

CONFINEMENT ORDER

Name (Last, First, M.I.)	SSN	Rate/Grade	Branch Service
Ship or Organization		Date	

STATUS

Detained (Alleged violation of UCMJ Articles)	Confined as result of <input type="checkbox"/> VACATED SUSPENSION <input type="checkbox"/> NJP <input type="checkbox"/> SCM <input type="checkbox"/> SPCM <input type="checkbox"/> GCM																				
	Charges and Specification Convicted Of																				
	Sentence Adjudged:		Date																		
	If Sentence Deferred, Date Deferment Terminated:																				
"I have been informed that I am being confined for the above alleged offense(s)" _____ Date _____ Signature of Accused _____ Date _____ Signature of Witness	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">SENTENCE APPROVED</th> <th style="width:33%;">APPROVED BY</th> <th style="width:33%;">DATE</th> </tr> </thead> <tbody> <tr> <td></td> <td align="center">CA</td> <td></td> </tr> <tr> <td></td> <td align="center">SA</td> <td></td> </tr> <tr> <td></td> <td align="center">NCMR</td> <td></td> </tr> <tr> <td></td> <td align="center">USCMA</td> <td></td> </tr> <tr> <td></td> <td align="center">OTHER</td> <td></td> </tr> </tbody> </table>			SENTENCE APPROVED	APPROVED BY	DATE		CA			SA			NCMR			USCMA			OTHER	
	SENTENCE APPROVED	APPROVED BY	DATE																		
		CA																			
		SA																			
		NCMR																			
	USCMA																				
	OTHER																				

Pre Trial Confinement Necessary - <input type="checkbox"/> BECAUSE OF THE SERIOUSNESS OF THE OFFENSE CHARGED <input type="checkbox"/> TO ENSURE THE PRESENCE OF THE ACCUSED AT THE TRIAL	Remarks Section For Article 86 Offense Only <input type="checkbox"/> SURRENDERED (VOLUNTARY RETURN) <input type="checkbox"/> APPREHENDED BY CIVIL/MILITARY AUTHORITIES								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Confinement Directed At</td> <td rowspan="2">Typed Name/Rank/Title</td> </tr> <tr> <td style="width:20%;">Hour</td> <td>Date</td> </tr> <tr> <td colspan="2"> </td> <td>Signature</td> </tr> </table>		Confinement Directed At		Typed Name/Rank/Title	Hour	Date			Signature
Confinement Directed At		Typed Name/Rank/Title							
Hour	Date								
		Signature							

MEDICAL CERTIFICATE

The above named individual was examined by me at _____ on _____ and found to be
 (Hour) (Date)

FIT UNFIT for Confinement. The following irregularities were noted during the examination; (if none, so state):

Typed Name/Rank/Title	Signature
-----------------------	-----------

RECEIPT FOR PRISONER

The above named individual was received at _____
 (Name of Correctional Center)

at _____ on _____
 (Hour) (Date)

Typed Name/Rank/Title	Signature
-----------------------	-----------