OF SERVICE
FROM: (YYYYMMDD)	TO: (YYYYMMDD)	

3. SUPERVISEE NAME (<i>First, MI, Last</i>)	4. REGISTRATION NUMBER	
5. SUPERVISEE RESIDENCE ADDRESS (<i>Location, City, State, Zip Code</i>)	6. DATE OF LAST RELEASE ON PAROLE/REPAROLE (YYYYMMDD)	7. SENTENCE EXPIRATION DATE: (YYYYMMDD)

8. ORIGINAL PRIMARY CONFINING OFFENSE

9. SUPERVISION DETAILS		
ACTIVITIES/ EVENTS	FREQUENCY REQUIREMENT	RESULTS/COMMENTS (<i>Include Date of any reported negative activity</i>)
a. OFFICE VISITS		
b. HOME VISITS		
c. URINALYSES		
d. ARREST(S)		
e. EMPLOYMENT/ SCHOOL		
f. PROGRAMS		

10. GENERAL ADJUSTMENT AND PROGNOSIS (*Annotate any additional problems, noncompliance and/or positive aspect of supervision not covered in number 6. a-f above*)

11. RECOMMENDATION(S) (*Check (X) in the box next to the applicable recommendation(s) and annotate comments to support the recommendation in the space provided.*)

<input type="checkbox"/> CONTINUED SUPERVISION	
<input type="checkbox"/> REDUCED PERIOD OF SUPERVISION	
<input type="checkbox"/> RELEASE FROM SUPERVISION	
<input type="checkbox"/> MODIFICATION OF CONDITIONS	

12. US PROBATION OFFICER

FULL PRINTED NAME	SIGNATURE	DATE (YYYYMMDD)
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INSTRUCTION: This request will be submitted for a military supervisee requesting clemency consideration no later than 3 months prior to their annual eligibility date. Send to the DoD respective Military Clemency and Parole Office listed below via email (preferred) or USPS.

U.S. Air Force C&PB: SAF/MRBB, 3351 Celmers Lane, Joint Base Andrews, Maryland 20762-6435, email: Saf.mrbs.workflow@us.af.mil

U.S. Army C&PB: 251 18th Street, South, Arlington, Virginia 22202-3531, email: usarmy.pentagon.hqda-arba.mbx.acpb@mail.mil

U.S. Navy C&PB: Council of Review Boards (CORB), Attn: Naval Clemency and Parole Board (NC&PB), 720 Kennon St SE, Suite 309, Washington Navy Yard, Washington, DC 20374-5023, email: ncpbmailbox.FCT@navy.mil

RESTORATION/CLEMENCY STATEMENT

Supervisee Name: _____

(First, MI, Last)

SECTION I – RESTORATION

I understand that if I am selected for restoration to duty my parole will be suspended without prejudice, pending a period of retraining, and failure to complete retraining or probation will result in the reinstatement of parole.

I do do not desire restoration to duty. State reason below if restoration is desired.

SECTION II – CLEMENCY

I understand fully that a punitive discharge may cause me to be ineligible for many or all benefits as a veteran under both Federal and State law and that I may expect to encounter substantial prejudice in civilian life.

Check appropriate clemency requests:

- Reduction in length of sentence
- Mitigation of Dishonorable Discharge to Bad Conduct Discharge
- Remission of Punitive Discharge and Separation with General Discharge
- Remission of Dismissal (Applicable to Officers Only)

State the reason for your clemency request

SUPERVISEE SIGNATURE

DATE (YYYYMMDD)

WITNESSED BY US PROBATION OFFICER

FULL PRINTED NAME

SIGNATURE

DATE (YYYYMMDD)