

REPORT OF RETURN OF ABSENTEE		
<p style="text-align: center;">IMPORTANT NOTICE</p> <p>The absentee status of the individual named below has been terminated. Military records indicate that your agency was specifically furnished a copy of DD Form 553, "Deserter/ Absentee Wanted by the Armed Forces," soliciting your support. Request you clear your records of the DD Form 553 pertaining to this individual and the associated unauthorized absence indicated on this report. The Department of Defense and the Military Service law enforcement officials concerned gratefully acknowledge your participation and support of military apprehension programs.</p>		<p>1. DISTRIBUTION <i>(Same as DD Form 553 at time of absence)</i></p>
<p>2. FULL NAME OF ABSENTEE <i>(Last, First, Middle)</i></p>		
<p>3. SERVICE</p>	<p>4. SOCIAL SECURITY NO.</p>	<p>5. GRADE OR RATE</p>
<p>6. FORMER ABSENTEE STATUS</p>		
<p>a. FORMER STATUS <i>(X one)</i></p> <p><input type="checkbox"/> (1) ESCAPED OR SENTENCED PRISONER <input type="checkbox"/> (2) ABSENTEE <input type="checkbox"/> (3) DESERTER <i>(Administrative)</i></p>		<p>b. DATE/HOUR ABSENCE BEGAN <i>(YYYYMMDD)</i></p>
<p>c. ORGANIZATION AND INSTALLATION FROM WHICH ABSENT</p>		
<p>7. CIRCUMSTANCES OF ABSENTEE'S RETURN</p>		
<p>a. MODE OF RETURN <i>(X one)</i></p> <p><input type="checkbox"/> (1) APPREHENDED <input type="checkbox"/> (2) SURRENDERED</p>	<p>b. AUTHORITIES TO WHOM ABSENTEE SURRENDERED OR BY WHOM APPREHENDED <i>(X one)</i></p> <p><input type="checkbox"/> (1) MILITARY <input type="checkbox"/> (2) CIVIL <input type="checkbox"/> (3) FBI <input type="checkbox"/> (4) DIS <input type="checkbox"/> (5) OTHER <i>(Specify)</i></p>	
<p>c. PLACE OF INITIAL RETURN</p>		<p>d. DATE/HOUR OF INITIAL RETURN <i>(YYYYMMDD)</i></p>
<p>e. REQUIRED ACTION <i>(X one)</i></p> <p><input type="checkbox"/> (1) RETURN TO MILITARY CONTROL <input type="checkbox"/> (2) RETAINED BY CIVIL AUTHORITIES <input type="checkbox"/> (3) CIVIL CHARGES <input type="checkbox"/> (4) SAFEKEEPING</p>		
<p>f. MILITARY ORGANIZATION AND INSTALLATION OR CIVILIAN LOCATION</p>		<p>g. DATE RETURNED TO MILITARY CONTROL <i>(YYYYMMDD)</i></p>
<p>8. DISPOSITION OF ABSENTEE</p>		
<p>a. ACTION BY MILITARY AUTHORITIES <i>(X one)</i></p> <p><input type="checkbox"/> (1) RETAINED <input type="checkbox"/> (2) TRANSFERRED <input type="checkbox"/> (3) TECHNICAL ARREST ORDERS <input type="checkbox"/> (4) GUARD</p>		<p>b. TO <i>(Name of Command in charge of absentee and Unit Identification Code)</i></p>
<p>c. COST OF TRANSPORTATION <i>(To be charged to the individual's account)</i></p> <p>\$</p>		
<p>9. REMARKS <i>(Include location of Service, Pay and Health Records)</i></p>		
<p>10. AUTHORIZING OFFICIAL</p>		
<p>a. TYPED NAME <i>(Last, First, Middle Initial)</i></p>	<p>b. GRADE</p>	<p>c. TITLE</p>
<p>d. ORGANIZATION</p>	<p>e. SIGNATURE <i>(Sign all copies)</i></p>	<p>f. DATE SIGNED <i>(YYYYMMDD)</i></p>

PRIVACY ADVISORY

Disclosure of this information is voluntary and will be used to provide information to local, state, and/or federal law enforcement officials on the return of absentees wanted by the Armed Forces. When completed, this form contains personally identifiable information and is protected by the Privacy Act of 1974, as amended.

INSTRUCTIONS FOR PREPARING DD FORM 616, REPORT OF RETURN OF ABSENTEE

Where to obtain the information for generating the DD Form 616

- **Apprehending Agency**
Name of apprehending agency, Location, date and time of apprehension, local charges information
- **Holding Agency**
Name, location and contact information of jail or facility holding the deserter until they can be returned to their unit.
- **DD Form 553**
- Deserter identification information, parent unit information, AWOL and desertion dates, caution indicators, criminal history, etc.
- **Military Service publications** (such as AR 190-45, AR 190-9, AR 630-10)
- Where to return deserters, RMC procedures for the unit and DES or law enforcement support, information on when a Service member is RMC, etc.

Item by Item Explanation for Preparing a DD Form 616.

Item 1 - **Distribution:** After the DD Form 616 is generated, copies are to be distributed to the following POCs listed in this section:

- a. DES or LE support/PMO of the AOR installation
- b. DES or LE support/PMO of the parent unit installation
- c. DES or LE support /PMO of installation where deserter is returning to
- d. BDE S1 and or Deserter Control Officer (DCO) of installation that issued the DD Form 553
- e. Service member's parent unit or command
- f. Personnel Control Facility (PCF) if the Service member is returning there

Item 2 - **Name of Absentee:** Last name, First name, and Middle name, in that sequence. (Block 5a on the DD Form 553)

Item 3 - **Service:** Absentee's branch of service: Regular Army (RA), Army National Guard (ARNG), U.S. Army Reserve (USAR), Air National Guard (ANG), United States Marines (USMC), United States Navy (USN), Regular Air Force (RegAF), United States Space Force (USSF), etc. (Block 5m on the DD Form 553)

Item 4 - **Social Security Number** (SSN): Deserter's Social Security number. (Block 5n on the DD Form 553)

Item 5 - **Grade or Rate:** Absentee's military grade or rate; for example, E-1/PVT, E-2/PV2/, E-5/SGT, O-2/First Lieutenant, O-3/Lieutenant, etc. (Block 5b on the DD Form 553)

Item 6 - Former Absentee Status.

Item 6a - **Former Status.** Mark or select the box (3) DESERTER.

Item 6b - **Date/Hour Absence Began:** Use YYYYMMDD format / hour (e.g., 20091228 / 0600). (Blocks 9a & 9b representing date of AWOL on the DD Form 553)

Item 6c - **Organization and Installation from which Absent:** Provide name of unit and location of the Deserter's unit of assignment at time of absence. This is considered their Parent Unit. (Block 3 on the DD Form 553).

Item 7 - Circumstances of Absentee's Return:

Item 7a - **Mode of Return:** Mark or select the appropriate box.

Item 7b - **Authorities to Whom Absentee Surrendered or by Whom Apprehended:** Mark or select the appropriate box.

Item 7c - **Place of Initial Return:** Location (City and State, or US Military Installation name and State) where the deserter initially returned, surrendered or was apprehended and held by civilian or military authorities.

Item 7d - **Date/Hour of Initial Return:** Use YYYYMMDD format / hour in that sequence of when the Deserter was returned, incarcerated on civilian or military charges, or was apprehended for the military.

Item 7e - **Required Action:** Mark or select box (1) RETURNED TO MILITARY CONTROL (RMC) for all Deserters - DD Form 616 is being generated because the deserter is now considered RMC.

Item 7f - **Military Organization and Installation or Civil Location:** Indicate absentee's present location either military organization and installation or civilian location. Provide the name of the jail, city, county, state (to insure proper AOR identification) POC, phone numbers, and FAX numbers.

Item 7g - **Date Returned to Military Control:** Indicate the date the absentee is considered returned to military control. Use YYYYMMDD format / hour. This is the date/time the deserter returned or was apprehended within the jurisdiction and control of the U.S. by the U.S. military or U.S. law enforcement officials and a detainer was filed. Deserters located OCONUS are only RMC if they are physically located on a U.S. military installation or once they reach U.S. soil at a port of entry in the United States - they are not RMC if they are at a U.S. embassy or consulate or in foreign custody.

INSTRUCTIONS FOR PREPARING DD FORM 616, REPORT OF RETURN OF ABSENTEE (Continued)

Item 8 - **Disposition of Absentee.**

Item 8a - **Action by Military Authorities:** Mark box (2) TRANSFERRED - the deserter Service member's parent unit or command indicated in Item 8.b is responsible the deserter.

Item 8b - **TO (Name of Command in charge of absentee.** Indicate the parent unit and or the Command and Installation location where individual is assigned or is to be returned to (will become assigned to).

Item 8c - **Cost of Transportation:** Leave blank.

Item 9 - **Remarks:** Include the following when applicable:

- ✓ **Indicate responsibilities for those on Distribution and where the Absentee is to be returned to with the following or a similar statement:**
 "DES or LE support/PMO (Extraditing, AOR) Installation WILL: Contact Organization in Block 7f for extradition. Coordinate with DES or LE support/PMO (Parent Installation) or for Army Fort Sill Personnel Control Facility (PCF) **As Applicable*** for extradition, escorts, and travel arrangements. Ensure reimbursement of jail for expenses incurred during apprehension and detention of subject."
- ✓ **Indicate agency that delivered notification of Service member's apprehension or return:**
 Indicate the name of the person and of agency who apprehended or confirmed the return of the deserter and which agency or installation they are calling from along with the date and time of this notification.
 -- If an NCIC Hit Confirmation Request is received, also indicate that this was a "Hit Con" and indicate the "ORI" (the ID number itself) from which the Hit Con request was received.
- ✓ **Indicate Date of Desertion** (obtained from Block 10 on the DD Form 553).
- ✓ **Indicate Local charges.** Any local charges pending could affect immediate extradition. If provided, also indicate other pertinent information such as:
 -- Booking/case #
 -- The time frame limitations for holding returnee as applicable.
- ✓ **Identify and indicate the DES or LE support/PMO in whose area or responsibility (AOR) the returned or apprehended deserter is.**
 -- Person or POC at the AOR notified of the apprehension (including Time/Date notified)
 -- AOR Installation name
 -- Provide a copy of the completed DD Form 616 to the AOR DES or LE support (fax or email)
- ✓ **Clearly indicate where the Service member is to be returned.**
 By default Deserters are returned to their Parent unit, the one they deserted from. Exceptions for Service Members are listed below - check with the unit to make sure before transporting: OCONUS, Basic Training or AIT, National Guard and US Army Reserve Service Members are returned to the PCF at Fort Sill, OK. Verify with military Service POC.

Item 10 - **Authorizing Official.**

Item 10a - **Typed Name:** Name of person who generated or completed the DD Form 616.

Item 10b - **Grade:** Grade of person who generated or completed the DD Form 616.

Item 10c - **Title:** Official title of person who generated or completed the DD Form 616.

Item 10d - **Organization:** Organization to which the person who generated or completed the DD Form 616 belongs.

Item 10e - **Signature:** Signature of person who generated or completed the DD Form 616.

Item 10f - **Date Signed:** Date the DD Form 616 was generated or completed (YYYYMMDD format).